

Electronic medication management (EMM)

A guide for
healthcare providers

V1.01
December 2015

Overview

Purpose of this guide

Those viewing this presentation will come away knowing at a high level how electronic medication management (EMM) works and how it can support primary care, including GPs, pharmacies and residential aged care facilities.

Those from the acute care sector will see a brief overview of how EMM systems support key activities and also how hospital systems will interact with primary care.

Who should read this guide?

This guide is intended for healthcare providers. It is not intended to provide detailed technical information.

How to read this guide



This guide can be read in full, or browsed in parts by **clicking the links** to the sections you find most relevant.

You'll also find a '<< contents page' link at the top of every slide.

Contents

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Introduction to electronic medication management (EMM)

What is electronic medications management and why do we need it?

Introduction to electronic medication management

Electronic medication management (EMM) is a broad term that incorporates any electronic clinical information system, tool or software application that is used to support the medicines management cycle. This includes:

- ❑ **Prescribing systems**; such as GP desktop computers or hospital clinical information systems that have electronic ordering deployed.
- ❑ **Decision support systems**; such as evidence based order-sets, allergy checking, drug interactions.
- ❑ **Dispensing systems**; such as pharmacy software and automated dispensing systems.
- ❑ **Ordering and supply solutions**; such as the electronic transfer of prescriptions (ETP) and hospital messaging solutions.
- ❑ **Administration records**; such as electronic medication administration records.

This guide provides a high level overview of the current systems that are available, or being planned, and how they relate to practice.

Why do we need electronic medication management?

There are a number of drivers that highlight the need to utilise EMM systems. These include:

- Improving the **legibility of prescription orders** to ensure that they are unambiguous and easily understood.
- Supporting clinicians with **choosing appropriate and cost-effective treatments** and helping to reduce clinical variation.
- Improving the **accuracy** and visibility of medication information being communicated between professionals and health care providers.
- Increasing the **quality of information** is available along the medicines management pathway to ensure health providers and consumers have **more complete information**.
- **Optimising the medicines supply chain** to control costs and drive efficiencies.

Finally, EMM enables the **increased sharing of information with consumers, their carers and other providers**.

What are the safety benefits of electronic medications management?

EMM implementers cite numerous benefits from EMM systems, however the greatest anticipated benefit of implementing EMM are the reduction of preventable adverse drug events (ADEs) including:

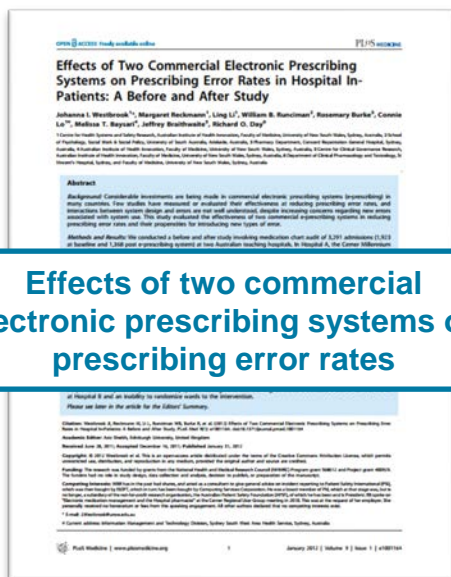
- **Fewer prescribing errors** as EMM systems provide clinical decision support.
- **Lower dispensing errors** through closed-loop medication ordering, automation and barcode scanning.
- **Reduced administration errors** through clearer information on electronic medication administration records, reminders, safety alerts and administration barcode checking.
- **Less omission and commission errors at transitions in care** through improved transfer of information.
- **Improved medication adherence** and minimised misuse, over-use and under-use of medicines.

These safety benefits have been described by implementers as reducing the number of medicines related episodes of care, reducing readmissions and length of stay in hospitals.

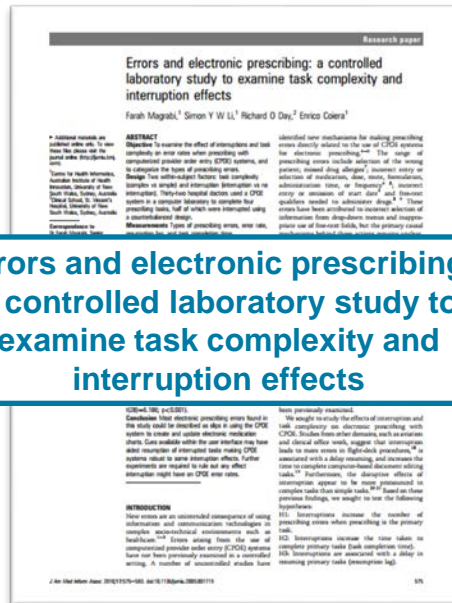
What does the evidence say?

Electronic medication management is an emerging field and the literature supporting its benefits is still growing. A number of key papers support the anticipated safety benefits of EMM.

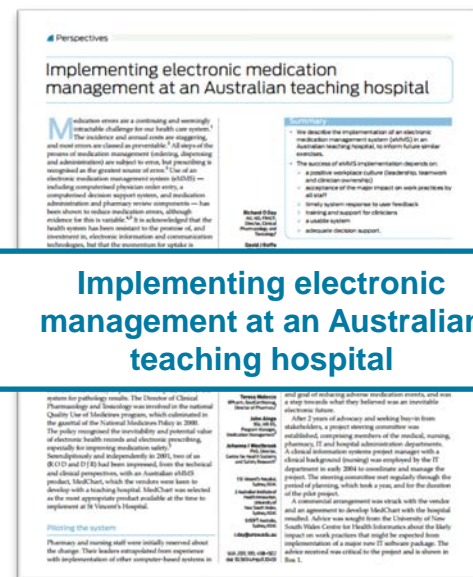
Follow the links below to access some more relevant papers on the benefits of EMM.



Effects of two commercial electronic prescribing systems on prescribing error rates



Errors and electronic prescribing: a controlled laboratory study to examine task complexity and interruption effects



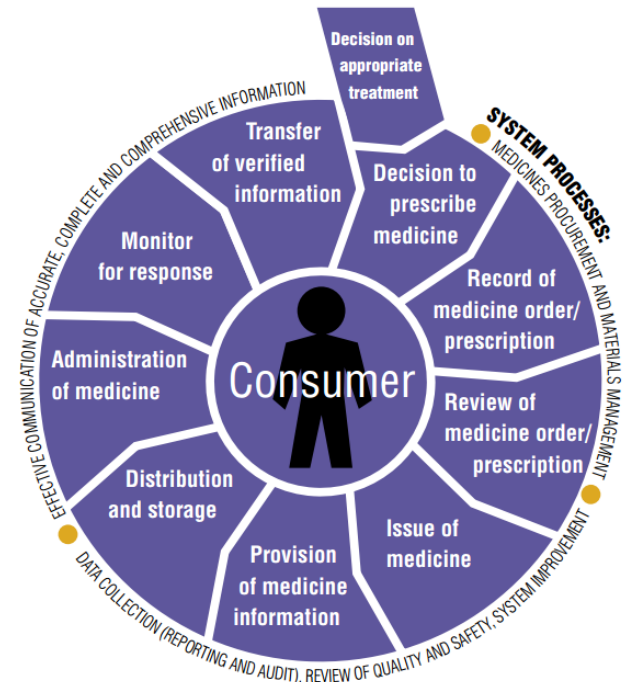
Implementing electronic medication management at an Australian teaching hospital

How does EMM support the medicines management cycle?

