The Royal Wolverhampton NHS Trust

MP09 v3.0

Electronic Prescribing and Medicines Administration (ePMA) Policy

Contents

Appendices

1.0 Policy Statement

The electronic Prescribing and Medicines Administration (ePMA) Policy outlines how the ePMA system must be used within the Trust. It provides an electronic system for prescribing, clinical checking, supplying, and administering medication.
The system must enable the Trust to reduce the risk of medication errors. The ePMA system also provides a Decision Support System (DSS) to aid safer prescribing and administration.

Approval of this document must guide activities for the ePMA system across the Trust. The document supplements Medicines Management policy identifying the ePMA system as a direct replacement for paper treatment sheets where ePMA is available.

The outcomes of the policy are therefore:

- The ePMA system is a replacement for paper treatment sheets.
- There must be an electronic source of prescriptions and administration data for inpatients.
- Improved medication safety through implementing a Decision Support System which provides warnings such as allergies, interaction, dose and banned route warnings at the point of prescribing and administration.
- Integrated working between the ward and Pharmacy including improving the clinical checks process and supply of medication.

All aspects of this document regarding potential Conflicts of Interest should refer first to the Conflicts of Interest Policy (OP109). In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy. In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Clinical check – pharmacy process to ensure that prescriptions are legal, safe, clinically appropriate, and compliant with the Trust's formulary.

Decision Support System (DSS) – is the system within ePMA that generates warning messages when medicines are being prescribed or administered.

Drafts – are prescription lines within the ePMA system which have not been committed as a formal prescription and therefore do not appear on the drug chart. Drafts are entered by pharmacy to highlight a medication found in the patient's drug history which the prescriber may need to consider.

Drug chart – a view within ePMA showing details of the drugs prescribed and to be administered.

Emergency treatment sheet – paper treatment sheet to be used for a short period of time to prescribe emergency and necessary medicines whilst the patient is admitted in PAS.

ePMA - electronic Prescribing and Medicines Administration.

ePMA inpatients – a patient who is resident on an ePMA ward and who has their medication record entered into ePMA.

ePMA wards – wards using the ePMA system. ePMA units may also receive ePMA inpatients and enter prescriptions and drug administration into ePMA.

ePMA unit – area where patients are seen and treated outside of wards e.g. renal unit.

Formulary – a list of approved medications held within the ePMA system which can be selected for prescribing. There are a number of formularies within the system based on user roles.

Health and Care Professions Council (HCPC) -, regulator and register for Allied Health Professionals.

Intervention – an intervention is made by pharmacy to provide additional advice to the prescriber about a prescribed medication based on the patient's medications history and current drug chart.

Medication administrators. Any individuals named in the Medicines Policy MP01 with permission to administer medication.

Medication history (also called drug history) – the first step in the medicines reconciliation process which identifies all medications (prescribed and purchased) that a patient has taken prior to their admission to hospital. This process must identify allergies or sensitivities to medicines, recently stopped medications, and recent short treatment courses of medication/s.

Medicines reconciliation – the process of obtaining an accurate up-to-date list of medicines that have been compared to the most recently available information. Discrepancies, changes, deletions, and additions are documented and appropriately escalated resulting in a complete list of medicines which have been accurately communicated.

PAS – Patient Administration System is used for the registering, admission, transfer, and discharge of patients.

PGD - A Patient Group Direction is a written direction for the supply or administration of named medicines in identified clinical situations to groups of patients who may not be individually identified before presentation for treatment. PGDs are approved by the Trust's Medicines Management Group.

SBART – Form used on patient transfer providing a checklist of actions. This has been updated to incorporate ePMA ward transfers. SBART provides details on the patient's Situation, Background, Assessment, Recommendation and Transfer.

SOP – Standard Operating Procedure.

Supply check – pharmacy process to ensure that the patient's locker contains an adequate supply of patient specific medications.

Suspension of a medication - this must be undertaken where the prescription immediately needs to be suspended to stop the medication being administered due to inappropriate prescribing.

Transfer treatment sheet – a treatment sheet produced by the ePMA system providing a drug chart to allow continued administration on non-ePMA wards. These prescriptions can be used for administration but not for additional prescribing. They should be reviewed by the doctor at the point of clerking the patient onto the ward who must then prescribe the entire list of ongoing medications on the Trust's paper treatment sheet along with any changes and or new medications prescribed. The Trust's paper treatment sheet must show all ongoing medications to be administered. This must be completed to support safe prescribing and administration practices on non-EPMA wards.

3.0 Accountabilities

3.1 Corporate Responsibility

The Medical Director is responsible for ensuring that medicines management within the Trust conforms to best practice at all times. This responsibility is delegated to the Clinical Director of Pharmacy, who is the medicines management lead for the Trust. This policy and associated procedures are governed by the Trust's Medicine Management policies and local procedures as agreed by the Trust's Medicines Management Group (MMG).

3.2 System Manager

The Lead Pharmacist for the ePMA system is the System Manager. The System Manager must manage the ePMA system enacting the policies approved by Medicines Management Group as well as assuring the viability of ePMA as a service for the whole Trust. In order to do this the System Manager must work closely with the Assistant Director of Pharmacy for Digital Transformation & Innovation, Chair of the Medicines Manager Group and Medicines Safety Officer.

3.3 All ePMA Users

All users must undertake ePMA training. Where a classroom approach is not feasible Departmental managers must ensure staff undertake training using the e-learning packages available on the intranet prior to requesting usernames and passwords.

All users must be aware of the legal responsibilities associated with their own role and the Trust policies regarding **Medicines Policy MP01** including Antimicrobial Policy.

It is the responsibility of all users to ensure that they abide by the Trust's policies for using electronic systems. This includes never disclosing your username or password to

other users and ensuring patient confidentiality. For additional information see:

OP07 Health Records Policy
OP12 Information Security Policy
OP91 Data Quality Policy
OP98 Confidentiality Code of Conduct

3.4 Ward Clerks

Patients must be admitted and transferred in a timely manner in PAS. This is to ensure that they can receive appropriate prescriptions and medications.

These updates must be made by ward clerks. Contact details for where to send admission and transfer requests in the absence of a ward clerk must be documented in the procedure documentation.

3.5 Prescribers

Prescribers must use the ePMA system to prescribe drugs on ePMA wards, ePMA units and for ePMA inpatients.

Where the patient has had previous paper treatment sheets, e.g. a paper treatment sheet started in another location, the emergency treatment sheet, or a transfer treatment sheet, the prescriber must refer to those additional treatment sheets as part of their prescribing.

Prescribers must continue to exercise their own clinical judgement over and above the system generated information. In particular prescribers must use their own clinical judgement when the system presents them with a Decision Support warning.

Prescribers must ‘manage’ the patient’s medication record, ensuring that drugs from previous episodes are reviewed and actioned, and that draft medications are regularly reviewed and actioned.

Prescribers are responsible for entering allergy details into the patient’s medical record within ePMA as part of their clerking, and thereafter regularly reviewing the allergy details.

Prescribers must use the ePMA system to review and respond to pharmacy entered suspensions of a medication and other interventions.

Prescribers must use the ePMA system to request the supply of Discharge medications from pharmacy.

Prescribers must continue to complete the e-Discharge but the discharge medications must be automatically populated from within ePMA.

Prescribers must use the ‘My Formulary’ medications list.

3.6 Administrators

ePMA must be used by medicines administrators on ePMA wards, ePMA units and for ePMA inpatients.

ePMA must be used to record that the patient has taken the medication or if the medication was ‘not given’ or if there was a ‘problem’ and the reasons.

Medicines administrators must ensure that administration records for their patients are accurate and updated in a timely manner.

Medicines administrators must complete the administration within a reasonable timeframe as indicated by the drug chart.

Where the patient has had previous paper treatment sheets, e.g. a paper treatment sheet started in another location, the emergency treatment sheet, or a transfer treatment sheet, the administrator must refer to those additional treatment sheets to ensure safe administration.

Where a ‘second check’ is required prior to administration, administrators must provide sufficient reassurance prior to administration in order to enable the second checker to complete and approve the second check.

Medicines administrators must continue to exercise their own clinical judgement over and above the system generated information. In particular administrators must use their own clinical judgement when the system presents them with a Decision Support warning.

ePMA must provide additional information regarding medicines and how they are to be administered; administrators must adhere to this additional information.

ePMA must be used by ward staff prior to transfers to confirm that the medication record is complete and that if necessary, the drug chart is printed (with appropriate patient identification) and accurate for transfers to non-ePMA wards. The printed charts can be used for medicines administration but not for new prescriptions. This must follow the SBART process.

Ward staff must complete a final Discharge check within ePMA to ensure that the medications record is accurate and discharge the patient thereby stopping the generation of future doses for that patient.

Administrators continue to be responsible for recording observations and other information required by other procedures and SOPs outside of the system e.g. the recording of blood sugars and vital signs on VitalPacs.

3.7 Nurse in Charge (of Ward)

The Nurse in Charge must review the outstanding administrations for their ward at the time of handover to ensure that all records are accurate.

3.8 Super Users

Super users must provide ePMA advice to those users on the ward and must have the ability to change passwords.

3.9 Pharmacists

Pharmacists must use ePMA on ePMA wards and units.

Pharmacists must use ePMA to validate the medication history of the patient and where appropriate add drafts to inform the prescriber that additional medications have previously been prescribed and may need to be considered.

Pharmacists must complete clinical checks within ePMA, suspending prescribed medications which they feel need an immediate review because they could cause harm or adding interventions to medications where they are offering advice to the prescriber and feel that a review of the prescription is warranted.

As part of the suspension and intervention process, the pharmacist is encouraged to verbally communicate with the prescriber especially in respect of suspensions.

Pharmacists must use ePMA to complete clinical discharge checks and review quantities to be supplied.

Pharmacists must use ePMA to review and approve patient-specific supply requests made by the administrator or by a pharmacy technician.

Pharmacists must use ePMA in line with the Pharmacist Enablement Policy Clin-005.

If a pharmacist is also a prescriber, they must also follow the Accountability rules as outlined above in ‘3.5 Prescribers’.

3.10 Pharmacy Technician

Pharmacy Technicians must perform the Pharmacist tasks with the exception of clinical checks.

