

# Impact of Hospital Information System (HIS) on Medication Error prevention.

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#### Abstract:

The footfall of the patients is highest in tertiary care hospitals, hence, the process followed as patients are seen independently by consultants and write the prescription in daily progress notes and resident trainee doctors sequentially transcribe it into drug chart followed by nursing for indenting the same medicine and then lastly pharmacist dispense the same.

The Topic was carried out to compare the medication error happened before and after implementation of hospital information system for IPD admitted patients more than 3 days. Medication error observed and found of the physicians, nursing and pharmacists during patient care.

Methods: Regular wards and ICU audit has been performed and validated. It was then informed to Nursing in charges, supervisors, duty doctors and then report the root cause analysis.

The data was recorded, analyzed and compared between before and after implementation of HIS.

Result: Patient Care were increased, and the hospital has got very prestigious honor and accredited by JCI as well as NABH accreditation. Major decrease has been found in the prescription error. High risk drug look alike and Sound alike drugs also been more categorized and delighted by the HIS in patient care. Most patients were delighted with right administration time, right drug, right dose, right frequency, right route and right explanation given and overall patient experience (>8/10).

## Conclusion & Discussion

- 1. HIS has been used in multiple medication process to avoid medication error:
- Prescribing,
- Indenting,
- Dispensing
- Clinical workflow has been standardizing by using various tools in HIS.
- 3. HIS play the key factor in reducing medication error.

Excellent level of patient care with doctors, nursing and pharmacists. Slightly facing new challenges with new introduced HIS to make in practice but assured that will affect more eminent and feasible while care of the patient at every step.



#### Biography:

2nd Clinical pharmacologist & Resource person at IIHMR University Jaipur, Rajasthan, India

Drug consultant on medication management as per the standard of NABH and JCI, Also Experienced Clinical Pharmacologist with a demonstrated history of working in the hospital & health care industry. Skilled in Hospital Pharmacy, Clinical Pharmacology, Pharmacovigilance, Medication Errors, and Pharmaceutical Industry. Strong healthcare services professional with a M.Pharm focused in Pharmacology from biju pattnaik university and technology.

# **Recent Publications:**

- 1. Adams, T. L. (2007). Professional regulation in Canada: past and present. Canadian Issues, issue on 'Foreign Credential Recognition', Spring 2007, edited by L. Hawthorne.
- 2. Akbari, A. H., & Aydede, Y. (2013). Are educational credentials of immigrant and non-immigrant workers perfect substitutes in Canadian labour markets: a production function analysis. Education Economics, 21(5), 485–502.
- 3. Akbari, A. H., & MacDonald, M. (2014). Immigration policy in Australia, Canada, New Zealand, and the United States: an overview of recent trends. International Migration Review, 48(3), 801–822.
- 4. Bauder, H., & Girard, E. (2007). Barriers blocking the integration of foreign-trained immigrant professionals: implications for smaller communities in Ontario. University of Guelph.
- 5. Beck, N., & Katz, J. N. (1995). What to do (and not to do) with time-series cross-section data. American Political Science Review, 89(3), 634–647.

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