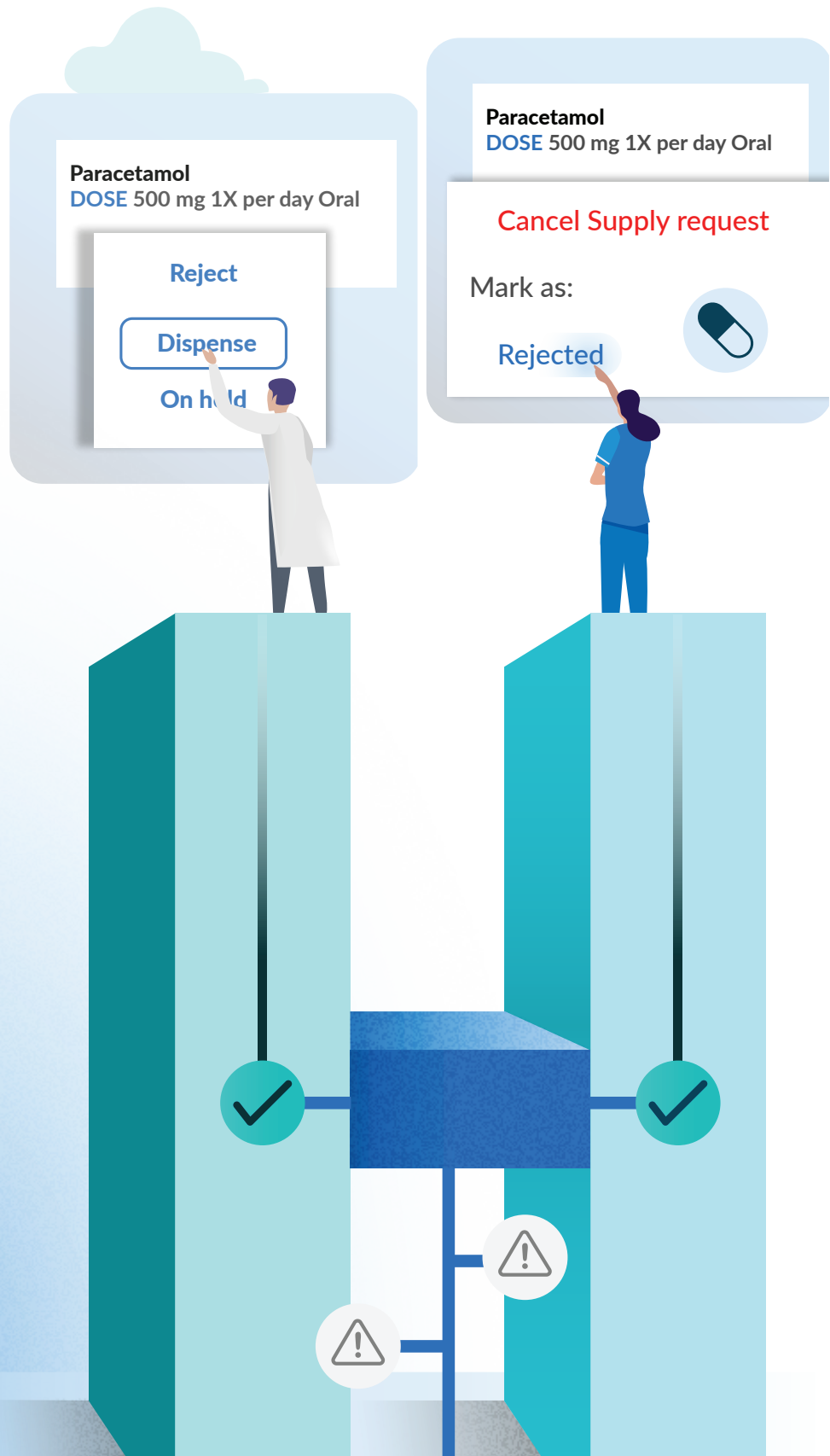




BETTER MEDS MEDICATION SUPPLY REQUEST AND PHARMACY INTEGRATION



WWW.BETTER.CARE

»Having the new integration functionality will allow our nursing staff to order medication electronically, reducing the time it takes for supply requests to be received into the pharmacy department as well as reducing errors that may be associated with paper ordering (such as ambiguous handwriting). The automated feedback to wards around the supply requests is expected to reduce duplicate ordering and telephone queries received by the pharmacy department, reducing interruptions to the dispensary and resulting in a faster supply process. Ultimately all of this will improve the speed we get medicines back to our patients for administration and discharge, the safety of our supply process and the service that our patients receive as a result of these improvements.«

