



The Pharmacy  
Guild of Australia



22<sup>nd</sup> October 2014

Ms Hannah Summerhayes  
Coroners Registrar  
Coroners Court of Victoria  
65 Kavanagh Street  
SOUTHBANK VIC 3006

Dear Ms Summerhayes,

Court ref: COR 2007 002556: Investigation into the death of Glen Kingsun

Thank you for your letter on 30 July 2014 and a copy of the findings and recommendations associated with the Investigation into the death of Glen Kingsun, COR 2007 002556.

The Pharmacy Guild of Australia (Victorian branch) is appreciative of the opportunity to respond to the following coroner's findings and recommendations:

1. *Finding: "the deceased's medical records also indicate that there was a degree of confusion and uncertainty between the deceased's treating doctors about precisely what type and dose of medication the deceased had been prescribed. In the circumstances, this may have compromised the ability of those doctors to accurately and holistically undertake a risk benefit analysis in relation to any particular prescription and to allocate responsibility for monitoring the safety of the dose."*

This very unfortunate case highlights the challenges currently faced by health professionals in not having a unique 'source of truth' of a patient's medical record. The lack of a shared patient health record and updated medication list may very well have prevented some of the occurrences in this case. The Pharmacy Guild endorses the finding.

2. *Recommendation: "the Victoria Faculty of the Royal Australian College of General Practitioners, the Australian Medical Association Victoria, The Victorian Branch of the Pharmaceutical Society of Australia and the Victorian Branch of the Pharmacy Guild of Australia meet to discuss the feasibility of collaborating to develop and implement a real-time prescription monitoring system to enhance their Victorian members' ability to provide appropriate care to patients and reduce the harms and deaths associated with poor coordination of care"*.

The Pharmacy Guild of Australia (Victoria Branch) agrees with and welcomes this recommendation – but note that a real time monitoring system should not be limited to only prescription medicines but also allow the ability to monitor non-prescription medicines.

The Pharmacy Guild, along with the other professional organisations mentioned all universally support a real-time monitoring system and have liaised with the Victorian government to progress development of this initiative.

## Victoria

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Unfortunately to date there has not been significant progress in this area to allow for a useable real-time monitoring type system and the Pharmacy Guild feels that this should very much be an area of significant priority for implementation.

It is noted that the coroner mentioned in their report the Electronic Reporting and Recording of Controlled Drugs (ERRCD). For clarification, it should be mentioned that the ERRCD provides the ability to monitor the prescribing and supply of a selected group of medicines that are subject to misuse and abuse. As it would not be able to capture all prescription medicines (or non-prescription medicines of interest) there may be shortcomings in deliverables and capacity to prevent cases such as the unfortunate death of Mr. Kingsun. For example, the medicines that Mr. Kingsun was being prescribed and administered would not be captured in an ERRCD system.

Through the collaboration and consultation with peak professional and industry groups, it is vital that the likelihood of success of any ERRCD or real time monitoring type system will be dependent on the ability to integrate with existing workflows and practices and all health professionals with an involvement in medicines management must have ready access and ability for input.

It is important to acknowledge these objectives are what the Commonwealth Government's eHealth - Personally Controlled Electronic Health Record (PCEHR) initiative is attempting to achieve over recent years. Such a system requires substantial capital investment, regulatory changes and practice support that are coordinated at the national level. Whilst collaboration amongst the peak professional bodies mentioned will be essential for consideration these elements are beyond the capability of the four professional bodies identified in the coroner's finding.

To maximise the capabilities and utility of such a system, the current eHealth patient 'opt-in' approach due to privacy concerns should be amended to an 'opt-out' approach.

The level of consultation with key stakeholders during the development phase of the PCEHR and resulting materials was, in the Pharmacy Guild's view, insufficient and superficial.

The Pharmacy Guild believes this has made it very difficult for health care providers to feel engaged and the implementation has not properly considered the requirements of clinical users. The PCEHR has the potential to be clinically valuable to all areas of the health care industry including doctors, pharmacy, acute care, aged care and allied health professions, and the needs of the end user should be at the forefront.

Many organisations involved in the previous iterations of e-health are concerned that lessons learned from these programs are either being ignored or fail to utilise the knowledge of key stakeholders in avoiding errors committed previously.

To support improved engagement with key stakeholders the Guild believes clinical governance structures need to be implemented to equally represent all the interested professions. Whilst the Pharmacy Guild recognises the importance of including individual practicing clinicians with diverse clinical backgrounds, the Guild believes it is just as important to ensure the PCEHR has a direct link with key stakeholder peak bodies. As the peak body for community pharmacy, the Guild would be happy to provide such a representative to support an improved stakeholder engagement model.

In embarking on discussion and consideration of implementation of any real-time monitoring system, it is important to reflect on the achievements to date. The MedView Project - the development trial to the National Prescription and Dispense Repository (NPDR) - showed the simplicity in capturing existing prescription and prescribing events via electronic scripts and making this knowledge instantly available to clinician's to improve health outcomes. Government stakeholders would be well-served to ensure previous milestones and achievements are made most use of into the future.

MedView played a key part in developing the national electronic health infrastructure and the Australian Government's national eHealth strategy. Most importantly, MedView showed that the development of a national medication repository which includes all medication events recorded and shared, would provide a high value, highly relevant eHealth solution within Australia which would benefit all Australians, particularly those at high risk of medication misadventure.

Benefits from a national medication repository will only be totally realised when all medications for all patients are always available. If a clinician checks for a medication history and none is found or it is incomplete it is less likely they will continue to use such a system and even if they do, the benefits will be reduced. Importantly, MedView was an opt-out trial so patients had to actively choose not to participate – **no patients chose to opt out.**

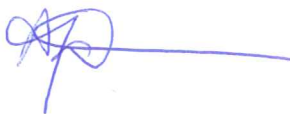
Lastly, it is essential to recognise that pharmacists are highly trained experts in medication. Wherever possible, there should be an imperative to appropriately support and remunerate services dedicated to medication management that may help detect issues of patient non-adherence or confusion with a prescribed regimen.

Pharmacists can help ensure patients take their medications appropriately and avoid medication related adverse effects, hospitalizations (or in this very unfortunate instance fatality) through a range of services that include; organising medicines in dose administration aids, medication reconciliation services, in-pharmacy medicine usage review services such as MedsChecks and Diabetes MedsChecks and also Home Medicine Reviews.

A real-time monitoring system that is suitably integrated into the systems and workflow practices of health-care professionals that is an opt-out model would be of tremendous benefit in minimising any likelihood of medication misadventure and errors.

Whilst the full design, budgeting, funding and implementation of such a system is well beyond the capabilities and scope of the four professional bodies mentioned, the Pharmacy Guild of Australia (Victoria Branch) would welcome the opportunity to liaise and collaborate with the other peak professional bodies listed to provide consultative advice and to explore ways to increase the quality of healthcare for the Victorian health system and minimise preventable adverse health outcomes associated with poorly coordinated care.

Yours sincerely



Anthony Tassone  
President, Pharmacy Guild of Australia (Victoria Branch)