Electronic Prescribing Medicines Administration (ePMA)

The ePMA system is now live on all elderly and medical wards, including the acute admission wards, on the York Hospital site.

Advantages for prescribers
- No more hunting down drug charts
- Discharge process is easier and quicker
- Quick access to biometrics including observations and glucose charts, renal function, weight, etc.
- Better visibility of outstanding medication issues
- Improved patient safety through alerts and easy access of information

Top tips

A useful routine to get into within the e-prescribing screen is as follows;

1. Run your eyes along the top Green section. Check the patient ID, active alerts and allergies (you can’t start using e-prescribing until you have checked the allergies)
2. Run down the right side Orange section. In particular look at any Actions for prescriber BEFORE changing any prescriptions. Your prompt for VTE prophylaxis is in here is any guidance from the pharmacy team and also any reviews due (antibiotic / anticoagulant / steroid)
3. Run your eyes along the bottom of the screen Red where any supplementary charts are recorded (insulin sliding scale, perioperative charts, warfarin dosing chart etc)
4. Those drugs with a status of a red cross (✘) are ‘pending’ which means that they are not visible to nurses. If you want your patient to receive these drugs you MUST ‘authorise’ them.

Only then should you proceed to review, or make changes in the medications. Make it a mantra ‘Top, Right, Bottom’.

Roll out will commence on the Scarborough Hospital site in February 2018.

For any queries please contact the IT training team on 772 2255.

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Gentamicin

Three incidents were reported in November where essential checks had not been carried out correctly prior to patients starting on gentamicin. One patient had bilateral hearing aids but the prescriber had documented that the patient did not have any hearing problems. This was spotted the following day and fortunately the patient suffered no adverse effects. Two patients had raised creatinine levels but the prescriber had indicated that creatinine was within normal limits. In one of those patients the gentamicin level the following day was 20mg/l.

A recent audit showed that:

- 13% of prescriptions did not have the essential check section completed correctly.
- 18% of patients had a raised creatinine – Gentamicin should not normally be given if the creatinine is above the upper laboratory limit, unless only a single dose is going to be given.
- 26% of prescriptions did not have height and weight recorded. Both height and weight are needed to calculate the dose.
- 13% of prescriptions did not have the correct dose prescribed, although most of these were minor and unlikely to cause harm.

In 2016 the Trust paid out over £1 million in three separate claims relating to gentamicin prescribing errors. Each of these patients received more than 7 days of gentamicin with poor monitoring. The policy has now been changed so that courses are limited to 5 days, unless discussed with a microbiologist.

When using extended interval/Hartford Gentamicin regime, i.e. for patients who are going to receive multiple does;

1. Take a moment to complete the essential checks section
   - This regimen should not be used in;
     - Patients with low body weight
     - Patients with raised creatinine
     - Patients with hearing/balance problems
2. Measure and dose by height and weight and give the lowest dose as indicated in the male/female table
3. Give the patient the Gentamicin leaflet advising on the risks of hearing or balance problems
4. Check levels after the 1st dose and then according to the dose interval.

One off doses of gentamicin can be given irrespective of renal function or any pre-existing hearing/balance problems in severely septic patients. One off doses of gentamicin should not be prescribed on the Hartford prescription chart.

The Gentamicin prescription chart is designed to take you through the process for prescribing and monitoring this drug. If you do need any further advice please contact pharmacy or microbiology.

Helen Holdsworth, Deputy Chief Pharmacist, helen.holdsworth@york.nhs.uk

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Pharmacy

A reminder about METHOTREXATE...

It may be worth mentioning Methotrexate. In the past there were a couple of incidents where patients had methotrexate prescribed and administered daily instead of weekly. Also, methotrexate was continued in patients with infections when it may have been more appropriate to hold it. Because of this the trust decided that methotrexate would not routinely be given.

METHOTREXATE should be STOPPED on admission in all patients

See the Medicine Matters issue 50 on our site at https://www.yorkhospitals.nhs.uk/seecmsfile/?id=1157

Consider alternative routes of administration to prevent missed doses...

A patient was admitted to AMU as their peg had fallen out. They were usually on Sodium valproate syrup for epilepsy which was prescribed on the drug chart. However, as there was no PEG two doses were missed and the patient had a seizure.

Be aware that in some cases the IV dose is different, though in this case a straight switch to IV would have been appropriate – contact your friendly pharmacist for advice.

Thanks to Helen Holdsworth and Lynn Ridley for these pharmacy messages.
Learning from incidents - Completing Clinic outcomes prevents loss to follow up

An elderly patient was seen in the Ophthalmology Department for a routine follow up of glaucoma. The plan was for her to be seen again in 5 months but this appointment was not generated. She continued using her medication as prescribed and remained stable for a prolonged period. The patients’ daughter contacted the GP three years later when her mother began complaining of worsening symptoms. Upon the GP contacting the Ophthalmology Department a follow up appointment was organised. The patient was found to have lost vision in one eye which may have been limited if detected sooner.

