

Medication reconciliation using electronic tools – The Tasmanian experience



Ben Chalmers
Specialist Pharmacist Information Management

Map of Tasmania



Burnie

Population: 18,640

Catchment: 72,991

North-West Regional
Hospital

179 beds

Mersey

Population: 8,720

Catchment: 32,768

Mersey Community
Hospital

88 beds



Launceston

Population: 62,368

Catchment: 135,404

Launceston General
Hospital

342 beds

Hobart

Population: 197,494

Catchment population:
235,330

Royal Hobart Hospital

540 beds

Electronic tools for medication reconciliation



- Aim: to replace paper based recording systems for clinical pharmacy activities with a computer system
- Drivers:
 - Efficiency sought from being able to store and report on all activity
 - Safety in rapid and complete recall of patient's previous medication history
 - Quality use of medicines with bedside DSS

The tools



- The HCS Clinical Suite by HealthCare Software
 - PharmCare for clinical pharmacy
 - ECCo for discharge summaries
(Electronic Discharge Summaries – EDS)

! This is a TEST version of PharmCare



Patient THCI: 200524178

Eds Pharmcare Test 70 year old geriatric male (167cm , 98kg)

Conditions [List]: [Osteoarthritis](#) | [Hypercholesterolaemia](#) | [Pain](#) | [Pain and inflammation](#) | [Pain, severe](#) | [Stroke prevention](#)
Allergies [List]: [Unknown Drug Allergies](#) | [Peanut](#)

- v 2.3.1.103 (Test)
- Home
- Patients
- Organiser
- Knowledge Base
- System Admin
- Reporter
- Logs
- Drug File Manager

- Overview
- Pt. Details
- Conditions
- Medications
- Issues
- Investigations
- Notes
- Episodes Of Care

Episode Of Care North West Regional Hospital Burnie

Status: Admitted
Admission: 21/06/2010 (Ward: Medical East)



- EoC Details
- Adm. Interview
- Inpt Review
- Ep Notes
- POMs
- Problems
- Procedures
- Clin. Mgt
- Med. Review
- Follow Up
- DC Scripts
- DC Summary

Admission Interview

Status: Pending Sign-Off

Author and Community Contacts

Author ✎

Author: Chalmers, Ben (Developer) **Date Reviewed:** 8/10/2010

Patient's Community Pharmacy ✎

Top Of The Town Pharmacy

Patient's Usual GP ✎

DR John Ballantyne

Tasks

[Attach...](#)

Drug Allergies

No 'active' allergies recorded.
Are there known allergies? [Yes](#) [No](#)

Status	Allergen	Condition	Notes	Severity	Onset Date
✔	HMG-CoA reductase inhibitors	Myopathy		Severe	1/06/2005

Non Drug Allergies

Status	Allergen	Condition	Notes	Severity	Onset Date
! Current	Peanut	Anaphylaxis		Mild	8/10/2010

Patient Own Medications

Medications Returned: ✕ **Recorded Date:** 8/10/2010
Returned Date:
POMs: POMs in pharmacy

- Quick Links**
- [Inbox](#)
 - [Task](#)
 - [Organiser](#)
 - [New Message](#)
 - [New Task](#)



Patient Compliance Assessment



	<u>Assessment</u>	<u>Last Assessment</u>	<u>Notes</u>
Meds Managed By:	Patient	Not Prev Assess.	
Compliance:	Inadequate	Not Prev Assess.	Aspirin taken twice weekly
Sight Issues:	Yes	None Reported [08/10/2010]	Wears reading glasses
Hearing Issues:	Yes	Not Prev Assess.	Wears hearing aids
Cognition Issues:	None Obvious	Not Prev Assess.	
Swallowing Issues:	Yes	None Reported [08/10/2010]	Can't swallow large tablets
Understands English?:	Yes	Not Prev Assess.	
Other Issues:	None Reported	Not Prev Assess.	

