

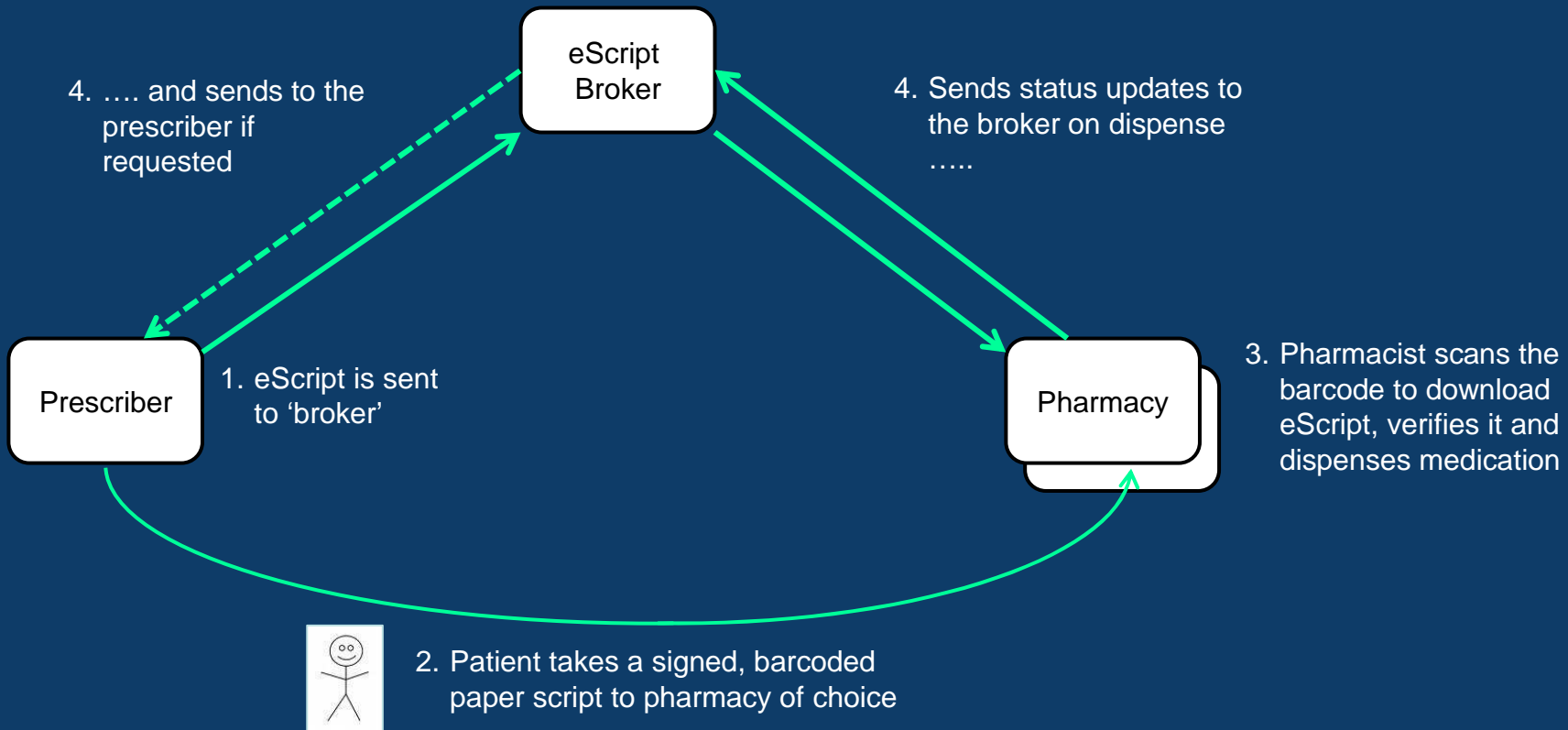
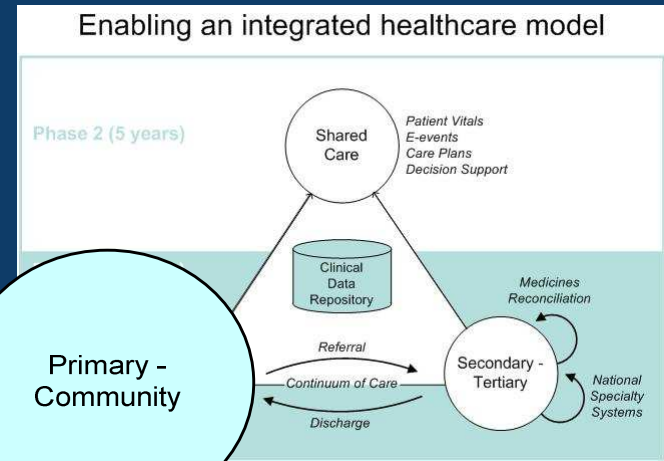


