

agedhealth

PRODUCTS, SERVICES AND SOLUTIONS FOR A BRIGHTER AGED CARE FUTURE



REINVENTING AGEING

LEGAL RISKS IN DELIVERING CARE AT HOME
ELECTRONIC CHARTING REVOLUTION
NO SILVER BULLET TO STAFF CRISIS

This magazine is FREE for industry professionals www.agedhealth.com.au/subscribe

GERARD STEVENS AM*

Increased use of electronic medication charts in aged care facilities could transform outcomes for the elderly, improving prescribing and management of medication and reducing harm.

More than 40 years ago I invented the world's first multi-dose medication management system.¹ It was designed specifically for nursing homes, as they were called at the time, but its success in improving medication adherence and reducing misadventure saw it adopted in a range of settings.

Much has happened since that landmark development in the quality use of medicines within residential aged care facilities (RACFs). Technology has completely revolutionised their safe and effective use.

Today we can connect the entire medication care team with cloud-based, centralised medication profiles and seamless communication. All participants access one real-time 'single source of truth'.

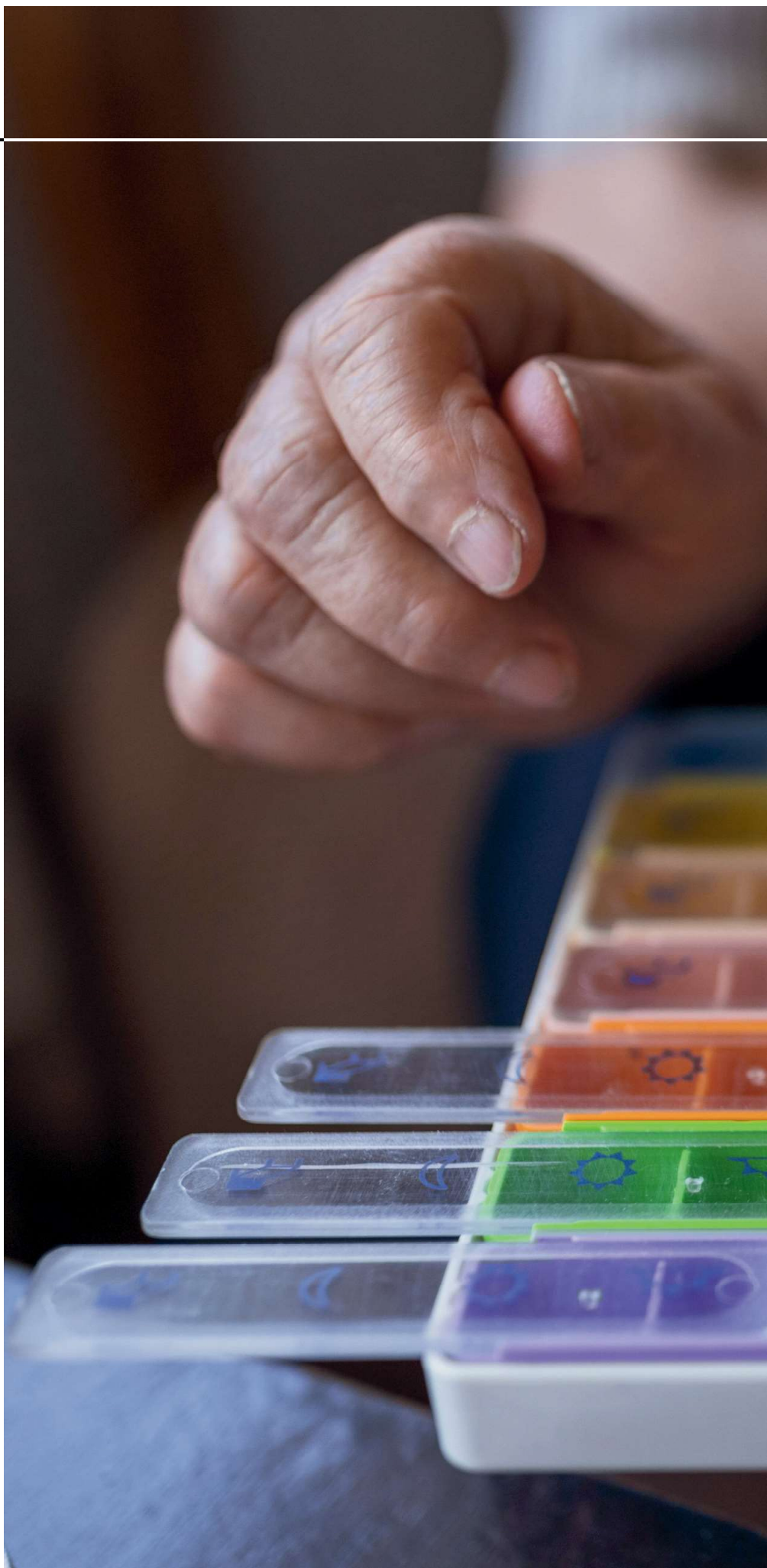
Clinical information can be captured, updated and reported at any time, from anywhere. Resident profiles and charts are always current and accessible, the risk of error is minimised, complex processes are simplified and less time is spent checking different sources of information.

The maxim of the right medication and the right dose, to the right patient, at the right time has never been so assured.

STANDARDISING OUTCOMES

The latest and perhaps greatest contribution to the safe and effective use of medications in Australian aged care is the adoption of the electronic National Residential Medication Chart (eNRMC) for use by RACFs.

