Clinical Advisory Committee: Medication Functionality Working Group

Standardized NL Med Access Med Functionality Using Current State

(Updated March 2, 2021)

Purpose: to produce a standardized workflow for the prescribing functionality in Med Access that can be endorsed by the EMR governance and promoted as a Provincial standard. This may involve change requests for the Med Access product.

Background: the prescribing and medication history feature in Med Access is robust but is fraught with possibilities for non-standardized workflow due to the customizable and flexible nature of use of the Med Access product, which leads to a disorganized medication list.

The CAC has recognized the importance of solving this problem, particularly with integration with the provincial DIS on the horizon and all that implies for the accuracy and reliability of the information in the EMR. In addition, there is an element of patient safety risk that is a natural consequence of having a disorganized medication list in the EMR when more than one provider is involved in the care of a given patient.

What follows is the Medication Functionality working group recommended workflow for writing prescriptions using the Med Access product that takes into account the various ways providers have been taught the software functionality and the various levels of comfort and familiarity with the software functionality that exist in the Provider population provincially. It also incorporates workflows leading to a prescription being signed using the provider's Dynamic Digital Signature and being sent by eFax directly to a pharmacy.

This recommended workflow has also been reviewed and endorsed by the Clinical Advisory Committee, the eDOCSNL team, including the Program Director and Manager, Technical Team Lead, Practice Advisors, Clinical Information Specialists, Business Analyst and Clinical Pharmacists employed by NLCHI and also working in community pharmacy settings.

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MEDICATION FUNCTIONALITY - WORKFLOW

eDOCSNL
ELECTRONIC MEDICAL RECORD

For prescription writing in the Med Access EMR - including Dynamic Digital Signature and eFax
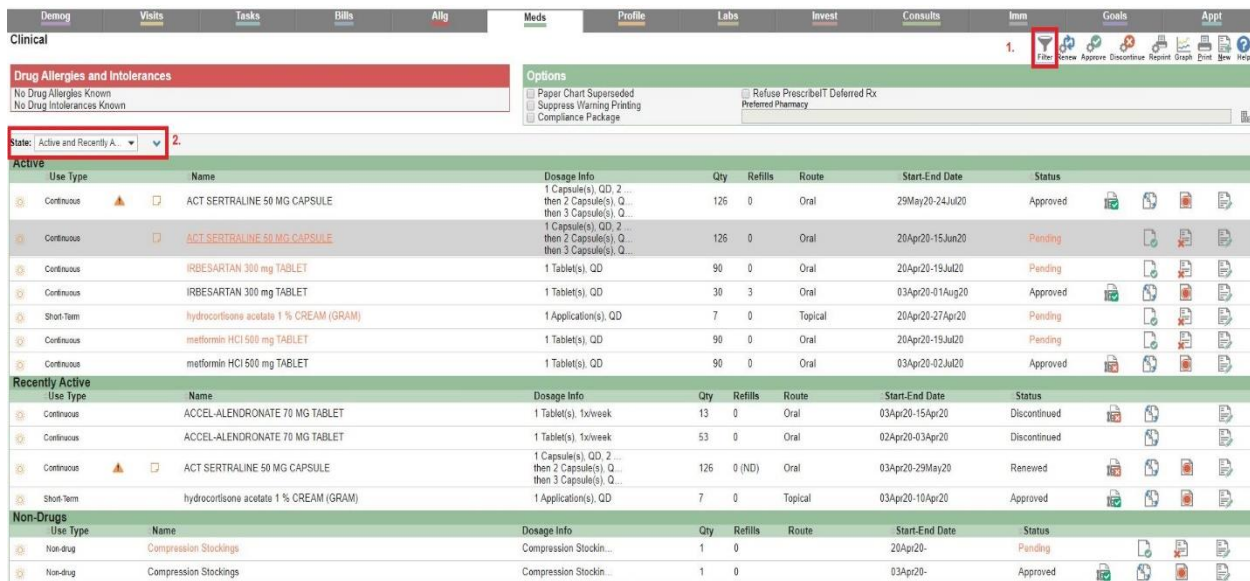
NOTES:

(i) The below is based on current functionality in Med Access at time of writing, EMR version 5.10.4 (June 8, 2020).