Medication Aids



None Recorded

Medications



This R/V		Status	EoC	List	Last Action	Details	Section	Med Actions
<input type="checkbox"/>	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 Oct 2010 Continued	Aspirin Capsules 100mg eg Astrix 100 : Stroke prevention Take 1 capsule in the morning with or after food	Not On Interview	[Continue] [Cease] [Withhold] [Change]
<input checked="" type="checkbox"/>	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 Oct 2010 Started	Glucosamine sulfate Tablets 500mg eg Blackmores Glucosamine Take 1 tablet daily	Not On Interview	[Continue] [Cease] [Withhold] [Change]
<input checked="" type="checkbox"/>	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 Oct 2010 Started	Meloxicam Tablet 15mg eg Mobic : Pain and inflammation Take 1 tablet daily with or after food	Not On Interview	[Continue] [Cease] [Withhold] [Change]

This is a TEST version of PharmCare



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Allergies [List]: [Unknown Drug Allergies](#) | [Peanut](#)

- Overview
 - Pt. Details
 - Conditions
 - Medications
 - Issues
 - Investigations
 - Notes
 - Episodes Of Care
- Prescription History
 - Medications
 - Med. Action
 - Vaccinations
 - Counselling Sheets
 - Medication Aids

- v 2.3.1.103 (Test)
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- [Task](#)
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- [New Message](#)
- [New Task](#)



New Medication Oxycodone hydrochloride 5mg Tablets eg Endone

No known drug interaction or allergy alerts for this medication for this patient.

Save
Cancel

Primary Condition

Choose a Condition:

Medication Use And Advice

Pick from a known use and advice...

1 suggestion found.

Use:

Advice:

Start Medication

Date of Action * by (Long Term)

Date Entered 8/10/2010 20:08 by Ben Chalmers

Directions	Action	Dose	Units	Route
	Take	1	tablet(s)	Oral

Frequency	Interval	Qualifier	Is Prn
	Four times a day		<input checked="" type="checkbox"/>

Daily Dosage	Breakfast	Lunch	Dinner	Bedtime	Dose Aid
					<input type="checkbox"/>

Medications

This R/V		Status	EoC	List	Last Action	Details	Section	Med Actions
<input type="checkbox"/>	<input checked="" type="checkbox"/>							
	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 Oct 2010 Continued	Aspirin Capsules 100mg eg Astrix 100 : Stroke prevention Take 1 capsule in the morning with or after food	Not On Interview	[Continue] [Cease] [Withhold] [Change]
	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 Oct 2010 Started	Glucosamine sulfate Tablets 500mg eg Blackmores Glucosamine Take 1 tablet daily	Not On Interview	[Continue] [Cease] [Withhold] [Change]
	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 Oct 2010 Started	Meloxicam Tablet 15mg eg Mobic : Pain and inflammation Take 1 tablet daily with or after food	Not On Interview	[Continue] [Cease] [Withhold] [Change]
	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 Oct 2010 Started	Oxycodone hydrochloride Tablets 5mg eg Endone : Pain, severe Take 1 tablet four times a day when necessary	Not On Interview	[Continue] [Cease] [Withhold] [Change]
	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 Oct 2010 Started	Paracetamol Modified release tablets 665mg eg Duatrol SR : Pain Take 2 tablets three times a day swallowed whole	Not On Interview	[Continue] [Cease] [Withhold] [Change]
	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 Oct 2010 Started	Simvastatin Tablets 20mg eg Zimstat : Hypercholesterolaemia Take 1 tablet at night	Not On Interview	[Continue] [Cease] [Withhold] [Change]

