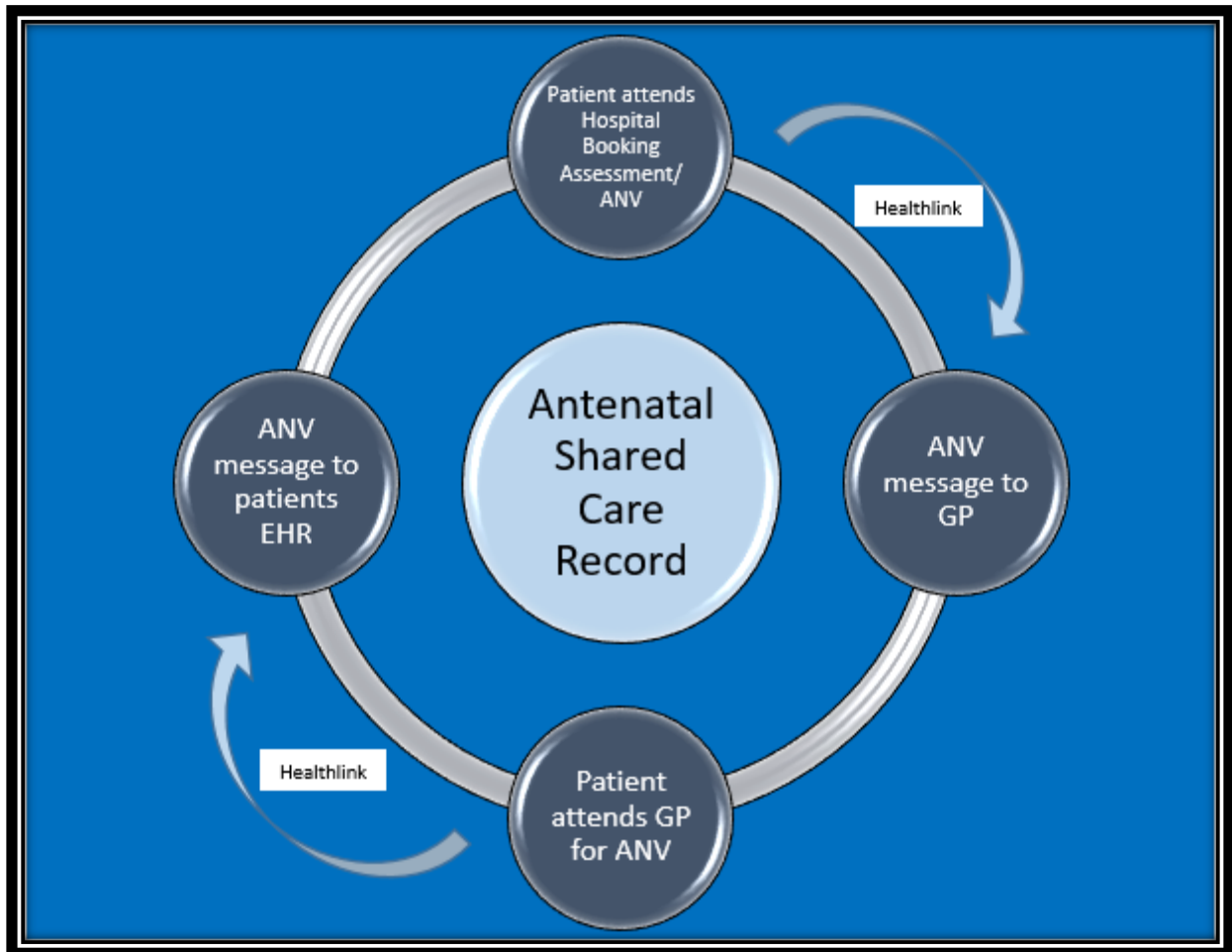


Tech Excellence Awards | Digital Transformation Project of the Year Supporting Document

Antenatal Shared Care Messaging Process



On completion of this project The Antenatal Shared Care Message now contains clear medication information for patients attending antenatal services in MN-CMS sites including:

- Prescribed Medications (last 12 months)
- Discontinued Medications (last 12 months)
- Vaccination History (last 12 months)

The following images showcase the improvements in medication details for the benefit of patients attending antenatal services at facilities using MN-CMS.