(ii) eFax functionality has to be contracted with and enabled for each group within an EMR by Telus prior to use.

(iii) As with any use of facsimile or e-communications technology, EMR users are responsible for ensuring that they are sending items containing personal health or business information to a receiving Provider or Facility's (including Pharmacies) accurate receiving number. The Newfoundland and Labrador Pharmacy Board (NLPB) maintains an internal reporting system for phone/fax numbers and extrapolates this information to their website at: https://nlpb.in1touch.org/company/roster/companyRosterView.html?companyRosterId=12. Pharmacies themselves are responsible for reporting any changes to the NLPB.

(iv) There are a number of Site and User's Profile settings related to Medication Functionality and Dynamic Digital Signature that should be reviewed and set up front. Refer to Appendix A for further details.

(v) This document does not include any specific functionality unique to sites using PrescribeIT.

WORKING WITH YOUR MEDS LIST:

Medication Reconciliation **– use Filters to display most appropriate view of the Meds List:**

While within the Meds List and prior to prescribing new meds, review the current meds list and delete (if within 24hrs of the original Rx) and discontinue individual meds, if and as applicable.

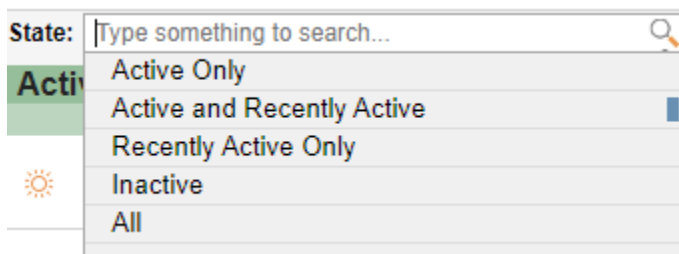If there are no Filter choices (**2.**) at the top of the Meds List, click on the Filter icon (**1.**):

This toggles a Filter pull-down menu (**2.**) to select:

And additional filter search options can be accessed by clicking on the blue chevron:

Additional tips for using the Meds List Filter:

(i) Set filter option to "All" prescribed meds for full reconciliation.
(ii) Use the ATC class to get listing of all drugs for a specific application.
(iii) Use the binoculars icon to search for a class.
(iv) "Indication" could be used to search as well but is only valuable when prescriber has entered into prescriptions consistently.
(v) Create a custom filter to find a meds of a specific type:
   a. Select ALL under filter options
   b. Enter drug name in search field
   c. Next to the field where the drug name was entered you will see SW (this stands for "Starts With").   Select "Contains" this will give you all prescriptions that contain that name. You can enter more than one drug name in this section. Make sure when you add more drug names that you change the SW to "Contains".

Completing Medication Reconciliation Effectively and Efficiently

1. Perform "clean-up" activity with individual or bulk discontinue functions:
   a. Redundant copies are discontinued.
   b. Short term meds accidentally prescribed as continuous are discontinued.
2. Manage any remaining Warnings. Best practice is to address them when originally entering the med.
3. Pending meds are dealt with – no meds should be left in pending status after the appropriate Rxs have been written. Either:
   a. Delete (if still available as an option).
   b. Discontinue, if appropriate.
   c. Approve* (Once all other Rxs for that day for that patient have been written).

Note: Approving a med does not necessarily mean that a new Rx is being issued. It is validating that the meds in the patient's profile (list) are appropriate, active and approved for that patient so that they can be renewed or reprinted, if and when required.

Editing / Discontinuing / Deleting Medications

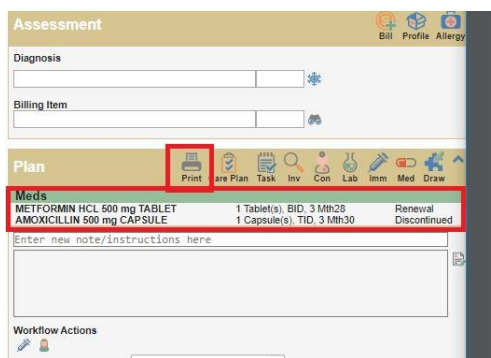Best practice would suggest two scenarios where a med should be edited:

    a. If an error is made – correct, discontinue or delete.
    b. If the pharmacy calls and indicates they have had to make a change. Edit the med and document the reason.

