

## **EAHP Policy Statement on eHealth and mHealth**

*Agreed at the EAHP General Assembly, June 2014*

### **Introduction**

**eHealth**, or electronic health, refers to healthcare services provided with the support of Information and Communication Technology (ICT) – such as computers, mobile phones, and satellite communications—for health services and information. **mHealth**, or mobile health, refers to using mobile communications – such as smart phones, mobile phones or PDA—for health services and information. Small devices are used to monitor patient-related data and actively communicate with a central information system.. In terms of this statement everything that is stated regarding eHealth applies to mHealth as well, unless mentioned otherwise.

eHealth encompasses a vast spectrum of healthcare services ranging from electronic prescribing and patient records to text message prompts to remind patients to take their medicines. eHealth is thus projected to become a prominent components of healthcare. In order for healthcare electronic services to be safe, effective and add genuine value to the system, EAHP believes that these should be developed in close collaboration with healthcare professionals including hospitals pharmacists, and patients..

### **The need to achieve universal use of electronic prescribing and electronic health records**

A key goal for the eHealth agenda in Europe should be the systematic and universal achievement of electronic prescribing and use of electronic patient records. Both developments offer significant opportunity for improving safety, quality and efficiency in the delivery of patient care, particularly, but not exclusively, in relation to their role in preventing medication error, and improving interface management of patient care.

### **The use of barcode scanning technology to promote patient safety in hospital through bedside scanning.**

As a key patient safety requirement, EAHP has for years advocated the need to introduce bar coding of medicines to the single unit primary package at manufacturing stage. This public call is made in order to enable more widespread implementation of bedside scan checks immediately prior to administration of a medicine to a patient in hospital. The scan allows an assurance to take place that that which is to be given is indeed the right medicine for the right patient, being administered by the right route, and being given at the right time. Studies indicate such practice can reduce medication error by over 40%<sup>[1]</sup>

Implementing electronic prescribing, together with bedside scanning will complete the patient safety cycle, and also promotes accurate electronic patient record keeping.

For these reasons the 'The European Commission', national governments, health system managers, manufacturing, packaging and software industries should understand the link between electronic prescribing, electronic health records, and bedside scanning, and their importance in improving patient safety.

Positive examples are available in this regard from hospitals in Belgium<sup>[2]</sup>, Switzerland<sup>[3]</sup> and the United States<sup>[4]</sup>. The achievement of bedside scanning of medicines across Europe should be understood as an important eHealth goal of strong patient safety value to be achieved in the years ahead. **The opportunities from mHealth for improving patient empowerment and self-management**

European health systems are at the beginning of a journey in learning about the potential uses (and misuses) of mobile technologies such as smartphones, tablets, watches, glasses and other wearable devices when applied to health related purposes. Undoubtedly many potential opportunities exist from both current applications and future applications in relation to such areas as improving individual patient understanding and self-management in relation to prescribed treatments. However, care and vigilance must also be taken in relation to potential 'rogue' or unregulated applications, that have not received appropriate oversight in their construction and have the potential negative impact of offering contradictory, inaccurate or low quality advice to patients. Areas where this could become a significant concern include dosing calculators or dosing advice for example. Therefore, EAHP perceive a level of regulatory oversight may be required in the future development of such applications, potentially through kitemark or national approval schemes in the first instance. This is particularly important in respect of the need to protect the privacy of patient data. The appropriate level of regulatory oversight of mHealth applications needs to be determined, and EAHP calls on the 2014-2019 eHealth workstreams of the European Commission to duly consider the issue.

#### **Provision of appropriate eHealth/mHealth training opportunities to healthcare professionals**

eHealth and mHealth technologies are advancing at a rapid pace, often outpacing both regulatory systems with healthcare systems and health professional education and training programmes. There is therefore a need for governments and health systems to give adequate support to health professionals in keeping both their competencies in the area of eHealth/mHealth up to date. The implementation of new technological innovations and processes within health systems must also be conducted with healthcare professional training needs significantly in scope.

#### **The need to involve hospital pharmacists in hospital ICT design and specification**

Furthermore, in May 2014, representatives of hospital pharmacy in more than 30 European countries, and representatives from assorted patient organisations and healthcare professional associations met at the European Summit on Hospital Pharmacy to decide 44 statements of practice that should be met by all European countries. Amongst those statements was a clear call to health system managers that: *"Hospital pharmacists must be involved in the design, specification of*

*parameters and evaluation of ICT within the medicines processes. This will ensure that pharmacy services are integrated within the general Information and Communication Technology (ICT) framework of the hospital including electronic health (eHealth) and mobile health (mHealth) procedures.”* This policy statement reemphasises that call, and reiterates the support it has received not only from the hospital pharmacy profession, but other health care professionals and patient interest.

## Summary

EAHP’s member associations call upon national governments and health systems across Europe to work towards:

- systematic and universal achievement of electronic prescribing and use of electronic patient records;
- ensuring bar coding of medicines to the single unit primary package to enable more widespread take-up of bedside scanning in European hospitals, thus improving patient safety;
- appropriate regulatory oversight mechanisms to ensure the promises of mHealth applications have a positive impact, and to limit the opportunity for ‘rogue’ applications. This is particularly important in respect of the need to protect the privacy of patient data; ensuring provision of appropriate eHealth/mHealth training opportunities to healthcare professionals; and,
- ensuring hospital pharmacists are involved in the design, specification of parameters and evaluation of ICT within the medicines processes.

## References

1. [Poon, E.G., et al., \*Effect of Bar-Code Technology on the Safety of Medication Administration\*. \*New England Journal of Medicine\*, 2010. 362\(18\): p. 1698-1707.](#)
2. [De Rijdt, T., \*Computerised physician order entry and bedside scanning as a tool to improve patient safety\*. \*European Journal of Hospital Pharmacy: Science and Practice\*, 2012. 19\(3\): p. 320-321.](#)
3. [Bonnabry, P., \*Vision from a hospital pharmacist on bar coding of pharmaceuticals\*, at the \*GS1 Healthcare Conference\*. 2011: Prague, Czech Republic.](#)
4. [Helmons, P.J., L.N. Wargel, and C.E. Daniels, \*Effect of bar-code-assisted medication administration on medication administration errors and accuracy in multiple patient care areas\*. \*American Journal of Health-System Pharmacy\*, 2009. 66\(13\): p. 1202-1210.](#)