How EMM systems can support some of the key flows in medicines management

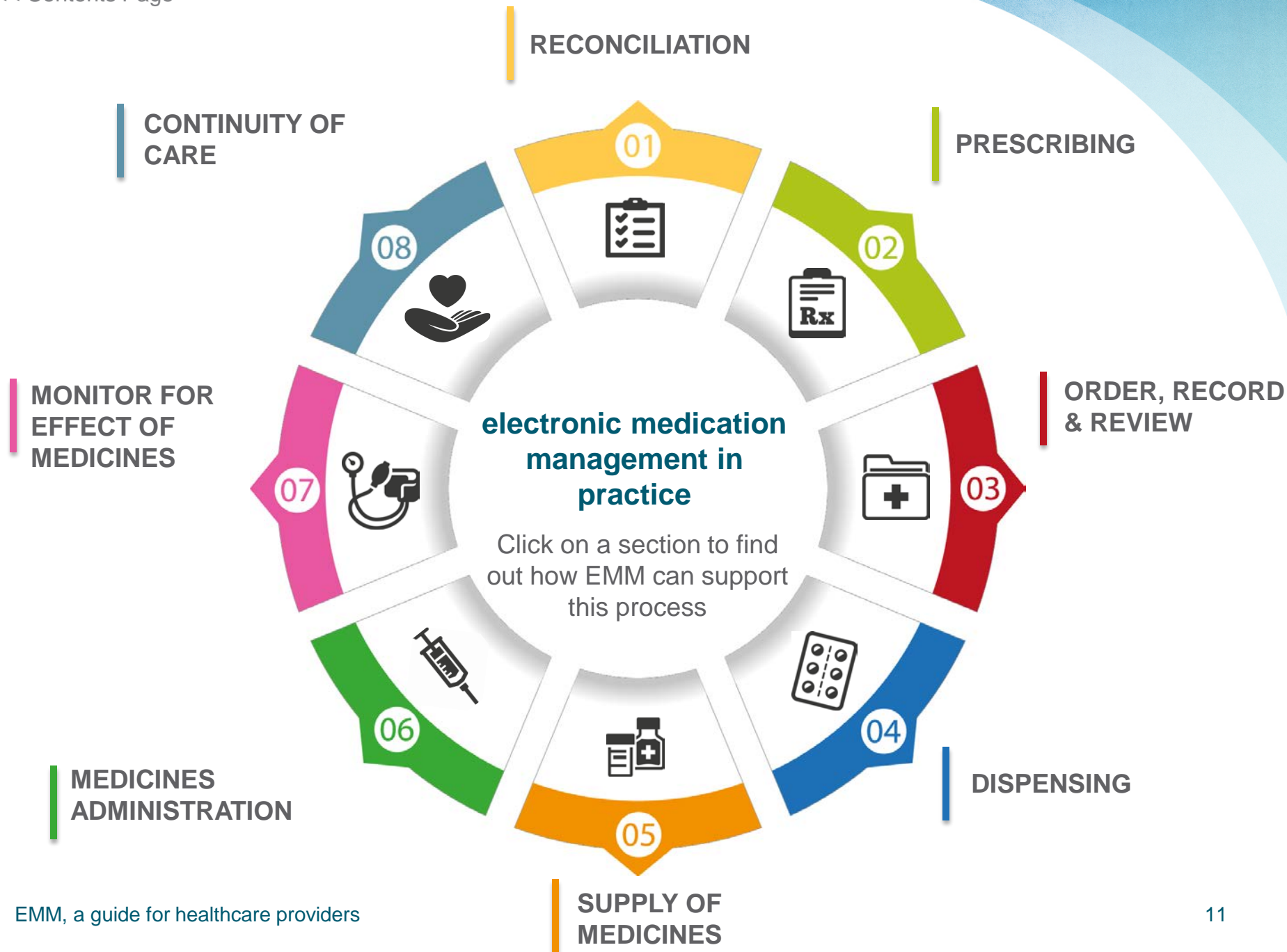
EMM and the medicines management cycle

- The medications management cycle is a complex, continuous process involving many stakeholders including prescribers, dispensers, administrators and consumers.
- The continuous optimisation of the cycle, combined with the principle of Quality Use of Medicines are common goals of governments and health providers.
- The Commission has modified the cycle diagram from the National Medicines Policy to explain how EMM systems are being implemented to support the various stages in the process.



APAC 2005 Guiding principles to achieve continuity in medication management JULY 2005

[http://www.health.gov.au/internet/main/publishing.nsf/Content/5B47B202BBFAFE02CA257BF0001C6AAC/\\$File/guiding.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/5B47B202BBFAFE02CA257BF0001C6AAC/$File/guiding.pdf)





EMM in medicines reconciliation

Overview

Medication reconciliation is a formal process of obtaining and verifying a complete and accurate list of each patient's current medicines. Matching the medicines the patient *should* be prescribed to those they are *actually* prescribed.¹

Medicines reconciliation is particularly important when care is transferred - when a patient is admitted to hospital, or transferred from hospital to the home.

Common problems in medicines reconciliation

- Between 10%-67% of medication histories have at least one error.
- Up to one third of these errors have the potential to cause patient harm.
- More than 50% of medication errors occur at transitions of care.
- Patients with one or more medicines missing from their discharge information are 2.3 times more likely to be readmitted to hospital than those with correct information on discharge.
- 85% of discrepancies in medication treatment originate from poor medication history taking. These educational materials provide clinicians with information on the four steps of the medication reconciliation process, evidence to support its use and the importance of team work and communication among staff involved in the patient's care.

1. ACSQHC website [<http://www.safetyandquality.gov.au/our-work/medication-safety/medication-reconciliation/>] accessed on 18th June 2015

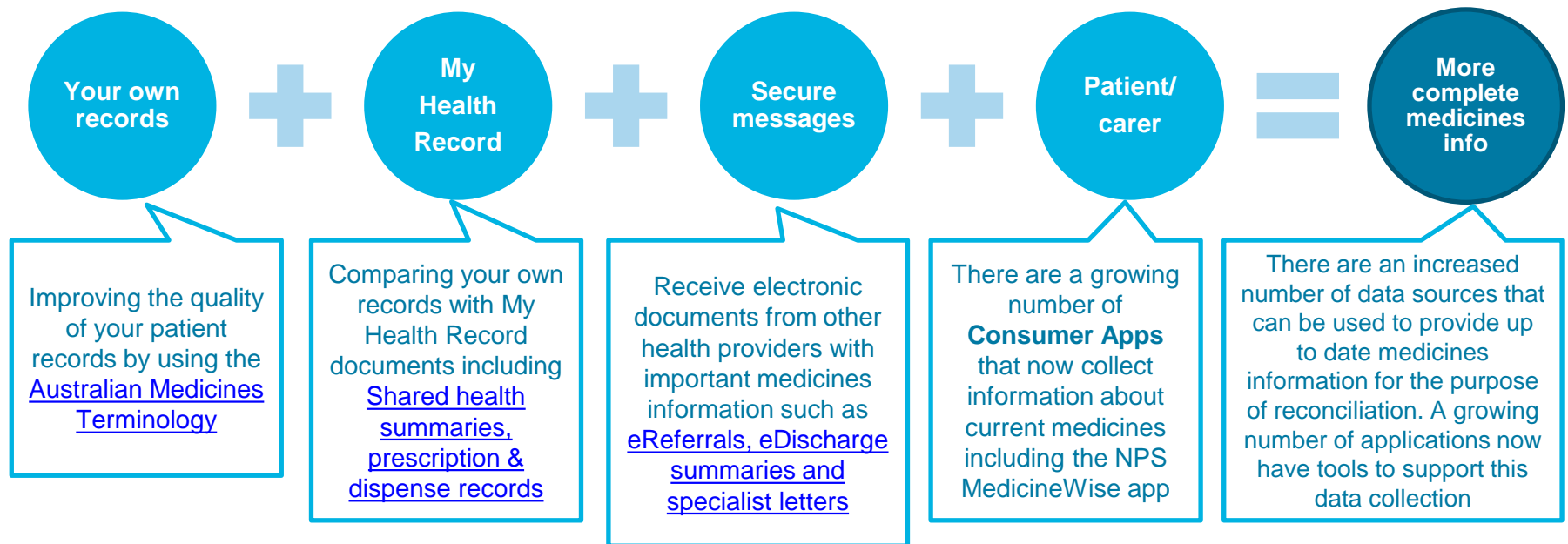


EMM in medicines reconciliation

Initiatives

EMM systems can facilitate improved medicines history and medicines reconciliation through:

- **Access to more information sources** that can help provide a clearer picture of a patient's current medicines, the diagram below describes how;
- **Tools and processes** to facilitate workflows associated with medicines reconciliation.





EMM in medicines reconciliation

The role of e-Referral

Health Providers can now send **e-Referral** documents via a **secure messaging service** to providers with the appropriate infrastructure and capacity.

e-Referrals are a standard format that may include:

- details about the patient;
- the reason for the referral;
- current medications;
- medical history;
- adverse reactions; and
- diagnostic investigations including pathology test results.

These documents provide very useful information resources that can be validated with patients in the process of medicines reconciliation.

[The NEHTA website has more information about e-Referrals](#)

e-Referral
17 Aug 2012

Frank HARDING DoB 4 Oct 1949 (64y) SEX Male IHI 8003 6086 6670 1594

START OF DOCUMENT

City Medical Centre
Author Dr Charley Fletcher (General Medical Practitioner)
Phone (07) 3720 2801

Referral Detail

Date and Duration

Date	Duration
17 Aug 2012 16:10+1000	6 month

Reason for Referral

Thank you for seeing Mr Harding for assessment and management. Frank is a 64 year old gentleman, presented with a 3 week history of Right Upper Quadrant (RUQ) abdominal pain, worse after food and possibly worse after eating fatty food. Please would you consider him for cholecystectomy as his RUQ pain is increasing both frequency and intensity but he remains afebrile and is not jaundiced. Abdo ultrasound report shows 3/4 full moderate sized mobile gall stones. LFTs slightly abnormal. Full blood count is normal.