Examples of the improved medication details in the MN-CMS EHR

- 1. Prescribed Medications** includes the details of medication that was prescribed by the GP in the previous 12 months, in the following format:
 - Date of issue, drug name, generic name, strength dose/volume dose, strength dose unit/volume dose unit, route, drug form, frequency/instructions/directions, quantity, and number of repeats.

```
Prescribed Medications (last 12 months)
21/06/2022 Ursofalk 500 Mg Film-coated Tablets (Ursodeoxycholic Acid) - one to be taken
three times daily; Oral, 84, Repeat x 1
```

Image 1 – Example of Prescribed Medications (last 12 months)

- 2. Discontinued Medications** includes the details of medication that was prescribed by the GP in the previous 12 months but discontinued for a specific reason, in the following format:
 - Date of discontinuation, all the medication details as per section above, and indication for discontinuation.

```
Discontinued Medications (last 12 months)
23/06/2022 Augmentin 500 Mg + 125 Mg Tablets (Clavulanic Acid/amoxicillin) - one to be
taken three times daily; Oral, 21, No repeats - Side-effects
```

Image 2 – Example of Discontinued Medications (last 12 months)

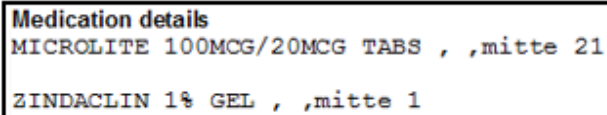
- 3. Vaccination History** includes the details of vaccines administered, including those recorded as administered elsewhere, in the following format:
 - Date of administration, dose sequence for series of vaccines, vaccine name, vaccine manufacturer, route of vaccination, and dose amount/dose unit.

```
Vaccination History (last 12 months)
13/10/2022 COVID-19 [V] : Pfizer COVID-19 [intramuscular], Second Dose - 0.3 ml,
```

Image 3 – Example of Vaccination History (last 12 months)

Illustration of the change to medication details stored in MN-CMS.

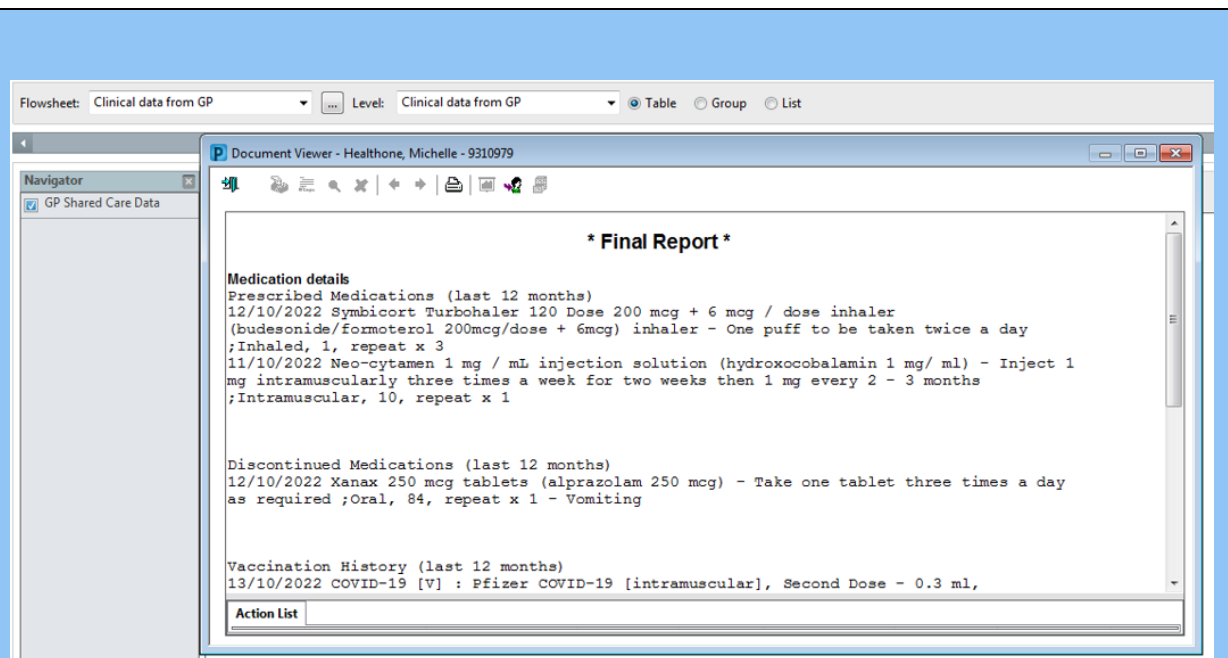
This has changed from an inconsistent approach (image 4) to a consistent and standardised format with defined headings and structure, which the GP has prescribed or discontinued and vaccine administered in the previous 12 months (image 5).