Enabling Integrated Health Care

NZ ePrescription Service

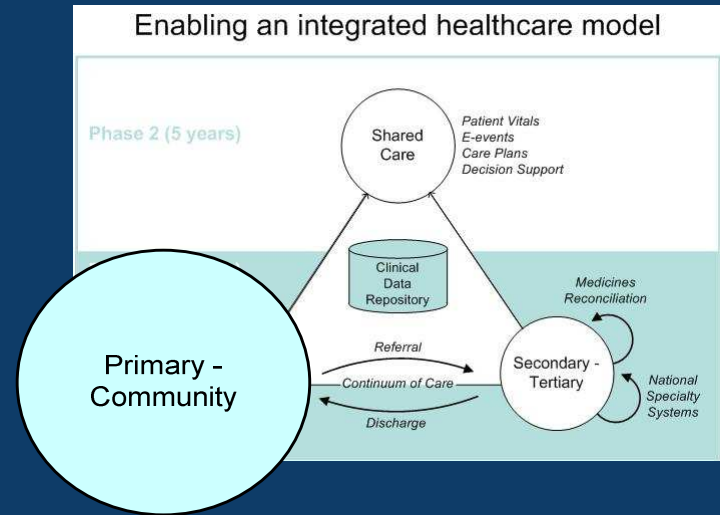
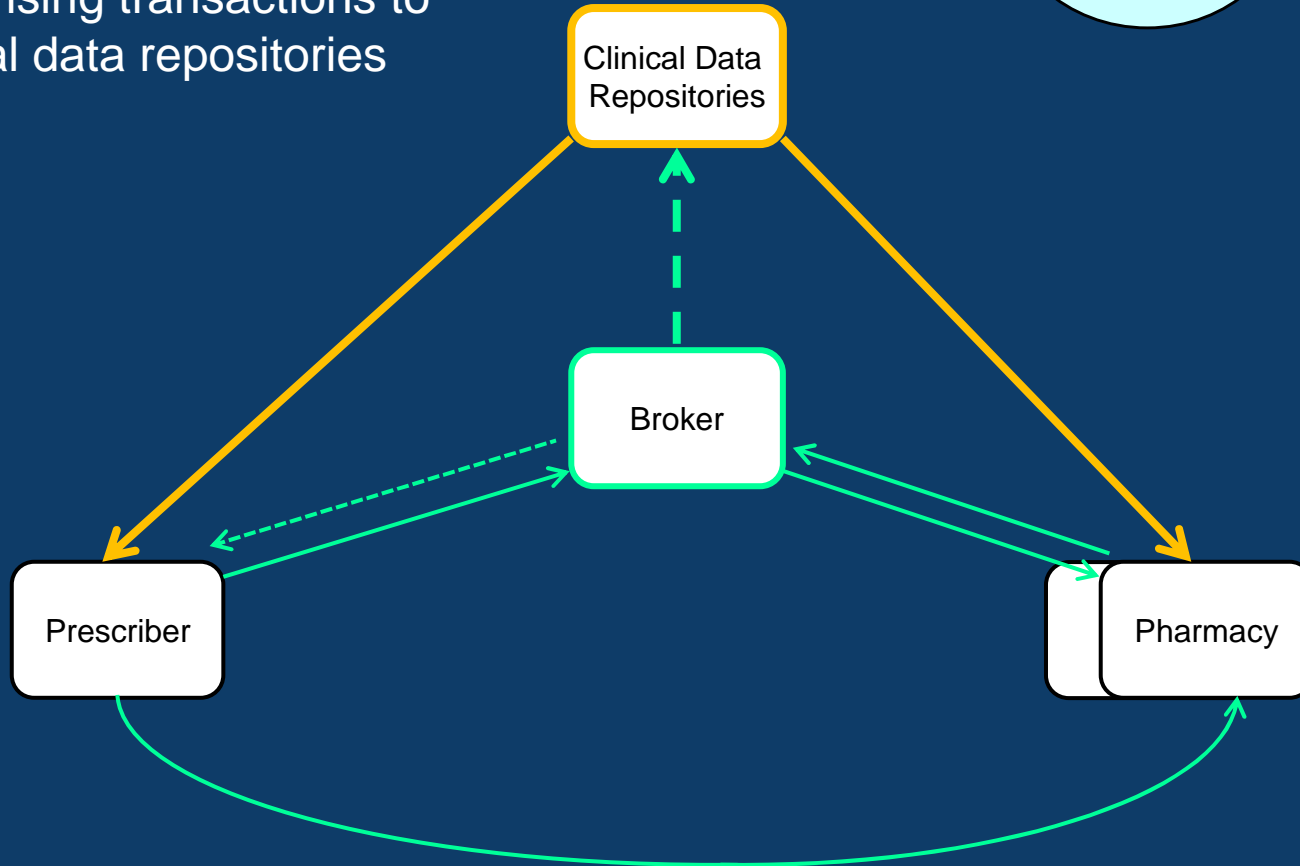
30 August 2011