Medications

Medication	Directions
Tritace 10mg capsule: hard, 30 capsules	1 tablet once daily
Somac 40mg capsule: hard, 30 capsules	1 tablet once daily
Astrix 100mg capsule: hard, 30 capsules	1 tablet once daily

Medical History

Medical History - Procedures

Date Time	Procedure	Comments
01 Jan 1999 16:33+1000	Diabetes insipidus	
25 Jan 1998 09:30+1000	Primary uncemented total knee replacement	Cementless
15 Jan 1990 09:30+1000	Replacement of cardiac pacemaker	

Adverse Reactions

Substance/Agent	Manifestation
Phenoxymethylpenicillin	• Nausea • Diarrhea

Diagnostic Investigations

This section may contain the following subsections Pathology Test Result, Imaging Examination Result and Requested Service(s).

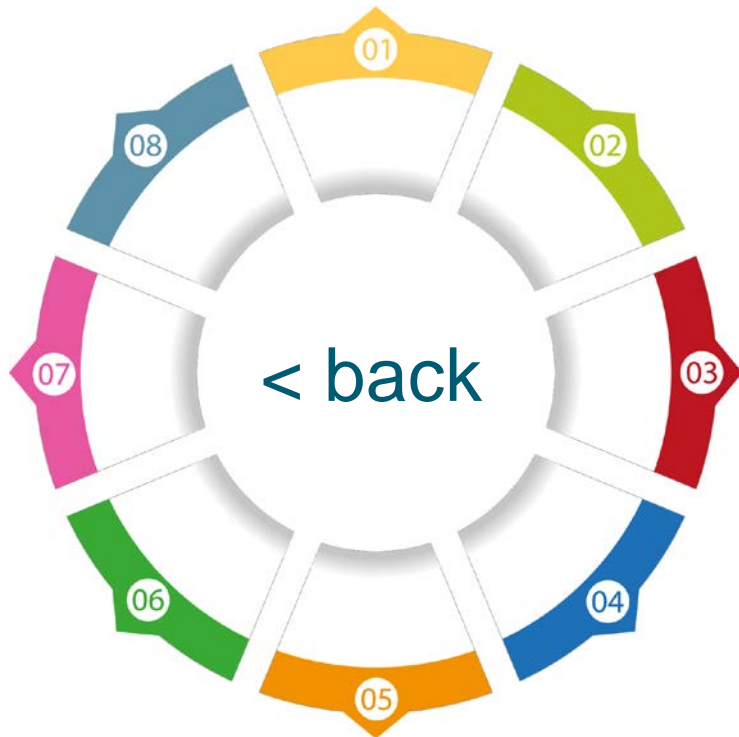
Pathology Test Result (Diagnostic Investigations > Pathology Test Result)

Pathology Test Result(s)

Test Result Date/Time	Test Result Name	Diagnostic Service	Overall Test Result Status	Clinical Information Provided	Pathological Diagnosis	Pathology Test Conclusion	Test Comment	Image / File
12 Aug 2012 14:45+100	FBE		Final		• Test normal			

Screenshot of a sample e-Referral

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EMM in prescribing

Overview

The prescription of medication is one of the most common healthcare interventions made by health providers in both acute and primary care.

Clinicians make a decision to provide treatment based on the information they have about the patient, their interpretation of the patients presenting complaint and diagnosis. They rely on access to the latest knowledge and guidelines, combined with their assessment of the patients needs in order to select the most appropriate medication.

Common problems in prescribing

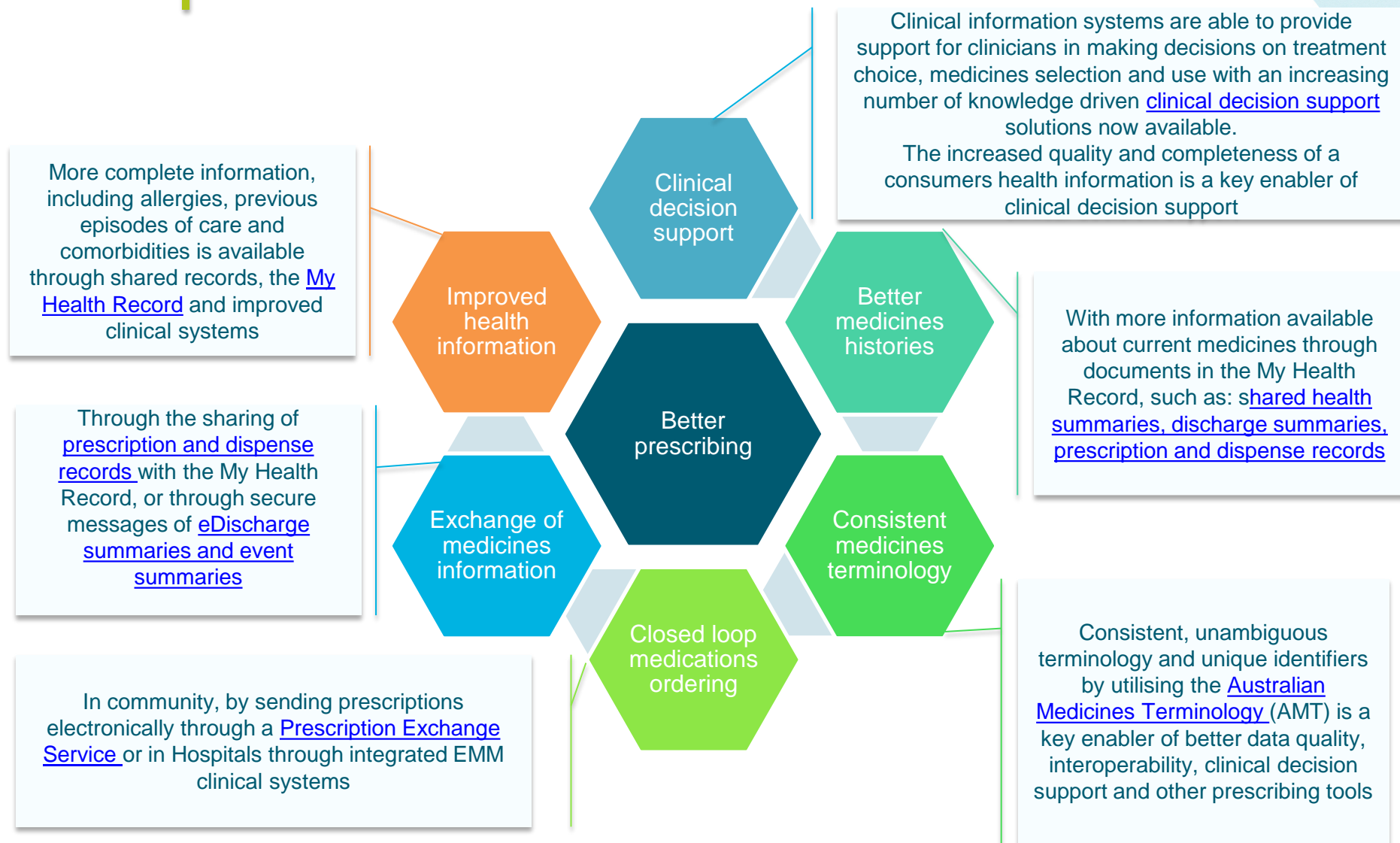
- Increasing numbers of patients have co-morbidities and more and more Australians are taking 4 or more medicines.⁽¹⁾
- Medicines knowledge is increasing at a faster rate than it is possible for health providers to continually remain up-to-date.
- Only 57% of patients receive the appropriate treatment as per the relevant guidelines.⁽²⁾

[Click here to find out how EMM systems can support prescribing](#)

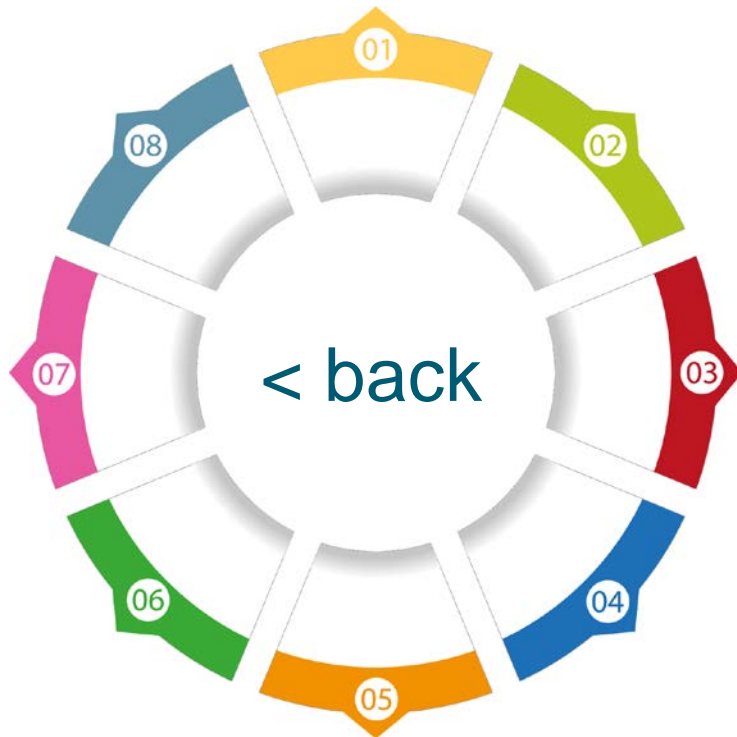
1. Morgan T., Williamson M. et al. A national census of medicines use: a 24-hour snapshot of Australians aged 50 years and older [MJA 2012; 196: 50-53](#)
2. Runciman W., Hunt T., Hannaford N., et al; CareTrack: assessing the appropriateness of health care delivery in Australia <https://www.mja.com.au/journal/2012/197/2/caretrack-assessing-appropriateness-health-care-delivery-australia>



EMM in prescribing Initiatives



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EMM in order, record & review

Overview

Once a decision is taken to prescribe a medicine, the next step is to make an order. We've already discussed some of the steps taken in this process in the previous section.

