

Product Information

Adastra v3.16 overview

Purpose

Adastra v3.16 offers a combination of technical and clinical enhancements with the emphasis on patient safety.

Technical enhancements

Adastra v3.16 can run as a Rich Internet Application (RIA) using the very latest Windows technology, enabling it to be deployed and run over a secure N3 'https' weblink. This new deployment method enables customers to run Adastra over a wide area without the need for a Citrix infrastructure or use of terminal services. Where there is a current Citrix requirement for client-server access to Adastra v2 or Knight Owl and integration with some third-party applications, v3.16 can continue to be run using existing infrastructure.

Technical key features and benefits:

- Developments in v3.16 support:
 - Bandwidth efficient wide-area deployment of v3 over the internet
 - Secure, proxy-friendly communication via https
- Adastra as a RIA enables 'one touch' installation and deployment via URL
- Adastra will run as an 'out of browser' application combining a rich user interface with rich functionality

Clinical enhancements

Development of v3.16 represents a major investment in medicines management, supporting patient safety. Central to this is the adoption of the new Multilex Database from First DataBank Europe (FDBE), the UK's leading provider of drug databases and active clinical decision support.

The new Dictionary of Medicines and Devices (DM&D) coded drug database being used is becoming the NHS standard in all areas of the UK for coding medicines and devices. As well as enabling much improved prescribing efficiency, this move is essential for the subsequent development needed to allow integration with Electronic Prescription Services (EPS) in all areas of the UK and eAMS in Scotland.

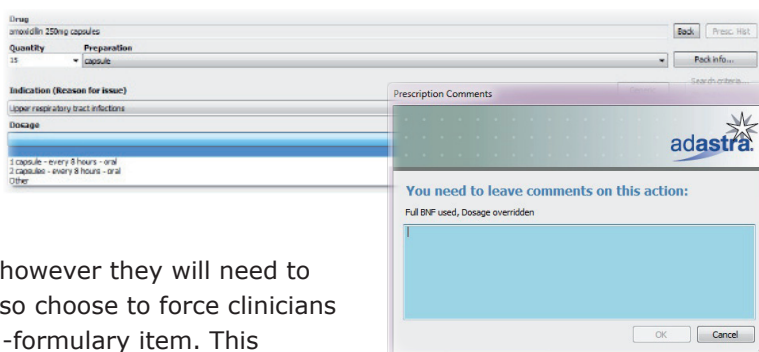
Careful integration and testing of the database conversion has been carried out to mitigate clinical risk and ensure that customer formularies and stock items are converted to the new format using DM&D codes. The full patient safety case will be available to all customers with the release of v3.16.

Clinical key features and benefits:

- Suggested doses to support safer, more appropriate prescribing
- Locally defined medication warnings support prescribing guidance
- Inclusion of National Patient Safety Agency (NPSA) warnings for high risk drugs supporting safer prescribing
- Improved drug searching and accurate selection with 'Tall Man Lettering' for drug names
- Improvements to the medical history screen enabling easier and more accurate recording of medications, sensitivities and conditions as advised by the patient
- A remote upgrade to DM&D coding ensuring consistency of prescribing support in-centre and out in the community

Suggested dosages

When prescribing, clinicians are now provided with the British National Formulary recommended doses for a drug based on age, gender and weight of the patient for a particular condition. A clinician may override the suggested dose, if needed, however they will need to record a reason for doing so. Services may also choose to force clinicians to enter a reason whenever prescribing a non-formulary item. This information may then be used for clinical governance audit purposes and provide a more detailed understanding of clinician prescribing habits.

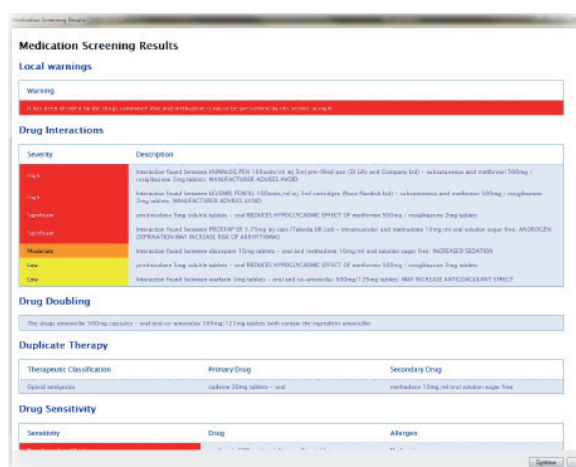


Improved prescribing

Medication warnings

Adastra v3.16 allows locally defined medication warnings to be attached to drugs in the British National Formulary. These warnings are added to the system by the creation of a 'negative' formulary list and can be set as mandatory or advisory notifications.