However, if the provider needs to make a change in dose, discontinue the old Rx and write a new one; this aligns with how a pharmacy would treat this change.

Communicating Discontinued Meds to a Pharmacy

As there are often multiple methods to accomplish the same task in Med Access, the below examples are suggestions for providers to consider and should not be interpreted as all-inclusive list of options:

    a. If the med has just been discontinued within a patient's Visit, use the Print icon within the Plan section to immediately print a copy of the Rx, which will include the discontinued med:

    b. If multiple meds, print the meds list from HEALTHe NL, indicate the discontinued meds and fax to the pharmacy.
    c. Or, filter the Meds List so that the applicable discontinued med(s) is visible and use the Print icon to get a Medication List, print and highlight which meds are discontinued.

d. If using eFax, create a Non-Drug Rx and indicate which med(s) have been discontinued. Macros can be developed to invoke standard test and/or if the Provider has Template Permissions, the Non-Drug Rx can be saved as a "Discontinued Medication Template" (or other appropriate name):

"Save" and leave in Pending until ready to Approve and use the Bulk Approve icon to select the Discontinued Medication Non-Drug Rx, select the receiving Pharmacy, sign using Dynamic Digital Signature and **"Approve & Fax"**:

e. If not using eFax and if one med only discontinued, open (edit icon) that line from the Meds List and use the Print icon to print:

WRITING PRESCRIPTIONS:

Initiating a Prescription **(RX) – start from the Patient's Med List:**

Regardless of if the Rx is being written from within a Visit or from the Meds Tab within a patient's chart, hover over the "pill" icon and select "View Meds List":
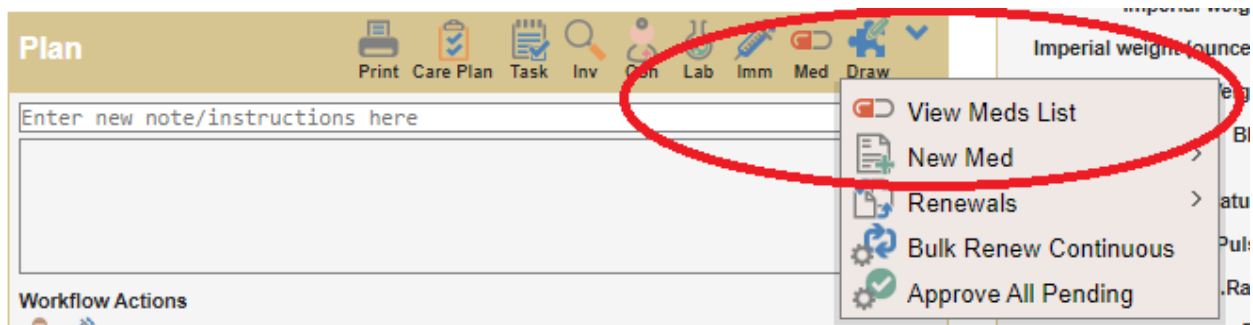
Click on "**New Med**". Hovering over it will also display a list of templated meds:

Specific items (and recommended workflow) once inside the Medication:

TIPS:

If writing multiple Prescription Types on one Rx, start with the Simple and/or Non-Drug and leave the Continuous (new or renewals) for last.

Leave all meds in a PENDING STATUS until ready to print (Reprint)/eFax the Rx.

Pharmacists indicate that any specific instructions to them should be written out in the "Pharmacy Instructions" box.

