

348: IMPROVING ASPECTS OF MEDICATION SAFETY and INFORMATION FLOW TO GENERALPRACTITIONERS THROUGH ELECTRONIC DISCHARGE PRESCRIBING IN A TEACHING HOSPITAL.

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Objective:

It is estimated in Australia inappropriate medication use results in at least 80,000 hospital admissions each year at a cost of around \$350 million and a considerable proportion of this morbidity is 'potentially preventable' A strategy widely reported to provide safer prescribing is electronic prescribing with decision support. However within Australian hospitals development has not proceeded beyond the determination of specifications.

To introduce electronic discharge prescribing systems to enhance medication safety during the introduction of a major Federal Government Pharmaceutical reform and to provide timely electronic advice on medication management to general practitioners.

Method:

Barwon Health developed its own clinical information system in 2001, which is called CORDis. An enhancement was the development of an electronic discharge prescribing module that accommodated the Federal Government's requirements for prescribing under the Pharmaceutical Benefits scheme reform. In addition the system provides medication alerts and is able to capture adverse drug events occurring during admission and electronically transmit them to specified practitioners and Safety Monitoring Committees. All junior doctors and registrars were trained to use the prescription module during their orientation to the hospital. Additional enhancements will highlight medication changes made during hospital stay, the pharmacy brands dispensed to minimise brand confusion, on-line drug interactions and therapeutic guidelines.

Results:

CORDis prescribing and information transfer meets the hospital's commitment to principle seven of the Government's pharmaceutical reform dealing with the quality use of medicines between hospital and the community. CORDis generated electronic prescriptions meet all criteria for a valid prescription allowing Government payment compared to varying rejection rates for handwritten prescriptions. Reporting rates for adverse events are being monitored against historic reporting levels. General practitioners reported a high level of satisfaction with medication related information. 100% of GP's polled were satisfied with the discharge prescription and that the information was legible and available at the time of first attendance of the patient. At the time of presentation we will present summary data for the first period of 9 months of electronic prescribing using PBS.

Conclusion:

A successful electronic method of prescribing was developed to assist medical staff with a major pharmaceutical reform. The information system was able to provide alerts on allergies, track adverse drug events, and produce a legible prescription conforming to Government requirements. The needs of general practitioners and the Government were met in relation to the timely and accurate transfer of information between the hospital and community setting.

Reference:

1. Roughead, E.E., The nature and extent of drug-related hospitalisations in Australia., J.Qual. Clin. Practice, 1999. 19(1) p.19-22