

# ePMA

## How big should the team be?

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# Our Voyage of Discovery

## **Stage 1 – Go Live Preparation - 2011**

- 8 months process mapping, clinical engagement, UAT and live prep
- Clinical Safety sign off by Lead Responsible Officer– Oct 2011
- Project Manager, Support, 2 Pharmacy Leads (without backfill)
- Worked in close collaboration with Supplier
- Advanced Paediatric Nurse Prescriber Lead – started Oct 2011
- First site in UK live on Medchart - November 2011

# Open Seas

## **Stage 2 – Royal Oldham Medicine Pilot - 2012**

- 2 month pilot on 18-bed Rehab ward
- Supported 4 four drug rounds with 3 staff – labour intensive
- Self support and training undertaken by Pharmacy
- 10 medical pilot wards of increasing patient flow/complexity added
- Doctor changeover and on call presented particular problems
- ePMA Lead Nurse replaced by Libby - further nurse added October
- MAU live November
- Struggled to provide 24 hour cover needing Supplier support
- Floyd Unit at Rochdale next – multiple sites brought new challenges

# Waters Get Choppy

## Stage 3a – Business Case Negotiations - 2013

- Completed pilot November '12 with compelling rollout business case
- Agreed to recruit at risk and rollout to Fairfield Hospital
- Contract/permanent staff recruited and trained – brought challenges
- 8 months review of ROI at Trust Board – hard cash vs time to care
- Fairfield rollout stalled following training - Clinicians at arms
- Interim approval to roll out at Oldham **only** & recalculate benefits
- Business Case finally approved in July 2013 *with proviso that*
- 6 nurses released for project and ward-based Phlebotomy removed

# Iceberg...Abandon Ship!

## **Stage 3b- Royal Oldham Surgery and Maternity - Feb to August 2013**

- Integrated Discharge Summary and Radiology Order Comms added
- Surgical rollout at ROH completed on time
- Theatres pulled at 11<sup>th</sup> hour due to Anaesthetist refusal
- Led to prolonged transcription issues with increasing clinical risk
- Maternity users trained but rollout cancelled because of Theatres.
- Emergency Action plan for Theatres – proves most challenging area

# Back on Course....Storms Ahead!

## February to December 2013

### Stage 4 – Rollout 1 Ward at week at pace

- Team of 6 staff – still problems covering 24 hour areas
- Rolled out to Medicine at North Manchester
- Theatres/ICU – Royal Oldham – challenging required most support
- Rolled out to Fairfield Medicine Wards
- Winter Pressures/Process Issues in NMGH Surgery – backed out
- CSC announcement– Trust had exceeded scalability limitations

# Cruising Home

## November 2014 to Present

- Implemented Medicines Reconciliation and scalable release
- Award from NHS England - strengthened deployment team & BAU
- Rollout at 2 wards per week starting ID at North Manchester
- Fairfield Surgical Areas, Theatres and Critical Care on time
- Rochdale Medicine, Surgery and Theatres on time
- North Manchester Surgical Wards, Theatres & Critical Care to plan
- Phase completed - 77 Wards – 900 beds – 5300 users - no paper  
Largest Medchart deployment in the World so far



# Maiden Voyage - Lessons Learned

- Minimize use of dual systems
- Remove transcription steps
- Process map at ward level
- Consider all patient pathways
- Multiple sites work differently
- 24 hour support in MAU, Critical Care, Theatres, Maternity
- Strengthen BAU from go live
- Need Lead for each staff group
- Every Site and Division
- Don't train too early...
- TOR – Lead Action & Decide
- IM&T keep within their TOR
- Time to care is not cash release
- Consider Winter Pressures
- Consider Locums and Bank
- Consider Change of House
- Consider Ward Reconfiguration
- Carefully consider Theatres
- IT/Clinical Trainer mix works best
- You can't please everyone!



# How Big Now?

Role	Deployment	Post Implementation
Project Manager	1.0	Depends for Major Upgrades
Pharmacy Project Manager	1.0	Depends for Major Upgrades
Change Manager	1.0	Part Time for Benefits Review
Business Analyst	1.0	For Major Upgrades
Clinical Implementers (ward/24hr)	6.0/12.0	Depends for Major Upgrades
Data Warehouse Administrator	1.0	Part Time for Reports Review
Training Manager	1.0	Continues into BAU

# Business As Usual

Role	Deployment	Post Implementation
Pharmacy Administrator	1.0	0.5
System Manager	0.75	0.75
Support Assistants (BAU Training)	2.0	1.0
EPR Team Leader	0.5	0.5
Dedicated BAU Trainers	1.0	2.0
IT Engineer (equipment deployment)	1.0	1.0

# Exec Terms of Reference

Role	Responsibilities
Overall Lead Responsible Officers (Nursing, Pharmacy and Medicine)	Clinical Sign Off, Risk Assessment
Local Clinical Leads for each Staff Group (one for each division each site division)	Change communications, process sign off, training sign off, go live decision
Anaesthetics, Theatres, Pain Service, Infection, Night Practitioners, AHPs	Change communications, process sign off, training sign off,
Operational Leads (each site division)	Benefits Ownership, Resourcing
Clinical Governance Group	Clinical Decision Making
Lead Supplier IM&T	Infrastructure, System, Mobile Equipment
Lead System Supplier	Application and Availability

