

### CHALLENGE

Northfield Hospital and Clinics experienced problems with its RXM drug dictionary and the functionality when ordering prescriptions, saving favorites and utilizing e-prescribing. The hospital's primary concern was to find a method to activate all the drugs in the RXM dictionary and then revise the entries to make the drug inquiries user-friendly for staff members. An extra challenge was adding strength information for all combination drugs and removing all drug entries not ordered by a provider.

Cindy Grolla, RN and clinical informatics director of Northfield Hospital and Clinics, said the initial recommendation from their vendor, MEDITECH, was to keep a small subset of drugs on the drug list active so the providers did not have to sort through thousands of drug choices. The hospital trimmed the RXM drug list to about 7,000 drugs. The new recommendation from MEDITECH and DrFirst was to activate all the inactive drugs to allow for full utilization of e-prescribing. However, that would have increased the drug dictionary from 7,000 to over 35,000.

Northfield Hospital was concerned about the recommendation. The new solution raised the following concerns: (1) drug duplications and (2) no strength information (such as combination drugs). To further complicate matters, a provider in a clinic or emergency room would never order many drugs on the list. However, some of these drugs might be a "home medication" that a patient presented within the hospital or clinics. "Home medications" would need to be recorded as current medications for historical purposes and would potentially need to be ordered during the patient's stay.

### SOLUTION

DrFirst worked with Northfield Hospital to review their RXM module and drug dictionaries.



**CINDY GROLLA,**  
RN / CLINICAL  
INFORMATICS DIRECTOR

Product Used  
DrFirst E-prescribe through LSS  
Data and MEDITECH systems, DrFirst  
Readiness Assessment and DrFirst  
Hospital Consulting Services.

Version of Meditech Software  
Meditech 5.64

Number of Beds  
37



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*“If we hadn’t been approached by DrFirst,” explained Ms. Grolla, “we probably would have struggled with these issues on our own. DrFirst consultants did an entire assessment of our inpatient and ambulatory drug lists and associated dictionaries. They developed a comprehensive document outlining our current state and suggesting recommendations for revising our drug lists and associated profiles.”*

According to Ms. Grolla, the documentation was clear and the recommendations were easily understood. The recommendations provided a framework for drug formulary revisions for successful e-prescribing, having all the scripts filed electronically. The system became easier for users. Furthermore, when working on issues with the drug formulary requiring MEDITECH involvement, Northfield Hospital found DrFirst consultants’ participation in the calls helpful. DrFirst consultants could ‘speak the language’ and knew the contacts at MEDITECH who could help with challenges.

## RESULTS

Northfield Hospital and Clinics was given the framework it needed. The first task involved the dictionary changes. Armed with the assessment, the hospital determined dictionary changes had the highest risk of causing issues with formulary updates and/or drugs not transmitting correctly, and it was the easiest issue to fix. In addition, DrFirst consultants reviewed the issues in the drug formulary and worked closely with MEDITECH to develop a plan to resolve the issues.

DrFirst’s Hospital Services Group consultants recommended Northfield Hospital and Clinics set up its PHA Formulary Vendor Service parameters, impacting how the drugs are filed and how existing formularies are updated. The consultants also pointed out improvements for dose warning settings needed for the CPOE implementation which occurred right after the completion of the assessment.

Ms. Grolla said, “While Northfield Hospital and Clinics have not yet implemented all the changes, such as converting to Version II Allergies, having that recommendation in the assessment provides us with the incentive to allocate resources for that project.”



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