

PharmCare



Clinical Pharmacy Software



'At last, a product designed
by pharmacists for pharmacists.'

APAC Guidelines: Evidence for Action

There is evidence of discontinuity between episodes of care as well as evidence that this leads to significant harm, such as:

- on admission to hospital, up to one in two patients had an incomplete medicine list provided, resulting in a medicine not being administered during the hospital stay.
- 1.6 per cent of hospital admissions are associated with the occurrence of an adverse medicines event, and medicines are considered to be the causal agent of 10 per cent of all adverse events experienced in hospitals.
- 78 per cent of general practitioners were not directly informed that their patient had been admitted to hospital.
- 14.5 per cent of consumers were on four or more medicines
- for veterans and war widows, approximately 67 per cent of the total treatment population use six or more medicines dispensed on the Repatriation Pharmaceutical Benefits Scheme (RPBS) in a calendar year.
- 73 per cent of general practitioners did not directly receive discharge summary information.
- 12 per cent of patients had an error in their discharge prescription.
- omission of medicine from the discharge summary list sent to community health care professionals was associated with an increased risk (by a factor of 2.3) of hospital readmission or adverse medicine event.
- 9 per cent of patients were discharged from hospital with insufficient medicine supplies to enable continuum of therapy

From: APAC "Guiding principles to achieve continuity in medication management" July 2005, with permission.

Guiding Principles

- 1. Leadership for medication management** – Health services should provide leadership to ensure that the systems exist and resources are provided to enable medication management across the continuum of care.
- 2. Responsibility for medication management** – Health care provider(s) have a responsibility to participate in all aspects of medication management in partnership with consumers and/or their carers.
- 3. Accountability for medication management** – To ensure that activities to support the continuity of medication management are implemented.
- 4. Accurate medication history** – Obtained and documented at the time of presentation or admission, or as early as possible in the episode of care.
- 5. Assessment of current medication management** – Throughout each episode of care, current medicines and other therapies should be assessed to ensure the quality use of medicines.
- 6. Medication Action Plan** – A Medication Action Plan should be developed with the consumer and relevant health care professionals as early as possible in the episode of care, form an integral part of care planning for the consumer and be reviewed during the episode of care and before transfer.
- 7. Supply of medicines information to consumers** – Before discharge, patients will receive sufficient information, in a form they can use and understand, to enable them to safely and effectively use all medicines.
- 8. Ongoing access to medicines** – Consumers should receive sufficient supplies of appropriately labeled medicines and information about how to obtain further supply of medicines.
- 9. Communicating medicines information** – When a consumer is transferred, the transferring health care provider should supply comprehensive, complete and accurate information to the recipient health care provider(s).
- 10. Evaluation of medication management** – The transferring health care provider is responsible for evaluating the extent to which continuity of consumers' medication management has been achieved.

A single application that supports all your clinical activities

PharmCare is Australia's first software package designed specifically for the multiple activities of the clinical pharmacist.

PharmCare is a clinical knowledge system that allows capture of data about patients' use and experience with medicines, and delivers knowledge based on this information and reference sources.

A patient centric, single software application, PharmCare integrates into the pharmacists' clinical workflow to considerably improve patient outcomes, reduce variability of care and promote efficiency in

staff and drug budget. The clinical focus of the software complements rather than replaces dispensary systems and it can interface with your hospital systems and clinical standards.

An Australian product developed by pharmacists, PharmCare is an easy to use resource that will improve your hospital's clinical services and processes.

The software has already been deployed in a number of hospital and community pharmacies.

Key tools provided by PharmCare include:

- **Recording of Patient Details.** Along with demographic and lifestyle information, medical conditions and allergies can be specified.
- **Clinical Interventions Documented.** All interventions are documented, classified by type, and assessed for significance and outcome using commonly used references.
- **Adverse Drug Reactions Documented.** This includes hierarchical dictionaries and the assessment module considers the ADR likelihood, type, severity, temporality and frequency of occurrence. Online ADRAC reporting is from within the software.
- **Patient Medication Education Resources.** A real focus of the software is to allow cognitive assessment of patients and the generation of support materials. This includes discharge counselling sheets, weekly checklists, compliance aid inserts and therapy specific material.
- **Communications Centre.** A messaging centre allows communication between users, including assignment of tasks and dispensary views.
- **Workload Statistics.** Details on what services were provided are documented and classified.
- **Professional Development.** Activities over a year can be documented and an annual report produced as evidence of continued professional development.
- **Protocols Produced.** For patients with complex regimens such as when they are leading up to chemotherapy, protocols outlining drugs and doses can be produced, including sliding scale sheets.
- **Reference File Maintenance is Easy.** All references, such as current wards, pharmacists, formulary drugs and activity types are easily updated within a system module.
- **PharmCare Toolbox.** A suite of around 20 commonly used references such as body mass index and creatinine calculators are included within the database.
- **Reporting as Needed.** A wide range of reports is available – these may be printed, stored as a file or sent electronically to another location.

About Healthcare Software

HealthCare Software, the developers of PharmCare are a dedicated team of IT and health care specialists.

The CEO is an experienced hospital pharmacist who has held senior positions both in Australia and overseas.

HealthCare Software is focused on the management of medications and the role of IT to promote better health outcomes.

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