Current Conditions

Status	Condition	Severity	Effective date
Current	Osteoarthritis	Severe	08/10/2010 - [No end date]
Current	Hypercholesterolaemia	Not Assessed	08/10/2010 - [No end date]
Current	Stroke prevention	Not Assessed	08/10/2010 - [No end date]
Current	Pain	Not Assessed	08/10/2010 - [No end date]
Current	Pain and inflammation	Not Assessed	08/10/2010 - [No end date]
Current	Pain, severe	Not Assessed	08/10/2010 - [No end date]

Observations

User: Ben Chalmers Date: 8/10/2010 8:01 PM

Observations

User: Ben Chalmers Date: 8/10/2010 8:01 PM

Body

Weight [kg]:	98	BMI:	35.14 (Obese)
Height [cm]:	167	Ideal Body Weight:	63.5kg (Medium Frame)
Waist Measurement [cm]:	N/A	<i>Note: -10% light frame, +10% heavy frame</i>	
		Waist Risk Indicator:	
		Body Surface Area:	2.13m ²

Cardiovascular Health

Heart Rate [bpm]:	88	Cardiovascular Risk:	
Systolic Blood Pressure [mm Hg]:	162	Cholesterol Category:	Moderate
Diastolic Blood Pressure [mm Hg]:	75		
Total Cholesterol [mmol/L]:	5.7		
Cigarettes [per day]:	N/A		
Diabetic:	NO		

Renal Function

Serum Creatinine [μmol/L]:	102	Creatinine Clearance:	53 mL/min
Estimated GFR:	63 mL/min/1.73m ²	<i>Note: IBW used if actual weight higher</i>	
	Mild (CKD 2)	Uncorrected GFR:	78 mL/min
		<i>If Serum Creatinine is under 60μmol/L, clearance is calculated using a value of 60μmol/L.</i>	

Blood Sugar

Glucose [mmol/L]:	8.2	Glucose Category:	High Glucose
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Notes

None Recorded

Current Adverse Drug Reaction Assessments

None Recorded

Current Interventions

Status	Type	Primary Drug	Date
Unresolved	Patient education / counselling	Aspirin	8/10/2010

Lifestyle Assessment

Status	Name	Description	Measure
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Current Adverse Drug Reaction Assessments

None Recorded

Current Interventions

Status	Type	Primary Drug	Date
Unresolved	Patient education / counselling	Aspirin	8/10/2010

Lifestyle Assessment

Status	Name	Description	Measure
Not Recorded	Alcohol	Alcohol consumption	
Not Recorded	Caffeine	Caffeine consumption	
Not Recorded	Exercise	Exercise Regime	
Not Recorded	Nutrition	Nutrition	
Not Recorded	Recreational Drugs	Recreational / illicit drug use	
Not Recorded	Smoking	Cigarette and other tobacco consumption	

Source of Information

Patient:	<input checked="" type="checkbox"/>	Carer:	<input checked="" type="checkbox"/>
General Practitioner:	<input checked="" type="checkbox"/>	Specialist:	<input checked="" type="checkbox"/>
Other Hospital:	<input checked="" type="checkbox"/>	Community Pharmacist:	<input checked="" type="checkbox"/>
Residential Care Facility:	<input checked="" type="checkbox"/>	Patients own medications:	<input checked="" type="checkbox"/>
Hospital records:	<input checked="" type="checkbox"/>	Community Nurse:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>		

Recommendations / Considerations

None

Checklist

Anticoagulants	Patches
Antiplatelets	Creams/ointments
NSAIDs/COX 2 Inhibitors	Antacids
Other analgesics	Aperients/antidiarrhoeals
Sleeping tablets	Pessary/suppository/enema
Eye/ear/nose drops/spray	Regular injections
Inhalers/puffers	Vitamins
Sublingual tablets/sprays	Herbal/natural meds
Osteoporosis meds	Other people's meds
Hormonal meds (OCP/HRT)	Short courses of meds

Preview

Admission Interview

Status: Pending Sign-Off

Preview



ADMISSION INTERVIEW

PATIENT DETAILS:

