

HOSPITAL PHARMACY UNIFIES ELECTRONIC STANDARD PRESCRIPTIONS THROUGHOUT THE REGION



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WHAT HAVE WE ACHIEVED SO FAR?

Regional electronic standard prescriptions (ESP) have been approved for:

- Helicobacter pylori eradication
- Medical abortion
- Late abortion and foetal death
- Treatment of Deep Vein Thrombosis (DVT) and Lung Emboli (LE)
- Treatment of paracetamol-overdosage
- Missed abortion
- Fosphenytoin loading/maintenance
- Many (21) Antibiotika regimes e.g. Legionella pneumoni, Urosepsi

There are several others underway...

WHAT IS AN ESP?

An ESP is an electronic 'package/bundle' of one or more prescriptions, set up for treatment of defined conditions/procedures.

When the clinician prescribes an ESP electronically, the pre-defined prescriptions appear automatically in the patient's medicines list.

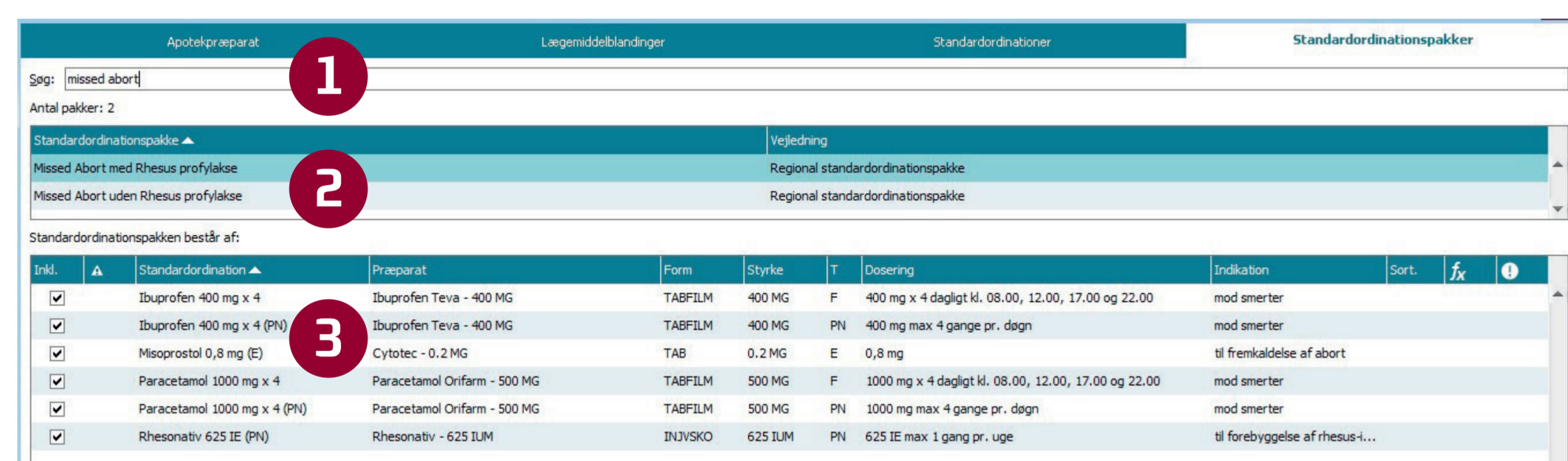


Figure 1 • Prescribing an ESP

- 1 ESP package can be searched
- 2 The relevant ESP is chosen
- 3 The prescriptions in the ESP can be seen
- 4 The prescriptions now appear in the patient's medicines list

