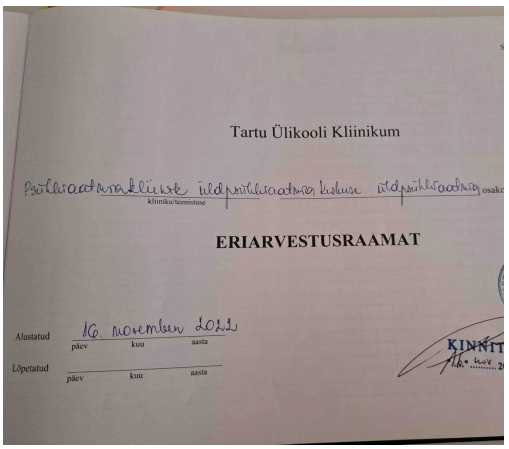
Tartu University Hospital’s challenges

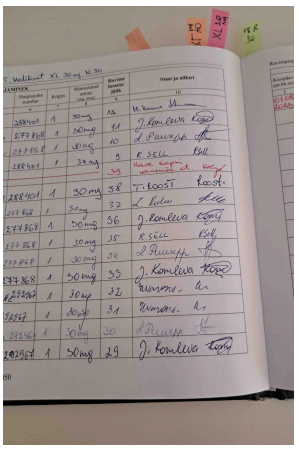
1. **How to simplify the “bureaucracy” of drug dispensing in a psychiatric clinic.**

Psychiatric clinic (contact: head nurse Reet Tohvre): In the clinic, the handling and accounting of drugs is regulated by both laws and internal legislation, so the so-called source of this problem is JKL-219 (RULES FOR HANDLING, ACCOUNTING AND REPORTING OF NARCOTICS AND PSYCHOTROPIC SUBSTANCES). For us, this means a lot of extra work and a lot of journals, because we use a lot of prescription or psychotropic drugs with different names and doses. Each medication has its own folder and dose has its own block in the journal. The drug is ordered from the pharmacy through the pharmacy program and recorded in the journal. After each administration, the nurse makes a note about the administration in the eHL (we use an electronic medication sheet) and then writes the tablet off the journal. In the evening, she will check that the balance corresponds to what is written. That is repeated for each drug group and dose. At the end of the month, the head nurse makes the inventory and checks the journals and counts the pills. And if something is missing or left over, a hunt begins for the lost tablet or the search for an error, who left the tablet unchecked and when.

I understand that it is necessary to check and make inventories, but if we could at least stop the daily write-off, etc, it would be very helpful. For this, there should be a smart program that takes the name and quantity of the drug from the order/issuance of the warehouse and puts it, for example, in an electronic folder somewhere, and from there, when a note appears in eHL that the patient Mari Maasikas received 0.1 mg of xanax, it immediately goes from the warehouse/cabinet of the department down. And then at the end of the month, the head nurse takes apart the electronic warehouse and sees that she should have 54 tablets of xanax left of the 100 tablets she ordered, goes and counts the tablets and checks the program.

