A Digital Touch to Chemotherapeutic Drug Management

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PROBLEM STATEMENT



The problem addressed here was the complexity of chemotherapy orders and associated medication errors during ordering, prescribing, documenting, Transcribing, Dispensing, Administering, Monitoring and planning of chemotherapy.

Study period :

Baseline: January – March 2024

Implementation Phase: April – June, 2024

Post implementation Phase: July-September, 2024

Project Team

Mr. George Kutty John - Software Developer

Dr Ameer - Clinical pharmacist

Dr Dilshad - Clinical Pharmacist

Dr Archana Suresh - Clinical Pharmacist

Dr Priya Karunakaran - HOD — Clinical Pharmacy

Dr Anup R Warrier – Chief of Medical Affairs & Quality

Dr Arun R warrier – Sr Consultant – Medical oncology

Mrs. Vineetha – Oncology Nurse

Mrs. Eliswa Vinu – Oncology Nursing Team leader

FACTORS CONTRIBUTING TO PATIENT SAFETY AND QUALITY IN MANUAL CHEMOTHERAPY CHARTING



PRESCRIPTION ERRORS

- Illegibility in drug name, dose and strength
- Incomplete orders with missing instructions

TRANSCRIBING ERRORS

- Wrong information
- Incomplete clinical information
- Allergy alerts

DISPENSING ERRORS

- Look alike and sound alike drugs
- Improper cross verification process

ERRORS

Stressful working environment

- Wrong Drug Selection
- Incorrect Strength
- Order duplication
- Environmental factors

INDENTING/ ORDERING ERRORS

- Misinterpretation of orders due to illegibility of prescriptions
- Delay in cross verification process

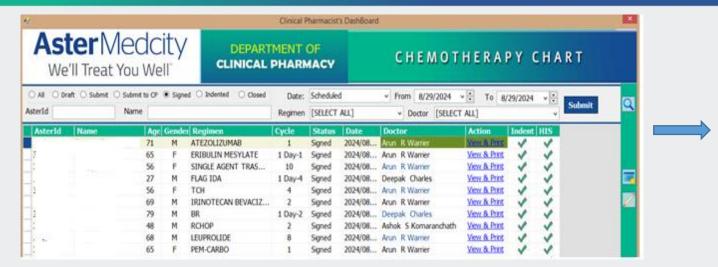
ADMINISTRATION ERRORS

- Wrong patient identification process
- Transportation of chemo chart by unskilled staffs

IPSG VIOLATION

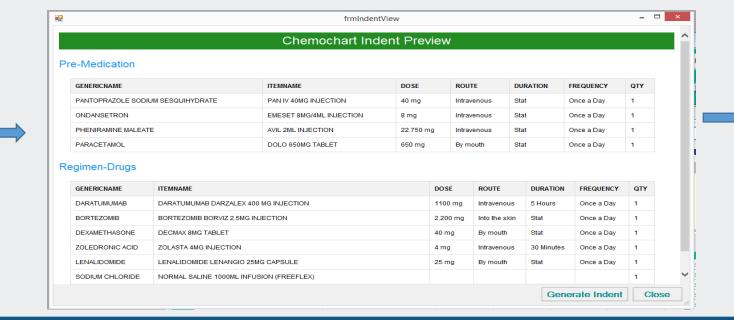
IMPLEMENTATION PHASE (APRIL – JUNE) WORKFLOW OF ELECTRONIC CHEMO CHARTING PROCESS





CHEMOCHART PREPARATION - User: Link + Lime 1 A in 61 12:2371 **Aster** Medcity CHEMOTHERAPY CHART REGIMEN PLAN BORTEZOMIR 1.3 mg/sq.m DEXAMETHASON ENALIDOMIDE PRE-MEDICATION REGIMEN DRUGS Transfer to HIS DECMAX 8MG TABLET Not Applicable Once a Day ZOLASTA 4MG INJECTION IN 100 ML 0.9% NS Once a Day

Patient selection dashboard in the Digital chemotherapy order system



Digital Approval & Transfer: The approved chart is digitally transferred to the hospital system.

POST IMPLEMENTATION



Metrics	Base Line (Where you are now)	Post Implementation	Goal (Where you want to reach)
Reduction of	Total 827 manual chemo charts were audited from Jan -	Total 927 electronic chemo charts were audited from July -	To reduce the errors associated with
errors related	March 2024 and our records and incident reporting	Sept 2024 and also tracked the incident reporting during this	chemotherapeutic errors to 0%
to	indicate the following errors related to the	period. Following are the observations;	
chemotherapy	chemotherapeutic drug management process		
chart		Illegible Prescriptions : 0%	
preparation	Illegible Prescriptions : 7.01 % (N: 58)	Drug Indenting Errors: 0 %	
process	Drug Indenting Errors: 0.24 % (N:2)	IPSG Violation : 0%	
	IPSG Violation : 0.24% (N:2)		
Process	Average Manual chart preparation time : 20 Mins	Average electronic chart preparation time : 1 Mins	Actual : Reduction in TAT from 2 Hours
Efficiency	Average Chart Transportation Time : 30 Mins	Average Chart Transportation Time : 0	to less than one hour
	Average Drug Indenting Time : 10 Mins	Average Drug Indenting Time : 0.06 Sec	Achievement: Reduced the TAT from 2
	Average Drug Administration Time : 1 Hour	Average Drug Administration Time : 40 Mins	Hours to 42 Mins
Cost	Manpower cost for transportation of chemo chart :	Reduced the manpower cost associated with chart	Zero cost for manpower
Optimization	40,000 / month	transportation . The entire project was developed in-house	
		with the team of clinical pharmacist, doctors, nurses and	
		software developer and thus avoided the overhead costs	
		associated with implementing third-party systems.	

Process Advantage



Key Factors:

- Electronic transfer of patient demographic factors including Patient name, Age, Sex, Height and weight of the patient from our Hospital Information System (HIS) to the software. This ensures the preparation of chemotherapeutic chart to the right patient
- Auto calculation of BSA (Body surface Area) eases the drug calculation
- Auto population of each and every drug included in the chemotherapy regimen along with the dosing criteria strengthens the cross review process
- Auto indent generation avoids the time of drug indenting process in a different module which requires individual selection of each drug in the chemo chart.
 It also helps to eliminate the chance of wrong drug selection during the process of indenting.
- There is no more time lost on clarifying poorly written or illegible orders.
- Missing of chemo charts during the manual transferring process to various location of the hospital can also be prevented through digitalization of chart