The screenshot shows a text box with the following content:

```
Medication details
MICROLITE 100MCG/20MCG TABS , ,mitte 21
ZINDACLIN 1% GEL , ,mitte 1
```

Image 4 – Example of medication details as it appeared in the patient’s EHR before solution deployment.



The screenshot shows a 'Document Viewer' window titled 'Healthone, Michelle - 9310979'. The main content is a 'Final Report' with the following structure:

```
* Final Report *

Medication details
Prescribed Medications (last 12 months)
12/10/2022 Symbicort Turbohaler 120 Dose 200 mcg + 6 mcg / dose inhaler
(budesonide/Formoterol 200mcg/dose + 6mcg) inhaler - One puff to be taken twice a day
;Inhaled, 1, repeat x 3
11/10/2022 Neo-cytamen 1 mg / mL injection solution (hydroxocobalamin 1 mg/ ml) - Inject 1
mg intramuscularly three times a week for two weeks then 1 mg every 2 - 3 months
;Intramuscular, 10, repeat x 1

Discontinued Medications (last 12 months)
12/10/2022 Xanax 250 mcg tablets (alprazolam 250 mcg) - Take one tablet three times a day
as required ;Oral, 84, repeat x 1 - Vomiting

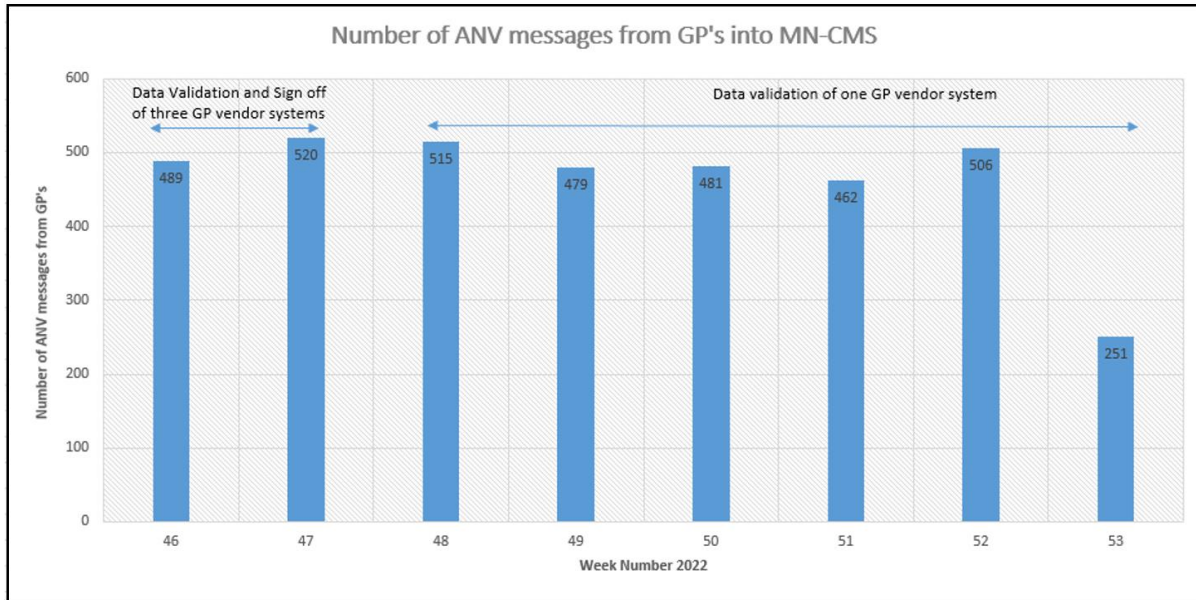
Vaccination History (last 12 months)
13/10/2022 COVID-19 [V] : Pfizer COVID-19 [intramuscular], Second Dose - 0.3 ml,

Action List
```

