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## CONTACT US

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## WELCOME

The SMM Programme has started the 2010 year with a bang. The focus is now strongly about implementation with the team busy working with the piloting DHBs.

## PAPER BASED PILOTS

### National Medicines Chart

The first pilot of the National Medicines Chart at Bay of Plenty (BOP) DHB finished in December 2009.

The BOP project lead collected evaluation data for the SMM Programme on a weekly basis with a final report at the end of the pilot which included staff feedback. This feedback was generally very positive.

From the BOP information an interim evaluation of the National Medicines Chart was undertaken resulting in a few changes to resolve some practical issues.

The Lakes DHB pilot went "Live" in early April 2010. Hutt Valley DHB is awaiting approval of their project brief with a planned "Go Live" later in April 2010.

In the middle of the year a full evaluation of the medication charting standards and National Medicines Chart will be undertaken using the data from the three pilots.

The SMM team will then work with SQM to develop a process for the adoption across the sector of the National Medicines Chart in the adult inpatient medical or surgical setting.

### Medicine Reconciliation

The MidCentral, West Coast and South Canterbury DHB pilots that finished at the end of 2009 are currently being evaluated, with completion due late April 2010. The evaluation is reviewing both the MR process and standards.

These three DHBs are enthusiastic about the MR process and the support provided by SMM. All three are continuing MR in their piloted area and

planning for roll-out to other areas of their hospitals.

The Hawke's Bay DHB pilot went "Live" in early February 2010, with Capital and Coast and Whanganui DHBs planning to commence their MR pilot by the middle of this year.

MR now has a higher profile in many organisations, with the patient safety benefits being well demonstrated with its inclusion in the medicine management criterion of the Health and Disability Sector Standards. The SMM team has been communicating with key clinical people at DHBs not already undertaking MR to identify how we can work together. If you would like more information on implementing a best practice MR process in your DHB please contact Amanda Ashcroft on, [Amanda.ashcroft@huttvalleydhb.org.nz](mailto:Amanda.ashcroft@huttvalleydhb.org.nz) Some funding is available for pilots, plus the SMM team provide training and support.

## ELECTRONIC PILOTS

The clinical process for prescribing and administering medicines has been documented or is underway at all three electronic Pilot DHBs (Counties Manukau, Taranaki and Otago DHBs).

An application is being prepared by Otago DHB with support from SMM to request dispensation from the Director General of Health to allow the use of electronic signatures in the ePrescribing pilot in Dunedin Hospital's Internal Medicine Service.

## PRIMARY CARE

The SMM team has worked with MedTech to enhance their primary care system to improve the medication information provided with referral documentation to assist the medicine reconciliation process and the patient screen front page. This upgrade is now available and the SMM Primary Care work stream will work with GPs to promote its use.

## STEERING GROUP

### Chris Fleming

Chief Executive Officer  
Acting Chair SMM Steering  
Group

### Helen Pocknall

Director of Nursing

### Nick Lanigan

Chief Information Officer

### Mary Seddon

Quality Improvement Committee

### Elizabeth Plant (PSNZ)

Chief Pharmacist

### Helen Lockyer

Ministry of Health

### Billy Allan (NZHPA)

Chief Pharmacist

### Anne Kemp

Quality & Risk Manager

### Adam McRae

Safe and Quality Use of Medicine  
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### Keith Carey-Smith

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### Tim Maling

Chief Medical Officer  
Representative

### Paul Cressey

Board Member Counties  
Manukau DHB

### Grant Taylor

Chief Information Officer

### Beth Loe

Safe and Quality Use of Medicine  
Group

### Dale Oliff

Chief Operating Officer

### Barbara Holland

Consumer

### Jean Park

Consumer

## DHB COLLABORATION

Collaboration amongst the SMM funded electronic pilots at Counties Manukau, Otago and Taranaki DHBs has been identified as key if the solutions are to be reusable across the health sector. This SMM approach is supported by the National Health IT Board.

SMM are facilitating collaborative workshops amongst the electronic pilot DHBs.

### Principles of Collaboration

DHBs receiving funding for electronic pilots involving software procurement and/or implementation will:

**1a** Ensure the selected software meets national standards (where available) and that the vendor is committed to implement new and updated standards, as available.