1. The default **Prescription Type** is Simple Rx. Pull down to select others.
2. Select **Short-Term** or **Continuous**. Refer to Appendix A to change default settings.
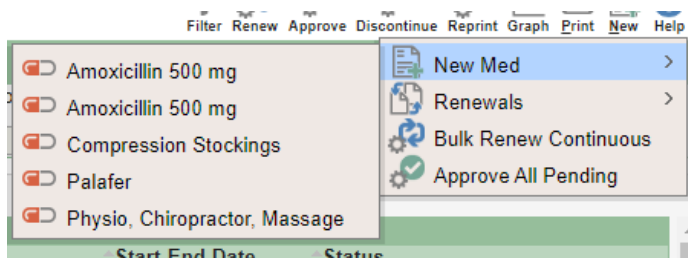3. The **blue chevron** hides the filtering options when searching for a medication. If not already open, click on it to see more options.
4. After clicking in the Dose field first, hovering just over the Dose line reveals a **Pill icon** for "**Variable Dose Range**". Click on this icon to be able to enter options such as "take between 1 and 3 tablets…".
5. Click on the **Plus icon** to be able to enter "**Then**" and "**And**" options, such as tapers or different instructions for the same medication but within the same day.

Example of a "Then" – a taper for prednisone:

Prescription

Prescription Type: Simple Rx ▾   ○ Continuous ● Short Term
Drug Name*: prednisone 50 mg TABLET
Generic Drug Name: prednisone

	Dose		Frequency	PRN	Duration		Site	
	3	Tablet(s) ▾	QD - Onc ▾	☐	2	Week(s) ▾		🔍 ✖
Then ▾	2	Tablet(s) ▾	QD - Onc ▾	☐	2	Week(s) ▾		🔍 ✖
Then ▾	1	Tablet(s) ▾	QD - Onc ▾	☐	2	Week(s) ▾		🔍 ✖

Example of an "And" – Lasix (furosemide), same strength but taken in two different quantities at different times during the day:

Prescription

Prescription Type: Simple Rx ▾   ● Continuous ○ Short Term
Drug Name*: furosemide 40 mg TABLET
Generic Drug Name: furosemide

	Dose		Frequency	PRN	Duration		Site	
	2	Tablet(s) ▾	QAM - Ev ▾	☐	3	Mth30 ▾		🔍 ✖
And ▾	0.5	Tablet(s) ▾	QPM - Ev ▾	☐	3	Mth30 ▾		🔍 ✖

Example of a common regular Rx for an inhaler with an "AND" additional dose "as needed" (PRN):

Child F Test T1001 6 years

Prescription

Prescription Type: Simple Rx ▾   ● Continuous ○ Short Term
Drug Name*: SYMBICORT 200 TURBUHALER (200-6 MCG)
Generic Drug Name: budesonide/formoterol fumarate

	Dose		Frequency	PRN	Duration		
	1	Inhalation(s) ▾	BID - Two ▾	☐	1	Mth30 ▾	✖
And ▾	1	Inhalation(s) ▾	QID - Fou ▾	☑	1	Mth30 ▾	✖

Patient Instructions

Max 8 inhalations daily

Example of the same Rx with tapering "THEN" and an "AND" additional dose "as needed" (PRN):

6. Including an **Indication** is optional and pulls from the **Diagnosis Codes** entry or database. Pharmacists indicate that they have an obligation under their professional practice standards to know the clinical reason why they are dispensing a medication for that patient. If they are unsure, they will ask the patient. Therefore, any additional information provided by the provider is an asset. Refer to Appendix A to change the default setting to always include the Indication.

7. The use of both the "**Start Date**" and the "**Effective Date**" is currently being reviewed by eDOCSNL for recommendations to Telus for potential changes to decrease misunderstanding and misuse of these fields.

   The Effective Date is the length of time (one year) that an Rx can remain legally active and defaults to today's date in Med Access. This equates to the date that would have been formerly written on an Rx on a prescription pad.

   The Start Date is currently a mandatory field in Med Access and therefore, wherever possible, should be set to today's date. **Any specific instructions to the Pharmacy regarding dates (i.e. when a patient should start taking the medication or the status of an earlier Rx active) should be clearly communicated in the Pharmacy Instructions.**

8. If appropriate, enter the Pharmacy to which you want the Rx to go, by clicking on the **Facilities** icon. More detailed instructions on selecting a Pharmacy are included in Appendix B.

