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Strategies to Improve the Use of Electronic Prescription
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Introduction /Background

Electronic prescribing (E-scripts) is a system within the Electronic Healthcare Record (EHR) which provides the ability for physicians to electronically send prescriptions directly to the patients pharmacy. The utilization of E-scripts increases patient safety, decreases transcription errors and complies with Stage 2 Meaningful Use requirements.

After the initial implementation of E-scripts at Homestead Hospital, only 4 out of 45 Health Care Providers (HCPs) utilized the system. This triggered the Meaningful Use (MU) team to conduct a Performance Improvement (PI) project to identify the barriers for use and improve compliance in utilization of the system.

The Plan Do Check Act (PDCA) model for performance improvement was used to guide the development and implementation of the project.

Plan

In order to identify barriers, MU team interviewed physicians and staff to identify what challenges existed with using the system. Once challenges were identified, an interdisciplinary team was developed to implement various strategies to overcome challenges and increase compliance of HCPs using E-scripts to over 20% for all inpatient discharges.

Barriers to Using E-scripts

- No Pharmacy in EHR
- Education/IT Support
- Trust in System
- Charity Care
- System Issues

Do

- Collaborate with Pharmacy & Nursing to ensure that patient’s retail pharmacy was entered into all inpatients EHRs.
- Provided one on one training to all HCPs to increase their competence and confidence with E-scripts system.
- MU team provided daily assistance to HCPs, nurses, and pharmacists with technical issues.
- MU Team confirmed successful transmissions of E-scripts to retail pharmacies which increased the physicians trust in using the E-script system.

Check

The MU Team collaborated with pharmacy department and it was agreed that the pharmacy tech would initially enter the retail pharmacy name for all patients being admitted and the admitting nurse would then confirm and verify the information on admission. This intervention increased the retail pharmacy entry rate from less than 60% to over 95% and has been sustained over 5 months.

Act

- E-scripts continues to reduce errors in transcriptions.
- Retail pharmacy entry rates continue to be maintained due to an interdisciplinary team approach.
- CBT may not be sufficient when implementing escripts and may require multidisciplinary strategies utilized by the Homestead Hospital Meaningful Use team.
- The MU team will continue to strive to increase escript rates beyond 50% for all inpatient discharges and develop strategies to increase escript rates for Charity Care patients.
- Results are to be disseminated internally and externally.

Acknowledgements

PTT-INR “The Project Think Tank for Innovation in Nursing Research”. Consultation Homestead Hospital Hospitalist Physicians

References


* When compared, the MU supported physician group did better at adopting the new escript technologies than the CBT physicians group.