3.11 Final Year Nursing Students

The Final Year Student role can only be used to complete a second check on medicines administration as per medicines management policy (**Medicines Management Procedure 001**).

3.12 ePMA View Only

Any health professionals who need to view a patient’s medical record must do so using the view only option. These roles must require a username and password for audit

purposes.

4.0 Policy Detail

4.1 The electronic Prescribing and Medicines Administration (ePMA) system must be used where implemented across the Trust to keep an accurate and timely record of medications prescribed and administered.

4.2 Staff must use ePMA on designated ePMA wards and in locations that prescribe or administer medicines to inpatients resident on the ePMA wards (ePMA inpatients) e.g. an ePMA inpatient visiting the renal unit or the endoscopy unit. Non-ePMA areas must continue to use approved paper methods to prescribe and record medication administration, in line with 'MP01 – Prescribing, storage and administration of drugs'.

4.3 The ePMA system must replace the paper treatment sheets. Exemptions to this requirement are outlined below (4.10)

4.4 If a patient has not been PAS registered, or if there are other exceptional circumstances and the patient's record is not available within the ePMA system and it is necessary to prescribe immediate medications, a treatment sheet can be used for prescribing and administration. The ePMA system must be updated where possible to ensure a single prescribing and medication administration record is available. Where the ePMA system has been updated, treatment sheets must be crossed out, signed, dated and filed in the patient notes to reduce the risk of duplicate prescribing and drug administration.

4.5 There must be no prescribing or administration on pathway or protocol documents for ePMA inpatients. However, these documents must continue to hold relevant information or reference material and may be stored in the patient's skinny file. Prescribing and administration in these cases must be completed within ePMA.

4.6 Whilst using ePMA, staff must remain compliant with the requirements of the Medicines Management Policy.

4.7 ePMA procedures and appendices must be followed when using ePMA.

4.8 For ePMA inpatients, the ePMA system must be used by staff to:

- Prescribe medications for inpatients,
- Record the administration of those medications on the ward,
- Provide Pharmacy with a means to reconcile and clinically check drug charts including recording Suspensions (discontinued medication due to inappropriate prescribing) and Interventions (prescribing advice),
- Provide a means for Pharmacy to order and dispense medication,
- Provide a means for other health professionals to view the patient's medication record,
- Provide the means for prescribing discharge medications,
- Provide a record of the previous medications prescribed to an inpatient, although this must be verified against other sources.

4.9 Wards which are not yet ePMA wards must receive transfer treatment sheets. The transferring ward is responsible for making sure these are printed out from the ePMA system and are sent to the receiving ward. They can be used for medicines administration in the short term but at the earliest opportunity or on next contact with the patient, the doctor must prescribe the prescriptions on to a paper treatment sheet.

4.10 Exemptions

- ePMA must initially apply to inpatients only; outpatient prescribing is not included. Outpatient prescribing must follow: MP01 – Prescribing, storage and administration of drugs'.
- Due to the complexity of dosing, there are a number of regimes that cannot be administered within ePMA. In this case there is the facility of using a 'doseless template' which will indicate to prescribers, administrators, pharmacists, and pharmacy technicians that there is an additional paper treatment sheet which contains dosage information. Wards are responsible for ensuring the appropriate paper treatment sheets available. The patient information contained within the electronic and paper records i.e. name, date of birth, allergy status etc. must match. It is the responsibility of prescribers to make ensure patient information is accurate across all prescription types. All other clinical staff must check the information is correct when performing tasks related to prescribing, administration, and supply of medication(s). See Appendix 1, 2, 3, 4 and 5 for standard operating procedures for insulin, warfarin, and complex infusions.
- Anaesthetic charts must continue to be used purely for prescribing and administering anaesthesia in theatres.
- Chemotherapy drugs must be captured within the ChemoCare system for outpatients. However, the Oncology Outreach team must be used to assess patients arriving via other ingress points and enter medication details into ePMA.
- If the Business Continuity Plan is initiated paper treatment sheets must be printed out from ePMA.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	Yes
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No

6.0 Equality Impact Assessment

The initial screening of this policy has not identified any adverse / negative impact and therefore a full equality impact assessment is not required.

7.0 Maintenance

The Medicines Management Group must review the policy within 3 years.

8.0 Communication and Training

Information must be made available on the **Trust Intranet site** regarding the ePMA system including:

- 'Quick Reference Guides' and short video tutorials.
- Training contacts for 1 to 1 sessions and advice.
- Course booking details for Prescriber and Administrator classroom training. The classroom training is strongly advised however if this is not possible the Departmental manager must ensure that users are provided with an appropriate awareness session prior to requesting usernames and passwords.
- Support contacts.
- PAS contacts for admissions and transfers.
- Business Continuity Plans.

ePMA may be used to provide a 'Message of the day' in relation to ePMA system notices and medicines supplies.

Ongoing training must continue to be delivered via classroom sessions for new starters to book onto.

9.0 Audit Process

The following represent suitable indications of Policy and system.

Criterion	Lead	Monitoring method	Frequency	Committee
Medicines Safety monitoring of interventions and suspensions and any Datix raised due to ePMA system and procedures e.g. transfer issues.	Medicines Safety Officer	Report of Datix raised New Hazard Log entries	For Medicines Management Group Meetings	Medicines Management Group
Approval of system changes to show the stability of the system.	ePMA System Manager	Change requests reviewed	For Medicines Management Group Meetings	Medicines Management Group

The system retains audit information regarding timeliness and even produces reports on overdue medications. Additional auditing can be undertaken using the SQL Server Reporting Services tool.

10.0 References

Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (Carter Report)
https://assets.publishing.service.gov.uk/media/5a80bdfae5274a2e87dbb8f5/Operational_productivity_A.pdf

Care Quality Commission – Health and Social Care Act 2008 Regulations 2014: regulation 12 (Safe care and treatment).

11.0 Appendices

8. Standard Operating Procedure for the Prescribing, Administration and Monitoring of Subcutaneous Insulin in ePMA
9. Standard Operating Procedure for the Prescribing, Administration and Monitoring of Intravenous Insulin in ePMA
10. Standard Operating Procedure for the Prescribing, Administration and Monitoring of ' when required' Insulin in ePMA
11. Standard Operating Procedure for the Prescribing, Administration and Monitoring of Warfarin in ePMA
12. Standard Operating Procedure for the Prescribing, Administration and Monitoring of Complex Infusions in ePMA
13. Standard Operating Procedure for ePMA Business Continuity
14. Electronic Prescribing and Medicines Administration (EPMA) Mobile Device Responsibility and Allocation Procedure

Document Control

Policy number and Policy version: MP09 Version 3.0	**Policy Title:** Electronic Prescribing and Medicines Administration (ePMA) Policy	**Status:** Final		**Author:** Digital Lead Pharmacist & Director of Pharmacy **Director Sponsor:** Chief Medical Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	March 2018	Digital Lead Pharmacist & Director of Pharmacy	Update to 2018 policy written before project implementation
	2	May 2019	Digital Lead Pharmacist & Director of Pharmacy	Review
	2.1	Nov. 2019	Digital Lead Pharmacist & Director of Pharmacy	It was noted as part of the CQC visit that although there is guidance given on how to prescribe insulin, warfarin and complex infusions within the electronic prescribing and administration system (ePMA) this is purely guidance and does not form part of a SOP. The ePMA policy has therefore been updated to include procedures for these eventualities.
	2.2	Sept. 2020	Digital Lead Pharmacist & Director of Pharmacy	Implementation of New Appendix – SOP for ePMA Business Continuity (Appendix 6)

	2.3	Sept. 2021	Digital Lead Pharmacist & Director of Pharmacy	Minor update to Appendix 6.
	2.4	October 2021	Digital Lead Pharmacist & Director of Pharmacy	Implementation of New Appendix 7 - Electronic Prescribing and Medicines Administration (EPMA) Mobile Device Responsibility and Allocation Procedure
	2.5	March 2022	Digital Lead Pharmacist & Director of Pharmacy	Reviewed by Chief Medical Officer – Extended to November 2022 pending full review
	2.6	March 2022	Digital Lead Pharmacist & Director of Pharmacy	Implementation of New Appendix 8 – SOP for Commencement of Electronic Prescribing and Medicines Administration (ePMA) in the Emergency Department (ED) following a Decision to Admit (DTA)
	2.7	December 2022	Digital Lead Pharmacist & Director of Pharmacy	Reviewed by Chief Medical Officer – Extended to November 2023 pending full review
	2.8	September 2023	Digital Lead Pharmacist & Director of Pharmacy	Reviewed by Chief Medical Officer – Extended to March 2024 pending full review
	2.9	April 2024	Digital Lead Pharmacist & Director of Pharmacy	Reviewed by Chief Medical Officer – Extended to August 2024 pending full review
	3.0	July 2024	Assistant Director of Pharmacy – Digital Transformation & Innovation	Reviewed by Director of Pharmacy Appendix 6e updated to reflect changes. Appendix 7 updated. Appendix 8 removed as not current practice.
Intended Recipients: All Clinical Staff				

Consultation Group / Role Titles and Date: ePMA Medicines Management Group	
Name and date of Trust level group where reviewed	Trust Policy Group – July 2024
Name and date of final approval committee	Trust Management Committee – July 2024
Date of Policy issue	July 2024
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	July 2027
Training and Dissemination:	
To be read in conjunction with:	
Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904	
Monitoring arrangements and Committee	
Document summary/key issues covered.	
Key words for intranet searching purposes	Medicines, Prescribing

Appendix 1

Standard Operating Procedure for prescribing, administration, and monitoring of subcutaneous insulin in ePMA

1.0 Procedure Statement

This procedure provides a standard set of instructions to be followed for the safe prescribing of subcutaneous insulin. Since insulin cannot be prescribed as variable dose then it is prescribed within ePMA as a 'doseless' template which indicates that there is an additional paper chart to be considered.

2.0 Accountabilities

The Trust Chief Executive is responsible for ensuring that medicines management within the Trust conforms to best practice at all times. This responsibility is delegated to the Clinical Director of Pharmacy, who is the medicines management lead for the Trust. The ePMA Lead Pharmacist is responsible for managing the system including enacting policies approved by the Medicines Management Group, under the supervision of the Assistant Director of Pharmacy for Digital Transformation and Innovation. This procedure is guided by legislation, Governmental Directives, The General Pharmaceutical Council's (GPhC) guidance, and local policies and procedures agreed by the Trust's Medicines Management Group (MMG).