NOTE: Even if the EMR has eFax enabled, the "**Approve & Fax**" button does not appear until a Pharmacy is selected:

There are a number of items related Dynamic Digital Signature/eFax which are incorporated throughout this document.

When Searching for the Medication:

Type the med to be prescribed, in either generic or trade form in the "**Drug Name**" box and press Enter. This opens the Medication search function in the drug formulary within the EMR:

1. Typing a portion of the name is acceptable.
2. The blue chevron hides/opens the filtering options when searching for a medication:
   (i) "Select only generic formulations" can be useful when trade name search is not limiting or broadening the search enough, as the case may be
   (ii) Filtering by "Form" e.g. creams, tablets, etc., or by "Route" e.g. oral, injection, etc.
3. Select "Include Retired Drugs" if having difficulties finding a common med. Pharmacists will communicate directly with the prescribing provider if a drug is truly now retired and shouldn't be used or if they can't make an appropriate substitution:

Example of a "retired" drug – Hyderm 1% Cream:

Once a med is selected it will bring users back to the prescription writer:

1. Indicate the dose, route, frequency and duration and the total number will automatically calculate, unless it is a PRN medication.

NOTE: If the med comes in tablets, pharmacists advise that you can write an RX for ½ a tablet, which should be entered as a 0.5 tablet, but this is not true for capsules.

2. When finished writing the Prescription hit "Save" unless you have only one medication to prescribe.
3. Select "Approve and Preview" only when you wish to prescribe a single Medication, otherwise select "Save" and bulk approve and print from the meds list.
4. If the user has Template Admin Permissions set to "Allow", medications can be saved as templates by right clicking on the green "Prescription" bar and selecting "Save as Template". The "Template Name" field will then appear and when the medication is saved or approved it will be saved as a template.
5. Templates can be accessed by right clicking on the "New" prescription icon in the meds list and hovering over "New Med", simply by typing the name in the "Drug Name" field or by right clicking on the green "Prescription" bar and hovering over "Find Med Template".

Meds with Unusual or Changing Doses (e.g. Effexor 187.5 mg)

Meds like Effexor, that don't have a simple line item for the dosage you are trying to prescribe, should be prescribed using two different Rxs. Pharmacists indicate that this is how the Rx is treated, regardless of how it is written.

Also, if changing dosages (e.g. originally 150 mg, increasing to 187.5 mg of Effexor), pharmacists recommend to discontinue the old Rx and create the new one with two separate Rxs (e.g. a 150 mg and a 37.5 mg of Effexor).

Prescribing Compounds

Compounds are written as simple prescriptions with the following exceptions:
- The compound label must be specified – use a name that specifies exactly what is in the compound for easy recall.
- Ingredients are added one at a time by using the "Compound Ingredient" field and the medication search functionality.
- When an ingredient is selected it will appear underneath the field and the amount and units will have to be selected
- The "Compound Ingredient" field can then be used to add another ingredient
- The site is optional but the "Dosage Form" must be specified.

*Please contact eDOCSNL at info@edocsnl.ca if you are interested in having additional common compound medication templates added to your EMR.

Non-Drug Prescriptions

It is recommended that anything that is an "order" should be written on an Rx. However, anything that requires feedback or is open until a response is received should be a "consult".

- Services like Physiotherapy, Massage, Chiropractor, Podiatry, Dietician, Audiology, Acupuncture, Psychology should all be on Non-Dug Rxs unless a response is expected
- "Care items" that are not medications should also be on non-drug Rxs, e.g. CPAP, orthotics, braces, compression stockings, etc.
- There are often insurance issues associated with getting coverage for some services/items when they are written on anything other than an Rx, as the insurance companies want to see that the service or item was "ordered".

