

Standard Operating Procedure for E-Prescribing within Community Hospitals and Butterfly Hospice.

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**Lincolnshire Community Health Services
Version Control Sheet**

**Standard Operating Procedure for E – Prescribing within
Community Hospitals and Butterfly hospice**

Version	Section/Para /Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New Standard Operating Procedure	16 th November, 2015	Lorna Adlington
1.1	Section 15	Updated / revised – printing prescriptions	March 2017	Claire Rogers
	Section 4.2	CD1 forms should be added to the electronic systems	March 2017	Claire Rogers
1.2	Section 16.1 Section 19.10	Trolley security Back up checks	August 2017	Karen Leggett
2	Throughout	Formatting change Addition of Hospice Updated references	March 2018	Lorna Adlington
	Section 1.4	Individual responsibility regarding training		
	Section 4	Removal of reference to paper charts for variable dose prescribing		
	Section 8.9	System reminder when a review date has passed		
	Section 17	Update regarding EDD		

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Policy statement

Standard Operating Procedure for E-Prescribing within Community Hospitals and Butterfly Hospice

Background	To promote the safe, secure and effective use of e-prescribing within Lincolnshire Community Health Services Community Hospitals and the Butterfly hospice.
Statement	This SOP covers all aspects of e-prescribing within the community hospitals and Butterfly hospice including - ordering, supply, prescribing, administration and signposting to deal with an incident.
Responsibilities	It is the responsibility of all staff members to be familiar with this SOP and to act in accordance with its requirements.
Trainers	It is the responsibility of operational managers and service leads to ensure that the appropriate mechanisms are in place to support the implementation of this system of prescribing, including appropriate training and maintenance of competency.
Dissemination	Website
Resource implication	There are specific training and implementation implications that need to be considered by all service managers. Training is targeted at each specific practitioner group and is led by the Information Management and Technology Team.
Equality Impact Assessment	An equality impact assessment test for relevance has been undertaken and is attached.

SOP comes into effect	April 2018
SOP review date	April 2020
Purpose	To promote the safe, secure and effective use of e – prescribing within Lincolnshire Community Health Services Community Hospitals and Butterfly Hospice.
Scope	This SOP covers all aspects of e-prescribing within the community hospitals and Butterfly hospice including - ordering, supply, prescribing, administration and signposting to deal with an incident.
Responsibilities	It is the responsibility of all staff members to familiarise themselves with this SOP and act in accordance with its requirements. It is the responsibility of operational managers and service leads to ensure that the appropriate mechanisms are in place to support the implementation of this system of prescribing, including appropriate training and maintenance of competency.
	Reference should be made to the resource file available within each service area which provides details and screen shots of all processes and actions.

1. Access
<p>1.1 Log in Process:</p> <p>1.1.1 Access the electronic chart via SystemOne. Access is via smartcard only.</p> <p>1.1.2 Enter the smartcard, type in individual PIN access and click on the relevant job profile.</p> <p>1.1.2 Double click on SystemOne Icon and the box 'Log on with smart card' box.</p> <p>1.1.3 Select the relevant hospital site.</p>
<p>1.2 Local Administrators</p> <p>1.2.1 All service leads should ensure availability of 'local administrators' to assure access to the system over a 24 hour period.</p> <p>1.2.2 All smartcard access and unlocking should be managed at local / ward level to ensure continuity of access and prevent unnecessary delays.</p>
<p>1.3 Security of access</p> <p>1.3.1 All individuals should 'log off' the electronic system when they have completed their activity. The system should not remain active whilst the practitioner is away from the terminal.</p> <p>1.3.2 Secure access should be assured at all times.</p> <p>1.3.3 Smartcard access should not be shared on any occasion.</p>
<p>1.4 Systems Training</p> <p>1.4.1 All practitioners / clinicians / administrators who will be using the electronic system should have undertaken the appropriate training prior to commencing use of the system.</p> <p>1.4.2 This is a live system and all individuals using the system should be assured of an appropriate</p>

level of competence.

1.4.3 It is the clinician's responsibility to identify any additional training needs, with their line manager, and discuss / identify if any update / further IT training and support is required.