ALL STAFF are responsible for keeping up to date with all Medicines Policies and standard operating procedure (SOPs), and for compliance with their requirements.

3.0 Procedure Detail and Actions

3.1 Prescribing within ePMA

- Log into ePMA system and select the Prescribing Desktop.
- Select tab for New Prescription.
- Select insulin type and device by use of dropdown menu. Ensure that the correct strength has been chosen.
- The ePMA record will have a blue highlighted section for the insulin brand name and will also show the generic name which includes strength.
- The ePMA template contains a message 'FOR DOSING: See separate insulin and prescription monitoring chart and give as directed'.
- Enter frequency of dosing as 'breakfast, lunch, evening meal and 10pm'
- An exact copy of this information must be recorded on the Insulin and Prescription Monitoring Chart for adults by subcutaneous injection (MI_7041614_17.06.22_V_4).
- The dose is entered for each drug and administration. Units are preprinted for clarity.
- Sign/stamp and date.

3.2 Administering insulin within ePMA

- Highlight insulin within ePMA record.
- Check that the details on the paper insulin and prescription monitoring chart correspond.
- Any discrepancies must be highlighted immediately to the prescriber.
- Administer the required number of units.
- Sign and date immediately to record that the dose has been given on the paper chart and tick for administration also on the electronic record.

3.3. Clinical check

- The clinical check carried out by the pharmacist will confirm that the ePMA record and Insulin Prescription and Monitoring chart match.

4.0 Equipment Required

None.

5.0 Training

All staff are required to read MP01: Medicines Policy in conjunction with this standard operating procedure. Clinical area managers must confirm staff understand the contents of the policy and procedure and are able to perform the required tasks.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

The proposed policy does not impact on the race equality duty and equality and diversity legislation.

8.0 Maintenance

The Clinical Director of Pharmacy is responsible for keeping the procedure up to date. The standard operating procedures provide detail regarding the content within this policy. Any revisions to the standard operating procedures will be approved through the Trust's Medicines Management Group and ratified by the Policy Review Committee.

9.0 Communication and Training

The policy will be available on the Intranet and will be circulated to all appropriate staff.

Ward and departmental managers are responsible for ensuring that all healthcare professionals involved in the use of medical products are trained to be competent to do so.

Divisional and departmental managers have a responsibility to ensure that copies of the Medicines Policy are available to their staff, and they must ensure that staff are fully aware of all the relevant procedure applicable to their ward/department/clinical area.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Daily clinical check	Assistant Director of Pharmacy-Clinical Services/ Medicines Optimisation	The pharmacy team who reviews prescriptions daily will highlight any non-compliance associated with this procedure and escalate through the Trust Reporting System	Daily	Feedback to Ward Managers/ Prescribers/Departmental Leads

Appendix 2

Standard Operating Procedure for the prescribing, administration, and monitoring of intravenous insulin in ePMA

1.0 Procedure Statement

This procedure provides a standard set of instructions to be followed for the safe prescribing of intravenous insulin. Since insulin cannot be prescribed as variable dose then it is prescribed within ePMA as a 'doseless' template which indicates that there is an additional paper chart to be considered.

2.0 Accountabilities

The Trust Chief Executive is responsible for ensuring that medicines management within the Trust conforms to best practice at all times. This responsibility is delegated to the Clinical Director of Pharmacy, who is the medicines management lead for the Trust. The ePMA Lead Pharmacist is responsible for managing the system including enacting policies approved by the Medicines Management Group, under the supervision of the Assistant Director of Pharmacy for Digital Transformation and Innovation. This procedure is guided by legislation, Governmental Directives, The General Pharmaceutical Council's (GPhC) guidance, and local policies and procedures agreed by the Trust's Medicines Management Group (MMG).

ALL STAFF are responsible for keeping up to date with all Medicines Policies and standard operating procedure (SOPs), and for compliance with their requirements.

3.0 Procedure Detail and Actions

3.1 Prescribing within ePMA

- Log into ePMA system and select the Prescribing Desktop.
- Select tab for New Prescription.
- Select insulin type (normally Actrapid) by use of dropdown menu.
- The ePMA record will have a blue highlighted section for the insulin name and will also show the strength of infusion i.e. 50 units in 50ml sodium chloride 0.9%.
- Select which protocol is required; either variable rate insulin infusion (VRII), diabetic ketoacidosis (DKA) or Hyperglycaemic Hyperosmolar State (HHS).
- The chosen protocol will display on the drug chart.
- An exact copy of this information must be recorded on the appropriate chart.
- Sign/stamp and date.

3.2 Administering insulin within ePMA

- Highlight insulin within ePMA record.
- Check that the details on the paper insulin and prescription monitoring chart correspond.
- Any discrepancies must be highlighted immediately to the prescriber.
- Sign and date immediately to record that the dose has been given on the paper chart and tick for administration also on the electronic record.

3.3. Clinical check

- The clinical check carried out by the pharmacist will confirm that the ePMA record and Insulin Prescription and Monitoring chart match.

4.0 Equipment Required

None

5.0 Training

All staff are required to read MP01: Medicines Policy in conjunction with this standard operating procedure. Clinical area managers must confirm staff understand the contents of the policy and procedure and are able to perform the required tasks.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

The proposed policy does not impact on the race equality duty and equality and diversity legislation.

8.0 Maintenance

The Clinical Director of Pharmacy is responsible for keeping the procedure up to

date. The standard operating procedures provide detail regarding the content within this policy. Any revisions to the standard operating procedures will be approved through the Trust's Medicines Management Group and ratified by the Policy Review Committee.

9.0 Communication and Training

The policy will be available on the Intranet and will be circulated to all appropriate staff.

Ward and departmental managers are responsible for ensuring that all healthcare professionals involved in the use of medical products are trained to be competent to do so.

Divisional and departmental managers have a responsibility to ensure that copies of the Medicines Policy are available to their staff, and they must ensure that staff are fully aware of all the relevant procedure applicable to their ward/ department/ clinical area.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Daily clinical check	Assistant Director of Pharmacy- Clinical Services/ Medicines Optimisation	The pharmacy team who review prescriptions daily will highlight any non-compliance associated with this procedure and escalate through the Trust Reporting System		Feedback to Ward Managers/ Prescribers/Departmental Leads

Appendix 3

Standard Operating Procedure for the prescribing, administration, and monitoring of 'when required' insulin in ePMA.

1.0 Procedure Statement

This procedure provides a standard set of instructions to be followed for the safe prescribing of 'when required' insulin. Since insulin cannot be prescribed as variable dose then it is prescribed within ePMA as a 'doseless' template which indicates that there is an additional paper chart to be considered.

2.0 Accountabilities

The Trust Chief Executive is responsible for ensuring that medicines management within the Trust conforms to best practice at all times. This responsibility is delegated to the Clinical Director of Pharmacy, who is the medicines management lead for the Trust. The ePMA Lead Pharmacist is responsible for managing the system including enacting policies approved by the Medicines Management Group, under the supervision of the Assistant Director of Pharmacy for Digital Transformation and Innovation. This procedure is guided by legislation, Governmental Directives, The General Pharmaceutical Council's (GPhC) guidance, and local policies and procedures agreed by the Trust's Medicines Management Group (MMG).

ALL STAFF are responsible for keeping up to date with all Medicines Policies and standard operating procedure (SOPs), and for compliance with their requirements.

3.0 Procedure Detail and Actions

3.1 Prescribing within ePMA

- Log into ePMA system and select the Prescribing Desktop.
- Select tab for New Prescription.
- Select insulin type (normally Actrapid or NovoRapid) by use of dropdown menu.
- The ePMA record will have a grey highlighted section for the frequency of monitoring of capillary blood glucose and administration of insulin (can be every 4-6 hours, minimum interval 4 hourly).
- The chosen protocol will display on the drug chart.
- An exact copy of this information must be recorded on the appropriate paper chart MI_7041614_17.06.22_V_4. 'When required' insulin will be prescribed at the back of the paper chart.
- Sign/stamp and date.

3.2 Administering insulin within ePMA

- Highlight insulin within ePMA record. This will be in the 'when required'

section.

- Check that the details on the paper insulin and prescription monitoring chart correspond.
- Any discrepancies must be highlighted immediately to the prescriber.
- Sign and date immediately to record that the dose has been given on the paper chart and tick for administration also on the electronic record.

3.3. Clinical check

- The clinical check carried out by the pharmacist will confirm that the ePMA record and Insulin Prescription and Monitoring chart match.

4.0 Equipment Required

None

5.0 Training

All staff are required to read MP01: Medicines Policy in conjunction with this standard operating procedure. Clinical area managers must confirm staff understand the contents of the policy and procedure and are able to perform the required tasks.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

The proposed policy does not impact on the race equality duty and equality and diversity legislation.

8.0 Maintenance

The Clinical Director of Pharmacy is responsible for keeping the procedure up to date. The standard operating procedures provide detail regarding the content within

this policy. Any revisions to the standard operating procedures will be approved through the Trust's Medicines Management Group and ratified by the Policy Review Committee.

9.0 Communication and Training

The policy will be available on the Intranet and will be circulated to all appropriate staff.

Ward and departmental managers are responsible for ensuring that all healthcare professionals involved in the use of medical products are trained to be competent to do so.

Divisional and departmental managers have a responsibility to ensure that copies of the Medicines Policy are available to their staff, and they must ensure that staff are fully aware of all the relevant procedure applicable to their ward/department/clinical area.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Clinical check (excluding weekends, accepted practice is to check every 48 hours, targeted practice to check every 24 hours)	Assistant Director of Pharmacy – Clinical Services/ Medicines Optimisation	The pharmacy team who reviews prescriptions will highlight any non-compliance associated with this procedure and escalate through the Trust Reporting System	Daily	Feedback to Ward Managers/ Prescribers/ Departmental Leads

Appendix 4

Standard Operating Procedure for the prescribing, administration, and monitoring of warfarin in ePMA

1.0 Procedure Statement

This procedure provides a standard set of instructions to be followed for the safe prescribing of warfarin. Since warfarin cannot be prescribed as variable dose then it is prescriber within ePMA as a 'doseless' template which indicates that there is an additional paper chart to be considered which will act as a visual prompt that patient needs daily warfarin prescriptions.

