



ELECTRONIC PRESCRIBING
AND MEDICATION
ADMINISTRATION:

What to expect and how to succeed?



“After the implementation, pharmacists spend less time on supply, and therefore have more time for clinical activities such as history-taking and medicine reconciliation.”

Ann Slee, Associate Chief Clinical Information Officer (Medicines) at NHSx, pointed out that there is now significant expertise across the NHS in implementing and using ePMA. The key benefit that most are pursuing is to mitigate medication-related risk and improve patient care. Adoption across England is accelerating – from a baseline of 35% adoption in 2017, there will be around 60-70% live or implementing within the next 12 months.

ePMA is challenging – it is used by three professional groups with different demands and expectations, which to be successful means that the Trusts must have clinical buy-in and leadership. Good infrastructure and the use of standards are also crucial – the latter particularly if the information is to be accessible across care sectors.

As learning is progressing, there are a few key observations apparent:

- ✓ **Research identifies that integrated and standalone systems have broadly similar outcomes at three years post-implementation.**
- ✓ **There are undoubted challenges with optimising systems following implementation as sites learn how to adopt the local culture and practice to use the technology.**
- ✓ **It is essential to configure the system beyond just the implementation period.**
- ✓ **That said, there are numerous benefits emerging - for example:**
 - ✓ **Pharmacists in some organisations have demonstrated that they spend less time on supply, and therefore have more time for clinical activities such as history-taking and medicine reconciliation.**
 - ✓ **Closed-loop medicines administration is demonstrating benefit in early adopter sites addressing medicines administration errors.**

The key to making the most of systems is to share learning and continually optimise – implementation is just the start of the journey.

“The timeframe, the learning process and personnel roles must be transparent.”

Dr Gorazd Kalan has 26 years of experience as a paediatrician in the University Children's Hospital (part of University Medical Center in Ljubljana, Slovenia), 8 of which he worked as the director of the paediatric intensive care unit. The hospital is fully equipped with a clinical information system, and all drugs are prescribed and administered using ePMA. In 2017, the hospital reached Stage6 EMRAM. In his presentation, focusing on the role of clinicians during the ePMA implementation, he pointed out that:

- ✓ **The clinicians' view of new applications starts very negatively, seeing them as an additional burden that is forced upon them.**
- ✓ **Clinicians shouldn't be at the centre of implementation due to their time restrictions.**
- ✓ **The keys to success are the support of the hospital management, a transparent timescale, key personnel and a focus on presenting how the implementation will impact the doctors' work.**
- ✓ **The timeframe, the learning process and personnel roles must be transparent.**
- ✓ **The benefits of implementing the ePMA are increased patient safety, faster completion of specific tasks, order sets and templates automating some of the work, a more in-depth analytics view, cost benefits and the ability to complete some work remotely.**

“Before starting the implementation, you have to establish a project team.”

Gemma Chappell, the digital project lead at Taunton Somerset NHS Foundation Trust, and **Simon Needham**, digital project manager at the same Trust, presented the importance of establishing an ePMA project team. The Taunton and Somerset NHS Foundation Trust have been running the ePMA project for 14 months. They went live in mid-September 2019, and are now in the pilot for the fifth week. Their key points:



Key stakeholders

Choose the key persons for the project; those persons have to be respected, known, well connected and experts in their fields. This is crucial for the rest to willingly and fully follow them. The project team in Taunton and Somerset NHS Foundation Trust consists of 7 people: Digital project lead, Deputy CCIO, Pharmacist lead, Pharmacy technician, Clinical safety officer, Clinical Lead, and Digital project nurse.



Structure

The governance structure was something that kept you in the right track but was also the one thing that constrained you in certain ways. In Taunton, they've mitigated those through their sort of governance but had to be careful to keep conforming to what the program required.



Communication

Communication and the group's aim and value are the keys to a successful implementation. Communication with your stakeholders as well as the communication within the team. It's vital that communication evolves as the project progresses. It is crucial to know your limits as you go through. When you need that extra help, you've got to ask for it and get it in there. More extra resources are going to be required now that they're in the pilot and going further forward.

“Include non-clinical staff earlier, which would unburden the clinical team during the implementation process.”

Duncan Cripps is a Lead Pharmacist for e-prescribing system implementation at the University Hospitals Plymouth NHS Trust. The hospital went live on their health care of the elderly pilot ward at the end of June 2019; they run the ePMA system Better Meds through their in-house portal system. Duncan pointed out four specific aspects that are key for a successful implementation – business intelligence, process, collaboration and communication.



Business intelligence

Before implementation, visit the sites that are using ePMA, attend the masterclasses, use the ePrescribing toolkit and the NHS network message board.



Process

During the implementation, in terms of process, the University Hospitals Plymouth NHS Trust has been semi-successful with their staff involvement. Audit of adherence to agreed processes was very revealing and helped teams to revise and re-establish optimal ways of working. Include non-clinical staff earlier, which would unburden the clinical team during the implementation process.



Collaboration

The collaboration within the clinical team as well as the technical team and other sections included in the implementation, is vital during the implementation process.



Communication

The essential part of communication is consistent messages and managing expectations. Before implementing ePMA, you should create a communication strategy to make sure that everyone feels involved, which reinforces the benefits. Also, manage the expectations and nurture the relationships with the entire implementation team.

Workshop outcomes

Participants were asked to think and discuss three thinking points. The most agreed answers per thinking points were:

What are the key value-based metrics that you hope to achieve by implementing ePMA?

- Optimising **workflows and pathways** – in terms of the workflows on the ward, but also in terms of the way pharmacy operates, how the medicines get back to the ward, how the orders go to the pharmacy, etc.
- **Transparency of data** – is crucial due to the massive amount of data, which should be presented in clinical reports in an easy to understand format.
- **Interoperability** – communication between systems is vital when it comes to their logical incorporation within a workflow.
- **Reduced medication errors** – both in terms of prescribing and administration.
- **Medicines reconciliation** – in terms of being a value-added benefit to ePMA.

What do you see as the key obstacles in achieving those metrics?

- **Resources** – both human and financial resources must be chosen and analysed carefully to achieve a successful implementation.
- **Cost** – there are considerable financial and workforce costs connected with the implementation as these are the key needed resources.
- **Communication** – with all of the stakeholders and also their communication with other key players for the implementation.

- **Changes** – to the practice and bedside manner: digitisation also changes the accessibility of data, for example, patients and their visitors can no longer peek at the drug chart hanging at the end of the bed.

What would be the most important values and KPI's when it comes to the vendor of choice?

- **Flexibility and agility** – the ability to deliver change in a timely manner and reliably, both at the level of support that is given as well as the system itself.
- **Intuitive user interface** – allowing quicker adoption of the system by the staff and therefore more significant support of its implementation and higher usage of it.
- **Integration** – can a Trust integrate it with all of the other systems that they have.
- **Community events** – encouraging users' community input, their feedback to the suppliers and also the other way around, suppliers informing them on the future roadmap.
- **Value for money** – the price alone means nothing; it's about the value (quality of the system and the support) that is included in the price.
- **Availability and downtime** – trying to minimise the downtime and managing upgrades with this in mind.
- **Agreed times, timescales and milestones** and the ability to be flexible for the local configuration and its integration with the other systems, as well as having a single sign-on process.



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