**1b** Collaborate with other DHBs investing in technology solutions addressing Safe Medication Management priorities to maximise interoperability with other systems used by those DHBs.

**1c** Share or reuse documents and artefacts e.g. business cases, tender documents, project plans, specifications, etc.

**2.** Where DHBs are considering using software solutions from a common vendor for different parts of an overall solution, they will work together with the vendor, to ensure that the solutions are interoperable and could be easily implemented across the DHB(s).

**3.** The SMM Programme, in conjunction with the Health IT Board, will initiate and support collaboration between DHBs developing or enhancing systems and solutions to provide transfer of medication information between GPs, Community Pharmacy, Rest Homes and Hospitals through eReferrals, eDischarges and ePrescriptions, to achieve a consistent approach to the interoperability of standards and processes.

**4.** The SMM Programme in conjunction with the Health IT Board will engage and re-enforce sector-wide expectations with pilot DHBs and their vendors. One expectation is for any SMM funded enhancements to be available to other DHBs at a reasonable implementation cost.

## STANDARDISE & LINK SYSTEMS

The SMM Programme objectives include:

- Ensure the software systems that support medication management:
  - Facilitate consistent and safe clinical practices;
  - Provide an end-to-end solution that covers the spectrum of secondary, primary and community care; and
  - Can be easily and cost effectively implemented by all parties across the spectrum.
- That any enhancements funded by SMM, pilot DHBs or the NHB are available to those implementing medication management solutions at an appropriate implementation cost.

An end-to-end solution may include systems from one or more vendors.

The SMM Programme will achieve these objectives through:

- A common set of processes and systems requirements.
- Common and reusable interfaces for integration between systems (e.g. data interchange, workflow & user interface).
- Standards and guidelines that are based on those developed by the National Health IT Board / HISO, outputs of SMM pilot collaborations, and enhancements subsequently implemented by DHBs.

The SMM team has been finalising the functional requirements for medication management systems. These describe the required functions or behaviours of the computer systems that support the medication management clinical processes. We have started with eMedicine Reconciliation and eMedication Charting (ePrescribing and eAdministration). Requirements are being prioritised as essential, desirable in the short term and desirable in the medium term. A draft for broader review will be released in April 2010.

The collaboration principals mentioned have been signed off by the CEOs of the DHBs that are SMM pilots. These will be discussed with the vendors in April.

Safe Medication Management Programme  
*"...putting the right systems in place!"*  
**Medicine Reconciliation**

*Taking an accurate Medication History is an important part of good patient care....*



**...help us to help you!**

Safe Medication Management Programme  
*"...putting the right systems in place!"*  
**Medicine Reconciliation**


*Taking an accurate Medication History is an important part of good patient care....*



**...it takes teamwork & communication!**

Safe Medication Management Programme  
*"...putting the right systems in place!"*  
**Medicine Reconciliation**

*Taking an accurate Medication History is an important part of good patient care....*



**...it helps to reduce medication errors!**

**Examples of the Medicine Reconciliation Posters available to Piloting DHBs**

## LEGISLATION

The Ministry of Health sent a discussion document to stakeholders outlining the major changes to the Medicines Regulations (not the Act itself) and called for sector feedback by 26 March 2010.

The SMM Programme circulated this discussion document and submitted a response to the Ministry of Health based on the feedback received for those changes that could enhance safe medication management practices.

## NATIONAL HEALTH BOARD

The SMM team continues its dialogue with the National Health Board to prioritise improvements to the Medical Warning System and options for shared patient medication information. A solution for the Medical Warning System is being investigated. In addition approval is currently being sought from the Minister of Health to purchase a replacement system for the NHI. The National Health Board is also starting a project to address process issues around the recording and validation of patient Allergies / Adverse Drug Reactions which will build on work that has already been done in the sector like that at Counties Manukau DHB.

## NZULM

The NZ Universal List of Medicines (NZULM) will be released in April 2010 for a 3-month evaluation period to ensure it is fit for purpose, contains clinically safe information and test the operational and governance processes. At the end of the evaluation period it will be revised as required then released for general use.

In April a project will be initiated to implement an initial NZ Medicines Formulary (NZMF). The NZMF extends the NZULM by adding clinical information e.g. interactions, prescribing guidance, etc. More formal communication about the NZMF will follow in due course. The diagram below describes how everything comes together to form the NZMF.