2.0 Accountabilities

The Trust Chief Executive is responsible for ensuring that medicines management within the Trust conforms to best practice at all times. This responsibility is delegated to the Clinical Director of Pharmacy, who is the medicines management lead for the Trust. The ePMA Lead Pharmacist is responsible for managing the system including enacting policies approved by the Medicines Management Group, under the supervision of the Assistant Director of Pharmacy for Digital Transformation and Innovation. This procedure is guided by legislation, Governmental Directives, The General Pharmaceutical Council's (GPhC) guidance, and local policies and procedures agreed by the Trust's Medicines Management Group (MMG).

ALL STAFF are responsible for keeping up to date with all Medicines Policies and standard operating procedure (SOPs), and for compliance with their requirements.

3.0 Procedure Detail and Actions

3.1 Prescribing within ePMA

- Log into ePMA system and select the Prescribing Desktop.
- Select tab for New Prescription.
- Select warfarin on standard template. The instruction is that ; FOR DOSING: See separate warfarin prescription and monitoring chart and give as directed once daily in the evening(MI WRH_187_23.08.18_V-3)
- The patient's daily doses will then be prescribed onto the Supplementary Warfarin chart.
- Sign/stamp and date.

3.2 Administering warfarin within ePMA

- Highlight warfarin within ePMA record.
- Check that the details on the paper warfarin chart correspond.
- Any discrepancies must be highlighted immediately to the prescriber.

- Sign and date immediately to record that the dose has been given on the paper chart and tick for administration also on the electronic record.

3.3. Clinical check

- The clinical check carried out by the pharmacist will confirm that the ePMA record and Warfarin chart match.

4.0 Equipment Required

None

5.0 Training

All staff are required to read MP01: Medicines Policy in conjunction with this standard operating procedure. Clinical area managers must confirm staff understand the contents of the policy and procedure and are able to perform the required tasks.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

The proposed policy does not impact on the race equality duty and equality and diversity legislation.

8.0 Maintenance

The Clinical Director of Pharmacy is responsible for keeping the procedure up to date. The standard operating procedures provide detail regarding the content within this policy. Any revisions to the standard operating procedures will be approved through the Trust's Medicines Management Group and ratified by the Policy Review Committee.

9.0 Communication and Training

The policy will be available on the Intranet and will be circulated to all appropriate staff.

Ward and departmental managers are responsible for ensuring that all healthcare professionals involved in the use of medical products are trained to be competent to do so.

Divisional and departmental managers have a responsibility to ensure that copies of the Medicines Policy are available to their staff, and they must ensure that staff are fully aware of all the relevant procedure applicable to their ward/department/clinical area.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Daily clinical check	Assistant Director of Pharmacy- Clinical Services/ Medicines Optimisation	The pharmacy team who review prescriptions daily will highlight any non-compliance associated with this procedure and escalate through the Trust Reporting System	Daily	Feedback to Ward Managers/ Prescribers/ Departmental Leads

Appendix 5

Standard Operating Procedure for the prescribing, administration, and monitoring of complex infusions in ePMA

1.0 Procedure Statement

This procedure provides a standard set of instructions to be followed for the safe prescribing of complex infusions. Since complex infusions cannot be prescribed as variable dose then it is prescribed within ePMA as a 'doseless' template which indicates that there is an additional paper chart to be considered.

2.0 Accountabilities

The Trust Chief Executive is responsible for ensuring that medicines management within the Trust conforms to best practice at all times. This responsibility is delegated to the Clinical Director of Pharmacy, who is the medicines management lead for the Trust. The ePMA Lead Pharmacist is responsible for managing the system including enacting policies approved by the Medicines Management Group, under the supervision of the Assistant Director of Pharmacy for Digital Transformation and Innovation. This procedure is guided by legislation, Governmental Directives, The General Pharmaceutical Council's (GPhC) guidance, and local policies and procedures agreed by the Trust's Medicines Management Group (MMG).

ALL STAFF are responsible for keeping up to date with all Medicines Policies and standard operating procedure (SOPs), and for compliance with their requirements.

3.0 Procedure Detail and Actions

3.1 Prescribing within ePMA

- Log into ePMA system and select the Prescribing Desktop.
- Select tab for New Prescription.
- Select required infusion on standard template. The instruction is that; FOR DOSING: Refer to the accompanying paperwork and give as directed (Ref; Mi_3980514_13.03.18_V1).
- The patient's doses will then be prescribed onto the supplementary Infusion chart.
- Sign/stamp and date.

3.2 Administering complex infusions within ePMA

- Highlight required infusion within ePMA record.
- Check that the details on the supplementary chart correspond.
- Any discrepancies must be highlighted immediately to the prescriber.
- Sign and date immediately to record that the dose has been given on the paper chart and tick for administration also on the electronic record.

3.3. Clinical check

- The clinical check carried out by the pharmacist will confirm that the ePMA record and supplementary chart match.

4.0 Equipment Required

None.

5.0 Training

All staff are required to read MP01: Medicines Policy in conjunction with this standard operating procedure. Clinical area managers must confirm staff understand the contents of the policy and procedure and are able to perform the required tasks.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

The proposed policy does not impact on the race equality duty and equality and diversity legislation.

8.0 Maintenance

The Clinical Director of Pharmacy is responsible for keeping the procedure up to date. The standard operating procedures provide detail regarding the content within this policy. Any revisions to the standard operating procedures will be approved through the Trust's Medicines Management Group and ratified by the Policy Review Committee.

9.0 Communication and Training

The policy will be available on the Intranet and will be circulated to all appropriate

staff.

Ward and departmental managers are responsible for ensuring that all healthcare professionals involved in the use of medical products are trained to be competent to do so.

Divisional and departmental managers have a responsibility to ensure that copies of the Medicines Policy are available to their staff, and they must ensure that staff are fully aware of all the relevant procedure applicable to their ward/department/clinical area.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Daily clinical check	Assistant Director of Pharmacy- Clinical Services/ Medicines Optimisation	The pharmacy team who review prescriptions daily will highlight any non-compliance associated with this procedure and escalate through the Trust Reporting System	Daily	Feedback to Ward Managers/ Prescribers/ Departmental Leads

11.0 References

Appendix 5a

Drug	***Wording in template (Direction)***	***Checks***	***recording of bag changes***	***All areas/ICCU***
				****added in HTML***
Abciximab	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Acetylcysteine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Adrenaline	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Alfentanil	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Aminophylline	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Amiodarone	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Aprotinin	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Arigressin	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Argatraban	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Atracurium	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Bivalirudin	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Clonidine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Danaparoid	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Dobutamine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Dopamine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Epoprostenol	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***

Eptifibatide	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Esmolol	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Furosemide	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Glucagon	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
GTN	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Heparin	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Hydralazine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Iloprost	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Insulin	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Isoprenaline	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Ketamine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Labetalol	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Levosimendan	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Lidocaine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Magnesium	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Meteraminol	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Midazolam	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Milrinone	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Morphine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***

Naloxone	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Nimodipine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Noradrenaline	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Octreotide	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Omeprazole	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Phosphate	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Propofol	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Protamine	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Remifentanil	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Rocuronium	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Salbutamol	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Sodium Nitroprusside	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Tacrolmus	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Tirofiban	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	All areas
Tranexamic acid	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Vancomycin	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU only***
Potassium Chloride 1mmol/ml injection	For dosing refer to accompanying paper work and give as directed. Intravenous Infusion. Continuous IV Infusion	8am and 8pm	on paper prescription	**ICCU/Cardiac patients only***

Doseless- see specific supplementary sheet				
Levobupivicaine paravertebral	template within EPMA exists - supplementary drug chart - leave alone	prn	In the system	
Levobupivicaine epidural	emulate paravertebral and let Ravinder know of change so she can communicate to her colleagues	prn	In the system	
Morphine PCA	work in progress - Antonella, Bruce and Jane L to be involved	prn	In the system	
Levobupivicaine/Ropivacaine rectus sheath	work in progress - Bruce and Jane L to be involved	prn	In the system	

Appendix 6

Electronic Prescribing and Medicines Administration (EPMA) Business Continuity Procedure

1.0 Procedure Statement

This document defines the process of transitioning to paper charts to maintain business continuity (BC) when the EPMA system becomes unavailable or unstable. The process will vary according to the time of day the system is unavailable i.e. in or out of hours, and whether the downtime is planned or unplanned. This document also outlines the process for business recovery.

Each clinical area/ ward must be able to access an EPMA business continuity machine to print paper prescription charts. Business continuity machines' are PC desktops that are strategically located around the Trust that contain backup data from the EPMA system. The PC is connected to a printer to enable paper prescription charts, populated with information from the EPMA system to be printed when the business continuity plan is enacted.

Each clinical area/ward has a white EPMA BC folder to refer to for when the business continuity procedure is enacted.

2.0 Accountabilities

Trust Policy MP09 Electronic Prescribing and Medicines Administration (EPMA) Policy defines responsibilities in relation to EPMA. The following have responsibilities specifically in relation to this procedure:

The Chief Operating Officer

The Chief Operating Officer (COO) will receive information about system downtime when this occurs in-hours. The COO will assure themselves that the business continuity procedure is being appropriately enacted and will receive regular feedbacks from Clinical Director of Pharmacy. In the event of prolonged downtime, the COO will coordinate the Trusts overall response.

The Executive Officer On-Call

The Executive Officer on-call will receive information about system downtime when this occurs out of hours. They will assure themselves that the business continuity procedure is being appropriately enacted and will receive regular feedbacks from the on-call manager. In the event of prolonged downtime the Executive Officer On-call will coordinate the Trusts overall response.

The Manager On-Call

The Manager on-call will receive information about system downtime when this occurs out of hours. They will assure themselves that the business continuity procedure is being

appropriately enacted and will receive regular feedback from the EPMA Team member on-call or the on-call Pharmacist. They will, in conjunction with the Clinical Director of Pharmacy (or most Senior Pharmacist available), assess the overall situation and decide whether to inform the Executive Officer On-call.

