

ABSTRACT

Introduction: Prescription writing is vitally important for the outcome of patient management. With today's new technology, most consultations end up generating an e-prescription. It is crucial to correctly identify the patient to whom the e-prescription belongs before dispensing drugs. A unique identification key for each prescription can play a vital role in prescription identification, prescription data storage, and usability of the data for health decision-making, improving the pharmacy workflow and cost-effective drug management. The study assesses the current practices of e-prescribing in government hospitals, suggesting and designing a unique identification key for e-prescriptions.

Methods: The research was conducted as a qualitative study in 3 stages. Visited 3 government hospitals in the first stage to assess the status of e-prescribing in Sri Lanka with its related practices. Conducted the key informant interviews in the second stage to gather information needed for designing a unique key for e-prescribing. Designed the unique identification key using the related analyzed data in stage three.

Results: For the prescription identification the studied hospitals used mainly patient demographics with a patient code number that sometimes has the risk of duplication among prescriptions. The PHN was not printed in e-prescriptions in some hospitals. A prescription ID unique for the hospital is used only for data storage purposes but not for the unique identification of printed or displayed prescriptions. The patient's PHN, doctor's SLMC, date, and the time of issuing the prescription were the most needed components to be extracted from a unique prescription identification key.

Conclusions: The prescription identification process in Sri Lankan hospitals is not associated with unique identification codes at national levels or sometimes even at hospital levels. Until the prescriptions are not coded uniquely, prescribing patterns-related data will not be available for research and surveillance purposes at the national level. Not cross-linking the clinics is a risk for duplication of drugs given to patients. Further, the drug dispensing process can be sped up with a barcode reading technique linked with unique identification keys. There's a high opportunity for unauthorized repeated use of printed prescriptions, as the hospitals are not networked via e-prescribing systems with outside pharmacies.