The Serious Incident investigation has found that the original follow up appointment was not generated because the patient did not have a clinic outcome completed on CPD. No mechanism currently exists on CPD for these patients to be highlighted to the responsible clinician; this is being reviewed.

Until such time we would like to highlight the vital importance of checking your lists at the end of every clinic. All departments are also encouraged to set up an in-house back up, for example secretaries reviewing outcomes when typing clinic letters. It is advisable to pay special attention to clinics carried out by junior doctors and locums who may not be familiar with the system. 30 minute IT training sessions can be booked via the Learning Hub.

Ruwani Rupesinghe, Chief Registrar, Ruwani.Rupesinghe@YORK.NHS.UK

All I want for Christmas is my two front teeth...

It would take a real humbug to disagree that if there was one, Christmas would be the season to forget about the diet, and indulge in all of the treats the festive season has to offer; a rich time for the palate, but a nightmare for teeth. The last thing you want after settling down to your cosy, post-dinner stupor is tooth ache and a pricey visit to the out-of-hours dentist. Here are some handy hints to keep dentists at bay and upper central incisors (and the rest of the teeth) safe this Christmas.

- Brush them. Twice a day please, for two minutes. Less brushing will not remove adequate levels of plaque (the sticky, bacteria containing film that forms on the teeth). More brushing may result in tooth surface loss. Brush should be angled at 45°, brushing in small circles right down to the gum line.

- With a fluoride tooth paste, at least 1450ppm. As well as mechanical plaque removal, the topical application of fluoride to the surface will strengthen the tooth and make it more resistant to decay.

- Spit out the toothpaste but DO NOT RINSE! There is little point applying fluoride to the tooth surface if you simply rinse it straight off again. This includes;
  - Mouthwash use. Use at a different time to tooth brushing for better effect. Make sure it has fluoride, and preferably no alcohol. There may be enough of that around at Christmas anyway, and it increases the risk of oral cancer.
  - ‘Tis the season to be flossy! Use floss or interdental brushes to clean the spaces in between the teeth once daily.

- Dental decay happens when the pH of the mouth drops. This happens after eating or drinking anything sugary as oral bacteria metabolise sugar to produce acid. The minerals are leached from the tooth surface, leaving a big hole, and the tooth susceptible to further bacterial invasion and infection...put simply, tooth ache and abscess. Natural salts in the saliva buffers the acid attack but it takes up to an hour for the oral environment to reach normal levels again. Chewing gum can reduce this time. If more sugar is eaten in this time, the process will start all over again...so when indulging in your sugary Christmas treats, be sure to eat them at the same time as a meal and all at once!

Laura Bamford, DCT2 Maxillo-facial Surgery,
With thanks to DN Jackie Brown
Once you have identified the problem you want to tackle, you have specified your aim(s) and measure(s) and have begun thinking about change ideas you need a structured approach to testing your ideas. **Plan Do Study Act (PDSA) cycles provide this structure.** The cycle is made up of four stages as shown below; with each cycle you can test and then tweak your change idea or test further change ideas. With each cycle you will gain increasing knowledge of the system you are working in and how any changes you are making influence it.

**Plan**
- What questions do we want to answer with this PDSA cycle?
- **Predictions:** (for each questions listed, what will happen when the plan is carried out?)
- **The Change:** (what is the idea specifically, who, when, where and what is needed to test it so we can gain knowledge)
- **Plan for collection of data:** (specifics on use of data: what who, when, where?)

**Do**
- Carry out the plan; document problems and unexpected observations; collect data and begin analysis. Are we really carrying out the plan as detailed above?

**Study**
- Complete analysis of data; what were the answers to the questions in the plan? Compare the data collected to predictions from the plan and summarise what was learned.

**Act**
- **Adapt** (tweak idea and run another cycle), **adopt** (implement) or **abandon** the idea.

Check out the Institute for Healthcare Improvement for further information about PDSA cycles: [http://tinyurl.com/lulnqg6](http://tinyurl.com/lulnqg6)

**Free online course**

What does LEADERSHIP mean to you? Is it something we are born with? Can you learn to be a better leader? The Free Edward Jenner Programme from the Leadership Academy will provide you with a foundation in the theories of leadership. Visit [www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)

**What patient safety checklist is completed before every surgical procedure?**

The correct answer is C – The WHO Surgical Safety Checklist

**Group Representation**

We are working to **empower** and **support** junior doctors to attend and **contribute** to Trust level meetings. Junior doctors and groups will benefit! Contact PatientSafetyMatters@york.nhs.uk for more information or if you would like to get involved.

**Editorial Team**

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Email PatientSafetyMatters@york.nhs.uk if you have any comments or would like to contribute. Check out [www.yorkhospitals.nhs.uk/patientsafetymatters/](http://www.yorkhospitals.nhs.uk/patientsafetymatters/) for more information