2. Medicines Reconciliation

2.1 Medicines reconciliation should be completed at the point of admission by the admitting clinician.

3. Prescribing

3.1 All non-medical prescribers must be registered as a prescriber within LCHS. This requires registration with the NHS BSA to ensure validity.

3.2 All medical prescribers must be registered as a prescriber with the organisation and be allocated the appropriate service code.

3.3 The appropriate service code should be annotated on all prescriptions printed electronically; this enables clear tracking for finance and audit purposes.

3.4 A database of all prescribers is held at a service and organisation level.

3.5 All prescribers should ensure that they have the appropriate level of access to SystemOne to ensure access as a prescriber.

3.6 All individual patient information previously available on the paper prescription chart, for example height, weight, BMI – should be available within the system. Renal function and eGFR should be available for review as part of the prescribing process.

3.7 On admission, it is the responsibility of the prescriber to prescribe all relevant 'on admission' medicines, check medication history and undertake the process of reconciliation.

3.8 On admission, if a share is not available with the GP practice, the prescriber should record all 'on admission' medication

3.9 Transcribing within the electronic system should not happen under any circumstances.

3.10 The prescriber is responsible for recording all patients' medications, sensitivities and allergies. Allergies should be recorded using the sensitivities and allergies Icon. 'Drug Allergies' should be used to record all known drug allergies, except Penicillin. The 'other allergy' category should be used to record Penicillin allergies and all other allergies and sensitivities, for example food allergies. This will ensure that the correct formulation is clearly recorded. 'No Known allergies' should be recorded as appropriate.

3.11 The responsibility for review sits with the prescriber. The prescriber should set an appropriate review date, no longer than 14 days, for all medicines and communicate the timing of this review.

3.12 The nursing staff, ward pharmacist and pharmacy technicians support the process of review and prompt the process of review. An electronic prompt for review will be part of phase 2 of the project.

3.13 Medicines can be prescribed under a variety of different ‘tabs’ – for example ‘regular medication’, ‘once only medication’, ‘as required medication’ and ‘infusions’.

3.14 To Take Out (TTOs) medicines need to be prescribed separately using the TTO icon.

3.15 Prescribing should be informed by evidenced based practice, local and national guidelines and the Lincolnshire Joint formulary. The Lincolnshire Joint Formulary is available on line and is fully searchable; it can be accessed at www.lincolnshirejointformulary.nhs.uk (There is a bookmark to this within the Clinical Tools Menu).

3.16 Consideration should be given to prescribing cost effectively.

3.17 The electronic system highlights interactions and contra-indications.

3.18 On-line resources – for example BNF, Drug Tariff and the Lincolnshire Joint Formulary, are available to support prescribing and administration decisions. (All of these can be accessed from the bookmark option within the Clinical Tools Menu)

4. Variable dose prescribing

4.1 Medicines that require variable doses will be written on the regular section of the e-prescribing chart. For example Insulin, anticoagulation. These medicines will be prescribed as a variable dose but on the regular section of the chart to avoid omissions.

4.2 Medicines required for syringe drivers should be prescribed on the electronic chart. The paper copy of the Gold sheet (CD1) should be filed, but made available and updated on discharge to provide continuity of care. All PRN medicines previously prescribed on the CD1 form should be added to the PRN tab section of the e-prescribing system. All treatment available on the paper CD1 form should be prescribed and administered electronically during a patients inpatient stay. A paper CD1 form is acceptable for use until a prescriber is available to prescribe electronically.

4.3 Emollients will need to be prescribed electronically. Although these may be administered by HCSW there is a requirement to sign as being administered.

4.4 Prescribing of subcutaneous infusion and IV infusions should be via the Infusion tab. Batch numbers will need to be annotated.

5. Prescribing Antibiotics

5.1 All antibiotics should be prescribed in line with local and national guidelines.

5.2 For oral antibiotics, review dates should be set for 5 days only. The system will then allow 5 days prescribing and then a review and any additional days required will require prescribing. It is expected that a patient review be undertaken and the patient record be updated with prescribing decisions based on patient assessment.

