

# A NEW SET OF CHALLENGES

## Pharmacist standards of practice are defined with electronic prescribing implementation, mitigating professional & clinical risks

ANGELA TAGAROULIAS, GOSFORD HOSPITAL PHARMACY DEPARTMENT

### BACKGROUND

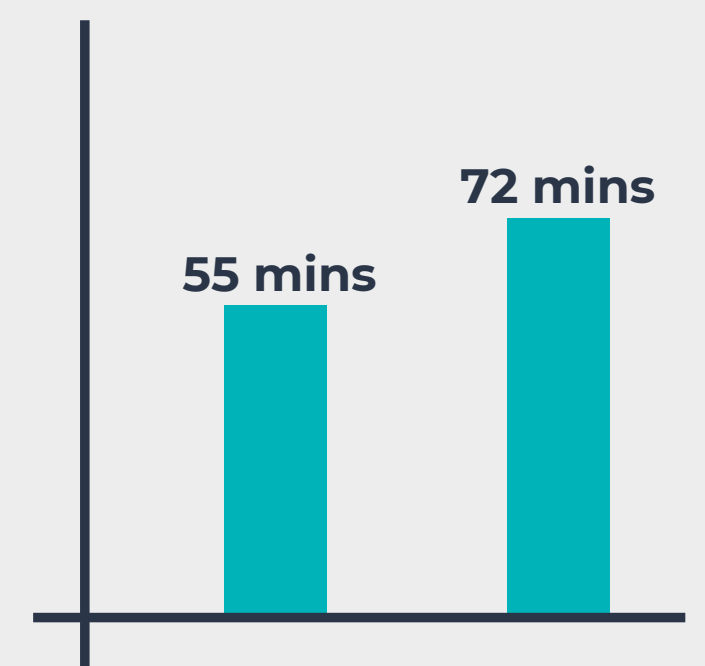
With the introduction of **electronic prescribing**, pharmacists delved into uncharted territory with **emerging professional and clinical risks**, requiring careful consideration of new processes.

### DESCRIPTION

The following processes required review:

1. New workflows saw **triaging workload redistributed** from a predominately dispensary-led process, **to both ward & dispensary pharmacists**
2. **Greater visibility of patient information** introduced **possible delays in medication supply**
3. **TRIAGING PHARMACISTS** were expected to electronically **sign orders to prompt supply**, often **preceding complete clinical review**
4. **CHECKING PHARMACISTS** had to navigate **legal risks associated with supplying medications clinically reviewed by others** (ie. TRIAGING PHARMACISTS)
5. **Prescription labels misrepresented originally prescribed medications.** Statewide, CHECKING PHARMACISTS were **instructed to ignore labels and check against electronic prescriptions**, requiring an **additional 1.75 hours per day**. **Delays in discharge (see Fig.1) & inpatient medication supply** were observed.

FIG. 1. AVERAGE DISCHARGE PROCESSING TIME



Following the introduction of the statewide recommendation - ie. electronic prescription checking / ignoring prescription labels - a **31% increase in average discharge processing time** was observed

### ACTION

Standards of practice were defined and approved locally, including:

TRIAGING PHARMACIST ...	CHECKING PHARMACIST ...
<p>... can electronically sign orders for supply, bypassing:</p> <ul style="list-style-type: none"> <li>- Complete clinical review</li> <li>- Medication reconciliation</li> <li>- Best possible medication history</li> </ul> <p>... however, must complete:</p> <ol style="list-style-type: none"> <li>1. <b>Basic clinical review</b></li> <li>2. <b>Precise product allocation</b> consistent with electronic prescriptions</li> </ol>	<p>... delegated:</p> <ul style="list-style-type: none"> <li>- Clinical review responsibility to TRIAGING PHARMACIST</li> </ul> <p>... however, must complete:</p> <ol style="list-style-type: none"> <li>1. <b>Accurate product selection</b> (consistent with product allocated during triaging)</li> <li>2. <b>Checking against prescription labels</b> (omitting electronic prescription referral)</li> </ol>

To determine legalities, a pharmacist insurer was contacted, providing the following advice:

"(we) will **support and assist members** where they are **practising within** the ... **standards set by** the profession, representative organisations or **employers**."

### EVALUATION

#### RE-DISTRIBUTION OF TRIAGING

Triaging workload was **distributed amongst all pharmacists**, without duplicating triaging at the point of checking, allowing for an efficient dispensary.

#### STANDARDS OF PRACTICE DEFINED

Medication supply efficiency returned to baseline.

### IMPLICATIONS

In the absence of specific industry regulations, developing department-owned standards of practice mitigated professional and clinical risks, allowing optimised service delivery.