

EPMA at South West London and St. George's
 Mental Health NHS Trust :

E-Prescribing in Mental Health Trusts

Over the past year South West London and St. George's Mental Health NHS Trust (SWLStG) has achieved a major reduction in prescription errors and saved over £400,000 with the help of JAC's Electronic Prescribing and Medicine Administration (EPMA) solution, which is being implemented to support medicines management in NHS trusts and across homecare and crisis management services.

Based at Springfield, Queen Mary's and Tolworth Hospitals in South-West London, the Trust serves five boroughs with a total population of 1.1 million, and treats over 28,000 patients per year in secondary care, including 2,000 patients treated within its 22 inpatient wards. In May 2016 SWLStG began implementing JAC's Electronic Prescription and Medicines Administration (EPMA) system, to increase safety and efficiency in the business-critical process of prescribing and administering drugs to patients. The cost savings from the programme have already exceeded the initial forecasts.

EPMA rapidly won the support of clinicians at the Trust.

"JAC's system lets me see exactly what my patients are treated with, and prescribe for them where necessary, wherever and whenever I'm working. Given our three separate hospital sites and 22 wards, with the previous paper-based system it took time for prescriptions to move from the wards to dispensary then back to the patient.

It also meant that the process of auditing whether or not drugs had been signed-for and administered on time could take several days. Now with the availability of real-time data which is continually updated on a central server, we can check this in a matter of minutes and we've almost eliminated unintended missed doses as a result."

Dr. Sean Whyte, Consultant Psychiatrist, Clinical Director at the Trust & Clinical Lead for the EPMA project

Finding the system



The project was launched with an in-depth cost benefit analysis led by Carl Holvey, Interim Chief Pharmacist.

“By the end of the study we had made a compelling case to stakeholders that to deliver on these objectives we needed to automate prescribing and medicines management. We were looking for a solution that could provide optimum patient safety while at the same time improving productivity, streamlining administration and achieving cost savings.”

Carl Holvey, Interim Chief Pharmacist.

Having won both clinical and management support, the next step was to find the right technology. The Trust already had a basic e-prescribing application bundled into its Electronic Patient Record (EPR) system, but were looking for a more robust and function-rich alternative – a solution with enough flexibility to support an end-to-end paperless workflow across the hospitals with outreach to patients treated at home and in community facilities.

Ultimately the only EPMA provider at the time that had a suitable system already operational and with a proven track record in the mental health acute environment was JAC.

Peer support



When implementation began in early 2016 the project team turned for support to JAC’s longest-established mental health site, Leicestershire Partnership NHS Trust. According to Katy McLachlan, Advanced Specialist IT Pharmacist at SWLStG, “Leicestershire had been down the EPMA road before us and has a similar environment to ours; the fact they knew exactly what we needed certainly helped to jump-start our development.”

One of the team’s first tasks was to build a comprehensive set of NICE and CQC compliant defaults with preset options that would make the prescription process faster, easier and more accurate. In order to prescribe a non-standard drug (often costly yet without therapeutic advantage) clinicians are forced to override the alert and justify their choice.

“By helping reduce selection errors and discourage over-used or non-compliant medication orders, these standard defaults play an important role in delivering safe and best practice care while reducing our drug costs.”

Katy McLachlan, Advanced Specialist IT Pharmacist at SWLStG



Best practices

During the rollout of EPMA to the Trust's 1,000 clinical staff, in addition to providing training, the team seized the opportunity to implement best-practice procedures. Because the system replicates the paper chart already familiar to clinicians, the transition was swift and straightforward, so to take advantage of time set aside in busy schedules, training sessions were also used to introduce new ways of working in a computerised environment.

The EPMA team spent time supervising and supporting most of the nursing staff the first time they used JAC, this gave them the opportunity to embed good practice with regards to medicines administration as a whole and has contributed to the reduction in medicines related incidents.

Reducing prescription errors



With EPMA there is no longer a need to decipher handwriting or manually transpose information onto new drug charts (a routine procedure that SWLStG's internal audit showed takes several months of medical & pharmacist time per year across the Trust). EPMA enables all medicines management and related patient information to be centralised and available in real time to qualifying clinicians from any location via ward screen or mobile technology.

From this data repository customised reports can be easily generated for tracking medical and business statistics, creating audits for internal use or for regulatory bodies, conducting dose reviews (particularly relevant given the number of patients on clozapine treatment) or any other routine or ad hoc reports. To prevent workflow disruptions or loss of data, everything is automatically duplicated on a shadow server.

“With the previous system, conducting a medicines reconciliation or collecting data for a clinical audit involved miles of walking between wards and scattered buildings and could take up to 25 hours a month of nurse time. Stock checking also took many hours per week across all the wards. Now we estimate we've cut the time taken for these jobs by up to 80% - all of which has freed up time for nurses and doctors to spend with their patients.

Moreover, even though we started with a low rate of prescription errors, EPMA has already helped us reduce it by well over 50%. We expected a reduction but not this much and not as quickly.”

Dr. Sean Whyte, Consultant Psychiatrist, Clinical Director at the Trust & Clinical Lead for the EPMA project



Home and community care

EPMA also promises to be a powerful support to SWLStG's services for patients living at home and in hostels and other community facilities. Now, rather than community nurses having to return to the hospital to get a drug chart authorised or to wait for a doctor to sign a prescription, they can discuss the patient on the phone with the doctor, who can then write a prescription on their laptop. While this simplifies the job of offsite medication management it also provides a better experience for community patients, and is vital in time-critical situations like clozapine dose titration.

There is also a positive impact on cost: SWLStG estimates that by not having to admit a patient simply to administer medicines, it can save £450 per bed night for that patient while freeing up facilities for emergency care.

Next steps

“Since beginning to work with EPMA we have already managed to achieve the equivalent of over £400,000 in staff time, and vastly more in the value of clinician and pharmacist time, which exceeds the business case projections for this stage of the project,”

Dr. Sean Whyte, Consultant Psychiatrist, Clinical Director at the Trust & Clinical Lead for the EPMA project

Despite these early wins, however, the team regards the project with a long-term eye to continuing refinement. The next stage of the rollout will be to connect the dispensary (which in some cases is still using paper printouts) to create an end-to-end paperless flow from doctor to pharmacy to nurse and back to the patient. Later in the year the Trust also plans to upgrade to JAC's new web browser version of EPMA which will provide key additional functionality such as dose range clinical checking and support for the electronic prescribing of depot injections for community patients.

To find out more about the EPMA for your organisation, region or country contact us or visit:
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