This initiative was urged by the Royal Commission into Aged Care Quality and Safety and is now being actively encouraged by the federal government, with incentives and support offered for its adoption. Being one of the



AN ELECTRONIC CHARTING REVOLUTION IN AGED CARE



istockphoto.com/Dobriha Vignjevic

first organisations to develop an electronic version of the NRMCM when it was enacted by the Commonwealth in 2014, we are well aware about the complexities involved in developing technology and interoperability.

Essentially, the process requires transferring the manual actions of writing and recording from a way that the human brain works — which is in three dimensions — into two dimensions.

The human brain is conditioned to seek and adapt to random patterns. This leads to a variety of behavioural responses to solve any one problem. And of course, this can lead to poor judgement and human error.

When the risk of error has the potential for catastrophic outcomes, we need to develop and adopt systems that standardise responses and actions to a range of potential situations, and build in redundancies to mitigate any human errors that sneak into the system.

IMPACT ON RESIDENTS AND STAFF

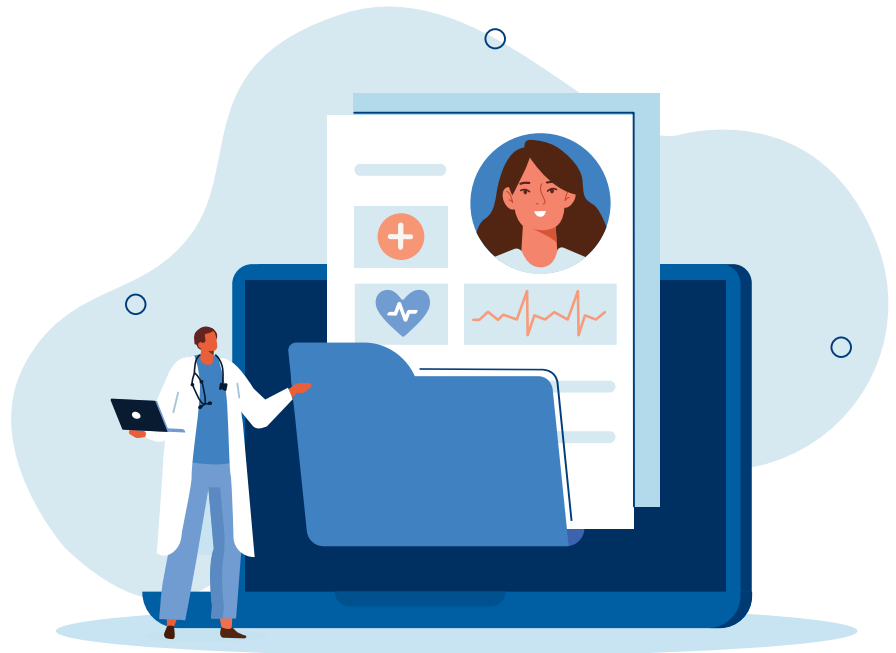
Webstercare's latest electronic system² has received positive feedback from doctors as well as pharmacists. The system provides mobile access to doctors and they, in turn, can send their medical orders from anywhere — even S8 medications like psychotropics are electronically prescribed. Pharmacists also love the system because it removes many sources of medication misadventure due to human error and significantly improves workflow efficiencies, especially in communicating with the RACF via the system.

But the system was developed for RACFs and it is here where the 'rubber hits the road'. Staff report greater confidence and less stress during medication rounds. They no longer need to scan and send medication charts to the pharmacy each time a medicine is dispensed or changed. Everyone wins with more efficient and accurate workflows.

Medication orders are computer-generated, not handwritten, so there is less chance for comprehension error. Even S8s are fully paperless.

All steps in the process are prompted and captured in real time by the system. This leads to greater transparency, accountability and no intermediate manual steps or workarounds.

Medication data is gathered and analysed to improve overall governance by supporting monitoring, reporting, auditing and medication optimisation. This makes it easier to meet accreditation reporting responsibilities. RACFs will also have greater confidence that medications are being prescribed in line with best practice, regulation and policies.



Stockomina, Stehlikova

So everyone in the medication cycle benefits from the eNRMCM: patients have improved health outcomes, staff have less stress, facility management improves efficiencies and health professionals have greater convenience and reduced administrative burdens.

FACTORS TO CONSIDER

The market is not homogeneous and it pays to ask questions to ensure you're not comparing apples with oranges. Before choosing your eNRMCM provider, make sure of the following:

- All medicines, including S8s, can be prescribed without a paper-based prescription.
- Data access is real time, supported by the cloud, but can also operate offline in wi-fi blackspots. This is especially important in rural and remote areas.
- It is an end-to-end system that supports direct communication between the RACF, the prescriber and the pharmacist. Having to use phone, fax and standard email adds confusion and unnecessary steps to the process.
- There is flexibility in the type of medication packing systems available to meet the differing needs of consumers. There is interoperability throughout the system and its components.
- The functionality is streamlined so no need to log in and out of system components.

There are useful incentives for RACFs to make the transition. For more information, go to Electronic National Residential Medication Chart (eNRMCM) transitional arrangement – Residential aged care services information pack | Australian Government Department of Health and Aged Care. ■

**Gerard Stevens AM is a community pharmacist and Managing Director of medication management systems company, Webstercare. Stevens' passion and commitment to research, development and better patient care, and resulting contributions were recognised in 2013 when he was appointed Member in the General Division of the Order of Australia as part of the Queen's Birthday Honours List for his "significant service to the pharmaceutical industry, and to community health".*

1. Stevens invented the multi-dose Webster-pak which is said to have revolutionised medication management and was the foundation of Webstercare. The company has since developed more than 600 products and been awarded more than 70 patents for its innovations.
2. MedCare is Webstercare's version of the eNRMCM.