The NZ ePrescription Service



The NZ ePrescription Service

Capable of sending the prescribing and dispensing transactions to clinical data repositories



The NZ ePrescription Service

- Supports most current process / workflow e.g. cancel, partial fill, substitution, pharmacy generated scripts as well as a range of other features
- Paper / electronic can coexist
- Transactions are secure end-to-end & broker is not searchable
- Transactions are locked while downloaded to the pharmacy and once filled cannot be downloaded again
- Intended to support other prescribers where scripts go to community pharmacy
- Based on proven models (international) and NZ standards

Benefits

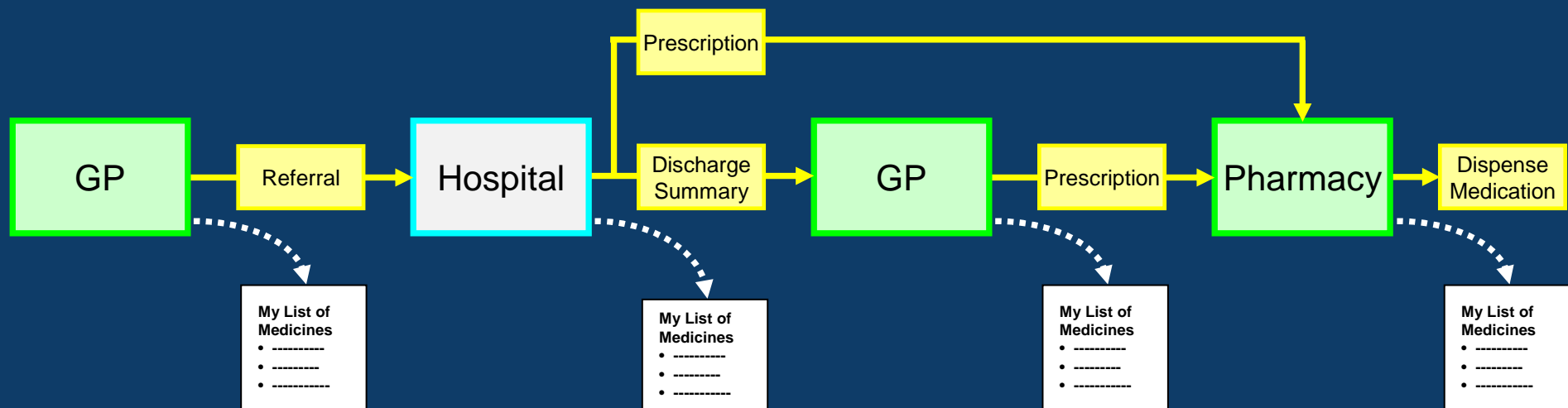
- Reduces the risk of error and increases efficiency
 - by using universal descriptions and codes for medications the pharmacy can more quickly and accurately select intended medicine for the patient
 - by reducing manual data entry and therefore transcription error resulting in reduced risk of a prescribed medicine not being correctly dispensed
 - by improving prescription quality and therefore reducing contact from pharmacies querying prescriptions or prescriptions being returned for correction
- Prescribers and dispensers can monitor patient adherence with prescribed medicines
- Contributes to shared care by improving the communication of information between GP practices and community pharmacies
- An enabler for new models of care and cost effective quality programmes (e.g. medicines reconciliation) – with CDR

Milestones and Status

Milestone	Date
• EOI for ePrescription Broker Service	10 / 2010
• Commence Project	11 / 2011
• Pre-Trial Start	02 / 2011
• Trial (Phase 1) – current vendors, more locations	09 / 2011
• Trial (Phase 2) – additional vendors and locations	TBC
• Evaluation, Confirm Service Readiness & Commence National Rollout	2012

Medication Safety Programme

- If up-to-date information does not follow the patient when they move between care providers the picture of their medicines is incomplete and this can lead to a medication error.
- A goal is 'My List of Medicines'
 - An accurate and up to date list of a person's medication that is accessible across the continuum of a patient's health care by prescribers, pharmacists, other health care providers and patients themselves.



