

The Introduction of Electronic Medication Charts in Residential Aged Care Facilities

AN EVALUATION

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FUTURE:

- A review of the medication chart should be made to ensure all necessary information is provided.
- Further work should be funded to identify benefits when all residents in a facility have an electronic medication chart.
- GPs should be encouraged to use *Profile* to access their patient's medication charts remotely (by broadband) from their practices.

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Project Summary

The Illawarra Division of General Practice in consultation with the project stakeholders designed computerised medication charts for both low and high care residents. They subsequently developed software which enabled the production of these medication charts from the clinical information management system *Profile*. *Profile* was chosen as it was the only program that was both affordable and had the capacity to allow secure remote access.

Phase I saw the installation and



Paula Hollifield with
Daisy Tutton.

use of the *Profile* in the nursing homes. This allowed the production of electronic medication charts and prescriptions and was available throughout the trial.

Phase II involved the linking of the computers situated at the GP's surgeries to those within the nursing homes by broadband, thus allowing the GPs remote access to resident's medication charts. This was possible for two GPs during the last few months of the trial. ☀

Conclusions

There is no question that the legibility of charts, efficiency of production, availability of decision support and value of remote access can contribute towards better outcomes for patients and improve efficiencies for GPs, nursing homes and pharmacies.

Those doctors with numerous patients reported considerable time savings on paper work. This benefit decreased as patient numbers decreased. Time taken to access the computer was also a barrier. Significant benefits could be achieved if all patients in a nursing home had electronic medication charts and residents were cared for by

a small number of GPs.

Three of the four nursing homes involved in the trial have opted to continue using the system. The system is relatively inexpensive to set up and run; costing a nursing home about \$2,493 (not including the broadband connection fee).

Some technical difficulties remain and a review of the medication charts would be useful, as would the positioning of computers in appropriate locations within the nursing homes so that GPs could generate charts without leaving clinical areas. The GPs and nursing homes involved in the trial were very

supportive of the project and there was little resistance to change reported once the system was implemented.

Some GPs would like to make use of additional *Profile* capabilities to allow the creation of electronic medical records for their patients. As such, electronic medication charts may be the first step towards a complete electronic patient record in the nursing homes.

The success of this system in other aged care facilities will be dependent upon GPs willingness to use computers and in particular the *Profile* software. ☀