



Pharmacist's role in the conversion of an Aged Care and Rehabilitation Hospital to electronic prescribing

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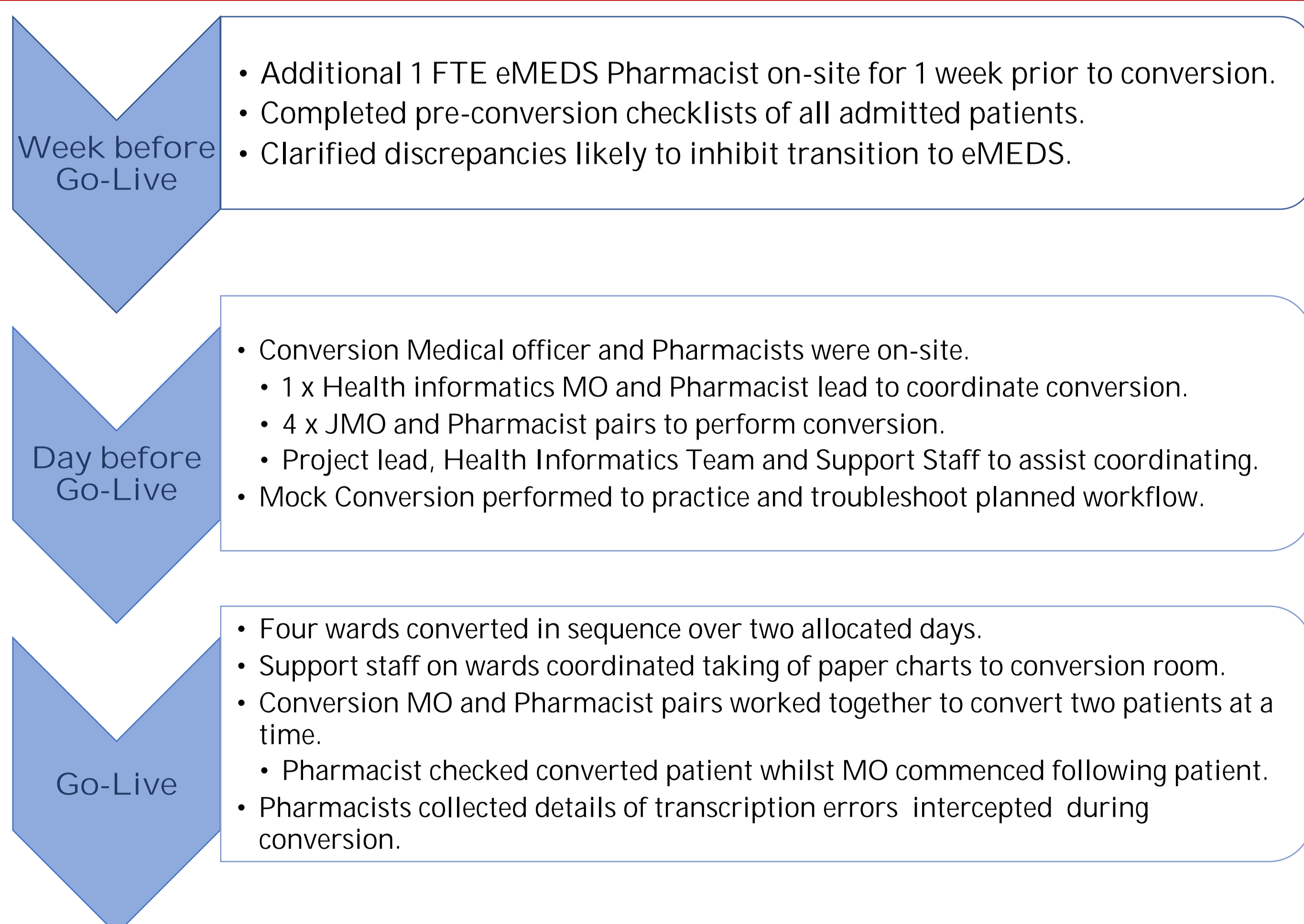
BACKGROUND

- Medication errors, including transcription errors, can occur at any point of the medication management cycle.¹
- Transcription of large numbers of patients from paper to electronic prescribing requires a coordinated and careful approach, of which pharmacists can contribute expertise.²
- Conversion of facilities from paper based to electronic prescribing systems such as eMEDS (Cerner) can be situations at high risk of medication error, due to large volumes of medication transcription or hybrid systems as patients are transitioned from paper to electronic platforms.
- One goal during conversion of Balmain Hospital was to utilise pharmacist expertise and evaluate the role of the pharmacist in safety and efficiency of conversion.

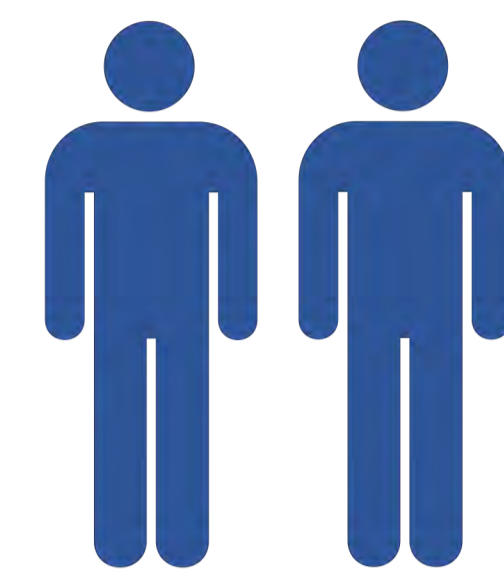
DESCRIPTION

- Balmain Hospital is a 99 bed Geriatric and Rehabilitation hospital in Sydney Local Health District (SLHD).
- Implementation, or "Go-Live", of eMEDS at Balmain Hospital used a conversion approach, where all patients were to be transcribed over two days in March 2019.
- To promote conversion efficiency a specialist eMEDS pharmacist completed pre-conversion checklists on all admitted patients prior to conversion days. The aim was to troubleshoot medication orders which may hinder conversion. A mock trial was also completed to troubleshoot any issues with the conversion workflow.
- A dedicated team of medical officers (MOs) and pharmacists worked to transcribe all patients. MOs and Pharmacists were partnered to maximise safety and efficiency.

ACTION



RESULTS



Total of 88 patients converted to eMEDS, of which 79 patients had pre-conversion checklists completed.



Total of 1006 medications converted. Average of 11.4 medications per patient.



Total of 8 hours and 5 minutes taken in conversion. Average conversion time 29 minutes per patient.



Pharmacists intercepted 77 transcription errors. Of total medications, 8% had a transcription error.

Of the errors, 33% were high risk medicines (APINCH), and 12% had potential to cause patient harm.

EVALUATION

- Interception of 77 transcription errors, with 33% being APINCH medications, indicated that pharmacists were key to the safe conversion of individual patients to eMEDS.
- In debrief sessions with conversion doctors and pharmacists, it was confirmed that pre-conversion checks and mock trial assisted greatly in the efficiency of conversion. The model of doctor and pharmacist conversion partners assisted both efficiency and safety, and created a conducive environment. It was reported greater coordination between conversion room and wards could have improved efficiency. Conversion was completed in significantly less than expected timeframe.
- Results presented here could assist facilities in workflow planning for future conversions to electronic prescribing.



REFERENCES

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