5.3 IV antibiotics should be prescribed for 48 hours – a review will then be required.

5.4 Those staff administering will need to follow up the required review with the prescriber.

6. Prescribing Urgent Medication

- 6.1 If urgent medicines are required and there is no access to the electronic system, then the medication should be prescribed as a once only on a paper prescription (See Appendix One). The medication should be given as prescribed.
- 6.2 Following the incident the paper copy should be scanned into the patient record. At this point a clinical decision should be made as to whether this medication should be prescribed electronically in anticipation of future use.
- 6.3 No verbal orders should be acted upon. Prescriptions written on paper prescription charts are acceptable in an emergency situation.
- 6.4 An entry into the e-prescribing record must be made by the prescriber as soon as practical and the administering nurse must sign for administration in retrospect.
- 6.5 For patients requiring urgent medication to control a known condition, e.g. buccal midazolam, a paper prescription chart should also be completed for this urgent medication, signed for use and kept at the patient's bedside in order to have urgent access and availability should such an occasion occur.
- 6.6 In such cases the administering nurse must document within the patient record and sign for administration retrospectively.

7. Patient Group Directions (PGDs)

- 7.1 PGDs provide a legal framework that allows some registered health professionals to supply and / or administer a specified medicine(s) to a pre-defined group of patients, without the need for a prescription or an instruction from a prescriber.
- 7.2. Using a PGD is not a form of prescribing.
- 7.3 Within the electronic system supply or administration of a medicine can be facilitated by using the 'supply / administer under a PGD' category within the 'Medication Chart' Icon.
- 7.4 Reference should be made to the full PGD document to ensure that the appropriate inclusion / exclusion criteria apply. The document library button will provide access to the wider PGD information.
- 7.5 As per Trust policy, only fully competent, qualified and trained professionals should operate within the PGD. Each individual healthcare professional working under the PGD should sign the healthcare professional box and date the paper copy of the PGD document.

8. Review dates

- 8.1 All medicines will automatically have a review date of 14 days.
- 8.2 The prescriber is responsible for setting a review date.

- 8.3 The review date should be annotated to the electronic system.
- 8.4 A review date will not stop administration, but an alert box will prompt a review both by the prescriber and at the time of administration.
- 8.5 All staff administering medicines should be mindful of the review date and highlight the need to review to the prescriber.
- 8.6 The bold black line indicates 'today', it precedes today's date.
- 8.7 The administration box will turn pink when the medication is due.
- 8.8 There are 2 separate types of review.
- a. The medication chart review, with the box at the top right of the screen.
 - b. An individual medication review which will turn the administer box blue with the letters RVW in the box. Medication can still be administered; however a prompt within the paper diary / ledger will still be required to highlight a need for review to the prescriber.
- 8.9 Once a review date has passed the system will provide a prompt to highlight the review is overdue and prompt a need for the prescriber to review.

9.0 Medication Summary

- 9.1 A complete list of all medication relating to the current period of care / admission can be found by utilising the 'Medication Summary' within the clinical tree.
- 9.2 Medication which has been discontinued can be found under the 'Medication History'.

10. To Take Out medication (TTOs)

- 10.1 TTOs will need to be re-prescribed and will not automatically be pulled across into the TTO section.
- 10.2 The TTO icon should be utilised to review the requirement for the medication on discharge and be re-prescribed as required.

11. Administration of medicines

- 11.1 Due Medication Screen – access to this screen is via the 'work flow' menu or through the quick



jump button on the home screen. This provides an overview 'due medication' for all patient's currently admitted to the selected location. Once a time is selected you can see all the patients that require medication and expand each patient to see exactly what they require. Patients can be retrieved from this screen or via ward view or inpatient overview, using the latter two views will require each patient to be looked at individually.

- 11.2 Within the administration screen, 14 days of the calendar are generally visible at a given time. Preceding days are not visible. This can be adjusted up to a maximum of 28 days.

