



ST. VINCENT'S
PRIVATE HOSPITAL
Elm Park

Impact of an Electronic Prescribing System on Chemotherapy Prescribing

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Aims & Objectives

- To determine the impact of an electronic prescribing system in St. Vincent's Private Hospital (SVPH), by comparing the number of prescribing errors using handwritten versus electronic chemotherapy prescriptions (BD CATO®).

- Type of Audit: Comparison of data pre- and post- system implementation
- Data Collection Tool: Designed based on SVPH's standardised chemotherapy prescription format*
- Errors Definition: Absence or incorrect recording of the prescription requirements
- Data Sample: 180 handwritten prescriptions versus 91 electronic prescriptions
- Data Collection: Parenteral chemotherapy prescriptions were reviewed by Cancer Services Pharmacists for 6 weeks before and after implementation of BD CATO®

Results

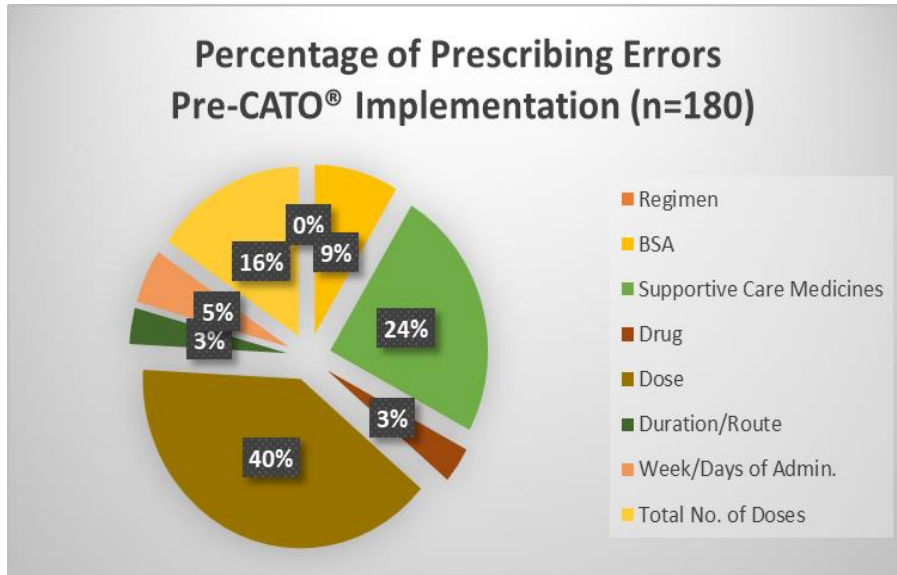


Figure 1: Percentage of prescribing errors found pre-BD CATO® implementation during the audit period 17.9.20-2.11.20.

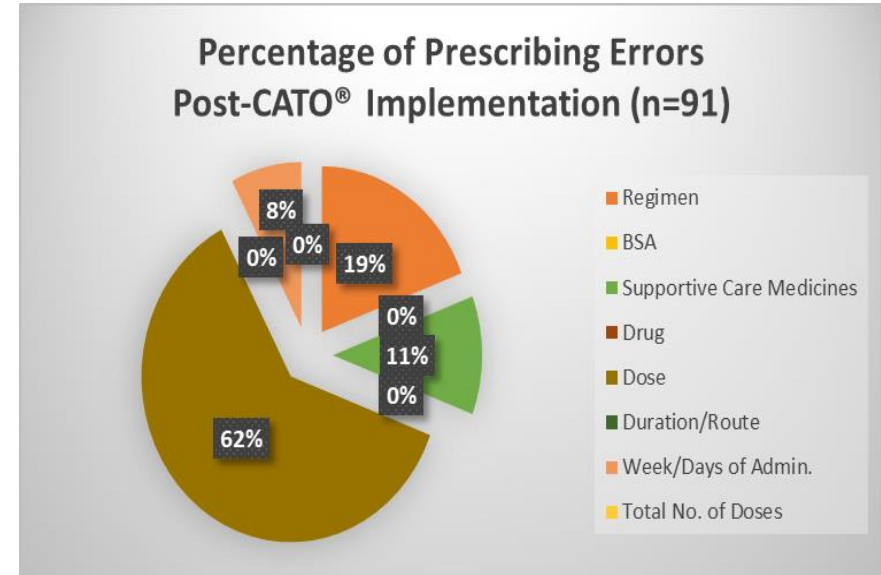


Figure 2: Percentage of prescribing errors found post-BD CATO® implementation during the audit period 14.6.21-16.7.21.