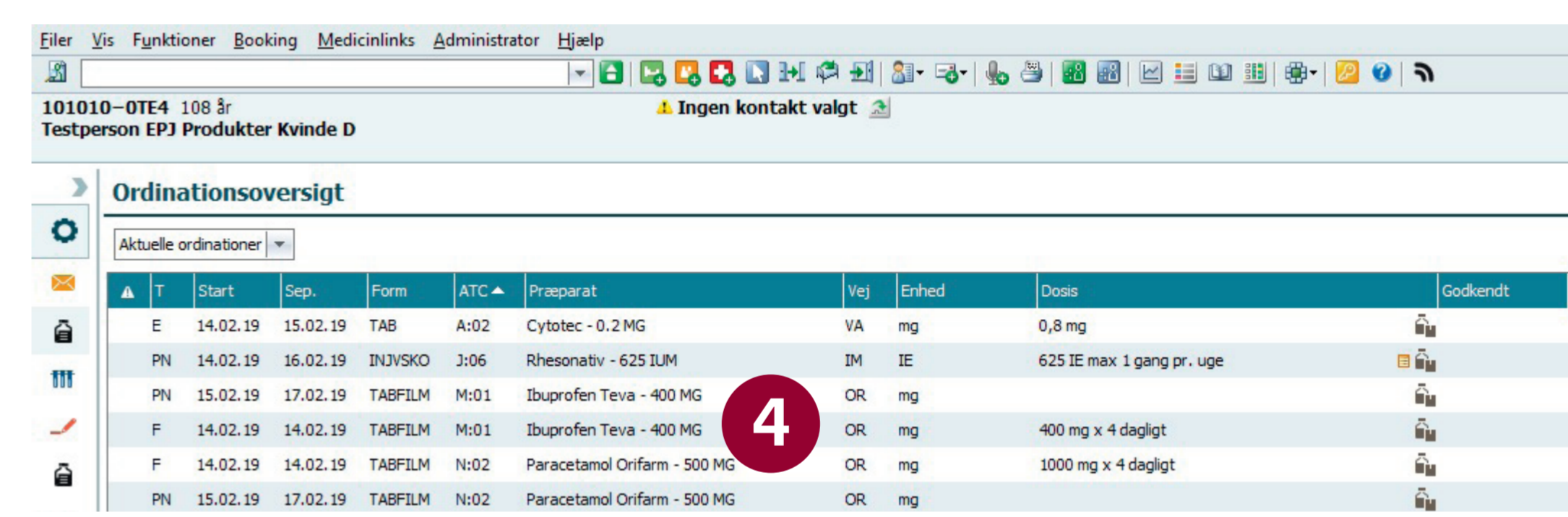


Figure 2 • All the pre-defined prescriptions are now in the patient's medicines list, with the appropriate doses etc.

WHAT WAS DONE?

The regional Drug and Therapeutics Committee (DTC) commissioned the Hospital Pharmacy, Central Denmark Region to:

- take over management of ESPs in the region's Electronic Prescribing System
- lead the unification of local to regional ESPs, in collaboration with clinical specialists

HOW IS IT DONE IN PRACTICE?

- The Hospital Pharmacy highlights clinical areas/treatments with several variations of the same ESP that can be unified
- The DTC appoint relevant clinicians to work with a pharmacist on unification (the pharmacist is coordinator for the ad-hoc working group)
- The DTC approve the new ESP, which then replaces all existing ESP in the system
- If a department wants an ESP that differs from the regional ESP, this has to be approved by the DTC

WHY?

- The primary aim was to increase patient safety by quality-assuring ESPs and guiding clinicians to rational and safe prescribing
- ESPs were previously set up and maintained locally, often by clinicians at ward level, resulting in several thousand, and a huge variety of ESPs for the same indication/treatment
- Patients and clinicians moving around hospitals within the region became confused by the varying ESPs from hospital to hospital, thus compromising patient safety

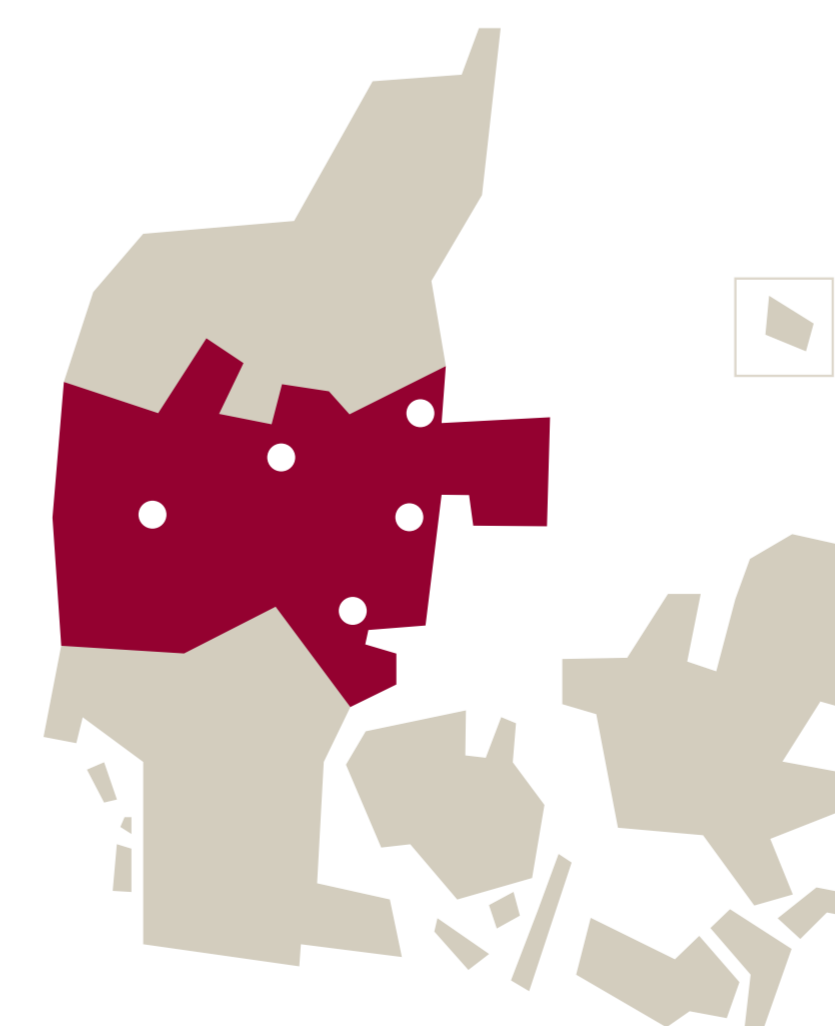


Figure 3 • Central Region Denmark
1.3 million residents
5 Hospitals

WHAT NEXT?

Two other regions in Denmark use the same electronic prescribing system as us – maybe we can share ESPs nationwide in future...