- 11.3 Use the medication chart node to display medication due on that medication round.
- 11.4 The black line on the chart details today's date.
- 11.5 Any overdue medication will be highlighted in bold. Bold writing to the top of the screen shows all medication that is overdue from a set date.
- 11.6 The number of patients with medication due displays in brackets next to each administration time.
- 11.7 The Flags column, displayed in all panes, provides further information about the due medication (for example, if it requires a countersignature or if it is a Rate Controlled medication).
- 11.8 Controlled drugs and infusions will require a countersignature.
- 11.9 Administration of controlled drugs and infusion rate changes will require a PIN number.
- 11.10 Self Administration of Medicines by those patients assessed as able will need to continue to utilise a manual assessment and documentation at this time.
- 11.11 At the end of each shift an electronic check, through 'Due Medication' should be made for any doses that have been omitted in error.

12. Tasks

- 12.1 Tasks are an electronic medium to request advice and present queries.
- 12.2 The use of electronic tasks should be appropriate and necessary, to prevent any confusion.
- 12.3 When using group tasks – the individual who actions the task is responsible for removing the task from the system.
- 12.4 Task lists should be checked on a daily basis.
- 12.5 Task requests relating to a specified patient can only be sent when that individual patient record is open.

13. Annotating notes

- 13.1 To add a note: click on the pencil icon, click inside the notes box and enter, click OK.
- 13.2 Ward pharmacists will have the facility to endorse the chart, in the notes box, with any special storage or handling requirements for example endorse with 'cytotoxic', 'store in fridge' as appropriate.
- 13.3 Ward Pharmacists will endorse the electronic chart with any additional BNF warnings that are clinically significant.
- 13.4 All anomalies should be communicated and resolved with the prescribing team in a timely manner. This could be directly, if appropriate, or highlight the issue in the doctor's diary or on the appointments ledger of System one.
- 13.5 In order to reduce harm to patients there are a number of amendments that can be performed by the pharmacist electronically – reference should be made to the Standard Operating Procedure

for a ward visit by a pharmacist’.

14. Procurement and ordering

14.1 Reference should be made to the Standard Operating Procedure for ‘Ward visit by a technician’.

14.2 The ward technician is responsible for arranging supply of medicines for all new patients. Between technician visits the pharmacist is responsible for supplying urgently needed medication.

14.3 The ward technician will ensure that there is sufficient stock available to complete the number of days on the medication chart and continue the supply for one week after.

14.4 Where appropriate patients own medicines may be used if the appropriate criteria is met.

14.5 The ward technician will record the quantity and strength of the medicine available on the electronic drug chart – date and initial. When updating, previous quantities will be deleted and an updated record made, dated and signed.

14.6 The ward technician will draft an FP10 as required and ensure it is signed by a prescriber before sending it to the relevant pharmacy. The technician will then record on the e-chart, Prescription History in the left hand menu, that the FP10 prescription has been requested and the date.

14.7 Controlled drugs will be ordered via an FP10 CDF via the appropriate pharmacy Reference should be made to the Standard operating procedure for management of controlled drugs.

14.8 Stock management and an electronic stock control system will be a stage two development.

14.9 All medicines will be stored appropriately within the patient own lockers or stock drug cupboards as appropriate.

15. Printing prescriptions

15.1 A dedicated printer for the printing of FP10 prescriptions will be identified on each ward.

15.2 When a drug is newly prescribed and is not stock, the FP10 can be printed directly by the prescriber by leaving the print FP10 box ticked after entering the dose and frequency for the drug. If the drug is stock, this item will be ordered on the next pharmacy visit if appropriate.

15.3 To print an FP10 for a drug that is already prescribed:

- Right click the drug that needs to be ordered.
- Click stock and then click order stock with FP10.
- Add quantity required.
- Complete instructions box (dose, frequency, additional instructions)
- Click OK.
- When all drugs needed for that patient have been requested press the printer icon.
- When entering anything on System one always remember to click save. As a prompt, at this stage, System one will ask if you want to print the FP10.

15.4 When printing FP10s for blister packs, for discharge, complete the steps in 15.3 for each drug

needed for discharge.

15.4 The prescriber will be required to sign the prescription once printed.

15.5 Pharmacy technicians are able to print FP10 prescriptions to support stock management and ordering. Prescriptions printed by the technicians will still need to be signed by the prescriber.