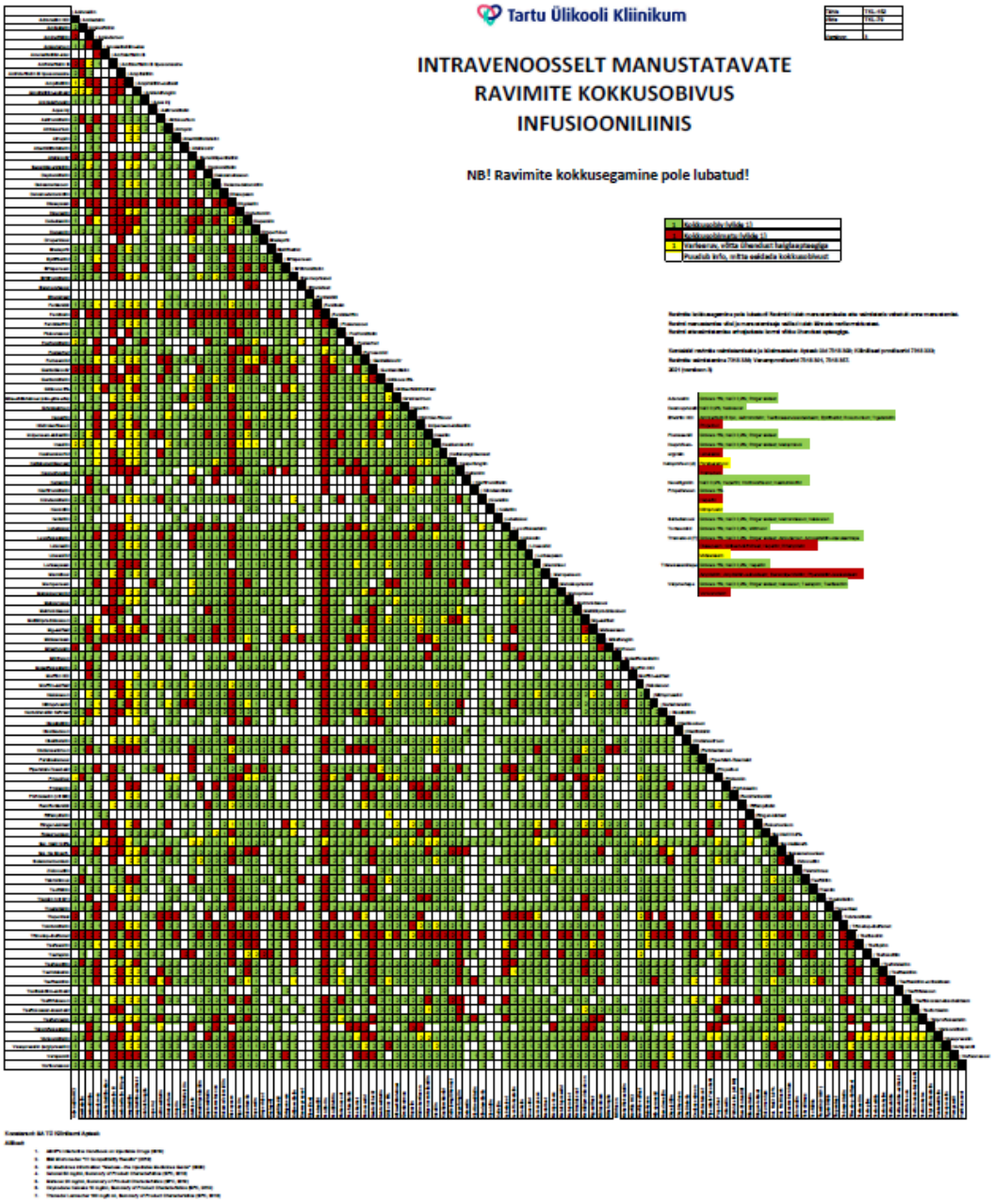
We would get more shelf space in the department, we wouldn’t have to flip through the journals, and the nurse on duty doesn't have to write down the same medicine several times - a note in the eHL that the medicine has been administered, and then in another journal.





2. **The second challenge is to create a convenient solution for nurses to check compatibility/incompatibility of drugs in intravenous cannulas.**

Pharmacy (contact: clinical pharmacist Jana Lass):
Drug incompatibility is a reaction between two (or more) drugs or a drug and an infusion solution or a drug and a package, as a result of which the effect of the drug(s) is lost/changed.
Current situation: In the pharmacy of the clinic, a cross table has been made in the form of a poster (so-called "glove letter", in the appendix of the letter), in which it is difficult to trace with a finger. It is especially difficult to use a poster if several drugs need to be administered at the same time.
A solution would be needed for use by all Estonian hospitals.



3. **How to integrate/digitalize the use of the patient-reported outcome measures (PROMs) in the work of the treatment team of a patient with dry eye syndrome?**

Eye clinic (contact: eye nurse Helena Rannala):
The patient questionnaire is filled out on paper before the dry eye syndrome nurse's appointment. The questionnaire is kept on paper and its results are not entered into the electronic medical record. Because of that, it is not possible to visualise the results in an overview for the clinical staff. It is also not possible to get acquainted with the results of the questionnaire filled in on paper in any other way than only by reading the same paper. **How to integrate/digitalize the use of health results in the work of the treatment team of a patient with dry eye syndrome?**
Background: one of the working tools of value-based health care is a patient-reported outcome measures (PROMs) questionnaire filled out by the patient before outpatient admission, in which he evaluates the coping/situation in various areas of his life and health. The doctor/nurse examines the answered survey before the appointment and structures the appointment according to the results of the survey (in the conversation with the patient, they pay attention to those circumstances in which the patient assessed the coping as worse, so the appointment is more focused on the patient's needs).
Introductory video: https://www.youtube.com/watch?v=OLK6LdfcPmI&t=16s.