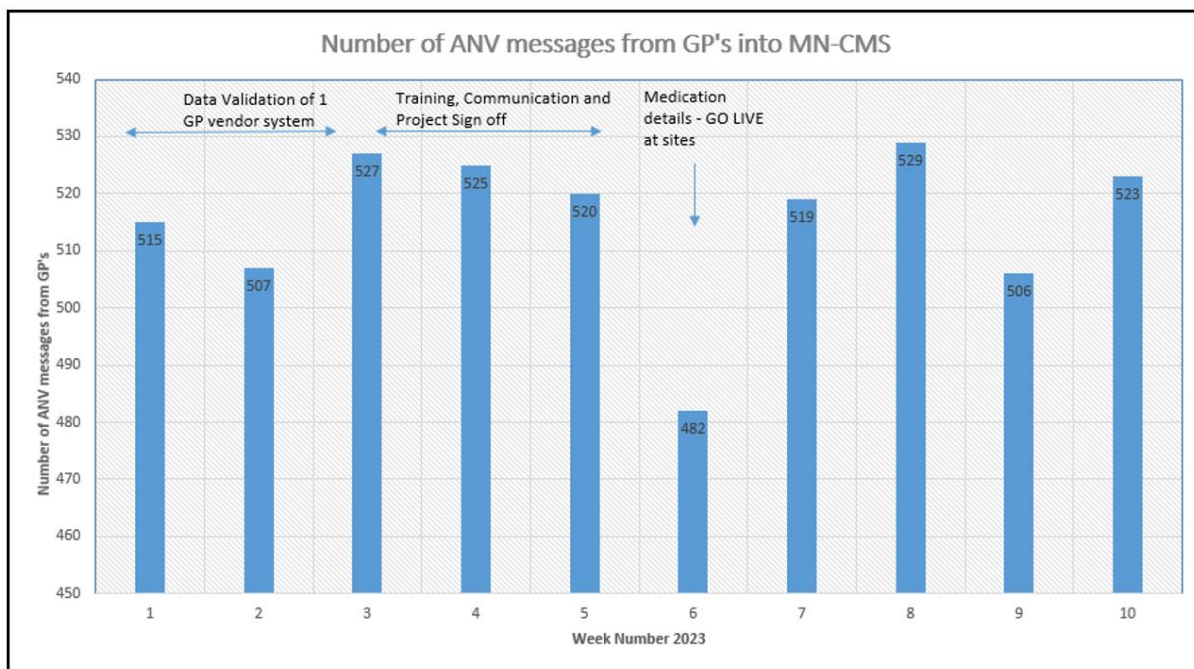
Image 5 – Example of medication details as it appears in the patient’s EHR after solution deployment.

Medication Reconciliation Efficiency

This solution enables the automated acquisition of the GP source of medication information and facilitates the documentation of the most accurate medication history possible for over 500 patients per week.



