

# 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

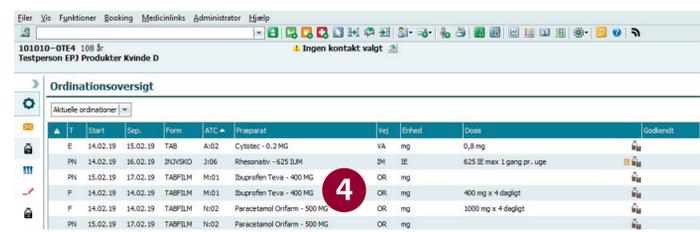


Figure 2 • All the pre-defined prescriptions are now in the patient's medicines list, with the appropriate doses etc.

## 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

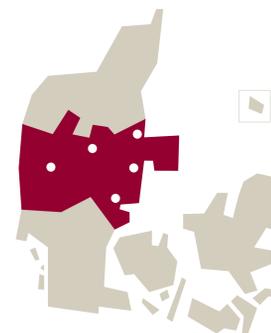


Figure 3 • Central Region Denmark  
1.3 million residents  
5 Hospitals

## WHAT NEXT?

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