The System Manager

The system manager will lead and coordinate the EPMA Team in the event of unplanned downtime in hours.

They are responsible for ensuring that there is a clear procedure to be followed in the event of system downtime and that this procedure is up to date and readily available. Following system downtime the system manager is responsible for coordinating any learning and reviewing / updating the procedure accordingly.

The system manager is also responsible for ensuring that the business continuity machines are in good working order and every ward has a EPMA Business Continuity folder and access to a Business Continuity machine.

The EPMA Team member on-call and the Pharmacist on-call

The EPMA Team member on-call and the Pharmacist on-call are in responsible for coordinating the Trust response to out of hour's downtime in line with this procedure.

Pharmacists and Pharmacy Technicians

Pharmacists and Pharmacy Technicians will support wards, prescribers and the EPMA Team in the event of system downtime. They will assist in the printing and distribution of paper charts. Where possible they will support prescribers in the transition between paper and electronic prescriptions to ensure prescribing is safe and accurate.

Prescribers

Prescribers are responsible for transferring prescribing to paper prescription charts and as part of the recovery process back to EPMA in a safe and timely way.

Nurse in Charge (of Ward)

The nurse in charge of the ward is responsible for ensuring that all nursing staff are aware of this procedure and what to do in the event of system downtime. They are also responsible for ensuring that the EPMA Business Continuity folder can easily be located on the ward and that the ward always has a sufficient number of paper prescription charts and paper to print.

If system downtime occurs the nurse in charge should coordinate the wards response in line with this procedure.

Following system downtime the nurse in charge should ensure that if any incidents have occurred they are reported on Datix, investigated and lessons learned; lessons learned should also be shared with the EPMA Team.

All EPMA Users

When EPMA becomes unavailable all EPMA users are responsible for implementing this procedure.

3.0 Procedure Detail / Actions

In the event of unplanned or planned EPMA system downtime the following procedure should be followed. The procedure is also shown in the flow charts in appendices 1 to 4 and these flow charts can be used as a 'quick guide':

Appendix 6a EPMA Business Continuity Flowchart – In Hours (Unplanned)
Appendix 6b EPMA Business Continuity Flowchart – Planned Downtime
Appendix 6c EPMA Business Continuity Flowchart – Out of Hours (Unplanned)
Appendix 6d EPMA Business Continuity Flowchart – Recovery Plan

3.1 EPMA Unplanned Downtime Process

3.1.1 If the EPMA system is affected by access issues such as:

- Lack of responsiveness
- Error messages
- Locking of parts or the whole of the system

Users should eliminate the possibility that the issue is limited to a single device. Check the device is connected to the network. Restart the device and EPMA. Check whether other devices and users are reporting similar issues. If the issue is the device report it to IT on X88888.

3.1.1 Check whether other Trust ICT systems are affected. If they are it may be a network error and not an EPMA issue. Network errors should be reported to IT on X88888, or out of hours contact the out of hours IT engineer via switchboard.

3.1.2 If the issue is not related to the device or a network error contact:

- In-hours: Mon-Fri 9am-5pm, the EPMA Team on X88073
- Out of hours: Weekends and Bank Holidays 9am – 5pm, the dispensary X85133 and ask for the responsible pharmacist
- Out of hours: Mon-Fri, Weekends & Bank Holidays 5pm – 9am, the on-call pharmacist via switchboard. The on-call pharmacist will notify the EPMA Team member on-call.

3.1.3 The EPMA Team will liaise with the RWT ICT department and EMIS (suppliers of the EPMA system) to resolve the issue; the target time for resolution is within 60 minutes. **During downtime, emergency paper charts may be used for prescribing and administration of medicines required urgently**.

In hours response

3.1.4 The EPMA Team will inform the Clinical Director of Pharmacy or the most senior Pharmacist available. The Clinical Director of Pharmacy will inform the Chief Operating Officer.

3.1.5 The EPMA Team and Pharmacy will print paper drug charts from the BC machines. These will be printed in order and according to the ward priority list in the white EPMA BC folders (Appendix 6e). If the EPMA system is not available 60 minutes after the issue was first reported the EPMA Team and Pharmacy will deliver the charts to the wards or contact the ward to request that they collect them. All wards should receive printed charts within 2.5 hours from when the system issue was first reported.

3.1.6 The EPMA Team will update the Clinical Director of Pharmacy every 30 minutes.

3.1.7 Medicines may be administered from printed charts for 7 days, however if a new medicine is added or the prescription requires amendment the printed chart should be transcribed in full onto a 30-day drug chart.

3.1.8 Wards will continue to use paper charts until the issue is resolved and stand down is communicated from the EPMA Team. At this point wards should follow the EPMA recovery process.

Out of hour's response

3.1.9 The EPMA Team member on-call will inform the Clinical Director of Pharmacy (or the most Senior Pharmacist they are able to contact) and the on-call manager. The on-call manager will assess the situation and escalate to the Executive Officer on-call if necessary

3.1.10 If the system is down 'out of hours' and the issue is not resolved after 30 minutes the EPMA team member on-call will issue the BC machine passwords to the priority wards (Appendix 6e). These wards should go to the nearest BC machine and print their prescription charts. Once all the charts are printed for the ward they should inform the next ward on the ward priority list, this ward should then go to the nearest BC machine and print the prescription charts. This should continue until EPMA is available or all wards have printed prescription charts.

3.1.11 If the system issue is not resolved after 60 minutes the EPMA team member on-call and the on-call Pharmacist will attend site to coordinate printing and distribution of prescription charts. The Clinical Director of Pharmacy will send a message to Pharmacy staff via the Pharmacy WhatsApp Group requesting additional volunteers to attend site to support clinical areas in transitioning to paper prescription charts (these staff are not on call and therefore attendance is voluntary).

3.1.12 The EPMA team member on-call will update the Clinical Director of Pharmacy and the on-call manager every 30 minutes.

3.1.13 Medicines may be administered from printed charts for 7 days, however if a new medicine is added or the prescription requires amendment the printed chart should be transcribed in full onto a 30-day drug chart.

3.1.14 Wards will continue to use paper charts until the issue is resolved and stand down is communicated from the EPMA Team. At this point wards should follow the EPMA recovery process.

3.2 EPMA Planned Downtime Process

3.2.1 The EPMA Team, in conjunction with the Trust IT Department, will communicate plans for scheduled EPMA downtime. Downtime will be scheduled for the least disruptive time.

3.2.1 Wards should ensure that all their staff are made aware of the system downtime and are aware of the business continuity processes.

3.2.2 Wards should ensure all medication is administered up to the point of the downtime. **During downtime, emergency paper charts may be used for prescribing and administration of medicines required urgently**.

3.2.3 If the planned downtime is to be >60 minutes the EPMA Team will print paper prescription charts in order of ward priority (Appendix 6e). Printed charts will either be delivered to wards or wards will be contacted to collect. The EPMA Team cannot begin to print prescription charts until the system is down.

3.2.4 If the planned downtime is to be <60 minutes paper prescription charts will only be printed and distributed by the EPMA Team if the downtime exceeds 60 minutes.

3.2.5 The EPMA Team will provide support to wards as required and update the Clinical Director of Pharmacy every 30 minutes (this may be less frequently depending on the anticipated length of downtime).

3.2.6 Medicines may be administered from printed charts for 7 days, however if a new medicine is added or the prescription requires amendment the printed chart should be transcribed in full onto a 30-day drug chart.

3.2.7 Wards will continue to use paper charts until the system is back-up and stand down is communicated from the EPMA Team. At this point wards should follow the EPMA recovery process.

3.3 EPMA Recovery Process

3.3.1 When the EPMA team, IT and EMIS are confident the system is stable, a stand down message will be communicated by the EPMA Team / EPMA team member on-call. The message will be communicated by all staff email, EPMA message, verbal communication, CareFlow Connect, telephone and/or text message. On receipt of the stand down message users may log back in to EPMA system.

3.3.2 Any newly prescribed or amended prescriptions must be transcribed back onto the EPMA system by a prescriber. All paper charts (printed paper charts, emergency paper charts, 30-day prescription charts) must be 'struck' through on **every page** in ink and filed in the patient's medical notes. The EPMA and Pharmacy Teams will support clinical teams with the transition back to EPMA.

3.3.3 Any doses in the EPMA system missed during downtime will be updated by the EPMA Team to show 'DT' or 'Down Time' on the EPMA prescription chart to avoid duplication of administration of medicines.

3.3.4 All downtime will be logged by the EPMA Team and reported to the Medicines Management Group on a monthly basis.

4.0 Equipment Required

Each ward has a white EPMA BC folder which contains the BC process to be followed in the event of system downtime. Each ward must also have a supply of 30-day paper prescription charts and A4 plain white paper for printing prescription charts.

There are 21 EPMA BC machines and printers located across the Trust, including 17 at New Cross 2 at West Park and 2 at Cannock Hospitals. The locations are shown in Appendix 6e.

Each BC machine is tested remotely every week by the EPMA Team and the IT Service Desk Engineer team and the BC machine and printer receives a physical check every month.

5.0 Training

Training and awareness of this procedure will be delivered via a variety of means including:

- The BC procedure will be available on the EPMA intranet site and on each ward in the white EPMA BC folders.
- EPMA super users and the Practice Education Facilitators (PEF) will receive training on the BC procedure from the EPMA Team.
- The EPMA BC procedure will be circulated to on-call managers and executive officers on-call via their 'On Call Grab Pack'.

6.0 Maintenance

The EPMA BC procedure will be updated every 3 years by the System Manager or sooner if:

- There are changes to the software.
- Issues are reported in the EPMA Operational Group's hazard log.
- Following an incident or internal review.

7.0 Communication

Training will be coordinated and communicated by the EPMA Team and delivered with the support of the system super users and Practice Education Facilitators (PEF's).

This procedure and appendices will be made available on the EPMA intranet site and contained in the white EPMA BC folders available on each EPMA ward.

8.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
1. Wards are able to locate their white EPMA Business Continuity folder when asked	EPMA Team	Audit	Annually	Results will be fed back to the Medicines Management Group.
2. Wards are able to locate the EPMA Business Continuity plan on the EPMA intranet site.	EPMA Team	Audit	Annually	Results will be fed back to the Medicines Management Group.
3. Wards are aware of their nearest BC machine location.	EPMA Team	Audit	Annually	Results will be fed back to the Medicines Management Group.

