Letters to the Editor

Electronic medication management

Aust Prescr 2018;41:100 https://doi.org/10.18773/austprescr.2018.036

We read the editorial by Robert Pearce and Ian Whyte with interest.¹ We agree that electronic medication management is a step forward in access to prescribing and administration records with capability for passive and active decision support. Electronic medication systems have positively impacted the antimicrobial stewardship postprescribing rounds conducted at our health service. At the click of a button, we get a snapshot of all current hospital inpatients prescribed an antimicrobial. This significantly improves efficiency. Also, electronic approval rates for restricted antimicrobials have increased significantly related to the embedded clinical-decision support that alerts prescribers when a restricted antimicrobial is being prescribed. We recognise, however, that this has not removed the need for a separate electronic approval system for antimicrobials, or antimicrobial stewardship post-prescribing rounds.

We acknowledge that the challenges of implementing electronic medication management include developing a clear process of local stakeholders having input and being able to provide timely feedback on local improvements to generic software. For antimicrobials, we have recommended changes on common dosing and turning on of some alerts that were initially turned off to minimise alert fatigue. Electronic medication management also offers new opportunities to practise antimicrobial stewardship. It is easy and fast to identify patients on any antimicrobial, not just the restricted ones that have made it into the electronic antimicrobial approval system. This allows the scope of antimicrobial stewardship teams to potentially expand to review prescribing practice for non-restricted antimicrobials rather than traditionally relying on usage data.

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REFERENCES

1. Pearce R, Whyte I. Electronic medication management: is it a silver bullet? Aust Prescr 2018;41:32-3. https://doi.org/10.18773/austprescr.2018.012

lan Whyte, one of the author's of the article, comments:

This correspondence highlights the significant advantages of having rapid access to individual prescribing information. This is not only true in antimicrobial stewardship, but also for reviewing the use of high-risk drugs such as anticoagulants, for auditing venous thromboembolism prophylaxis and for medication reconciliation.

Electronic medication management should provide opportunities for other groups of clinicians to streamline their processes, as the antimicrobial stewardship group in Eastern Health has shown.

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