(example)

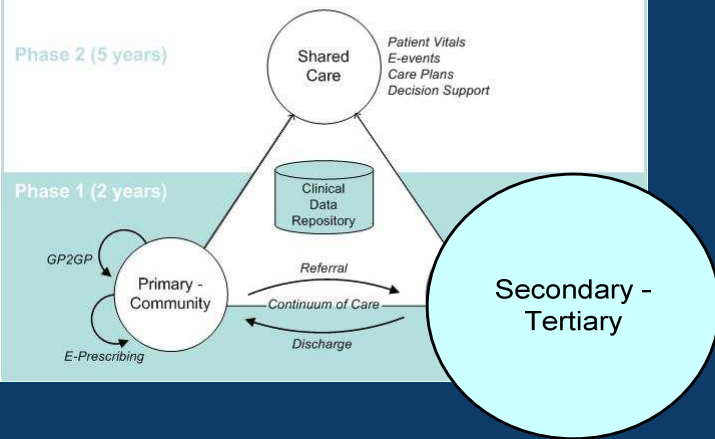
My List of Medicines

- Enabled by:
 - Well-integrated and functional electronic systems for prescribing, reconciling, dispensing and tracking medications
- Underpinned by important foundations including
 - A safety culture, clinical process standards, information standards, and information governance (including quality, privacy and access protocols)

Medication Safety Programme

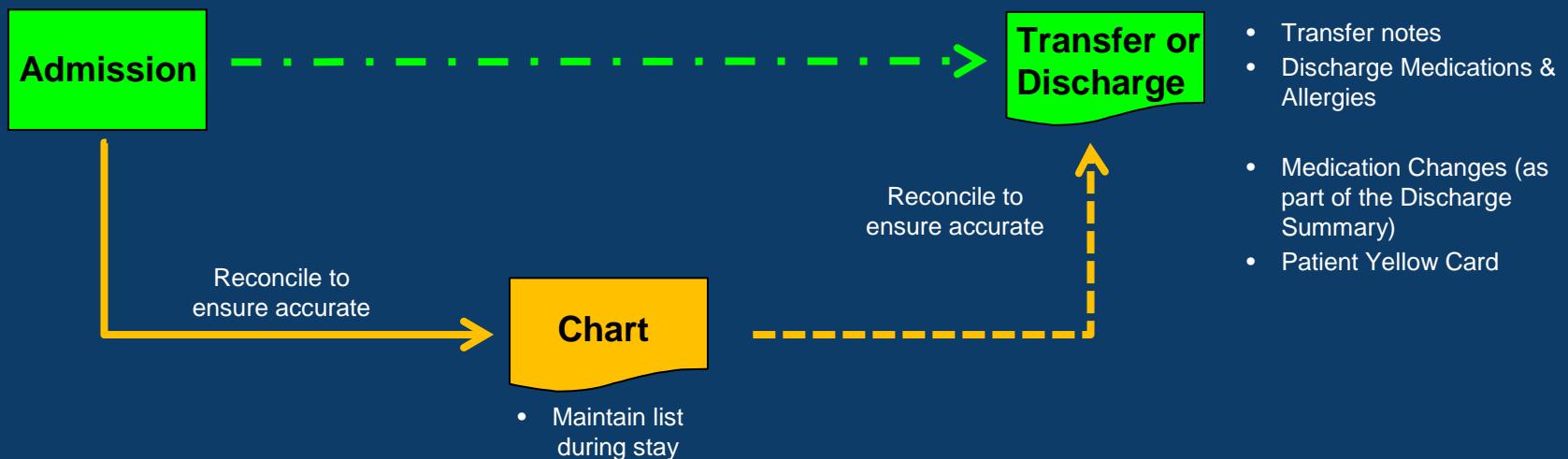
- NZ ePrescription Service
- Hospital eMedicines Reconciliation
- Hospital eMedication Charting
- Paper-based Medicines Reconciliation & National Adult Medication Chart
- NZ Universal List of Medicines
- NZ Medicines Formulary
- Other projects (medication component only)
 - Transfer of Care (eReferrals & eDischarges)
 - Clinical Data Repositories (Regional)
 - Shard Care Records (Regional)
 - Pharmacy (Regional)
 - Information Governance Framework (National)