In a hospital, this might be the step where a pharmacist reviews and verifies the order before it is sent or on receipt to the pharmacy. In community this might be the receipt of a prescription or electronic prescription.

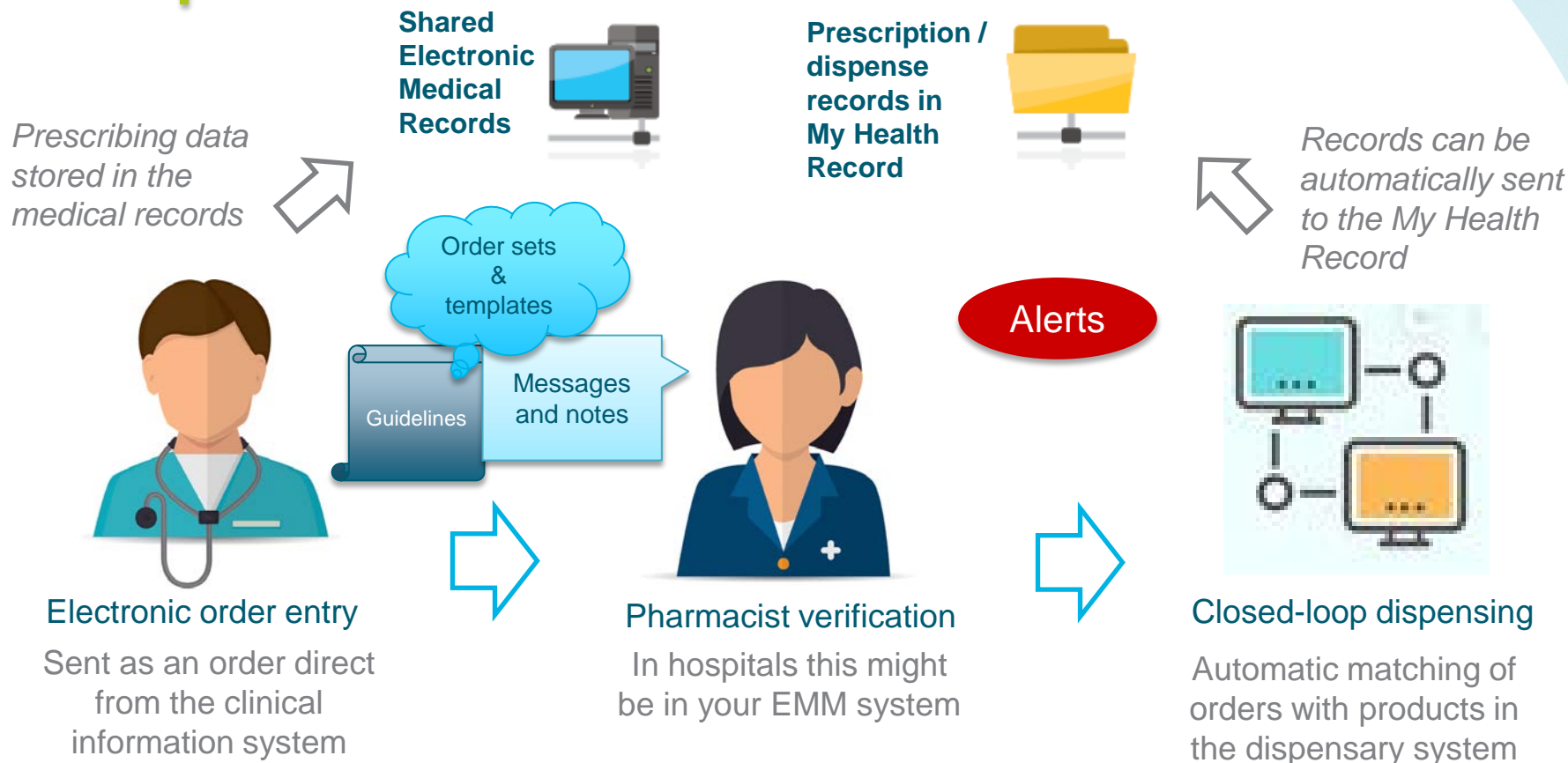
The dispenser must now review the order, check its appropriateness and make a record against the patients record in their system.

Common problems in order, record & review

- Legibility issues with handwritten orders are still common in acute care.
- Lack of information about the patients condition, co-morbidities or concurrent medicines.
- Communication with prescribers for clarifications.



EMM in order, record & review Initiatives



Closed-loop ordering, verification and dispensing.
Enabled by standardised medicines terminology & unique identifiers



EMM in order, record & review

Electronic transfer of prescriptions (ETP)





EMM in order, record & review

Prescription and dispense records

GPs and pharmacies using a prescription exchange service, and who are also registered for the national eHealth record system, can send prescription and dispense records to a consumer's My Health Record.

My Health Record compares prescriptions to their corresponding dispenses. Clicking on the entry opens the detailed records.

Prescription and Dispense View

This view should not be wholly relied upon to be a complete record of prescribed and dispensed medicines.
Note: Your search could return information created up to 2 hours before the start date and up to 5 hours after the end date you select. This is to cater for the time it takes for records to be processed. This may mean the search will return information about healthcare events on the day before or after the date selected.

Event date: 08-Aug-2011 to 08-Aug-2013

Group by: Prescription

Prescribed	Medicine Details
16-Nov-2012	APO-Tramadol
16-Nov-2012	Dispensed Tramadol hydrochloride - APO-TRAMADOL - 50 mg - 1 tablet prn - Tablet - Supply 20 - Original dispense
16-Nov-2012	Prescribed Tramadol hydrochloride - APO-TRAMADOL - 50 mg - 1 tablet prn - Tablet - Supply 20 - Dispense original and 2 repeats
31-Oct-2010	Amoxil 250mg
13-Feb-2013	Dispensed AMOXIL 250MG - One tablet three times a day- Supply 30 tablets - Repeat 1
13-Jan-2013	Dispensed AMOXIL 250MG - One tablet three times a day- Supply 30 tablets - Original dispense
13-Jan-2013	Prescribed AMOXIL 250MG - One tablet three times a day- Supply 30 tablets - Dispense original and 2 repeats

PCEHR Dispense Record
Frank HARDING DOB 4 Oct 1949 (53y*) 22 Aug 2013 015X Male 011 8003 6086 6670 1594

START OF DOCUMENT

City Centre Pharmacy
Dispenser: John Smith (Hospital Pharmacist)

Dispense Item

Field	Value
Therapeutic Good Identification	Paracetamol 5mg tablets, 60 tablets
Therapeutic Good Strength	5 mg
Therapeutic Good Generic Name	Paracetamol
Additional Dispensed Item Description	Tablets
Label Instruction	Take FOUR tablets each morning for TWO days then take THREE tablets each morning for TWO days then review by GP
Form	Tablets
Quantity Description	50 mg tablets, 20 tablets
Comment	Review with Dr Black at Bedalla Clinic after four days.
Brand Substitution Occurred	False
Maximum Number of Repeats	2
Prescription Item Identifier	ecab7442-2813-42df-a743-9a2051773f6e
DateTime of Dispense Event	22 Aug 2013 13:03+1000
Dispense Item Identifier	f57f1b08-964e-4a97-a7f2-0063ed2442e

Administrative Observations
This section contains no entries.