4. Wards have sufficient stock of paper prescription charts and printing paper	EPMA Team	Audit	Annually	Results will be fed back to the Medicines Management Group.
5. Post downtime review and analysis of Datix	EPMA Team	User feedback and review of Datix	Following any period of downtime	Feedback to the Medicines Management Group.
6. BC machines are tested remotely every week by the EPMA Team and receive a physical check every month	EPMA Team	Record of testing	Monthly	Feedback to the Medicines Management Group.

9.0 References - Legal, professional or national guidelines

Not Applicable

Appendices

Appendix 6a EPMA Business Continuity Flowchart – In Hours (Unplanned)

Appendix 6b EPMA Business Continuity Flowchart – Planned Downtime

Appendix 6c EPMA Business Continuity Flowchart – Out of Hours (Unplanned)

Appendix 6d EPMA Business Continuity Flowchart – Recovery Plan

Appendix 6e EPMA Business Continuity Machines and Ward Printing Priority List

Document Control

Procedure/ Guidelines number and version 1.1	**Title of Procedure/Guidelines** Electronic Prescribing and Medicines Administration (EPMA) Business Continuity Procedure	**Status:** Final		**Author: Glen Tsang, Richard Renton, Angela Davis** **Director Sponsor: Medical Director**
Version / Amendment History	Version	Date	Author	Reason
	0.3	March 2020	Glen Tsang	First procedure
	Final – 1.0	Sept 2020	Glen Tsang	Final version- priority list approved.
	1.1	Sept 2021	Glen Tsang	Update to Appendix 6E
		April 2024	Josh Terry	Update to Appendix 6E
Intended Recipients: Clinical staff, Pharmacy staff, EPMA Team, IT Team, On-call managers, Executive Officers on-call				
Consultation Group / Role Titles and Date: **Electronic Prescribing and Medicines Administration Operational Group (ePOG)** **EPMA Steering Group** **Division 1** Approved 21/07/20 Division meeting **Division 2** Approved 18/08/20 Division meeting **Division 3** Approved 12/06/20 Division meeting				
Name and date of group where reviewed	See above			
Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document)	Trust Policy Group – July 2024			
Date of Procedure/Guidelines issue	July 2024			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	July 2027			

Training and Dissemination: Training will be coordinated by the EPMA Team and delivered with the support of the system super users and practice education facilitators. The BC Plan will be made available on the EPMA intranet site and contained in the white EPMA BC folders available on each EPMA ward.	
To be read in conjunction with: N/A	
Initial Equality Impact Assessment: Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904 for Trust-wide documents or your line manager or Divisional Management office for Local documents.	
Contact for Review	Josh Terry: Assistant Director of Pharmacy – Digital Transformation & Innovation
Monitoring arrangements	Every 3 years or sooner if: •There are changes to the software. •Issues are reported in the EPMA Operational Group's hazard log. •Following an incident or internal review.
Document summary/key issues covered. The purpose of this document is to ensure all staff member's understand their responsibilities and procedure to be followed in the event of planned/unplanned EPMA system downtime.	
Key words for intranet searching purposes	EPMA Prescribing Medicines Business Continuity

IMPLEMENTATION PLAN

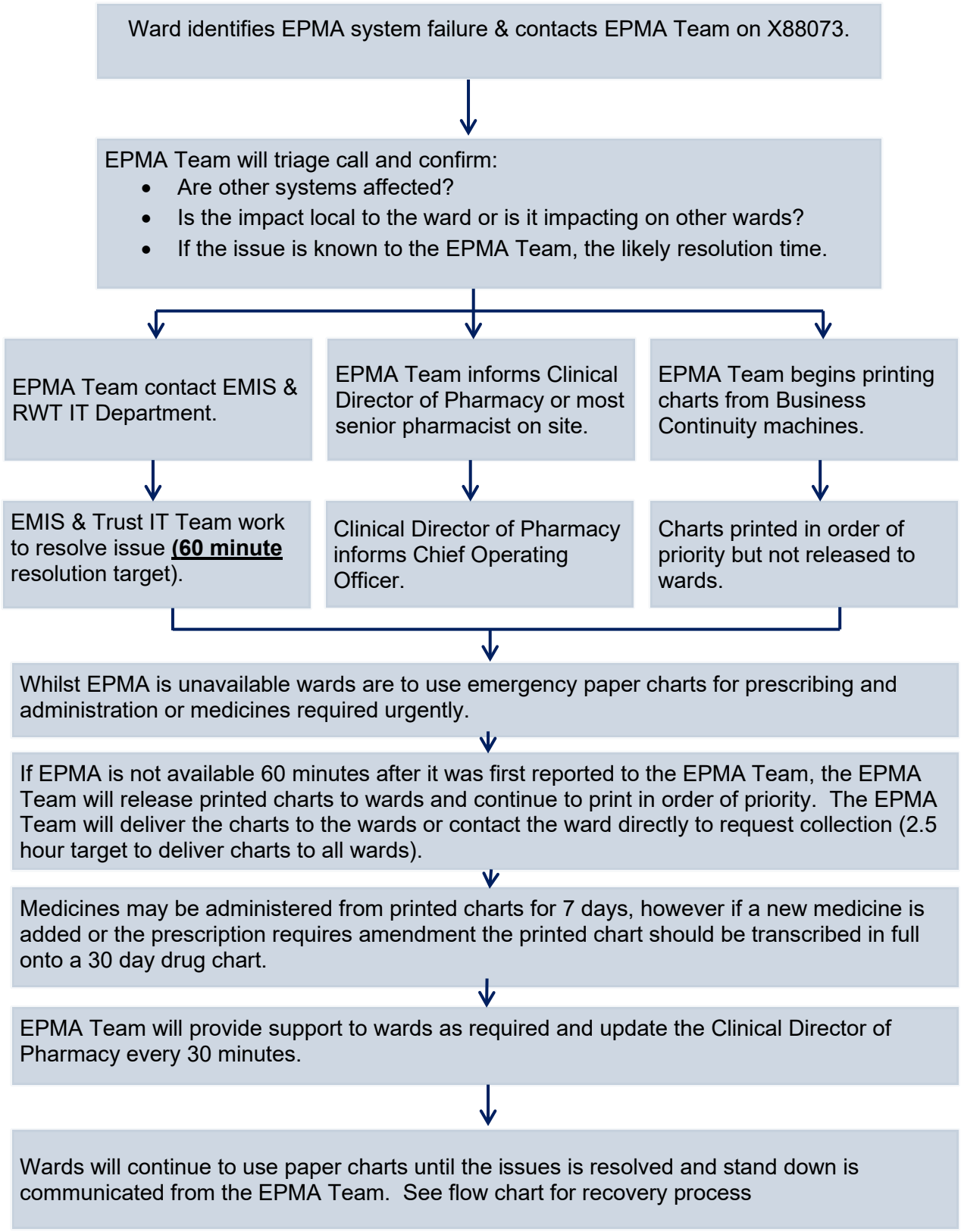
To be completed when submitted to the appropriate committee for consideration/approval

Procedure/Guidelines number and version	**Title of Procedure/Guidelines**	
Reviewing Group		**Date reviewed:**
Implementation lead: Print name and contact details		

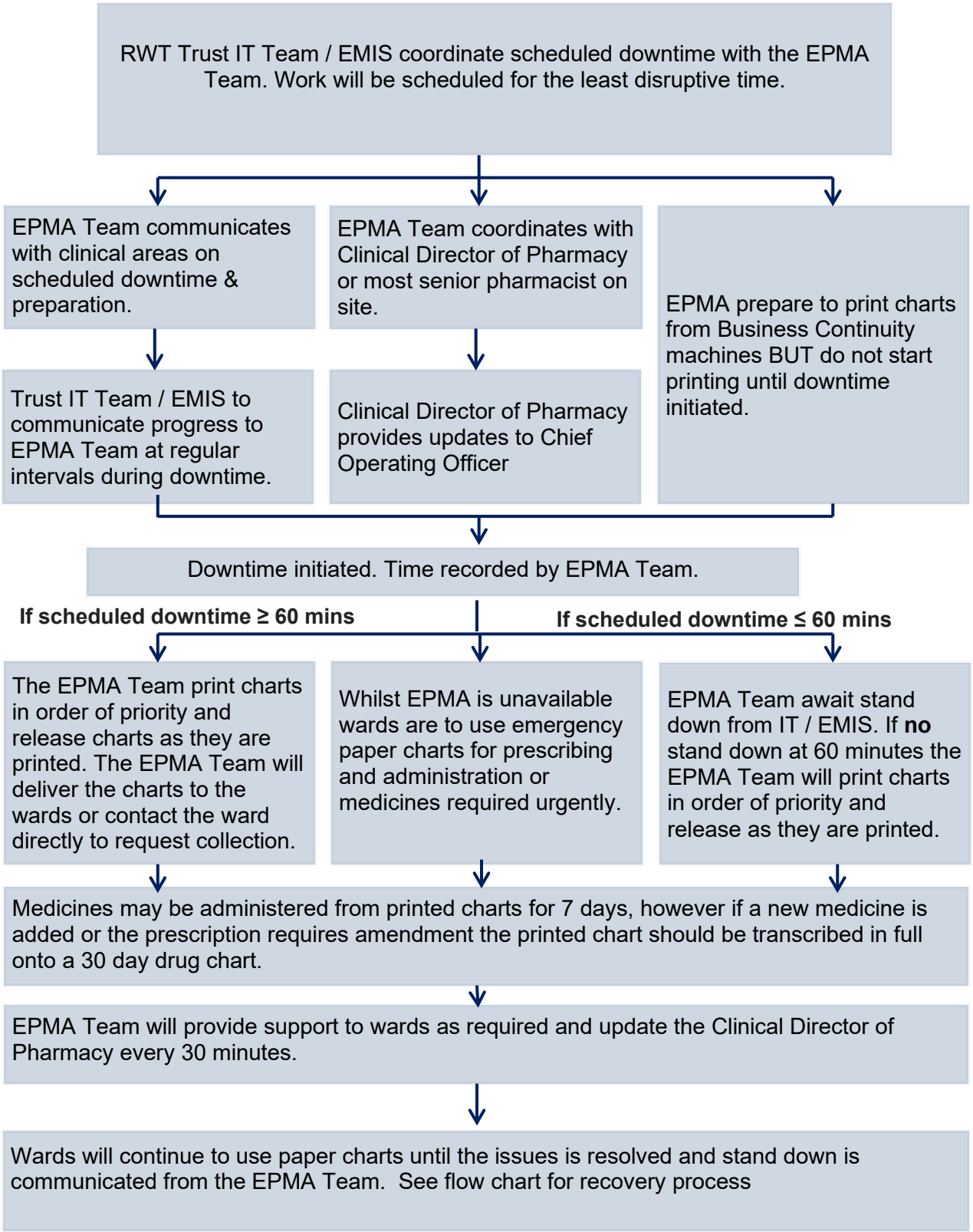
Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.		
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form		
Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed		
Procedure/Guidelines communication; Consider 1. Key communication messages from the policy / procedure, who to and how?		
Financial cost implementation Consider Business case development	N/A	
Other specific issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		

Appendix 6a – EPMA Business Continuity Flowchart – In Hours (Unplanned)

Applies 9am-5pm Monday - Friday. Outside of these hours see flowchart for Out of Hours.