LEO MARTIN-SCOTT, LEAD PHARMACIST FOR ELECTRONIC PRESCRIBING AND MEDICATION MANAGEMENT, Somerset NHS Foundation Trust

»With a new module in Better Meds, users will be able to order more than one medication and to provide a note with each supply request. All supply requests should be clinically reviewed - and the user doing that will have easy access to the patient's medication chart, allergies and all other important information. Owing to the new supply request module and integration with the pharmacy system, patient safety will be improved, all the processes will be faster, and we expect to have less safety-related issues. Users will know exactly what is happening to their supply request at any point of the process. Also, we have put a lot of effort into design and user experience, so we do expect for the latter to have improved with this module.«

BOŽIDARKA RADOVIĆ, BETTER MEDS PRODUCT LEAD

THE CHALLENGE

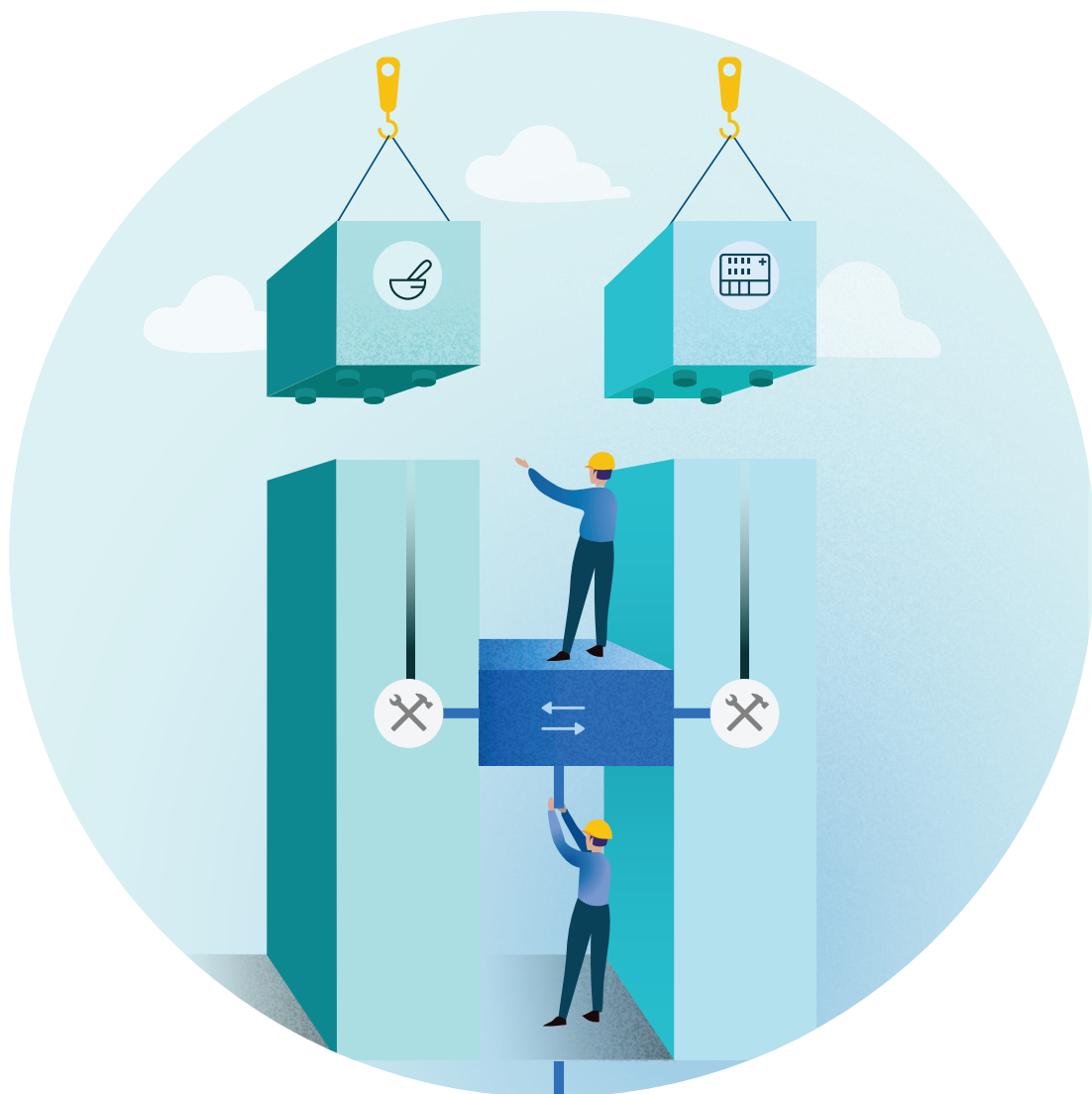
The digitalisation of healthcare has great potential, but the lack of cooperation among healthcare IT providers in the market negatively affects the interoperability of different systems, sometimes even within the same healthcare institution.