Enabling an integrated healthcare model



My List of Medicines (Hospital)

- Admission Reconciliation
- Medication Charting
- Discharge, Transfer Reconciliation
- Discharge documentation



Medications on Discharge



Middlemore Hospital
 Transfer of Care to GP
 Health Older People - AT&R
 (Standard AT&R)

Medications on Discharge

Use the form below to reconcile the medicines that the patient was taking prior to admission with those currently prescribed on the paper medication chart.

Medications Prior to Admission (8)	Discharge Medications (8)	Change	Reason/Comment
Aspirin (Ethics Enteric Coated Aspirin) 100mg Enteric coated Tablets 1 tab mane Reset	Aspirin (Ethics Enteric Coated Aspirin) 100mg Enteric coated Tablets 1 tab mane	Continued - Edit	
Bendrofluazide (Neo-Naclex) 2.5mg Tablets 1 tab mane Reset	-	Stopped Edit	Renal impairment
Captopril (Apo-Captopril) 25mg Tablets 1 tab TDS Reset	-	Stopped Edit	Changed to Enalapril on admission due to rash
Fluticasone propionate (Flixotide Inhaler CFC Free) 250mcg/1dose Inhaler 2 Puffs BD Reset	Fluticasone propionate (Flixotide Inhaler CFC Free) 250mcg/1dose Inhaler 2 Puffs BD	Continued - Edit	
Alendronate sodium & Cholecalciferol (Fosamax Plus) 70mg/140mcg Tablets 1 tab mane on Wednesdays Reset	Alendronate sodium & Cholecalciferol (Fosamax Plus) 70mg/140mcg Tablets 1 tab mane on Wednesdays	Continued - Edit	
Paracetamol (Pharmacare Paracetamol) 500mg Tablets 2 tablets QID for pain PRN Reset	Paracetamol (Pharmacare Paracetamol) 500mg Tablets 2 tablets QID for pain PRN	Continued - Edit	
Morphine sulfate (m-Eslon) 10mg Sustained Release Capsules 3 capsules BD for pain Reset	Morphine sulfate (m-Eslon) 30mg Sustained Release Capsules 1 capsules BD for pain 1 month <input checked="" type="checkbox"/> Script <input type="checkbox"/> Close Control Drug Management Guideline	Changed Edit	Form changed
Diclofenac sodium (Diclax SR Tablets) 75mg Sustained Release Tablets 1 tablet BD for pain Reset	-	Stopped Edit	Poor renal function
- Remove	Clopidogrel (Apo-Clopidogrel) 75mg Tablets 1 tablet mane <input checked="" type="checkbox"/> Script <input type="checkbox"/> Close Control	Started Edit	STEMI
- Remove	Simvastatin (Lipex) 40mg Tablets 1 tablet nocte with food <input checked="" type="checkbox"/> Script <input type="checkbox"/> Close Control	Started Edit	High cholesterol
- Remove	Enalapril maleate (Multichem Enalapril) 10mg Tablets Take 1 tablet BD <input checked="" type="checkbox"/> Script <input type="checkbox"/> Close Control	Started Edit	Changed from Captopril due to rash
+ Add Medication Prior to Admission	+ Add Discharge Medication		

Medications Prior to Admission populated from "Medication History Form" finalized by Dr Anabel ROSE (Pharmacist) 2 days ago.

Clinician / Vendor Partnership

- Clinician and vendor participation has been crucial to all of these projects
- Across these projects there has been considerable involvement of clinicians and vendors
- Initiatives have been very much clinician lead – not IT projects
- The contribution to date has been wide and varied
 - Research
 - Innovations
 - Development of requirements (including prioritisation)
 - Development of standards
 - RFP / EOI development and proposal evaluation
 - Design of systems & workflow, development & testing
 - Data quality
 - Workshops and forums
 - Clinical leadership
 - Project management, change management, communications, expectation management
 - Resources and funding
 - Governance roles (project, service delivery)



Thank you