Results

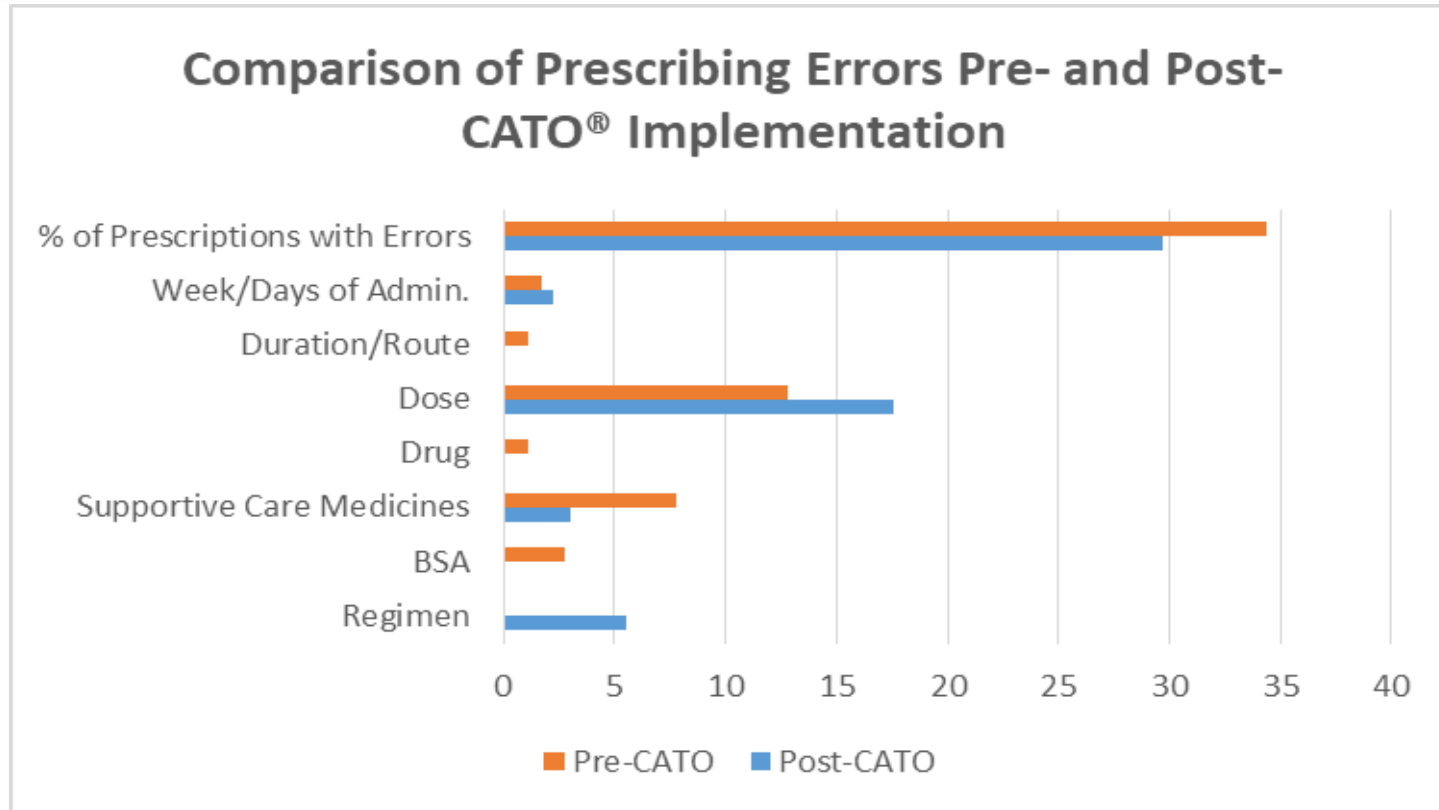


Figure 3: Comparison of prescribing errors pre- and post- BD CATO[®] implementation.

- Improved Communication:
 - Re-format current consent form.
 - Consent forms completed by the Consultant must clearly specify the drug, dose, frequency, route and number of cycles.
 - Document all regimen/dose changes post Consultant ward rounds on BD CATO®.
 - All comments made on the system must be made in chronological order and signed off with person's name, profession and date.
- Training:
 - This process change requires comprehensive training for CNS's and Registrars e.g. one-on-one support, training video.
 - All Doctors working in Oncology/Haematology should be of Registrar level and be familiar with BD CATO® or be available for training prior to covering Day Care Oncology or the Oncology/Haematology in-patient ward.

Conclusion

- Slight reduction in prescribing errors, suggesting that the quality and safety of chemotherapy prescribing has improved since the implementation of BD CATO®.
- Pre-audit included a review of all new and re-written prescriptions.
- Post-audit included a review of mostly new prescriptions, which would be more likely to contain errors.
- Recommendations to decrease the incidence of incorrect regimen selection and dosing errors should be implemented.
- Continued auditing of prescribing errors is imperative to improve these results.

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Thank you for your attention. Any Questions?

