MULTILEX

Alerting Behaviour using Multilex data

This documentation is intended to provide good practice suggestions for Alerting Behaviour using Multilex data.

As well as striving for a reduction in 'alert fatigue', it is imperative that 'high severity' alerts have sufficient screen presence to ensure clinicians are aware of them during the prescribing process. By encouraging the recognition of 'high severity' alerts and suggesting improvements to the user interface display of alerts we are aiming to improve patient safety. FDB recommends a review of the display of alerts within systems to accommodate the suggestions listed below.

Suggestions

It has been shown that by making certain alerts interruptive, prescribing error rates can be reduced. However, care should be taken over which alerts should be made interruptive in order to avoid 'alert fatigue'. The following study "Making electronic prescribing alerts more effective" (Scott et al, 2011, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3197997/) is a small study into the effectiveness of alerting options.

Modules to consider for interruptive Alerting Behaviour include:

Patient Specific Contraindications (Triggered by known patient conditions, patients age or gender)

Consideration may need to be given to whether patient specific alerts should be displayed in a different way to non-patient specific alerts. e.g. If a neonate has a recorded condition of "Jaundice" and Ceftriaxone is prescribed, a contraindication of "Neonatal hyperbilirubinaemia" should be presented to the prescriber.

Dose Range Check

e.g. If a dose for Methotrexate is exceeded it may be beneficial to provide an interruptive alert to the clinician.

Interactions

This module provides an interaction severity level which should be considered when designing alerting behaviours. e.g. Prescribing Trimethoprim and Methotrexate produces an interaction which, if ignored, may result in a fatality. Therefore interruptive alerting with user acknowledgement of the alert could improve patient safety.

Sensitivities

e.g. If a recorded patient sensitivity is triggered by the prescribed medication this should be considered for interruptive alerting.

Due to the varied requirements within different systems and healthcare settings, FDB cannot make definitive recommendations on which alerts should be made interruptive or require acknowledgement by the prescriber. Thought should be given to the prescribing scenarios supported by a given system, for example a GP may have different needs compared to a specialist on a paediatrics ward. For each of these alert types it would be necessary for clinical stakeholders to help determine which alerts should be interruptive and what the triggers should be.

If you have any enquiries as a result of this communication please contact us for guidance and advice - info@fdbhealth.co.uk

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