HAC 2016 ABSTRACT for Oral Presentations

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Project title
To Safeguard Unintentional Repetition of Drug during Transition of Care in Medication Order Entry

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Introduction
There were certain numbers of medication incidents related to unintentional repetition of drugs during transition of care. HA Clinical Management System (HA CMS) Medication Order Entry (MOE) provided the flexibility of repetition of drugs in busy clinical environment. However, the convenience also created unintentional prescription of drugs and medication incidents.

Objectives
To mark discontinuation in corresponding drug item explicitly in MOE in order to avoid unintentional repetition of drugs in next consultation or transition of care.

Methodology
When doctor decided to discontinue a particular drug explicitly due to whatever clinical reason, the corresponding drug item in previous prescription history was allowed to mark discontinuation in MOE. The drug item with strikethrough effect would be shown in both MOE and Electronic Patient Record (ePR) with reason of discontinuation shown. The corresponding drug item would not be allowed to repeat automatically in next consultation or during transition of care. Moreover, the discontinued drug item in all CMS printout with medication included would also be shown with strikethrough effect.

Result
Explicit discontinuation of medication was piloted in Kowloon East Cluster in August 2015 and further rollout in the remaining six clusters in November 2015. There were total 512 drug items marked discontinued explicitly as of 4 January 2016. 9 drug items (1.76%) were discontinued explicitly by Accident & Emergency department; 15 drug items (2.93%) were discontinued by Community Geriatric Assessment Team; 234 drug items (45.7%) were discontinued by General Outpatient Clinic; 61 drug items (11.9%) were during in-patient management while 193 drug items were managed in Specialist Outpatient Clinic.
Case examples for illustration: Patient with multiple medical problems was managed by Family Physician (FM), he presented with retrosternal chest pain with cardiac catheterization done in August 2015. Elantan was off and changed to ACEi by cardiologist. He explicitly discontinued Elantan which was prescribed by FM on last FM follow up (25 June 2015) so that FM would not repeat Elantan during the next FM follow up. Patient with Percutaneous Cardiac Catheterization (PCI) done and planned to have one year Clopidogrel, 1-year course of Clopidogrel was completed, Clopidogrel was marked discontinued in order to prevent unintentional prescription of Clopidogrel in subsequent follow up. Solely discontinuation to prevent unintentional repetition of drugs was the first step of Medication Reconciliation. Safety message for doctor upon prescription of a drug item which was marked discontinued explicitly would be included in next phase of enhancement.