15.6 Once printed / signed the FP10 prescription should be sent to the appropriate pharmacy.

16. Security

16.1 Trolleys should be kept locked and in a secure place when not in use. These must be chained to a wall.

16.2 Smartcards should not be left unattended within the electronic system at any time.

16.3 Practitioners should not log in and utilise the smartcard access of a colleague. Smartcard access **MUST** not be shared.

16.4 The battery life of trolleys should be maintained as per the manufacturer's instructions. Spare batteries are made available and should be kept fully charged.

17. Electronic Discharge (EDD)

17.1 Discharge letters are developed as soon as the patient is registered with the service.

17.2 Information generated during the hospital admission and all TTO (To Take Out) medicines are automatically populated within this template.

18. Audit

18.1 Electronic audit processes will be a phase two development.

19. Process for backup

19.1 Backup medication chart in the event of a SystmOne downtime; this functionality automatically generates a copy of the patients medication chart which can be printed off in the event of any system downtime.

19.2 The medication charts are updated every time an entry is made against a patient's medication.

19.3 In the event of a SystmOne downtime patient's medication charts will need to be printed off via the site dedicated PC from the 'Listener Client'. Individuals will need to familiarise themselves with the location of this dedicated PC within their own service area.

19.4 **It is critical that this PC remains on SystmOne login screen at all times.**

19.5 The PC must be connected to mains at all times.

19.6 Additionally this PC must also connect to a network printer.

19.7 If a downtime should occur a username and password is available purely for the emergency purpose of printing off medication charts. This username and password should be available to ward

staff within each ward area?

19.8 All ward staff should be aware of the process to retrieve data.

19.9 It is the responsibility of the nurse in charge or nominated person, to take the appropriate action.

19.10 It is the responsibility of Ward Sister or nominated ANP to complete monthly checks of the back up by printing one prescription.

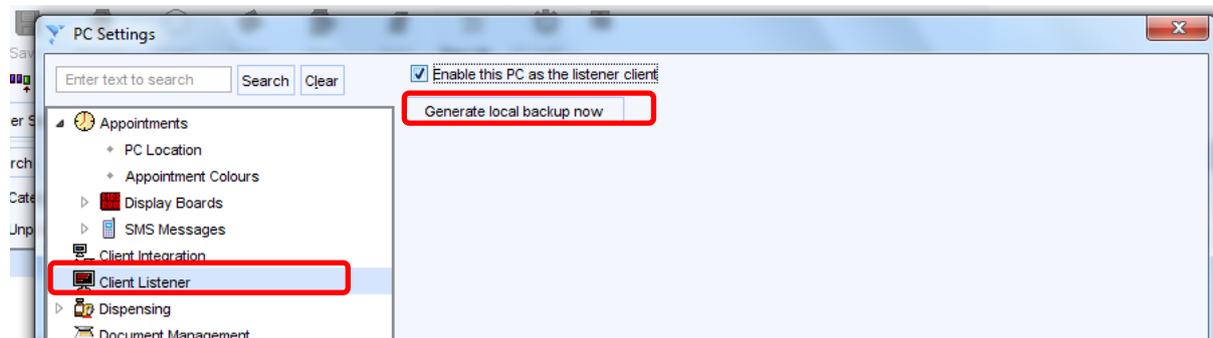
20. Process to retrieve data in the event of a SystmOne down.

20.1 In the event of a system downtime the Nurse in Charge or nominated person should go to the nominated PC, go into Listener Client and log in using the Username and Password.

20.2 Go to PC settings



19.3 Go into PC Settings and select **Client Listener** and then press '**Generate local backup now**'



20.3 This will automatically produce a copy of each patient's Medication Chart and store it on the C Drive of the PC.

20.4 To access the generated backup charts there is a short cut on the desktop shown below



If the link is not visible please access C:\apps\TPP\LocalBackup - images of the medication charts will be stored here.

20.5 All medication charts should be printed off and taken to relevant ward as a priority and placed at the end of beds or in the drug trolley.

20.6 All images can be selected for printing at once by holding the shift button and clicking onto each image and then press print.