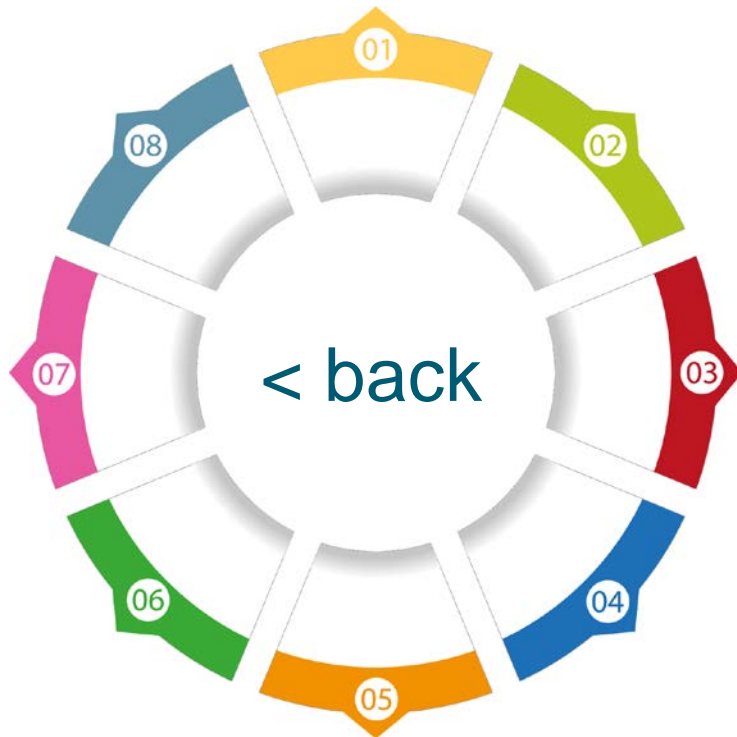
ADMINISTRATIVE DETAILS

Patient	Dispenser
Name: Frank HARDING	Name: John Smith (Hospital Pharmacist)
Sex: Male	Address: Not Provided
Date of Birth: 4 Oct 1949 (53y)	Address: Not Provided
* Age is calculated from date of birth	Clinical Document Details
0003 6086 6670 1594	Document Type: PCEHR Dispense Record
4950134041-1 (Medicare Benefits)	Creation: 22 Aug 2013 13:03+1000
14 CCA Felix St. Seabury, SA	

(1.2.36.3.2001.1005.J3)

Copies of prescription and dispense records are now available in a consumer's My Health Record

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EMM in dispensing

Overview



Whether in hospital or community pharmacy, the dispensing systems and processes have already benefited from significant technology advances.

Electronic transfer of prescriptions (eTP), barcode scanning and online claiming have helped drive efficiencies and make pharmacies safer.

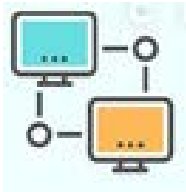
Common problems in dispensing

- Polypharmacy; increasing numbers of patients taking increasing numbers of medicines.
- Dispensing errors; including those caused by look-a-like and sound-a-like medicines, transcription errors or prescription legibility.
- Lack of information about patients comorbidities, concurrent medicines and allergies.



EMM in dispensing Initiatives

There are a number of projects underway to help improve dispensing processes



Closed-loop dispensing

Hospitals are implementing system to enable electronic orders to be sent directly to pharmacy systems



Better quality barcodes

Work is underway to improve the GTIN information (barcodes) that suppliers share with electronic systems



Automated dispensing

Robotic dispensing units are increasingly being installed in both acute and primary care pharmacies



Structured content

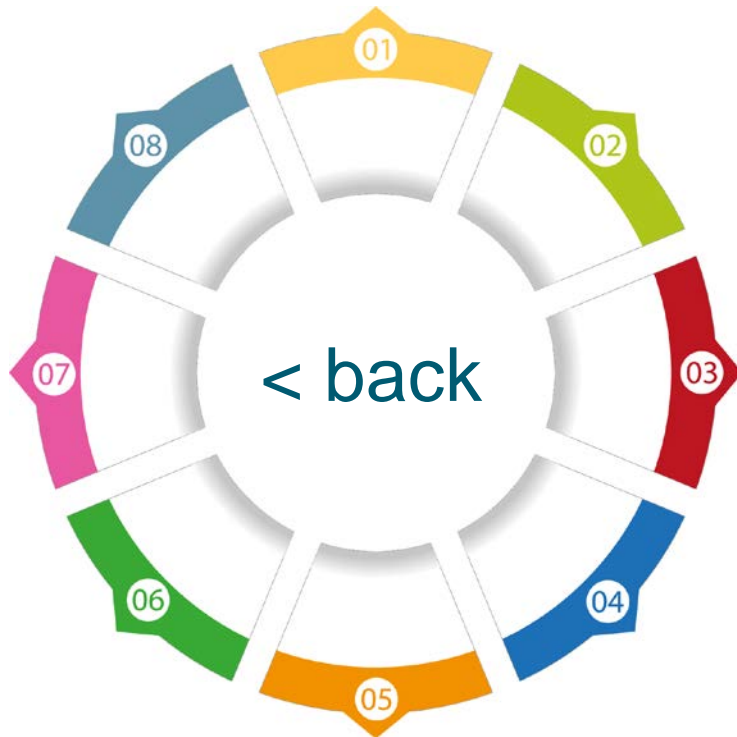
Australian Medicines Terminology enables standard unambiguous medicines naming as well as a unique identifier and machine readable information



My Health Record

Pharmacies can view information and contribute to the My Health Record through event summaries and dispense records

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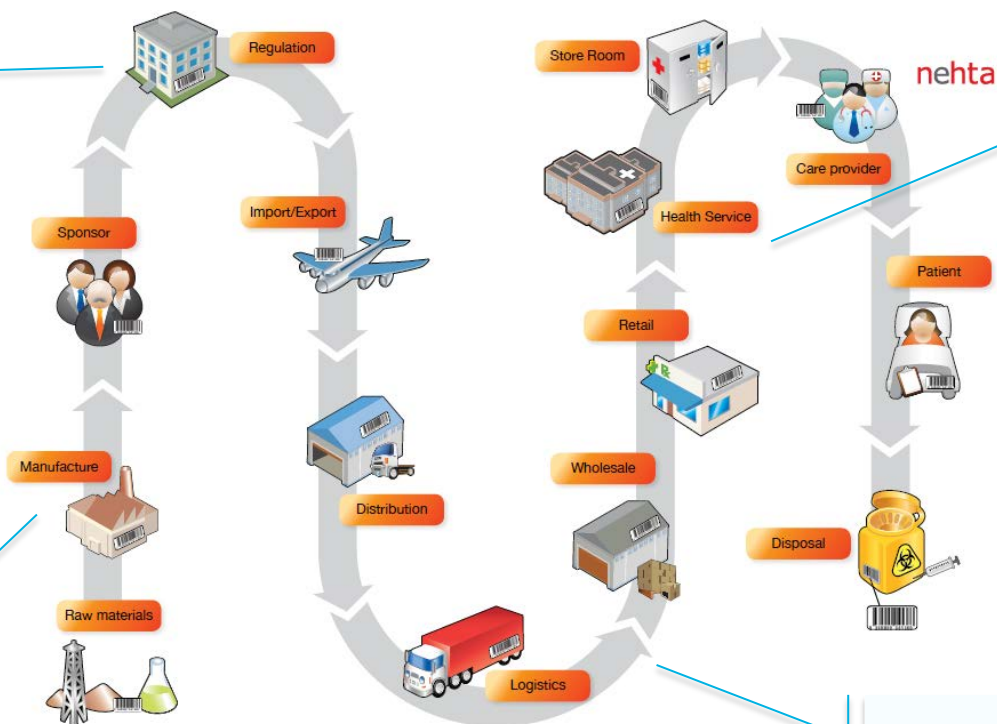


EMM in supply of medicines

There are a number of projects underway to improve the quality of data in the medicines supply chain

As medicines are registered, a unique concept identifier, description and supporting information is created in the [Australian Medicines Terminology \(AMT\)](#)

The [National Product Catalogue \(NPC\)](#) captures detailed product information from suppliers to be shared throughout the supply chain

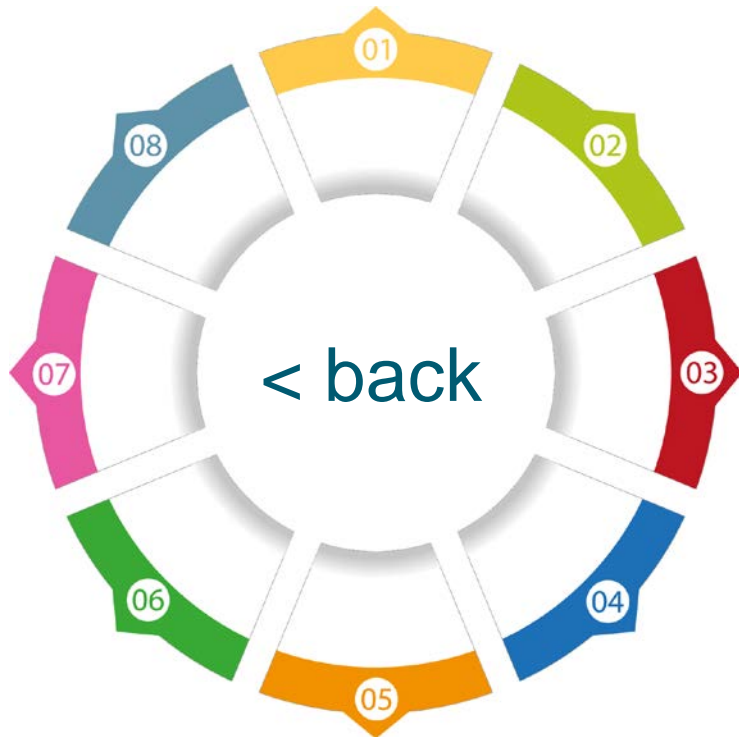


[Recallnet](#) allows for suppliers to issue electronic notifications to health providers to recall products that may be defective

