

Electronic Medication Management (EMM) NSW Therapeutic Advisory Group Update June 2017

Cerner Regional Users Group

The Cerner Regional Users Group was held from 17-19th May NSW was well represented, some of the topics included:

- 'A sweet story: Digitalising glucose management', the eHealth NSW collaboration with Sydney and South Western Sydney local health districts on the development of a Glucose Management MPage, a customised view in the eMR which provides medical, nursing and pharmacy staff with a consolidated 'e-view' of insulin therapy.
- 'Concord eMeds business as usual (BAU)... are we there yet?' Concord Hospital.
- 'Training and support of Cerner applications' Royal Prince Alfred Hospital.
- 'Implementations of continuous infusions for Australian paediatrics – challenges and innovations', 'Improving accurate documentation of weights for paediatrics eMeds' Sydney Children's Hospital Network
- 'Evaluating and improving electronic medical record safety' Sydney local health district.
- 'Stories the inform safety and quality in eMeds for NSW public hospitals' eMR Connect collaboration with the Clinical Excellence Commission on processes to inform safety and quality in eMeds.

Palliative and end-of-life care

eMR Connect has worked with palliative and end-of-life clinicians from around NSW along with expert representatives from the Clinical Excellence Commission, the Ministry of Health and the Agency for Clinical Innovation to develop requirements for functionality in the eMR that supports this need.

Based on that work, the eMR Connect Program Steering Committee recently approved progressing detailed design and development of functionality in the State's core eMR (State Baseline Build) domain.

An End-of-Life Management Design Working Group is being formed through the Office of the Chief Clinical Information Officer (OCCIO) and will provide specialist (including clinical, technical and design) input into the detailed design and build.

The Design Working Group will define the final scope of work and oversee the 'iterative' development of the functionality through regular demonstrations and feedback, as well as consultation with those NSW local health districts and other jurisdictions where palliative care functionality is already in use.

eMR Clinical Leaders Network

The launch of the eMR Connect Clinical Leaders Network was held on the 16th May. The forum is focused on clinical leaders and implementation teams working on eMR projects and optimisation across NSW local health districts. A key topic was eMeds go live approaches

The conclusion reached was that every option can be made to work; it's about knowing why a particular approach is required. Whilst some teams said that successful go lives positioned them well to roll out a proven model, in consultation with local clinicians, others said the approach for subsequent sites would be adapted to suit the particular environment and needs of the next hospital. The experience to date has also allowed a number of districts to collaborate on the relative merits of a range of go live models, broadening their options and benefiting from the collective expertise.

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Selected LHD Site Activities

- **Hunter New England Local Health District –**

May was another big month for the MedChart team with the John Hunter Hospital Surgical Stream going live from 16th May; the first four wards were approximately 120 beds. Feedback from clinical staff continues to be positive, especially regarding the pre and post go live in-servicing that the MedChart team have been providing. Merriwa Hospital was completed in just under a week with Clinical Nurse Educators travelling to provide face-to-face support from early morning until late. The implementation has almost reached the half way point and John Hunter Hospital is coming close to being completed with ICU live on 6th June, and the Medical Stream beginning on 13th June. Communication with Murrurundi Hospital has begun in preparation for their go-live in July. Monthly newsletters continue to be distributed around John Hunter Hospital as well as the MedChart Monday; Medical Officer and Pharmacy Fact Friday bulletins. Flyers continue to be placed around the wards which are planned to go live shortly, advising clinical staff working on these wards to complete MedChart training as soon as possible.

- **South Eastern Sydney Local Health District –**

Conversion of inpatient charts to eMEDS at The Sutherland Hospital commenced in late-March and is nearing completion with Emergency, Maternity and Women's Health Departments to go live over the next two weeks, leaving only Paediatrics. Inpatients in all converted wards now have electronic medication management charts. To mid-June the complete administration details of some 155,000 doses of medication at Sutherland Hospital were recorded in the eMEDs system. For safe paediatric use, the system requires some further development; specifically paediatric order sentences and dose capping which will be completed shortly. User Acceptance Testing of the new functionality will be conducted by subject matter experts prior to go-live. To date, approximately 800 end users have been trained including junior doctors rotating between Sutherland and St George Hospital. This will be a benefit as St George is the next facility in South Eastern Sydney LHD where eMEDs will be rolled out. A pharmacy resupply function has been developed for Sutherland and this has generated efficiencies in the Pharmacy Department as well as reducing waiting times for nursing staff collecting the medications. Feedback from medical, nursing and pharmacy staff at Sutherland has been positive with one registrar commenting that "the ability to make medication changes on the go during a patient review with a COW (computer on wheels) in front of me is priceless".

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- **St Vincent's Darlinghurst –**

TGA name changes and how to best manage them within eMM systems has posed a lot of questions lately with some changes being introduced into MedChart. These changes impact many different facets of the system from the obvious such as prescribing to others such as allergy alerts and local rules. St Vincent's have adopted a number of steps in our decision support to try to combat the risks associated with the changes and to aid clinicians. For example, the use of synonym administration alerts as the name on the packaging and iPharmacy label will most likely be different to the name within MedChart, St Vincent's have also been working on the introduction of using MedChart to record oxygen orders and administration. This will allow clearer documentation of target saturation, delivery device and maximum oxygen flow limit. The intention is for it to be used in conjunction with the observation chart and to be in line with Thoracic Society of Australia and New Zealand oxygen guidelines for acute oxygen use in adults.