20.7 Once the '**Generate local backup**' button has been pressed and the action is complete and medication charts have been printed off then restart the listener client, log back into SystemOne and leave it running at the log on screen.

20.8 If entries are made on the medication chart and the PC (listener client) is not running (at the logon screen) the user will be promoted with an error message detailing a problem

with the backup. The nominated person will need to go to the Listener Client and restart the machine and log back into SystemOne.

20.9 If any problems are encountered contact the IT helpdesk on 0300 123 1020.

20.10 Once SystemOne is back up and running then any manual data needs to be added to the patient's record as a matter of priority.

21. Related Trust Policies

LCHS (2017) Safe and Secure Handling of Medicines Compendium

LCHS (2017) Self Administration of Medicines by Patients in Community Hospitals

LCHS (2017) Management of Controlled Drugs

LCHS (2017) Standard Operating Procedure for Management of Controlled Drugs.

LCHS (2018) Non-Medical Prescribing Policy

LCHS (2018) Policy for the development and control of patient group directions

Coop (2015) Standard Operating Procedure for a Ward visit by a technician.

Coop (2015) Standard Operating Procedure for a Ward visit by a pharmacist.

E-prescribing resource file.

22. Bibliography

NMC Standards for Medicines Management (2010)

**Standard Operating Procedure for the management of e-prescribing within
Community Hospitals.**

**All staff who will be working to this SOP should sign below to say they have
read and understood the SOP and agree to act in accordance with its
requirements.**

Name	Job Title	Signature	Date

Appendix One

Prescription for Medication to be administered without delay

Date of admission:				Chart <input type="text"/> of <input type="text"/>					
PATIENT DETAILS (Addressograph)				ALLERGIES MUST be completed & signed for BEFORE a drug can be administered			SENSITIVITIES MUST be completed and signed for BEFORE a drug can be administered		
Name:				Drug/food allergies and description of reaction type			Drug sensitivities and description of reaction type		
Date of Birth:									
NHS Number:									
Ward		Consultant							
Site (please circle)				No known Allergies: <input type="checkbox"/>			Red wristband in place: <input type="checkbox"/>		
Louth	Skegness	Spalding	G'borough	Source(s) of information (Circle)	Patient/carer	Nursing Home	GP	Other (state)	Medical Notes
				Print Name & Sign		Designation		Date	

- All medication administered from this sheet must be added to the electronic prescription as soon as convenient
- This chart must be scanned into the patient's record after use
- Medication administered from this chart must not constitute an excessive dose and no significant drug-drug interactions arise when combined with medication given from the e-prescription

PO / PR / SC / IV / IM

Date	Time (24hrs)	Medicine (Approved Name)	Dose	Route	Prescriber (Name and Sign)	Given by			Pharm supply & check	Entry in e-Rx (J)
						Date	Time (24hrs)	Initial		

IV / SC Infusion

Date	Time (24hrs)	Infusion fluid	Volume	Additive & dose	Route	Duration	Given by				Entry in e-Rx (J)
							Batch	Date	Start time	Initial	
Prescriber signature											
Prescriber signature											
Prescriber signature											

Appendix Two

Equality Analysis

Name of Policy/Procedure/Function* Standard Operating Procedure for E-Prescribing within Community Hospitals and the Butterfly hospice

Equality Analysis Carried out by: Lorna Adlington

Date: 28th February, 2018

Equality & Human rights Lead:

Date:

Director\General Manager: Susan Ombler

Date:

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	To promote the safe, secure and effective use of e-prescribing within Lincolnshire Community Health Services NHS Trust.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	The document is relevant to staff employed by LCHS NHS Trust within the Community Hospitals.		
C.	Is there any evidence that the policy\service relates to an area with known inequalities? Please give details	Non Known		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		√	
	Sexual Orientation		√	
	Sex		√	
	Gender Reassignment		√	
	Race		√	
	Marriage/Civil Partnership		√	
	Maternity/Pregnancy		√	
	Age		√	
	Religion or Belief		√	
	Carers		√	
If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2				
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Lorna Adlington		
Date:		28 th February, 2018		