[Locatenet](#) is a global location number directory that helps identify where products are from

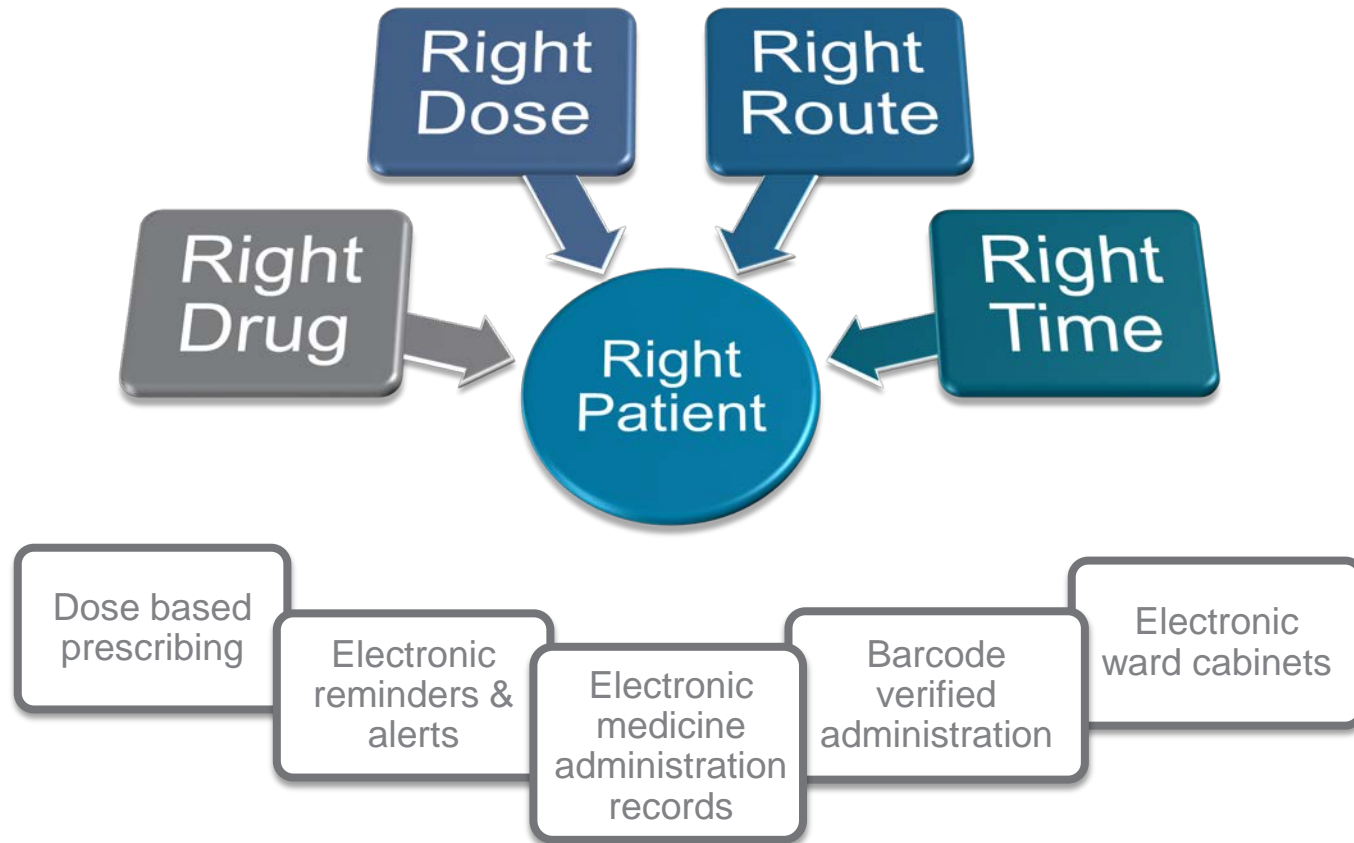
Lifecycle of a product
[NeHTA supply chain](#)

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EMM in medicines administration



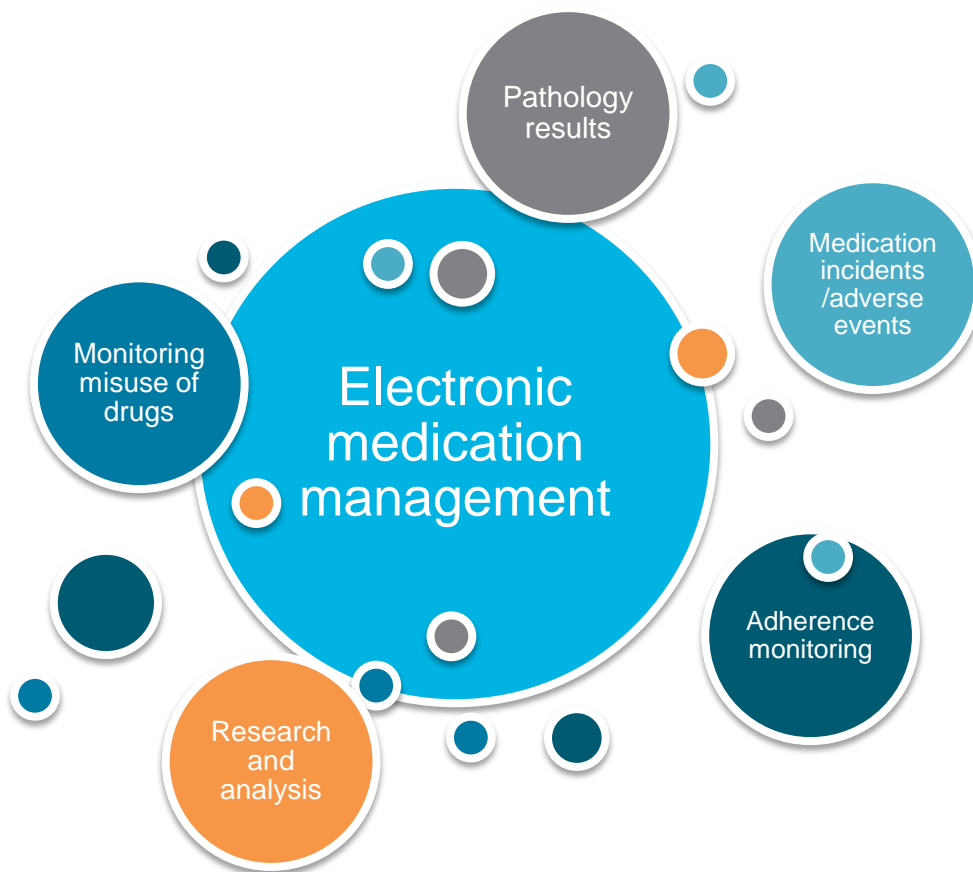
EMM systems are being introduced in hospitals and aged care facilities to ensure safer, more efficient medicines administration

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EMM in 'monitor for effect of medicines'



Monitoring medicines issued to patients to see if they are:

- *Effective*
- *Tolerated*
- *Used appropriately*

is one of the major advantages of EMM systems. New systems are being implemented to facilitate:

- The monitoring of the sale, supply and use of controlled drugs;
- Pathology reports shared in the My Health Record;
- Dispensing records in the My Health Record; and
- Better monitoring of adverse events and allergies.



EMM in 'monitor for effect of medicines'

There are a number exciting initiatives to improve monitoring the effect of medicines – here are a few examples



Integrated vitals monitoring

An increasing number of acute care facilities are integrating their monitoring devices with EMR systems.

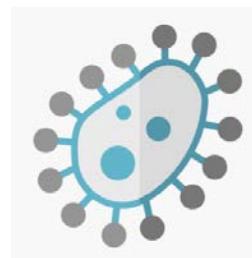
This enables clinicians to monitor and record the impact of medicines



Pathology Analytics & Dashboards

Pathology is becoming more integrated in acute and primary care systems. Shared records, including My Health Record, will also contain more results

This enables more sophisticated analysis and reporting to facilitate better monitoring of medicines response



Antimicrobial Stewardship Software

Acute and residential aged care facilities are now introducing software to help support and monitor the appropriate use of antimicrobials.

