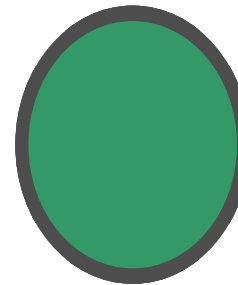


ePMA



ePMA

Safety | Quality | Efficiency

Creating and Maintaining a Drug File  
Guy's & St Thomas Experience

Andrew Clark, Principal Pharmacist ePMA  
15/10/14

# Current State

## *NHS Position:*

Variable naming of drugs across systems

All dictionaries should be DM&D compliant by 2017

*“It provides consistency in how medicines and medical devices are expressed”* <http://www.dmd.nhs.uk/>

*Aim: Standardisation of medicine names, and messaging from software = better patient care*

## *GSTT Position:*

Prescribing and Admin Product with built in, DM&D committed dictionary (First DataBank)

(but also multiple other systems in place with no standardisation or decision support)



# Challenges When Creating a Dictionary

Developing a new dictionary that:

- > Is it safe with other (non-DM&D) dictionaries
  - differences between prescribing systems
  - differences between prescription and label
  
- > Meets best/ safe practice?
  - naming of insulins, opioids, fluids...
  - existing policy generic (brand)

*Change away from DM&D, change other systems or improve DM&D?*

# Challenges When Creating a Dictionary

Specials

Unlicensed/ Overseas Medicines

Clinical Trials (in house and external)

OTC/ herbal/ homeopathic

Formulary vs non-formulary

Unpredictable Implications:

- loss of decision support
- loss of 2<sup>nd</sup> check prompts



# System Specific Configuration

Standardise Prescribing

Encourage Adherence to Guidelines

- > Antidotes? VTE stockings?

Encourage Adherence to Formulary

Limit Prescribing to Authorised Groups

- > Chemo, immunosuppressants



# Governance

- Project Governance & QA
  - Robust records
  - Build, test, copy, test
  - Clinical Sign Off (protocols & quicklists)
  - Logical test scripts
  - TEST TEST TEST!
  - Will it make sense to system admin?
- Fit project into Existing Governance Structures
  - New formulary submissions and approved guidelines
  - Ongoing updates as a result of staff training, change of job, new qualifications