In hospitals medications are predominantly ordered in an ePMA system (if installed), and then manually transcribed into the pharmacy system. This transcribing process can be accompanied by many errors, and is also very time-consuming. This problem is further compounded when a hospital has ePMA and Pharmacy systems both installed, but from different suppliers, and they are not integrated. However, if both systems have structured data and follow the same healthcare standards, or are integrated, ordering supplies can be done automatically with a single click, thus improving both safety and efficiency.

THE SOLUTION

A hospital using Better Meds and a pharmacy management system from a different provider, can now easily decide to integrate both systems by using INTEROPen CareConnect FHIR profiles to create the best possible experience and provide better and safer working conditions to clinical teams.

The data is now automatically transferred between both systems, which reduces transcribing errors, saves time, and facilitates better communication between healthcare professionals. All of these elements combined lead to efficient patient care.



BENEFITS AND COURSES OF ACTION

The main benefit for clinical teams is the ability to order medications from the in-hospital pharmacy with a single click. Nurses and pharmacists can now see when the medication is dispensed, or whether a supply request has been rejected.

Following is a list of actions that users can perform with an Better Meds supply request when it is integrated with the pharmacy system:



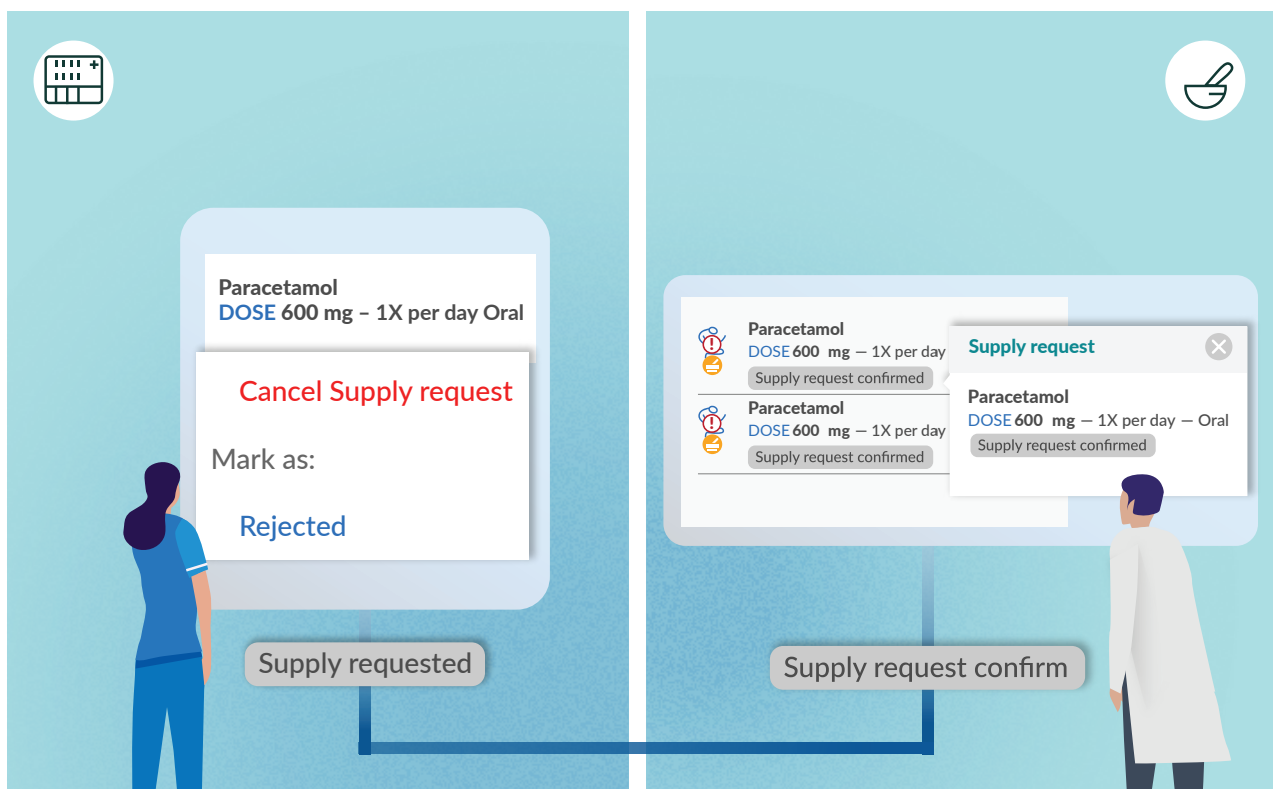
Nurses:

- ✓ can order and cancel supply requests.
- ✓ can mark the status of supply requests.



Pharmacists:

- ✓ can manage supply requests (accepting, suspending, or rejecting them).
- ✓ can mark requests as “dispensed”, “rejected”, or “on hold”.



THE BETTER MEDS SUPPLY REQUEST PROCESS

1 Submitting a supply request

This is a simple process. Nurses create supply requests from the drop-down menu. There, they can order more than one medication at once, and add comments to each request. Once medications are ordered, they can see all the details in the supply request card, and also cancel any already ordered medications.