These solutions combine EMM, pathology and decision support to optimise the use of antibiotics

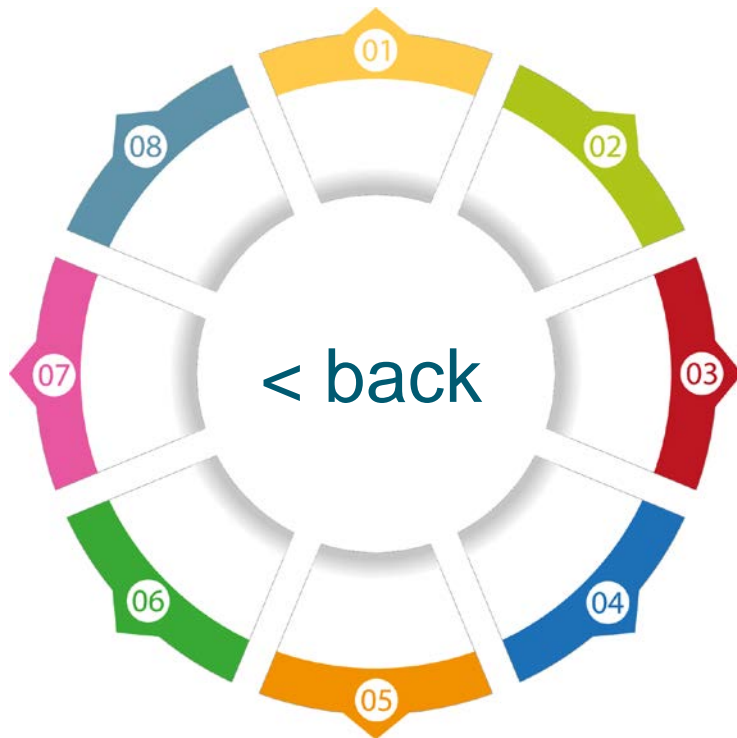


Home Monitoring & Wearables

There are now a growing number of remote monitoring technologies that can help capture patient recorded data This can then be shared electronically or during consults.

Examples include inhaler adherence monitoring, tablet counters through to electronic sphygmomanometers

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EMM in continuity of care

Overview

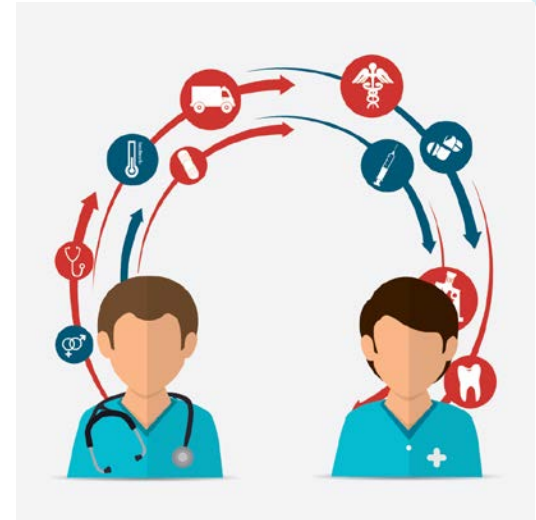
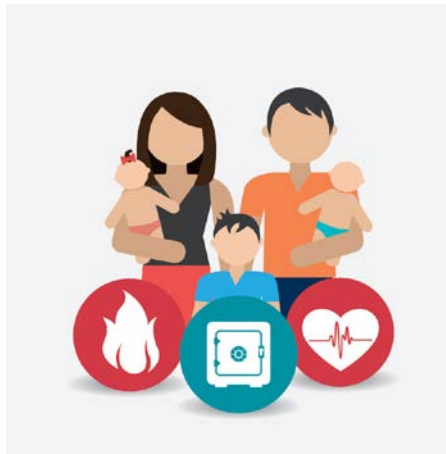
Transitions of care are known to be a point of vulnerability for medication management. Whether this is a transfer within hospital department, at admission to, or discharge from hospital to home or residential care the presence of a curated medicines list will significantly improve the ability of the new healthcare professionals or teams to deliver safe, high quality care.

Studies show that approximately 20% of patients experienced a significant delay in medicine administration upon arrival at the facility and that 12% of missed doses were considered high risk.

Semple S, Roughead E. Medication safety in acute care in Australia: where are we now? Part 2: a review of strategies and activities for improving medication safety 2002-2008. *Australia and New Zealand Health Policy* 2009;6(1):24.

Intervention at care transitions by family and care givers (facilitated by EMM) has been also been shown to reduce rates of hospital readmission and to improve patient confidence in medication self-management.

Parry C, Min S-J, Chugh A, Chalmers S, Coleman EA. Further application of the care transitions intervention: results of a randomized controlled trial conducted in a fee-for-service setting. *Home Health Care Services Quarterly* 2009;28(2-3):84-99.



Discharge summaries

80% contained one or more discrepancies when compared with the discharge prescription; Only 50% of the changes to regularly scheduled medicines; Only 25% of the changes to medicines scheduled “as required”.

Callen J, McIntosh J, Li J. Accuracy of medication documentation in hospital discharge summaries: A retrospective analysis of medication transcription errors in manual and electronic discharge summaries. *International Journal of Medical Informatics* 2010;79(1):58-64.



EMM in continuity of care

The role of the discharge summary

Healthcare providers can now send **e-Discharge summary** documents via a secure messaging service. Typically this would be from a hospital to a GP. However it is also now possible to send discharge summaries to a consumer's My Health Record.

e-Discharge summaries are based upon a specification and should include:

- details about the patient;
- overview of the episode of care or 'event';
- summary of interventions;
- diagnostic investigations including pathology test results.

There should also be detailed information about medicines including:

- current medications on discharge;
- ceased medications on discharge.

Discharge summaries are important documents in handover and care transition. The ability to share these documents electronically and access them via My Health Record should help improve medicines management across care transitions.

[The NEHTA website has more information about discharge summaries](#)

Discharge Summary
4 Jun 2013
Frank HARDING DoB 4 Oct 1949 (64y) SEX Male IHI 8003 6086 6670 1594

START OF DOCUMENT

Canberra Hospital

Author Dr Matthew Kessler
Phone 0262442222
Discharge To Other/Home
Discharge Ward 4F
From

Health Profile

This section may contain the following subsections Adverse Reactions and Alerts.

Adverse Reactions (Health Profile > Adverse Reactions)

None known

Event

This section may contain the following subsections Problems/Diagnoses This Visit, Clinical Interventions Performed This Visit and Clinical Synopsis and Diagnostic Investigations.

Clinical Synopsis (Event > Clinical Synopsis)

Clinical Synopsis

Clinical Synopsis

Patient fell in his bathroom and could not weight bear on his feet when the ambulance arrived. He was found to have a fractured neck of femur. He was taken to theatre for a pin and plate of the fracture. His post op recovery was complicated by acute delirium and hyponatraemia. His Avapro/HCT was changed to Avapro with marked improvement. Sodium normal on discharge. Please follow up his BP control. He will have private follow up via Rehabilitation Specialist

Problems/Diagnoses This Visit (Event > Problems/Diagnoses This Visit)

- There was a non-displaced fracture of the left neck of femur (Principle diagnosis)

Clinical Interventions Performed This Visit (Event > Clinical Interventions Performed This Visit)

Clinical Intervention Description

Value(s)

Pin and plate surgery of left neck of femur

Diagnostic Investigations (Event > Diagnostic Investigations)

This section may contain the following subsections Pathology Test Result and Imaging Examination Result.

Pathology Test Result (Event > Diagnostic Investigations > Pathology Test Result)

Pathology Test Result(s)

Result DateTime	Result Name	Overall Result Status	Diagnosis
13 Jan 2011 10:59+0300	FBE (Full Blood Examination)	Amended	• Test normal

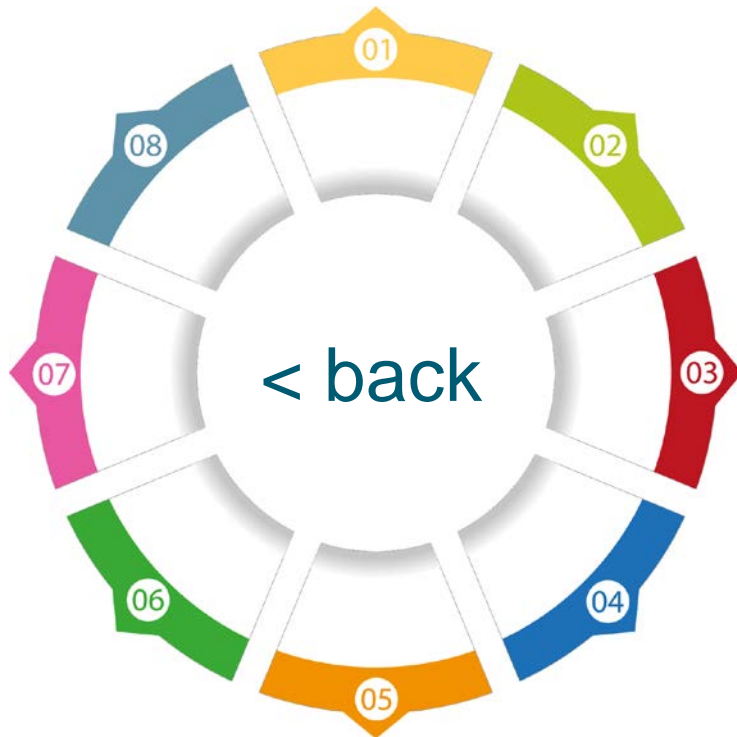
Pathology Test Specimen Detail

Collection Date

11 Jan 2011 14:49+0300

Screenshot of a sample e-Discharge summary

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What is happening nationally?