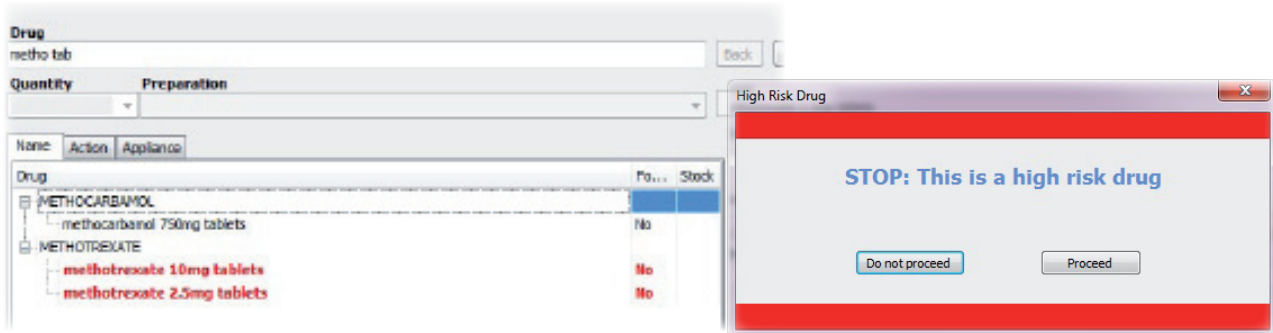
Local warnings will be included in the 'medication screening results' along with any drug interactions, sensitivities and contradictions. Medication warnings may be entered by BNF group, drug name or individual type and dose, based on the advice of regional and local pharmacy advisers.



Medication screening results

This functionality enables local protocols to be enforced without restricting clinicians to the use of a set formulary list.

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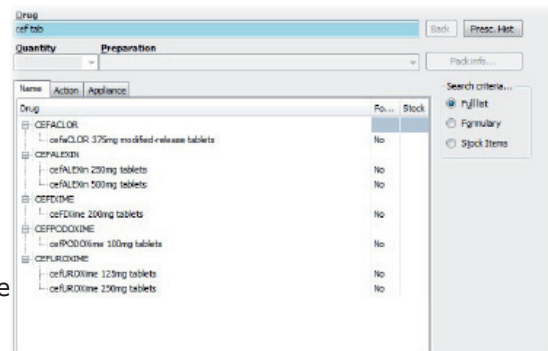


High risk drug warning

NPSA advice on high risk drugs is also available, offering extended clinician support when prescribing and therefore improved patient safety.

Tall man lettering

Many drugs have similar sounding or looking names which creates the potential for a mistake to be made when prescribing. To reduce the opportunity for error and to support prescribing accuracy, the drug database uses Tall Man Lettering methods. For example, the following three drugs have similar names, yet by applying the Tall Man principle of using uppercase lettering, name perception is enhanced making it easier to distinguish between them.



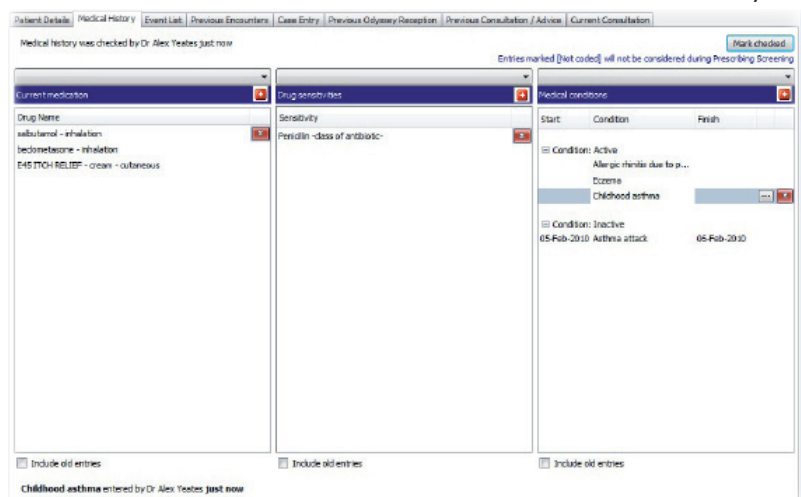
cefALEXin; ceFIXime; cefPODOXime

Medical history screen improvements

Again to improve patient safety, the medications, sensitivities and conditions will now be fully coded using approved standard Snomed-CT subsets. This is preparing Adastra for enhanced integration with National Summary Care Records and Local Detailed Care Records in the future so information can be automatically used by the Adastra system to reduce drug errors.

Improvements to the Medical History screen include:

- Allowing drugs with an unknown dosage or strength to be recorded
- Conditions to be recorded as being active or in the past
- A clear onscreen audit of additions and amendments is available



Improvements to medical history screen

Product Information

Aremote system updates

With v3.16, Aremote will support the prescribing enhancements made available by use of the DM&D Multilex drug database.

A hybrid Aremote version containing both the old and new Multilex drug databases is available to ensure continuation of operational use through the v3.16 upgrade. At the time of upgrade to v3.16, each Aremote device will be set to recognise the new coded data and use it accordingly.

Also available with Adastra v3.16, is the ability to enter new cases within Aremote. Aremote Case Entry offers a mobile team the ability to enter demographic and clinical information in an unexpected instance, saving the time it would take to call the details through to the main base and enabling the case to be updated in real-time.

For more information

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Contact us

Unit 4 Eurogate Business Park | Ashford | Kent | TN24 8SB **t:** +44 (0)1233 722 700 **f:** +44 (0)1233 722 701
e: ahcmarketing@advancedcomputersoftware.com **www:** www.advancedcomputersoftware.com/ahc

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