

Quality Assurance of ePMA Data Build

Proposed structure of initial drug build and checks

As part of the planning phase for electronic prescribing, a data build is taking place on the software to tailor the system to how and what we prescribe within the trust. The database (FDB – First Data Bank) we are provided with contains many thousand items; this data needs to be configured to the trusts needs.

The data build has started in October 2011 coordinated by Sarah Campbell, ePMA pharmacy project manager

The 3 elements of data build include

1) Formularies

- Prescribers are to prescribe within the formulary, they will be prompted if a selected drug is non-formulary
- Involves the selection of drugs from the drug database that are classed as part of Stockport NHS Foundation Trust formulary
- May also involve addition of new drugs and linked interactions (for items not in database, such as special medicines and unlicensed preparations)
 - o *e.g. Lansoprazole 15mg and 30mg Capsules, Ramipril 1.25mg, 2.5mg, 5mg, 10mg Capsules*

2) Quicklists

- Quicklists are predefined prescription sentences for individual drugs with administration and dosage instructions attached
- When a prescriber searches for a drug they are offered the quick list option first
- Allows quicker, safer prescribing as dosages are already attached to the drug
- For pilot wards, we are inputting the top 200 drugs used in the past year on the 2 wards
- This data will need clinical check by another pharmacist
 - o *e.g. Aspirin 75mg Daily in the Morning (with/after food), Lansoprazole 30mg Twice a day (before meals)*

3) Protocols

- Protocols are groups of medications that can be prescribed in one step
- Treatment sets of drugs to treat a particular condition
- Will require clinician input as well as clinical check by another pharmacist
 - o *e.g. Acute Ischaemic Stroke*
 - *Aspirin 300mg OM for 14 days*
 - *then Clopidogrel 75mg OM ongoing*
 - *Simvastatin 40mg ON*

Pharmacy System Administrators

| | |
|------------------|--|
| Sarah Campbell | – Lead Specialist Pharmacist ePMA |
| Gillian Damant | – Lead Specialist Pharmacist Antibiotics |
| Steven Alderdice | – Clinical Pharmacist |
| Hazel Aspinall | – Deputy Chief Pharmacy Technician |

Summary of proposed QA process

| | | |
|--------------------|--------------------|--|
| <u>Formularies</u> | Initial Data Build | <ul style="list-style-type: none"> - Entered from existing trust formulary by SC/HA - Arranged in Chapters (as per BNF and current trust formulary) - Formularies can be <u>printed once complete</u> for checking - Checked by Specialist Pharmacists - Signature for checking formulary - Completed formularies filed in allocated folder |
| | Updates/Changes | <ul style="list-style-type: none"> - Complete <u>change request form</u> - Inform one of the system administrators who make change(s) - Entry checked by pharmacist who signs for check - Form filed in allocated folder |
| <u>Quicklists</u> | Initial Data Build | <ul style="list-style-type: none"> - Entered based on formulary by SC/HA - Structure into categories 'general', 'IVs', 'Insulins', 'nutritional', 'PGDs' etc - Pilot Wards – Enter top 200 used drugs into their chapters - <u>Screen shots taken of entered drugs</u> - Pharmacist signs for clinical check of drugs entered and their doses |
| | Updates/Changes | <ul style="list-style-type: none"> - Complete <u>change request form</u> - Inform one of the system administrators who make change(s) - Entry checked by pharmacist who signs for check - Form filed in allocated folder |
| <u>Protocols</u> | Initial Data Build | <ul style="list-style-type: none"> - Initial protocols discussed with clinicians from phase 1 wards - Proposed protocol detailed <u>protocol request form</u> - All protocols must be <u>authorised by a clinician</u> who signs the form - Protocol is clinically checked by a pharmacist - Entered onto system by system administrator - Checked by pharmacist |
| | Updates/Changes | <ul style="list-style-type: none"> - Complete <u>change request form</u> - Inform one of the system administrators who make change(s) - Entry checked by pharmacist who signs for check - Form filed in allocated folder |