Documenting External Meds
- External medications are written the same way as simple prescriptions
- If the provider having prescribed the medication is known and it is desired to be documented it can be written in the observation template or in the notes section, which can be accessed by clicking the "Notes" indicated below
- External medications must be approved when documenting, as the patient is taking the medications in question.
- Important to include External Meds for the purpose of drug interaction checking.
- If the date the medication was prescribed or filled is known, it should be specified in the start date – this can be obtained from the patient's HEALTHe NL record.

- Once entered, they must be renewed separately for the first time but can then be set as Simple Rx on a go forwards, if applicable.

RENEWALS

Renewals of multiple meds should be done using the bulk renew function as this will provide the opportunity to "resynch" any misaligned start dates of the individual meds. (If renewing just one med, this can also be done by using the renewal icon on the meds list).

1. Select the meds that are to be renewed. Deselect the "All" tick box if applicable and select individual meds:

2. Use the blue "refresh" icons next to "Refills" and "Days Remaining" to change both columns to "0".

   NOTES:
   (i)   Pharmacists indicate that this is an acceptable practice and does not usually impact any insurance issues for the patient as long as the original Rx is at least half-way through the previous 3-month Rx period.
   (ii)   Use caution with using "Refills" to set a new Refill amount as part of the "synching" as they do not appear to save when renewed. Review and edit the applicable med prior to Approval to ensure correct Refills are set.
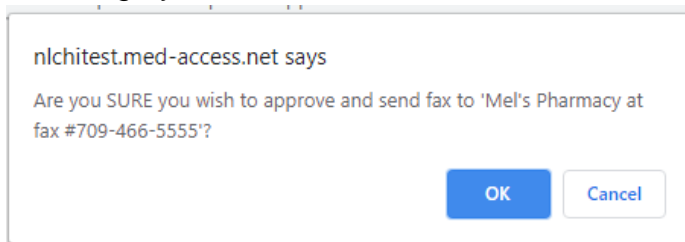
3. Click on the "**Sync Duration of Therapy**" box to open up additional fields to indicate the length of the renewal:

4. Add/Change a Pharmacy (if not already set as the patient's Preferred Pharmacy) if sending by eFax. The "**Remove, Approve & Fax**" option will not appear until a Pharmacy is listed.

5. If using eFax, sign with your Dynamic Digital Signature if the renewed meds are the only meds to be included on the eFax Rx.

6. Select the appropriate option:

(i) "**Renew**" (only) if additional short-term, non-drug or compounds are to be added to the Rx. Proceed to Step 7 below.

(ii) "**Renew, Approve and Preview**" if these are the only meds on the Rx and it is being printed to be "wet-signed" by the provider on the printed paper and given directly to the patient or faxed on a standalone fax machine.

(iii) "**Renew, Approve & Fax**" if the renewed meds are the only meds to be included on the eFax Rx. If you **do not** want to include the system-generated cover sheet, tick in the check box.

7. A confirmation box appears. The synchronizing will only apply to the meds you have selected.

8. If sending by eFax, an additional confirmation box appears:

nlchitest.med-access.net says

Are you SURE you wish to approve and send fax to 'Mel's Pharmacy at fax #709-466-5555'?

OK   Cancel

Note: there does not appear to be the ability to edit the Cover Letter Notes, even though this option can be accessed in the individual med Prescription Writer screen.

9. New and/or additional short-term/non-drug/compound/external meds are prescribed (entered and/or renewed) separately, but <u>do not</u> Approve them until ready to complete the Rx.

10. Once all meds have been entered in a Pending status, use the **Bulk Approve** icon to do a final review:

(i)   De-select any meds that have been included in error.
(ii)   Edit any individual meds, i.e. refills.
(iii)   If using eFax, select the Pharmacy, if not already entered and add
(iv)   Dynamic Digital Signature.
(v)   "**Approve and Preview**" if printing on paper to wet-sign and give to patient/stand-alone faxing to Pharmacy.
        "**Approve & Fax**" if using eFax. Tick checkbox if you do not want the system-generated cover sheet to go with the Rx.

11. If applicable, use the **Reprint** icon to print a hardcopy of the Rx and select all of the meds to print on the one prescription.