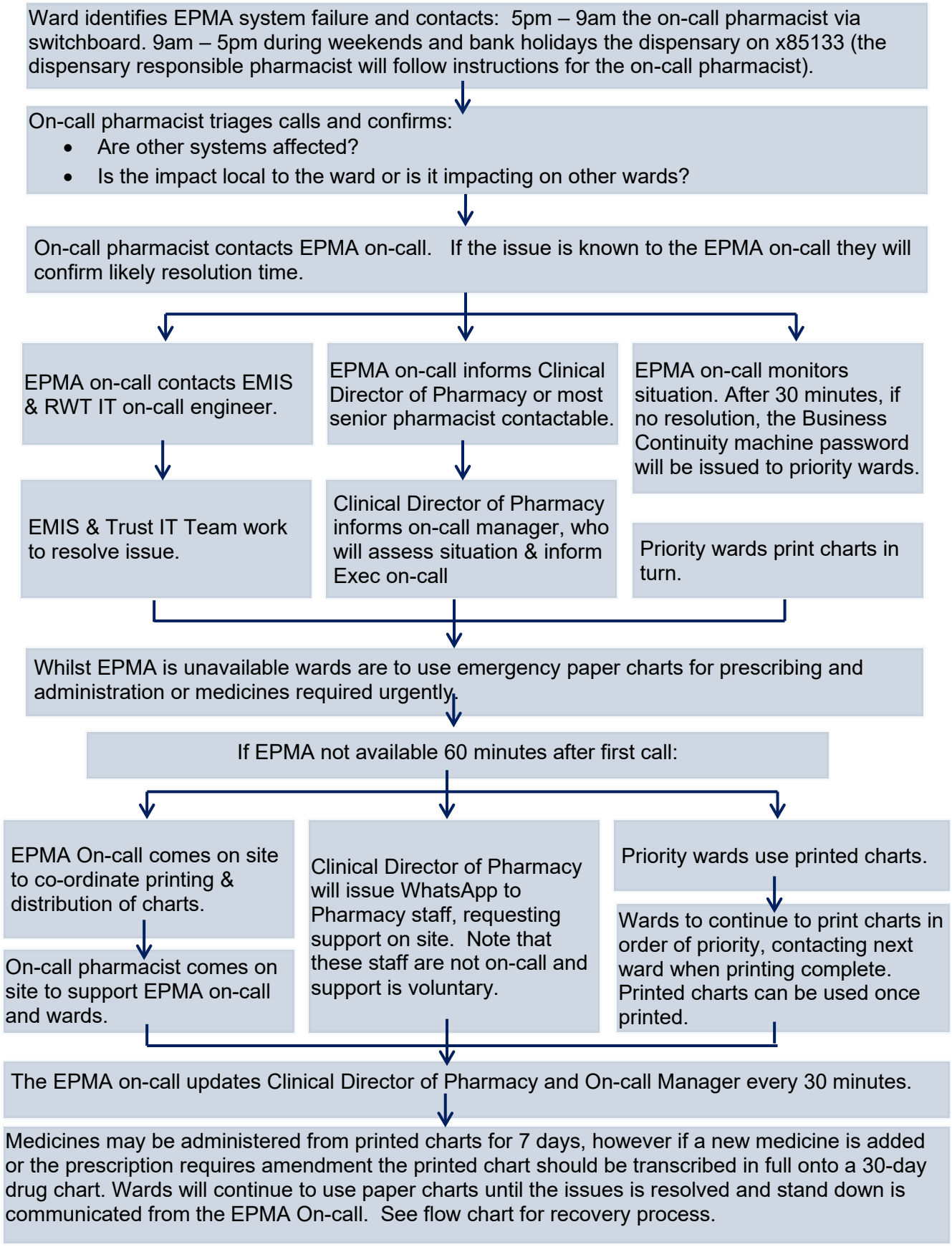


Appendix 6b – EPMA Business Continuity Flowchart – Planned Downtime

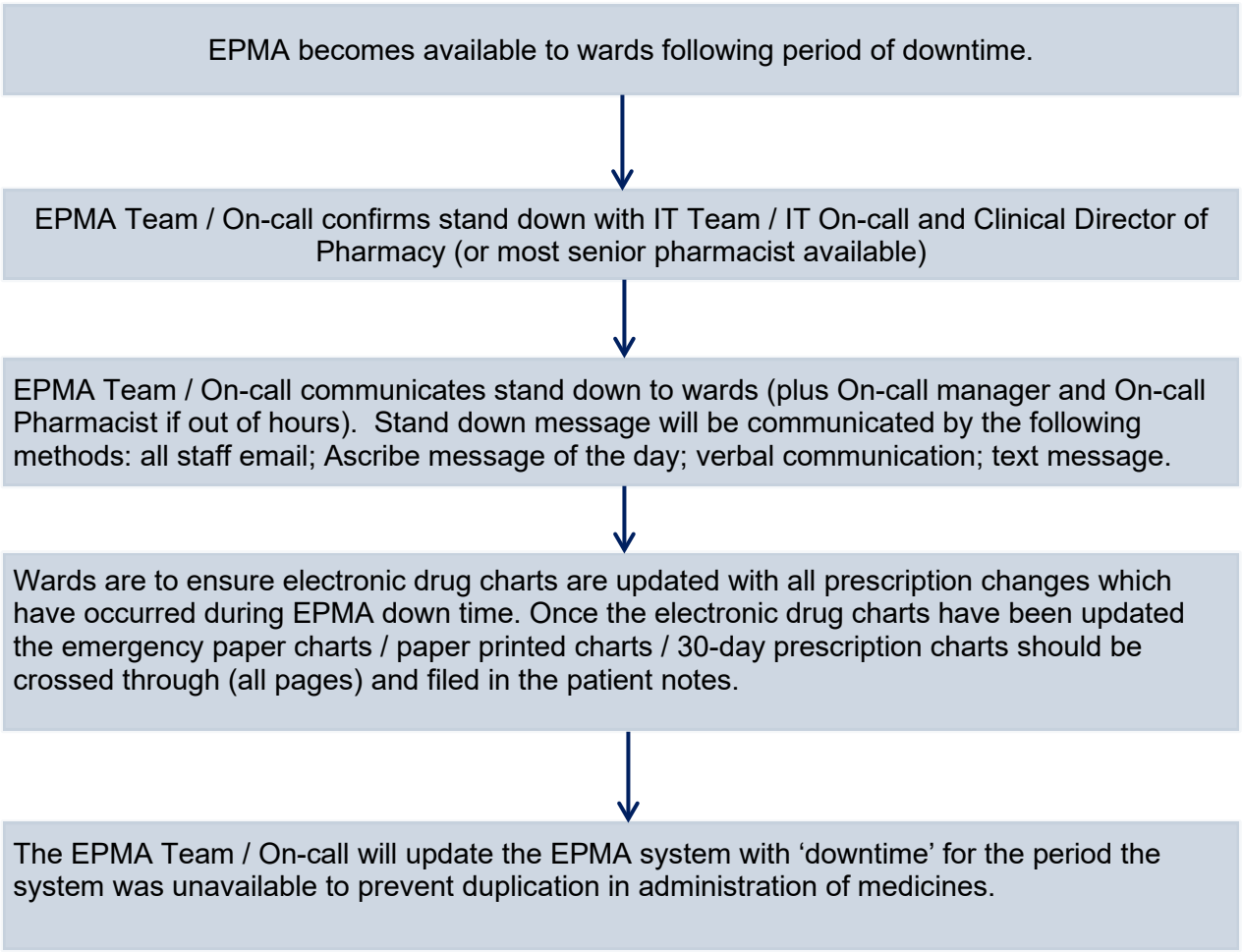


Appendix 6c - EPMA Business Continuity Flowchart – Out of Hours (Unplanned)

Applies **5pm – 9am** Monday – Friday and during weekends and bank holidays



Appendix 6d - EPMA Business Continuity Flowchart – Recovery Plan



Appendix 6e - EPMA Business Continuity Machines Locations.

During working hours, the theatre drug charts will be printed by the ward that the patient originated from.

ZONE	LOCATION OF BC MACHINE
A	A5 Seminar Room
	A7 Matron's Office
	A10 Triage Area
	A12 Work Bench
B	ICCU Glass Office on Unit
	B7 Sisters Office Behind Reception
	B8 Nursing Station on left after bend
	B11 Next to Chemo-care BC
	B14 Area at the back of the ward (turn left after bend)
C/ D	AMU (Reception as you enter ward)
	C14 Workstation between Side rooms 1 and 2
	C15 PEFs office
	C18 Staff reception room
	C21 Consultant Office
	C25 Meeting Room
	C26 Workstation between Side rooms 1 and 2
	D7 Storeroom next to Bay 1
West Park Hospital	Ward 3 Outside Pharmacist Office
	Ward 2 Behind Nursing Station
Cannock Hospital	'Bereavement Room' Opposite Fairoak
	Hilton Mian

Appendix 7

Electronic Prescribing and Medicines Administration (EPMA) Mobile Device Responsibility and Allocation Procedure

1.0 Procedure Statement

This document defines the allocation of mobile computer devices (Getac tablets) used for drug administration in the EPMA system. In addition the document outlines the minimum number of working devices required by each ward to continue administration of medication at the patient's bedside in a safe and effective manner.

