

Hospital Authority Convention 2013

Speed Presentation Quality and Safety in Healthcare I

Electronic chemotherapy protocol prescription reduces medication errors and conserves time of physicians (SPP-P4.11)



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Introduction

- About 44,000 to 98,000 patients die every year in United State due to medical errors.[1]
 - Preventable
 - Medication errors is a major cause [2]
- Medication errors in chemotherapeutic drugs can be catastrophic as a result of high toxicity of drugs and poor health condition of cancer patients
 - Second most common cause of fatal medication errors.[3]
 - In one study, 13.4% and 2.6% of medication errors resulted in temporary damage and permanent damage to cancer patients respectively.[4]
- I. Kohn LT, C.J., Donaldson MS, To err is human: Building a safer health system Washington DC, 1999.
- 2. Brennan, T.A., et al., Incidence of adverse events and negligence in hospitalized patients. Results of the Harvard Medical Practice Study I. N Engl J Med, 1991. 324(6): p. 370-6.
- 3. Phillips, J., et al., Retrospective analysis of mortalities associated with medication errors. Am J Health Syst Pharm, 2001. 58(19): p. 1835-41.
- 4. Ranchon, F., et al., Chemotherapeutic errors in hospitalised cancer patients: attributable damage and extra costs. BMC Cancer, 2011. 11: p. 478.

- Many chemotherapy regimens are quite complex.
- Drug dosage calculation is not only very time-consuming but also requires exceptional caution.
- Therefore, electronic chemotherapy protocol prescription has been introduced into our unit since September, 2012

Bef NGW

PRINCESS MARGARI HAEMATOLOG DEPARTMENT OF CHEMOTHERAP	Y TEAM Y MEDICINE					
Height cm Weight kg Known Drug Sensitivities/Alle						
Diagnosis	At diagnosis Relapse					
Course:						
Chemotherapy Protocol : R-C	EOP for Non-Hodgkin's Ly					
Percentage (%):						
Drugs	Regimen					
Paracetamol	1000mg PO before Rituximab					
Piriton	10mg IV before Rituximab					
Rituximab (375 mg/m²)	mg in 500ml NS IVI over 4 hrs on Day 1					
THEN						
Cyclophosphamide (750 mg/m²/day)	mg IV in 250ml NS infuses over 15min on Day 1					
Epirubicin (60 mg/m²/day)	mg IV bolus in a fasting running drip on Day 1					
Vincristine (1.4 mg/m²/day)	mg (max. 2 mg) in 50ml NS IVI over 15r on Day 1					
Prednisolone (100 mg/m²/day)	mg daily/BD/tds/qid PC Day 1 to Day 5					
Remarks: Repeat every 3 weeks for 6 to 8	3 courses					

(Dr.

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(Please where appropriate)							
	NH	IL R-CEOP					
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Known Drug Allergies: No known dr	rug allergy						
Doctor Sign:	Day 1	Day 2	Day 3	Day 4	Day 5	For	
Code:	Date:	Date:	Date:	Date:	Date:	Pharm Use	
Name: Dr. Kwok chi-hang Kevin	15/05/2013	16/05/2013	17/05/2013	18/05/2013	19/05/2013	036	
Antiemetic & Others:	de la constantina della consta	e.					
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	Time						
Paracetamol	Given by						
1000mg PO before Rituximab	Check by						
	Time						
Piriton	Given	· if				-	
10mg IV before Rituximab	Check	i.					
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250ml NS infuses over 15min on D1	Time						
Epirubicin 75% 💌	Given by						
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NS over 30mins on D1	Time	- :					
Vincristine 100%	Given by	à					
2.0 mg (1.4mg/m²/day; max. 2mg)	Check	8					
in 50ml NS IVI over 15mins on D1	Time						
Prednisolone 100% -	Given by	Given by	Given by	Given by	Given by		
60 mg (100mg/m²/day)	Check	Check	Check	Check	Check	6	
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Results

- Eliminates the human errors in prescription (up to 5%)
- Mean time spending on chemotherapy prescription
 - Reduced from 64s (ranging from 53 to 82s) to 14s (ranging from 13 to 17s), i.e. 78% reduction.
 - Save at least 30 working hours of haematologists on drug prescription every year



Conclusion

 Electronic chemotherapy prescription can reduce medication errors and conserve time of physicians