# Every Area: Planning

What	Who	When
Plan the Rollout Sequence	Project Manager	-4m
Programme Planned Upgrades	Programme Manager	-4m
Review other Transformation Programmes	Programme Manager	-4m
Define Communications Plan	Project Manager	-4m
Mandatory Board Attendance for Leads	Sponsor	-4m
First of Type? Clinical Risk Assessment	Clinical Leads	-4m
Engagement and Process Mapping	Training Lead	-4m
Formulary, Protocol, Quick list Requirements	Pharmacy Lead/Clinicians	-4m

# Build and Test

What	Who	When
Test and Sign Off Patient Flows	Change Manager	-2m
First of Type? Arrange Pilot	Project Manager	-2m
Training and Implementation Rota	Training Lead	-2m
Training Plan and Material	Training Lead	-2m
Build and Test Protocols, Quick lists	Pharmacy/	-2m
Plan and Order Equipment Needed	IT Lead	-2m
Commission Power/Estates Work	IT Lead	-2m
Communications Material and Schedule	Project Manager	-2m

# Local Preparation

What	Who	When
Training – all staff groups	Training Team	-2w
Deploy and Test IT Equipment	IT Lead/Training Material	-2w
Deploy and Test Disaster Recovery	Training Lead	-2w
Set up and Test User Accounts	System Manager	-2w
Detailed Implementation Plan	Project Manager	-2m
Review Local Readiness	Project Manager	-2m
Accelerate Communication Countdowns	ALL	-2m

# Final Checks

What	Who	When
Training Coverage (90%)	Training Team	-1w
IT Equipment Sign Off	IT Lead/Training Material	-1w
Activate Configuration in Live	Pharmacy/ IT Leads	-1w
Agree Go Live Plan	Project Manager	-1w
Board Decision Point	Project Sponsor	-1w
Clinical Readiness Sign Off	Clinical Leads	-1w
Adjust Training Plan/At Elbow Cover	Training Lead	-1w
Test and Sign Off Process	Clinical Lead	-1w



# Go Live

What	Who	When
Roll Call and Local Decision to Go Live	All	8:00 am
Prescriber and Pharmacy Cut-Over	Ward Doctors	9:00 am
Corral Paper Kardexes	Lead Clinical Implementer	9:00 am
Transcribe from paper (Bay by Bay)	Clinicians	12:00 pm
Check Transcriptions	Pharmacy	12:00 pm
Nursing Cut Over (soonest Drugs Round)	Ward Nurses	12:00 pm
At Elbow Support (Bay by Bay)	Clinical Implementer	-1w
Integrated Discharge Summary cut over	Ward Doctors	+24hrs
Progress and Issues Review*	Daily	16:00pm

# Support the Change

What	Who	For
At Elbow Support 7:00 to 11:30	Clinical Implementers	4 days
24 Hour Support (Maternity, Theatres, EAU, A&E, Paediatrics, Critical Care)	Clinical Implementers	11 days
Completion and Handover Sign Off: <ul style="list-style-type: none"> <li>• Infection/ Equipment Cleaning</li> <li>• Disaster Recovery/Offline Charts</li> <li>• Locum and Bank Processes</li> <li>• Helpdesk/Bleep Contacts/IT On Call</li> <li>• Known Issues handover</li> <li>• Ongoing Training (maternity etc)</li> <li>• Process Sign Off</li> </ul>	Ward Manager/Training Lead	Day 4/11
Post Implementation Review and Benefits	Change Manager	Ongoing

# What Could Possibly Go Wrong?

- Infection Outbreak
- Medical Emergency
- Staff Sickness (esp Ward Mgr)
- Unplanned Staff Groups
- Revert to Paper – 1<sup>st</sup> unsupported weekend flashpoint
- PAS errors – Drugs Ceased!
- Locums arrive at all hours
- Interface issues
- Performance dips at transcription
- System down at transcription
- Wi-Fi black spot at Bed 15, Bay 2
- Nurses refuse to Withhold Drugs
- Localised Printing Issues
- Incorrect User Set Up
- Anomalies: “but I do it that way”
- “I didn’t know anything about this!”
- “Didn’t no one tell you about the transfers to MR at Salford”?
- “I don’t have time to do this!”
- “Are you making me redundant!”

# What Next?

- Discharge Summary process change
- Series of Patch upgrades to fix known issues
- **Phase 2** Complex Prescribing - Maternity Live through September
- Oncology and Community Stepdown beds - October
- Paediatrics and Neonates – November/December
- Med Reconciliation into the Discharge Summary – November
- Preadmission prescribing for MAU and Surgery
- **Phase 3** A&E Pilot, Outpatient Pilot – CSC Roadmap Delays
- Oxygen, Infusions, Chemo, Listening into Action, supplementary charts, ipad version

# ANY QUESTIONS?

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