2.0 Accountabilities

Trust Policy MP09 Electronic Prescribing and Medicines Administration (ePMA) Policy defines responsibilities in relation to EPMA. The following have responsibilities specifically in relation to this procedure:

IT Department

The supply (subject to 3.3 and 3.4), building, and maintenance of the Getac tablets remains under the responsibility of the IT Department. This includes activating terminals and resetting the generic login username and password.

The IT Department will liaise with the EPMA Team should a loan device be required by the ward(s) to maintain the minimum number of working devices. The IT Department will also be notified when the ward(s) have raised a purchase order for new Getac tablets.

Where possible the IT Department will share storage capacity for Getac tablets with the EPMA Team for excess devices.

Nurse in Charge (of Ward)

The Nurse in Charge of the ward is responsible for ensuring that all nursing staff are aware of this procedure and their responsibilities should a device fail to function correctly.

If any incidents occur whereby a device becomes damaged, the Nurse in Charge must ensure the incident is reported on DATIX and that the IT Department is informed in the first instance. The EPMA Team should also be informed for a loan device.

The Nurse in Charge is responsible for ensuring that the Getac tablets (located on the ward are maintained with regards to cleanliness and charging, and that the devices are safely secured when not in use. This ensures the correct number of devices are charged and available when needed.

The Nurse in Charge is also responsible for ensuring that the tablet accessories- docking stations and charging cables are maintained and cleaned, so they're available for use with the Getac tablets.

The EPMA Team

The EPMA Team will liaise with the IT Department and the ward(s) and attempt to replace a faulty Getac tablet with a temporary loan device (if available) to cover the period of repair/replacement. The EPMA Team and IT Department only have a limited number of Getac tablets available for loan. Ward areas are responsible for the purchasing additional Getac tablets (see 3.3 below).

All EPMA Users

All EPMA users are responsible for the care and maintenance of the devices and associated accessories.

The Getac devices have been supplied primarily to facilitate drug administration at the patient's bedside however; they may be utilised by other members of staff at other times. Precedence will always be given to nurses requiring the device for drug administration.

The docking stations and charging cables must only be used with the Getac tablets.

3.0 Procedure Detail/ Actions

3.1 Device Allocation

3.1.1 The initial rationale behind the number of devices is based on the geography of the ward and number of trained nurses on duty likely to undertake a drug round simultaneously, based in part on the number of available drug trollies. Where possible a further 2 devices have been added as spare to each total to allow for devices to be rotated and charged. This also allows, in the majority of cases for more than 1 device to be out of service without breaching the minimum number of working devices.

The Getac devices have been supplied primarily to facilitate drug administration at the patient's bedside however; they may be utilised by other members of staff at other times. Precedence will always be given to nurses requiring the device for drug administration.

The docking stations and charging cables must only be used with the Getac tablets.

3.2 Reporting Issues

3.2.1 All Getac tablet related issues (hardware) must be reported to the IT Department on extension 88888. The wards must confirm the issue is related to the tablet itself and **must not** refer to them as 'EPMAs' to avoid confusion. The IT Engineer will investigate and attempt to resolve the issue(s).

The ward or the IT Engineer may contact the EPMA Team to help resolve any issues related to the EPMA software.

In some cases the device may to be sent back to the supplier for repairs under warranty. The ward area may request a temporary loan device from the EPMA Team or IT Department depending on stock availability.

If a Getac tablet or associated accessory e.g. docking station or power cable is lost, stolen or damaged (accidental or intentional) the Nurse in Charge must complete a DATIX.

3.3 Additional Devices

3.3.1 Wards are responsible for purchasing any additional Getac tablets (and associated accessories) above the original allocated number of devices (see appendix below). The wards must raise a purchase order for the required number of Getac tablets (and accessories) and inform the IT department and EPMA team of the order number. Once the goods have been received the IT Department will install the necessary software and deliver it to the respective ward.

In addition, if a Getac tablet (and associated accessories e.g. docking station or power cable) is lost, stolen, damaged (accidental or intentional) whilst out of warranty or damaged beyond repair and a permanent device is required, the ward may be charged for the purchase of a replacement tablet and/or accessories (subject to investigation).

3.4 Minimum Allocation

3.4.1 The appendix below indicates the number of Getac tablets assigned to each ward as per the initial IT deployment. The wards and the number of assigned Getac tablets are subject to change. The appendix provides a baseline number to ensure there is no impact on drug administration. The appendix does not include the other devices with EPMA installed, for example Desktops, laptops and Computer on wheels.

4.0 Equipment Required

This procedure will be published on the EPMA intranet site and on the main Trust intranet page under Medicines Policies, MP09- EPMA Policy.

Individual wards areas may choose to print and keep a hard copy of this procedure, so that it's available for staff to read.

5.0 Training

No direct training is required however awareness of this procedure will be delivered via a variety of means including:

- This procedure will be available on the EPMA intranet site and on the main Trust intranet page under Medicines Policies, MP09- EPMA Policy.
- The procedure will be circulated, as part of Trust wide communication to ensure all staff are familiar with this procedure.

6.0 Maintenance

The EPMA Getac allocation procedure will be reviewed and updated every 3 years by the EPMA System Manager or sooner if:

- There are changes to the hardware.
- There are changes to the software.
- Issues are reported in the EPMA Operational Group's hazard log.
- Following an incident or internal review.

7.0 Communication

The procedure will be communicated Trust wide by the EPMA team.

Ward Managers to inform ward staff regarding this procedure.

This procedure will be made available on the EPMA intranet site and on the main Trust Intranet page under Medicines Policies: MP09- EPMA Policy.

8.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
1. Ensure the allocation appendix list is still relevant and accurate according to the wards and the number of allocated Getac tablets.	EPMA Team	Audit	Annually	Results and issues will be fed back to the EPMA Operational Group and IT governance.
2. Wards to ensure Getac tablets are cleaned/charged/maintained and safely secured after each use	Nurse in Charge of Ward	Physical checks	Daily	Issues should be reported back to IT and the EPMA team.
3. Wards to ensure the number of Getacs tablets allocated to the ward are sufficient. Additional Getacs above the initial allocation must	Nurse in Charge of Ward	Surveillance	As and when needed	Orders to be raised by the wards.

be purchased from IT.				

9.0 References - Legal, professional or national guidelines

Not Applicable

Appendices

Appendix 7a – Mobile Device (Getac Tablets) Allocation to Ward Areas Document Control

Document Control

Procedure/ Guidelines number and version 0.1	**Title of Procedure/Guidelines** Electronic Prescribing and Medicines Administration: Mobile Device Responsibility and Allocation Procedure.	**Status:** FINAL		**Author: Glen Tsang, Mark Williams** **Director Sponsor: Medical Director**
Version / Amendment History	Version	Date	Author	Reason
	0.1	Nov 2020	Glen Tsang, Mark Williams	First procedure draft
	0.2	March 2021	Glen Tsang, Mark Williams	Second draft
Intended Recipients: All staff: Medical staff, Nursing staff, Pharmacy staff, EPMA Team, On-call managers, Executive Officers on-call.				
Consultation Group / Role Titles and Date: **Division 1 Approved on the 31/08/21 by Joanne Colgan & Lewis Grant** **Division 2 Approved on the 26/05/21 by Chair Kate Shaw** **Division 3 Approved on the 23/7/21 by Chair Sian Thomas** **Division 4 Approved on the 26/07/21 by Chair Katy Thorpe**				
Name and date of group where reviewed	See above			
Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)	Trust Policy Group – July 2024			
Date of Procedure/Guidelines issue	July 2024			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	July 2027			

Training and Dissemination:

- This procedure will be available on the EPMA intranet site and on the main Trust intranet page under Medicines Policies, MP09- EPMA Policy.
- The procedure will be circulated, as part of Trust wide communication to ensure all staff are familiar with this procedure.

To be read in conjunction with: N/A

Initial Equality Impact Assessment: Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904 for Trust- wide documents or your line manager or Divisional Management office for Local documents.

Contact for Review	Josh Terry: Assistant Director of Pharmacy- Digital Transformation & Innovation
Monitoring arrangements	Every 3 years or sooner if: •There are changes to the software. • Issues are reported in the EPMA Operational Group's hazard log. • Following an incident or internal review.

Document summary/key issues covered.

The purpose of this document is to ensure all staff member's understand their responsibilities and procedure for the allocation of mobile devices to support the use of the EPMA system on the wards.

Key words for intranet searching purposes	EPMA GETAC GETAC Devices Appendix 7 MP09- EPMA Policy Prescribing Administration Medicines Hardware Mobile Devices Allocation Responsibility

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Procedure/Guidelines number and version	**Title of Procedure/Guidelines**	
Reviewing Group		**Date reviewed:**
Implementation lead: Print name and contact details		
Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	N/A	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	N/A	
Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	N/A	
Procedure/Guidelines communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	To be communicated alongside policy update	EPMA Systems Manager- Once approved
Financial cost implementation Consider Business case development	N/A	
Other specific issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		

Appendix 7a – Mobile Device (Getac Tablets) Allocation to Ward Areas.

This is the number of Getac tablets allocated to each EPMA ward and the minimum number required for each ward to administer medication safely. *This is subject to change due to ward moves and closures.

Ward	Tablets Issued	Minimum
A5	4	2
A6	4	2
SEU	8	6
A12	4	2
A14	4	2
B7	2	2
B8	8	6
B9	3	3
B10	3	2
B11	4	2
B14	4	3
B15	3	2
C58	10	8
C14	4	3
C15	4	2
C16	4	3
C17	3	2
C18	4	2
C19	4	2
C21	6	4
C22	4	2
C24	4	2
C25	4	2
C26	6	4
C35	4	2
C39	4	2
C40	4	4
C41	4	3
D7	4	3
WPH 1	4	2
WPH 2	4	3
WPH NR	4	2
Fairoak	5	3
Hilton Main	4	3
Hollybank	4	2
A16	5	3
A15	11	11
CCH Theatre	4	4