THCI: 200524178
Test, Eds
Sex: Male DOB: 01/01/1940 Age: 70 years

PATIENT'S COMMUNITY PHARMACY:

Top Of The Town Pharmacy
236 Mount Street
UPPER BURNIE 7320 TAS
Phone: 03 6431 4545 Fax: 03 6431 4122

Consultant: George Waxter
Ward: Medical East
Consent: Not Obtained

Date Created: 08/10/2010 07:52:45PM
Review Date: 08/10/2010
Version: Original
Author: Ben Chalmers (Developer)

CURRENT ALLERGIES AND ADVERSE DRUG REACTIONS

Unknown Drug Allergies

Allergen	Condition	Severity	Effective Date
Peanut	Anaphylaxis	Mild	08/10/2010

PATIENT'S OWN MEDICATION

POMS: POMS in pharmacy

Notes: Endone in safe

PATIENT COMPLIANCE ASSESSMENT

Name	Assessment	Date	Notes
Medis Managed By	Patient	08/10/2010	
Compliance	Inadequate	08/10/2010	Aspirin taken twice weekly
Sight Issues	Yes	08/10/2010	Wears reading glasses
Hearing Issues	Yes	08/10/2010	Wears hearing aids
Cognition Issues	None Obvious	08/10/2010	
Swallowing Issues	Yes	08/10/2010	Can't swallow large tablets
Understands English?	Yes	08/10/2010	
Other Issues	None Reported	08/10/2010	

MEDICATION AIDS

Cancel

The tools



- The HCS Clinical Suite by HealthCare Software
 - PharmCare for clinical pharmacy
 - ECCo for discharge summaries
(Electronic Discharge Summaries – EDS)
- Tablet PCs with wireless capability

Props



- Here is the show and tell
- These are the tablet PCs
 - Motion LEI700
 - Laptop without a keyboard
 - Panasonic ToughBook CF H1
 - Slower processor, 1Gig RAM
 - Smaller screen
 - But rugged

Timeline



- 2006 - Business case for clinical pharmacy system to be included in new tender for pharmacy application
- 2007 - Tender process with iSoft and HCS as successful vendors
- 2008 - Go-Live of PharmCare at LGH after ECCo pilot success
- 2010 - Clinical Suite is rapidly evolving

The experience



- LGH - combination of the PharmCare and ECCo applications a great success
 - 77% Reconciliations
 - 512 in the last 2 months
- Success has spread to the NWRH
 - 70% Reconciliations
 - 191 in the same period

The experience



- RHH - limited uptake of PharmCare
 - Barriers in IT infrastructure, tablets and high workload
 - ECCo project has been stalled, synergy lost
 - Resource overhead of electronic tools beyond the capacity of the Pharmacy Department

Still 104 reconciliations in August before reverting to paper MHR tool

Governance (what happened to 2009?)



- Multiple stakeholders in a single system
- Project resourcing
 - Scope creep
 - Short timelines
- PAS project
 - Prioritisation a major risk to smaller projects

Human Issues



- **Business process change**
 - Adopt and adapt
 - Documentation of business processes
 - Specification of application requirements is vital
- **User interface – Human Computer Interaction**
- **Technophobia**

Hardware and IT environment



Then 2007/8

- Tablet PCs
- G-Series Wireless
(or no wireless)
- Windows XP
- Internet Explorer 6

Now 2010/11

- iPad (not yet!)
- N-Series Wireless
- Windows7
- Internet Explorer 8

Standards and concepts



- NeHTA
 - Standards for data elements included
- AMT
 - Generics
 - Medication histories
- SNoMed-CT
- National Health Identifiers and her
- HL7 messaging

Synergy



- **Great value in eHealth**
 - Sharing of information by new channels
 - Bringing multi-disciplinary input to the front
- **Balance of costs**
 - Maintenance of systems
 - Hardware and training
- **Best outcomes in integrated approach**

Thank you



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Department of Health and Human Services