NOTE: if using this option with eFax, a previous Dynamically Digital Signature will show up in the Preview, but the Rx can no longer be sent by eFax directly to a pharmacy. It has to be printed in hardcopy and re-signed with a "wet" signature by the provider.

Prescription Reprints

☑ Active

Select	Usage		Name	Dosage Info	Qty	Route	Refills	Start-End Date	Authority	Status	Update
☑	Continuous	☐	ACT SERTRALINE 50 MG CAPSULE	1 Capsule(s), QD, 2 … then 2 Capsule(s), Q… then 3 Capsule(s), Q…	126	Oral	0	23Apr20-18Jun20	paper	Approved	23Apr20
☑	Continuous		AMOXICILLIN 500 mg CAPSULE	1 Capsule(s), TID	270	Oral	0	23Apr20-22Jul20	paper	Approved	23Apr20
☑	Continuous		IRBESARTAN 300 mg TABLET	1 Tablet(s), QD	90	Oral	0	23Apr20-22Jul20	paper	Approved	23Apr20
☑	Short-Term		hydrocortisone acetate 1 % CREAM (GRAM)	1 Application(s), QD	7	Topical	0	23Apr20-30Apr20	paper	Approved	23Apr20
☑	Continuous		metformin HCl 500 mg TABLET	1 Tablet(s), QD	90	Oral	0	23Apr20-22Jul20	paper	Approved	23Apr20

☑ Non-Drug

Select	Usage	Name	Dosage Info	Qty	Route	Refills	Start-End Date	Authority	Status	Update
☑	Non-drug	Compression Stockings	Compression Stockin…	1		0	20Apr20-	paper	Approved	20Apr20

Ordering Provider* Blake, Barbara ▼

Preview

APPENDIX A: EMR SETTINGS RELATED TO MEDICATION FUNCTIONALITY

USER PROFILE PRESCRIPTION PREFERENCES SETTINGS:

Within the User's Profile, **Preferences Tab**:

1. To set the default **Drug Type** when opening an Rx. Currently defaults to "Continuous" but eDOCSNL Program recommends setting this to BLANK so that the Provider **has** to choose a type prior to saving the Rx.
2. Select to always include the **Indication** from the patient's chart on the Rx. The Indication is primary **Diagnosis Code** as entered on the patient's Visit note.
3. Select to always include the selected **Pharmacy** information on the printed or eFax copy of the Rx. This will appear under the Provider's signature line:
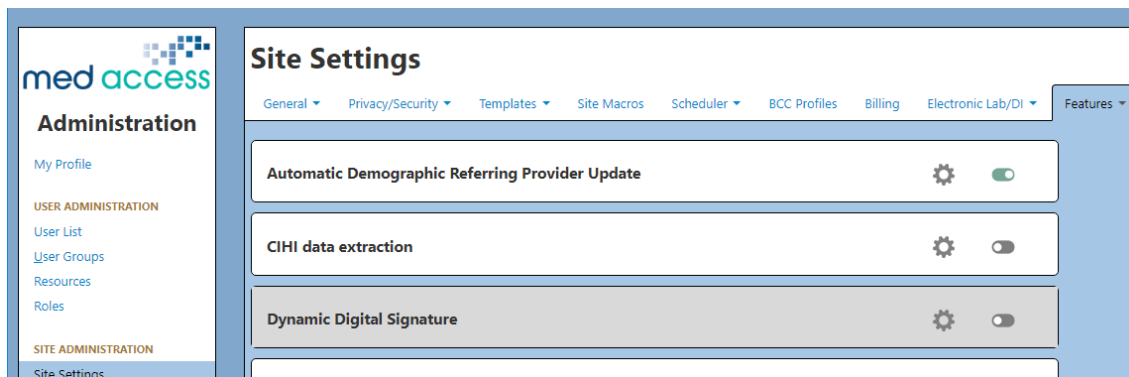
## TO ENABLE DYNAMIC DIGITAL SIGNATURE IN THE EMR:

Involves two steps:

(i)   Enable Dynamic Digital Signature for the EMR instance in the **Site Settings**.
(i)   Enable Dynamic Digital Signature for the applicable user(s) in their **Profile Settings**.