Graph 1 - Number of ANV messages containing medication details from week 46 – week 53, 2022



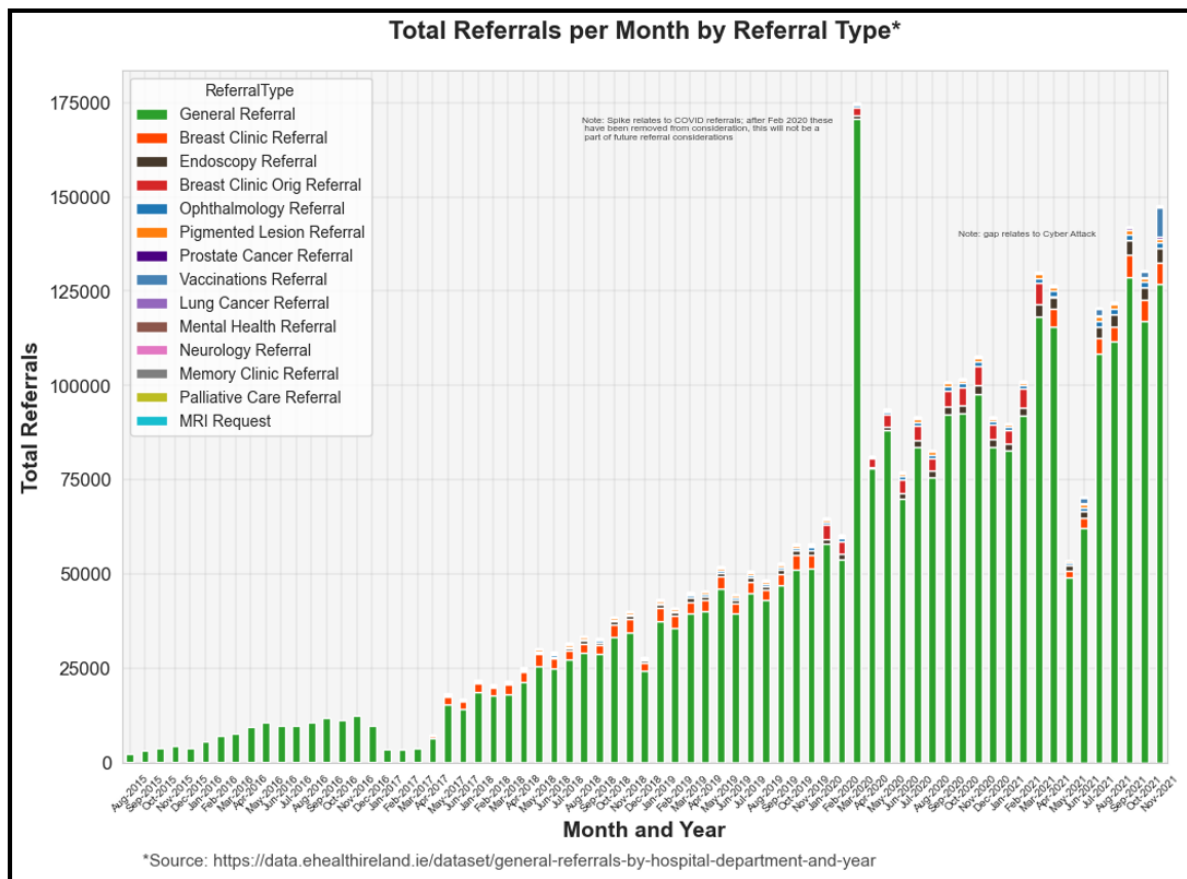
Graph 2 – Number of ANV messages containing medication details from week 1 – week 10, 2023

To acquire this information by directly contacting the patients GP is extremely time consuming, with a conservative estimate of 10 minutes per patient, when the GP surgery was accessible*, based on experience during the validation process. This would equate to > 80 hours/week (500x10÷60) saved by having this information readily available in the patient's EHR.

*There are many examples of when GP surgeries are effectively inaccessible i.e. out of hours, lengthy phone queues and when GP staff are too busy to give a medication history. This solution reduces the pressure on GP surgery staff who no longer need to be contacted for this information.

Scalable potential, numerically and across disciplines:

Using the e-referral solution, a GP can submit a referral electronically directly from their practice management system to the hospital in question using the HIQA approved referral form and immediately receive an acknowledgement confirming receipt of same. The below datasets show Number of eReferrals sent by GP’s each month which could benefit from having a comprehensive medication history included as developed by this project.



Graph 3 – The datasets show the number of e-referrals per hospital departments sent by GP’s.

References

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