What national work is being done to support implementation of electronic medication management?

What is happening nationally?

There are a number of national initiatives underway to support EMM. Click the logos below to visit the appropriate website to find out more about that organisations activities in EMM.



Australian Government
Department of Health

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

- Australian Medicines Terminology
- SNOMED CT-AU Terminology
- National reference sets including dose based prescribing
- Standards development for recording medicines
- Supply chain enhancements
- ePrescriptions

- My Health Record
- Electronic transfer of prescriptions
- PBS and MBS enhancements

- Safe display of medicines onscreen
- Tall Man lettering
- eHealth safety
- EMM implementation guides



The Personally
Controlled eHealth
Record System



What is happening nationally?

The NT has been working with EMM systems for a number of years in its hospitals and clinics. These solutions are now being expanded and enhanced

Queensland Health are beginning to roll-out a full integrated EMM systems across a number of its public hospitals as part of its iEMR program

NSW Health EMM program are working with Local Health Districts to introduce EMM, improved supply chain and AMS systems into hospitals

ACT will be dramatically expanding the EMM systems in hospitals over the next 2 years; including new reconciliation, ordering, supply and discharge solutions

Victorians have been benefiting from EMM systems for a number of years, these systems are now being refined and expanded

Tasmanian hospitals have been working towards integrated EMM for a number of years. There are now apps for discharge, reconciliation and decision support with full administration being rolled out over time

WA has been developing its EMM capabilities for some time, including automated dispensing, electronic recording and supply chain optimisations. There are a number of new systems planned for the near future.

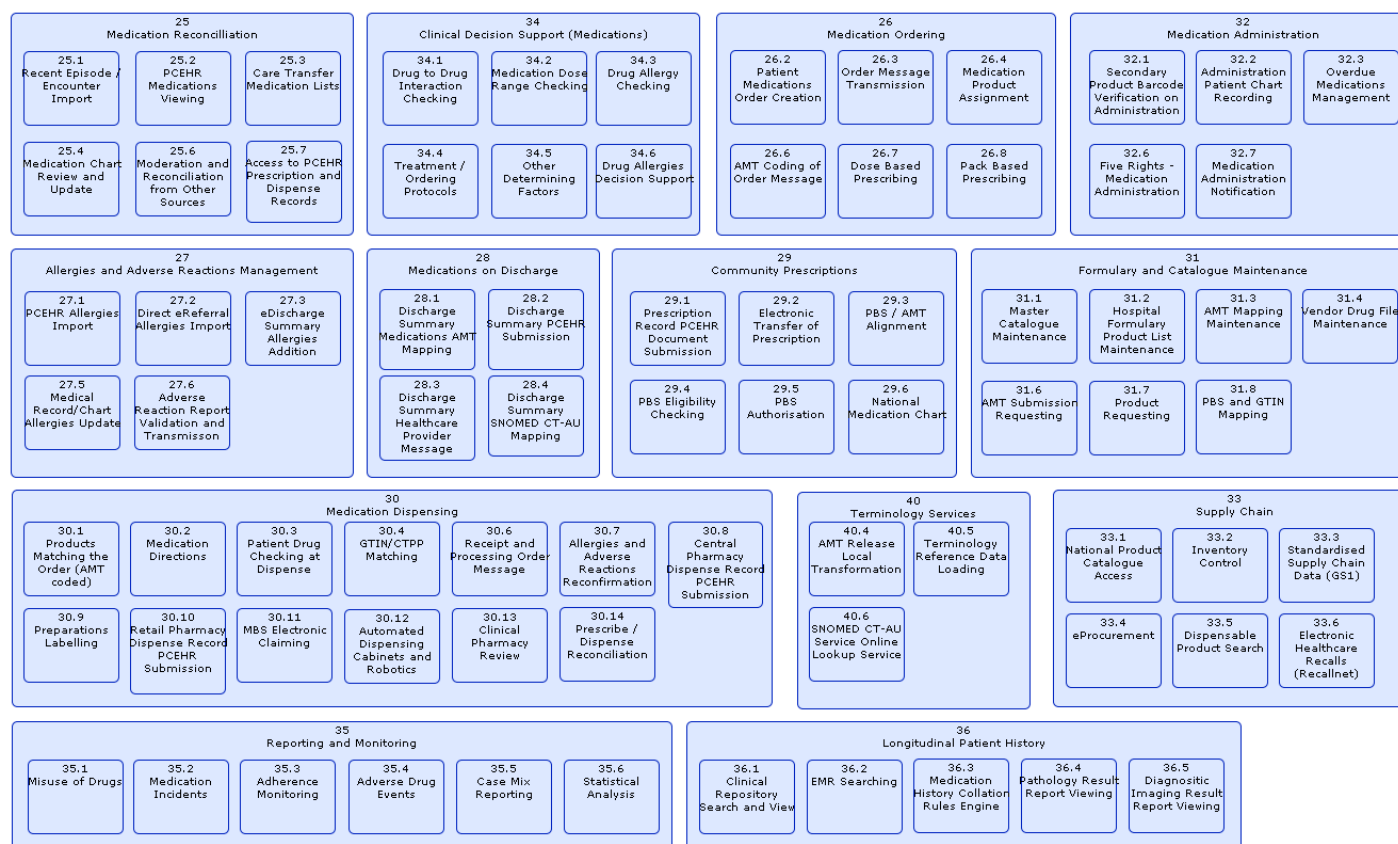
Several large eHealth programs in South Australia are implementing EMM solutions, including automated dispensing and electronic ordering, supply and administration



National EMM functional framework

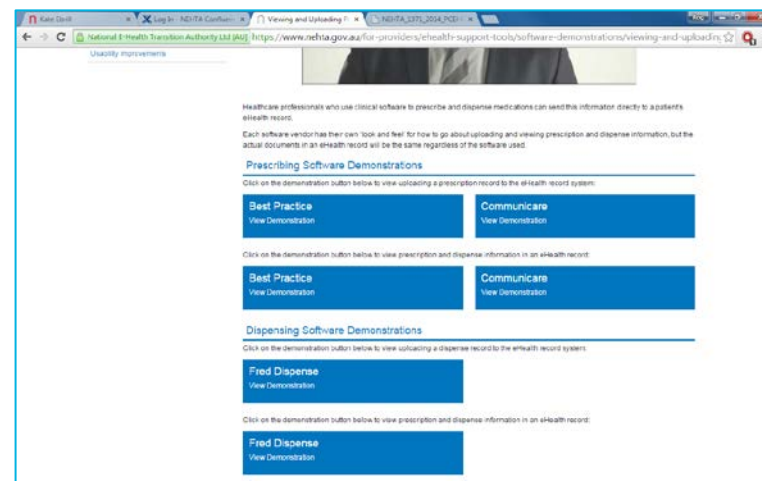
NEHTA has released a detailed functional framework that summarises all of the activities underway with EMM in detail. Visit the NEHTA website for more information

<http://www.nehta.gov.au/news-and-events/news/815-emedications-management-functional-framework-v1-0-march-2015-release>



EMM demonstrations for community prescribers and pharmacy practice

There are a number of national initiatives underway to support EMM
click the logos to visit the appropriate website to find out more about that organisations activities in EMM



Glossary

Term	Acronym	Description
Australian Medicines Terminology	AMT	The national terminology standard for the electronic description of medicines. The AMT provides an unambiguous description, unique identifier and important related attributes of medicines that can be understood by both humans and machines.
Systematized Nomenclature of Medicine--Clinical Terms	SNOMED CT-AU	SNOMED CT-AU is a subset of the international SNOMED CT terminology. It aims to provide an unambiguous description and unique identifier for medical terms, such as diagnosis, treatment and outcomes.
My Health Record	My Health Record	Developed and operated by the Australian Government Department of Health, My Health Record is a shared electronic health record available for any Australian. Participating Health Providers can send and view a range of documents via the Record, either in their Clinical Information System, or via the portal at ehealth.gov.au .
Prescription exchange service	PES	These services enable prescriptions to be securely transmitted from GPs (or other prescribers) to participating Pharmacies.
Electronic transfer of prescriptions	eTP	A mechanism to electronically send prescription documents to pharmacies via a Prescription Exchange Service.
Clinical information system	CIS	The computer system or application used by clinicians as part of day to day practice to record information about patients and carry out activities related to the provision of healthcare.