

Aim

“Making the case for eprescribing in the RCSI Hospital Group”

Context/Background

Medication errors are one of the most common causes of patient harm.

It is estimated that on average at least one medication error per hospital patient occurs each day (HIQA 2016).

The RCSI Hospital Group (RCSIHG) had 903,114 patients admitted in 2016. This would suggest an enormous number of medication errors are taking place each day within our hospital group all of which are potentially preventable.

The most common reported are prescribing errors. The prescribing model we use was established in 1960's relying on handwritten drug charts, staff time, manual stock and storage capacity. A major concern for clinical staff is the time wasting on this whole process.

Medication safety has been identified as a key strategic priority for the RCSI Hospital Group (RCSIHG).

E-prescribing is regarded internationally as one of the solutions to improve patient safety and prescribing errors.

What are we trying to accomplish?

By end of Jan 2017 we will process map the time it takes to prescribe, check, supply and administer drugs to in-patients with our present paper system and compare it with an e-prescribing process.

By March 2017 to estimate cost savings from e-prescribing.

By April 2017 determine the financial drivers for e-prescribing.

Team

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Caroline Fitzpatrick, CNM Palliative Care Services, Connolly Hospital Blanchardstown.

Ian Broni, Hygiene Services Manager in Our Lady of Lourdes Hospital Drogheda.

What We Did



Plan: Reviewed our team profile, undertook a SWOT analysis, identified and analysed stakeholders, set group ground rules, agreed team work plan, focusing on prescribing processes, financial drivers, and cost savings.

Do: Reviewed HSE documents :E Health Strategy, Safer Meds document, HIQA standards, RCSIHG Operational Plan 2017, and carried out a literature review. Brainstormed, prioritized and devised a communication strategy for our stakeholders.

Study: Reviewed and analyse findings.

Act: Agreed our objectives producing a summary and learning from the project.

Significant findings from Irish literature:

26% of people over the age of 50 use 5+medicines per day.

23% of pre-admission medicines are omitted or incorrectly when the patient is admitted.

>6% of acute inpatient discharges have a potential severe medication error.

>8% of all emergency admissions are medicine related.

The HSE have started to invest in IT infrastructure, roll out of Wi-Fi, robotic pharmacy, medication management systems, e.g. (MEDLis), (MN-CMS), (MOCIS), and Intensive Care Management System.

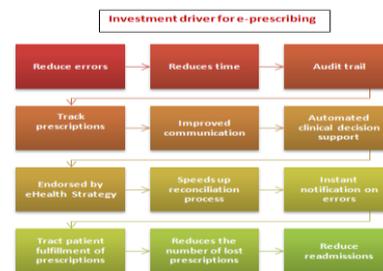
The Collaborative Pharmaceutical Care at Tallaght Hospital (PACT) study demonstrates that engaging the services of a pharmacist working as an integrated part of the multidisciplinary team managing medications at admission and discharge improves the quality and safety of care (Grimes et al 2014).

References

- All references are available on request
1. Department of Health. eHealth Strategy for Ireland. 2013. Available online from: http://www.dohc.ie/publications/eHealth_Strategy_2013.html. Accessed on: 5th Dec 2016
 2. Health Information and Quality Authority. Eprescribing and Electronic Transfer of Prescriptions: An International Review. (2012.) Available online from: <http://www.hiqa.ie/publications/eprescribing-and-electronic-transfer-prescriptions-international-review>. Accessed on: 05th Dec 2016

What We Achieved

We estimated that it currently takes 3 hours 33 minutes to prescribe, check, supply and administer inpatient drugs. This could potentially be reduced to 1 hour 3 minutes if e-prescribing is introduced in the RCSIHG. We have an example of savings from e-prescribing in a UK Hospital with 110,000 admissions a year and an annual drugs budget of £23m, which demonstrated paper costs savings alone of £88,800 and £1.6m from the drug budget through increased formulary compliance.



There is a commitment in the Operational Plan for the RCSIHG 2017 to Pharmacy Modernisation, Enhanced Aseptic Compounding Service, IT Systems, Robotic dispensing machines, and recruitment of specialty pharmacists.

Key recommendations:

1. Now is the time to identify a test site in RCSIHG to develop an e-prescribing system tailored to our needs using a business case model.
2. Implement the Collaborative Pharmaceutical Care in the RCSIHG

Key Learning

Organisational Learning:

- e-prescribing has a major role to play in the RCSIHG's effort to reduce medication errors.

Group Learning:

Self Awareness, different leadership styles, consider team profile and SWOT analysis, resilience, critical thinking, decision making skills, time stealers, and the power of networking cannot be underestimated.

Acknowledgements

Thank you to everyone who provided support and information to enable us to complete this project.