

## Standard Operating Procedure (SOP)

### Hospital Electronic Prescribing & Medicines Administration

<b>SOP Number:</b>	<b>7</b>
<b>SOP Title:</b>	<b>Transcription process for out-of-hours during the pilot phase only</b>

	<b>NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>
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#### 1. Purpose

This purpose of this document is to describe the process to be adopted and implemented to support the transfer of data from a paper kardex on to the HEPMA system outside normal working hours (6PM-9AM) within the initial pilot area (7<sup>th</sup> floor QEUH). This process **MUST ONLY** be used out-of-hours.

#### 2. Introduction

The NHSGGC HEPMA system supplied by WellSky requires current inpatients prescribing data to be transcribed from the paper kardex to the electronic HEPMA system. This SOP will describe the process that will be undertaken to achieve this in a safe manner which is as accurate as possible.

#### 3. Scope

**The scope covers the following:**

- Wards involved in the pilot of HEPMA

#### 4. Definitions

- **NHSGGC:** NHS Greater Glasgow and Clyde Health Board
- **HEPMA:** Hospital Electronic Prescribing and Medicines Administrations
- **WELLSKY:** Software used to provide HEPMA (3<sup>rd</sup> Party software supplier)

#### 5. Specific Procedures:

Any patient admitted to the HEPMA ward after 6PM at night will arrive on the ward with a paper kardex. These may not be transcribed immediately onto HEPMA during the initial phase of the pilot (depending on staff availability).

**DIRECT ADMISSIONS MUST BE ADMITTED DIRECTLY ONTO HEPMA** as they will have no paper kardex.

##### **Administration**

Nursing staff can use the paper kardex for administration overnight but should not use for any more than TWO regular administration rounds (e.g. 10PM and morning ward rounds only).

##### **Transcription in the morning**

Medical staff will transcribe the kardex onto HEPMA in the morning after the morning ward round. This **MUST** be completed by the lunchtime ward round. Where the members of HEPMA team who are transcribers are available they will support this process with a cross-check of the data by the medical staff.

Medical staff will be responsible for the accuracy of the transcription unless there are TWO pharmacy HEPMA staff available (see **Transcription Process for new wards HEPMA SOP No. 4**).

A report will be generated daily to identify patients with no prescribing and administration.

This procedure will only apply until the pilot has been completed and will be reviewed monthly.