**Site Settings** – pull down the Features tab – Optional Features:

Slide the Dynamic Digital Signature radio button over to the right to enable Dynamic Digital Signature for the instance.

My Profile – User Settings – click on Features tab – Dynamic Digital Signature: slide the radio button over to the right:
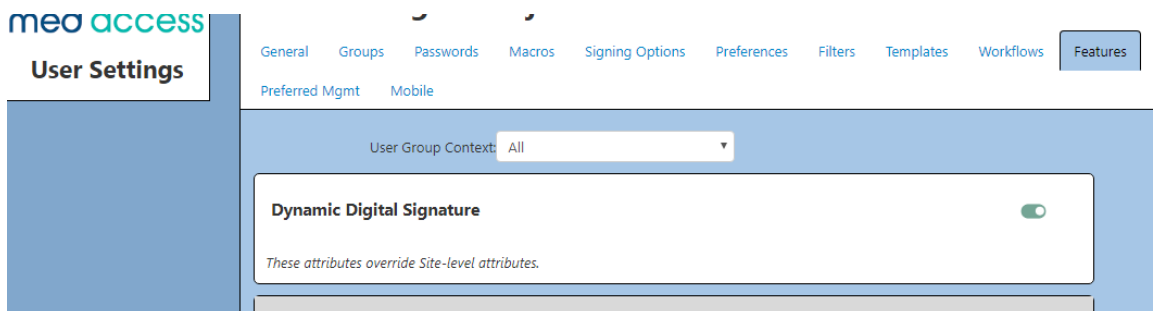
It is also required that the user has the Signature Text field filled in their User Settings under the Signing Options tab:
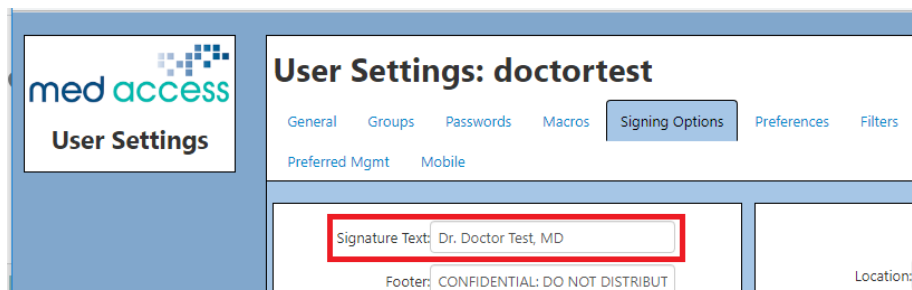
APPENDIX B: TO SELECT A RECEIVING PHARMACY FOR A PATIENT:

When in the patient's med list, the receiving Pharmacy information can be set as:

(i)   a default "**Preferred Pharmacy**" for the patient, and/or

(ii)   as a "one-time" Pharmacy for an specific Rx.

1. To select a **Preferred Pharmacy** for the patient:

If not already filled in or if the patient wants to select a different pharmacy:

- Click on the Facility [icon] icon to the far right. (Hovering over the icon gives you the entered contact information for that Pharmacy).
- This opens the current Preferred Pharmacy information for that specific patient:

A. To add a Preferred Pharmacy to the patient's chart, click on the **Add Pharmacy** icon, which will take you to the Pharmacies in the <u>Facilities Provider Registry</u>.

B. If you don't see the patient's preferred pharmacy in the list:

- Search for it using a number of methods, such as adding at least the first 3 letters of the pharmacy name, a City, or changing the Province (note that selecting "All" for the Province will not return any results!).
- Pharmacies can be removed from a Patient's list of Preferred Pharmacies or the sort order can be changed so that the most frequently used pharmacy is at the top of the list and defaults into the Preferred Pharmacy on the patient's Rx.
- "**One-time**" Pharmacy information can be entered from within the Rx by clicking on the **Facilities icon** and selecting the destination Pharmacy.