2 Reviewing supply requests

Once supply requests are created, pharmacists have the option to review them. They can see a list of patients who have the supplies which have been requested. Pharmacists can then review the supply requests for each patient, and have the option to confirm, reject, or suspend each (or every) supply request. When suspending or rejecting a supply request, it is mandatory to provide a reason. Pharmacists can also check all inpatient prescriptions as well as a patient's allergies. They also have information on whether a clinical screening of medications for a given patient has already been done.

When supply requests have been confirmed, they are automatically sent to the pharmacy system. If a request has not been received by the pharmacy system, the user who is confirming the supply request receives a notification.

3 Status of the dispensing process / Information about the dispensing process

In case of integration with the pharmacy system, in OPENeP, the status of the supply request will be shown once it is in the dispensing process. The user will be able to see whether the order has been dispensed, rejected or put on hold. In hospitals without integration, a user with appropriate authority will be able to record the status of the supply request.



AWAITING CONFIRMATION VIEW AT THE PATIENT LEVEL

SUPPLY REQUEST

Updated: a minute ago [Update now](#)

Pulmonology

☐ Show my patients
☐ Show my beds

Awaiting confirmation 1 **Suspended** 0

Patient

Lewis Baker
1 Feb 1933 • 87Y 2M
MRN 3005

Louise Hawkins
14 Nov 1965 • 54Y 5M
MRN 3008

Patrick O'Donnell
27 Apr 1981 • 39Y
MRN 3009

Liam Henderson
23 Mar 1953 • 67Y 1M
MRN 3006

Euan Wilson
4 Jul 1943 • 76Y 9M
MRN 3002

Emma Park
27 Oct 1972 • 47Y 6M
MRN 3001

SUPPLY REQUEST LIST

Lewis Baker
1 Feb 1933 • 87Y 2M
MRN 3005

Pharmacist review: Not done
No known allergies

[Confirm all](#) [Suspend all](#) [Reject all](#) [Print confirmed](#) [Show all prescriptions](#)

Medication	Status	
Co-amoxiclav 1000mg/200mg powder for solution for injection vials 1,000 mg RATE 500 mL/h DOSE 30.303 mg/kg/h DURATION 0.5h Every 12 hours Intravenous INDICATION Infection	Requested Today 11:22, Lori Bell	Confirm Confirm with note Suspend Reject
Temazepam DOSE 10 mg Evening By doctor: orders Oral	Requested Today 11:22, Lori Bell	Confirm Confirm with note Suspend Reject
Darbepoetin alfa DOSE 100 microgram Every Sat Subcutaneous	Requested Today 11:22, Lori Bell	Confirm Confirm with note Suspend Reject

AWAITING DISPENSE VIEW

SUPPLY REQUEST

Updated: a few seconds ago [Update now](#)

Pulmonology

☐ Show my patients ☐ Show my beds

Awaiting confirmation 1 **Suspended** 1 **Awaiting dispense** 1 **On hold** 1 **Dispensed** 0 **Cancelled** 0 **Rejected** 0

Patient	Ward	Pharmacist review	Supply requests	
Liam Henderson 23 Mar 1953 • 67Y 1M MRN 3006	Pulmonology	Not done	Awaiting dispense : 2	View supply requests
Dina Hall 25 Dec 1965 • 54Y 4M MRN 3014	Pulmonology	Done	Awaiting dispense : 3	View supply requests
Louise Hawkins 14 Nov 1965 • 54Y 5M MRN 3008	Pulmonology	Not done	Awaiting dispense : 2	View supply requests
Sarah Brown 10 Jan 1942 • 78Y 4M MRN 3010	Pulmonology	Done	Awaiting dispense : 3	View supply requests
Bill Rose 10 Apr 1935 • 85Y 1M MRN 3013	Pulmonology	Done	Awaiting dispense : 1	View supply requests

DISPENSED VIEW

SUPPLY REQUEST

Updated: a minute ago [Update now](#)

Pulmonology

☐ Show my patients ☐ Show my beds

Awaiting confirmation 1 **Suspended** 1 **Awaiting dispense** 1 **On hold** 1 **Dispensed** 1 **Cancelled** 0 **Rejected** 0 29-4-2020

Patient	Ward	Pharmacist review	Supply requests	
Lewis Baker 31 Jan 1933 • 87Y 3M MRN 3005	Pulmonology	Not done	Dispensed : 3	View supply requests
Dina Hall 25 Dec 1965 • 54Y 4M MRN 3014	Pulmonology	Done	Dispensed : 1	View supply requests
Bill Rose 10 Apr 1935 • 85Y 1M MRN 3013	Pulmonology	Done	Dispensed : 4	View supply requests



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