Formularies

Formulary checking

Data entry into Medchart by: _____ Date: _____

Data entry checked by: _____ Date: _____

Comments:

This box will be on each page of formulary that is printed

metoclopramide hydrochloride

metoclopramide hydrochloride Oral Liquid 5 mg / 5 ml

metoclopramide hydrochloride Tablet 10 mg

omeprazole

omeprazole Dispersible Tablet 10 mg

omeprazole Dispersible Tablet 20 mg

omeprazole EC Capsule 10 mg

omeprazole EC Capsule 20 mg

potassium bicarbonate + sodium alginate

potassium bicarbonate Oral Liquid 200 mg / 10 ml + sodium alginate 1 g / 10 ml

GAVISCON ADVANCE ANISEED sugar free oral suspension



Quick Lists

Quicklist checking

Data entry into Medchart by: _____ Date: _____

Data entry checked by: _____ Date: _____

Comments:

This box will be on each screen shot printed of quicklists

aspirin 75mg Dispersible Tablet

DOSE: 75 mg Oral In the Morning (08:00)

lansoprazole 30mg EC Capsule

DOSE: 30 mg Oral In the Morning (08:00)

paracetamol 500mg Tablet

DOSE: 500 to 1000 mg Oral PRN
minimum dosage interval 4 hours
up to 4 doses per day



Protocols

Protocol checking

Used for on new protocol request form (see later)

Formal check required and signed for on form

Medications**amoxicillin sodium 500mg Capsule**DOSE: **1000 mg Oral Twice Daily** (08:00, 18:00)
for 7 days

OR

metronidazole 400mg TabletDOSE: **400 mg Oral Twice Daily** (08:00, 18:00)
for 7 days
If penicillin allergic

AND

clarithromycin 500mg TabletDOSE: **500 mg Oral Twice Daily** (08:00, 18:00)
for 7 days

ePMA New Protocol Request Form

| | | | | | |
|-----------|--|------------------------|--|----------------|--|
| Full Name | | Date | | Contact Number | |
| Position | | Department & Specialty | | | |

Protocol Name:

Treatment indication:

Other details:
(continue on back if necessary)

| Order displayed on screen | Drug Name | Route | Dose | Frequency | Timing of Administration (tick) | | | | | Duration /course length | Other information (include minimum interval if PRN) | *Is the drug optional? |
|---------------------------|-----------|-------|------|-----------|---------------------------------|-----|-----|------|-----|-------------------------|---|------------------------|
| | | | | | 9am | 1pm | 5pm | 10pm | PRN | | | |
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*Drugs can be present in a protocol as optional allowing the prescriber to decide if it is appropriate

Clinician Name: _____ Signature: _____ Date: _____

| | | | | |
|-----------------------------|--------------------|-----------------|-------------------|-------------|
| PHARMACY USE Date received: | Clinical Check by: | Implemented by: | Date implemented: | Checked by: |
|-----------------------------|--------------------|-----------------|-------------------|-------------|

Notes:

ePMA Request for Change Form

| | | | | | |
|---|------------------------------------|--------------------|---|----------------|---|
| Full Name | | Date | | Contact Number | |
| Position | | Reason for Request | | | |
| Type of request | New item <input type="checkbox"/> | | Change existing item <input type="checkbox"/> | | Remove an item <input type="checkbox"/> |
| Category | Formulary <input type="checkbox"/> | | Quicklist <input type="checkbox"/> | | Protocol <input type="checkbox"/> |
| <i>Complete a protocol request form for new protocols</i> | | | | | |
| Details (continue on back if necessary) | | | | | |

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|--------------------------------|----------------|-----------------|-------------------|-------------|
| PHARMACY USE Date received: | Authorised by: | Implemented by: | Date implemented: | Checked by: |
| Notes: | | | | |