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Eclipse is a quarterly newsletter that provides informative articles documenting the development and advancement of the e-health industry in Australia, specifically focusing on the impact upon clinical pharmacists.

NEHTA Releases Discharge Summary Specs



NEHTA has announced the release of specifications to standardise the information content of hospital discharge summaries in Australia.

Traditionally, the processes involved in the creation and interpretation of hospital discharge summaries can vary between hospitals. This can result in negative implications, due to inconsistencies when critical health information is shared electronically. In order to overcome this, NEHTA has developed and released specifications to standardise hospital discharge summaries across Australia.

NEHTA data specifications are aimed at standardising the information structure and language used to name and describe clinical concepts, and to provide the necessary contextual constraints to remove potential ambiguity in clinical statements.

The discharge summary specifications will be used in conjunction with other NEHTA specifications such as the Australian Medicines Terminology and other SNOMED CT based clinical terminologies.

To view the NEHTA specifications and/or the official press release, please click [here](#).



Prescribing Suggestions from the NSW TAG



Late in 2006, the NSW Therapeutics Advisory Group (TAG) published a guidance document that provides recommendations for terminology, abbreviations and symbols used in the prescribing and administration of medicines. The objective of this document is to promote patient safety and clear and unambiguous prescribing of medicines.

The document establishes the following:

- Principles for consistent prescribing terminology
- A set of recommended terms and acceptable abbreviations
- A list of error-prone abbreviations, symbols and dose designations that have a history of causing error and must be avoided

Prescribing errors are a critical patient safety issue. A study to identify and quantify prescribing errors in a large US urban teaching hospital found that 29% of prescriptions contained a dangerous abbreviation. Abbreviations may not only be misunderstood but can also be combined with other words or numerals to appear as something altogether unintended.

To view and/or download the NSW TAG Guidelines, please click [here](#).

Pharmacist Numbers need Bolstering



According to a recent publication by Karen O'Leary and Yvonne Allinson, an additional 300 full-time or equivalent (FTE) pharmacists are required to provide the desirable standard of clinical service to patients in all Australian hospitals with in-house pharmacy departments.

The publication, featured in the December 2006 edition of the Journal of Pharmacy Practice and Research, contends that while there has been a significant increase in the number of pharmacy graduates in recent years, which has improved figures from 867 required pharmacist FTEs in 2003 and 502 in 2005, there is an ongoing shortage which needs to be addressed by Hospital Managers.

Only 16 of 88 studied pharmacy departments offer comprehensive clinical pharmacy services to all patients, while nine departments offer no clinical services at all.

The need for action is further emphasised by an examination of how pharmacists allocate their time. According to O'Leary and Allinson, the hospital pharmacist now spends 47% of their time providing clinical services to patients, drug information services and training and education. This represents a dramatic shift in the role of the pharmacist as only 36% of their time is now spent on the acquisition, manufacture and dispensing of medicines.

Modern clinical pharmacy is more time and resource intensive than the traditional role, therefore requiring more skilled personnel to perform effectively.

SHPA members can view and/or download the publication [here](#).

Resources

[The Cancer Council](#)

[The Society of Hospital Pharmacists of Australia](#)

[NeHTA](#)

[Auspharm](#)

[HealthConnect Tasmania](#)

[Australian IT](#)

[The Pharmacy Guild of Australia](#)

[National Institute of Clinical Studies](#)

[Department of Health and Ageing](#)

[CHIK Services](#)

[MIMS Australia](#)

[HL7 Australia](#)

[Systemised Nomenclature of Medicine \(SNOMED\)](#)

[Health Informatics Society of Australia \(HISA\)](#)

[GS1 Australia](#)

AMA to Help with Harmless Handovers



The Australian Medical Association has released a new publication, 'Safe Handover: Safe Patients', to help hospitals, doctors and other health professionals improve patient safety, particularly at times when there is a transfer of responsibility for patient care.

One survey in the Australian Health Review, February 2005, found that 95 per cent of doctors in a major Australian hospital reported no standards or formal procedures in the handover process. Based on a similar guide prepared by the British Medical Association, which is highly regarded and widely used in the UK, 'Safe Handover: Safe Patients' is the first guide of its kind to be published in Australia.

AMA President, Dr Mukesh Haikerwal, said that the guide would benefit everybody involved in patient care in hospitals.

"Clinical handover is all about the transfer of responsibility for the care of a patient from one medical professional or medical team to another," Dr Haikerwal said.

"Patient safety is dependent on continuity of care."

To achieve safe handover, the AMA recommends:

- Shifts should be coordinated so that each team can attend handover
- Handover should be held in an appropriate area with access to lab results, x-rays, and clinical information
- Handover should be properly supervised
- Handover must be supported by quality information systems

To view the official AMA press release and/or download the publication, please click [here](#).

PharmCare News

PharmCare Pilot Progressing

Healthcare Software has increased its focus on the sales and marketing of PharmCare and over the last three months has been very active in nearly all Australian States, as well as the North Island of New Zealand. The company continues to work towards the implementation of PharmCare in the Launceston General Hospital (LGH) and has been working very closely with HealthConnect Tasmania and the LGH to ensure the February 'go-live' is executed as planned. Company staff and support and maintenance processes have been strengthened to ensure a high quality of service is provided to the LGH and all other users.

Healthcare Software has recently launched a new website containing customised information for all software users and stake holders. The increased awareness of and interest in the company has necessitated a more informative and prominent website. The new site can be viewed and navigated at www.healthcaresoftware.com.au.

PharmCare
Clinical Pharmacy Database



In 2007, Healthcare Software will be exhibiting at [MedInfo 2007](#) in Brisbane on August 19-20 and at the [SHPA 28th Federal Conference](#) in Sydney on November 8-11. We look forward to seeing you there.

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