

MIMS matters

MIMS Constant Innovations



Healthcare is a complex, interconnected industry, and delivering good healthcare is a complex task. To deliver it well, we need to ensure that the very best tools are available to support the health practitioner's needs.

The provision of healthcare has changed dramatically in the 52 years since MIMS published its first directory of drugs. As treatments and care have become more sophisticated, and technology has become advanced in ways that were not commonplace even 10 years ago, so too has MIMS delivery of drug information adapted over the years to remain at the forefront of the provision of medicines information.

In the setting of print publications, MIMS has evolved from a simple directory of drugs to books containing either a comprehensive collection of the manufacturer's full product information or the pared down version that contains essential information for quick reference. As technology has become an integral part of clinicians' workflow, MIMS has become increasingly digital to stay ahead of changing practices. MIMS information is now available online, can be downloaded as a desktop application, integrated with prescribing or dispensing software and be accessed on phones or tablets via an Android or iOS app. In addition, the breadth of content delivered by MIMS has increased to include evidence-based drug interactions and a range of clinical decision support modules to help deliver timely and relevant information to support the healthcare practitioner. In addition to producing our own broader suite of information, MIMS has also partnered with other information providers to deliver clinically relevant information to meet the ever changing needs of the healthcare practitioner.

Over the coming years it is certain that the usage of medicines information will continue to change. Clinical information in the healthcare setting is becoming increasingly digitised. While the use of computerised systems for creating and maintaining medical records, and prescribing and dispensing medications is common place within the primary care setting, the closed-loop of electronic medicines management in the acute care setting is less common. As electronic medicines management becomes more widely implemented across all areas of healthcare, the utilisation of medicines information is expected to become more complex. For example, the workflow and medicines information required at the point of prescribing a medication would be different to the needs when the medication is dispensed, and then different again when the drug is administered. Also, in a model where hospital formularies are state-based, a hospital in Queensland is likely to use slightly different medicines information to one in NSW or Victoria.

As the healthcare industry becomes more digitised and medicines information becomes more integrated within the clinician's workflow, it will be more targeted to individual patients. This will afford enormous benefits, including the enabling of safer, better and more efficient prescribing decisions. It will also help to address issues such as alert fatigue by becoming more customised to the particular clinical instance in which the information is required. The healthcare professional can never be replaced by a 'smart' computer, but by providing high quality and relevant information in the clinician's workflow, we may be able to contribute to improved patient outcomes. To do this effectively requires a

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MIMS Constant Innovations (continued)



combination of clinical knowledge, technical skill and communication with all of the relevant stakeholders.

To help deliver on the promise of the next generation of electronic medicines management systems and to ensure that MIMS continues to support healthcare professionals across Australia, MIMS has created a new team tasked with anticipating emerging industry needs and creating the products and services for upcoming generations of projects and professionals. This MIMS Clinical Innovation team is made up of a highly experienced and skilled mix of clinicians, clinical information editors and information technology professionals.

The primary aim of this team is to understand the needs of healthcare professionals in the e-health arena, and the challenges they confront in providing care. In order to be effective in this challenge, we will be engaging health practitioners, hospitals and software providers directly to understand the emerging challenges and opportunities in the medication processes, from the prescribing of a medication through to its administration. The overall questions that underpin the team's activities are:

- What type of medicines information is required by healthcare professionals?
- When and how do they access that information?
- Can that information be delivered in a manner that is flexible enough to suit the needs of our partners?

The team has recently started on this journey, with a visit to a number of different sites in and around Melbourne. The information obtained from engaging with highly skilled and influential health practitioners, combined with our knowledge of complex medicines information, will ensure that MIMS continues to deliver high quality and effective medicines information. Anticipating the modern needs of the health professional will allow us to design effective products and solutions that will integrate with their workflow for improved medicines management and patient outcomes.

The Clinical Innovation team is based here in Australia and will draw from MIMS considerable experience in local medicines information management and the changing needs of Australian healthcare.

Primary members of this team are:

**Gillian Swannick, BPharm (Hons)
MClinPharm**

Gillian has recently established the MIMS Pacific Innovation Team. Prior to this new role, Gillian was the Managing Editor for MIMS Pacific. Having worked as a pharmacist in a variety of roles in the UK and New Zealand, her considerable experience includes hospital and community pharmacy, medical writing and clinical advisory on the use of medications.

Aileen dela Pena, BMedSc (Hons) PhD

Aileen completed her doctoral degree in medical research and has pharmaceutical industry experience as an editor in scientific communications. At MIMS, her most recent projects have included editing drug information for Australia and New Zealand and maintaining and developing internal content management systems.

Victoria FitzGerald, MPharm

Victoria has held various positions in both the Singapore and Sydney MIMS clinical editorial centres. Most recently, Victoria has been a senior staff editor of drug content. Her previous projects at MIMS have included maintaining and developing clinical content for decision support modules, data relationship and mapping to facilitate interoperability (including AMT to MIMS to PBS), and editing drug information and other knowledge resources such as disease/ medication texts.

Jonathan Cheung, BPharm

Jonathan's primary focus is on the development of new products for New Zealand health professionals. His role is critical in ensuring the accuracy and usability of the MIMS information in a wide range of products.

Salman Ali Banani, MEngSc

Salman is the MIMS Data Architect for Australia and New Zealand and has held positions with MIMS in both Singapore and Australia. He has over 15 years' experience in the software development industry and has a critical role in the Innovation team to ensure that the future product development continues to meet the needs of the health professional.

If you would like to talk to or share with the team your experiences within the emerging e-health arena, please contact the team manager: Gillian.Swannick@mims.com.au

Reduction in Adverse Events can offset costs of EMM systems

Written By Kate McDonald
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An Australian-first cost-effectiveness study of the use of an electronic medication management system over paper-based prescribing has shown that savings from reduced adverse drug events can more than offset the cost of implementing the system.

In a paper published recently in the Journal of the American Medical Informatics Association (JAMIA), researchers led by Macquarie University's Johanna Westbrook and clinical and IT staff from St Vincent's Hospital in Sydney found that the implementation of CSC's MedChart system could provide savings of about \$100,000 a year in a 30-bed ward.

If extrapolated over the whole hospital, it would see savings of an estimated \$2.5 million a year. In addition to reductions in adverse drug events affecting patient safety, the researchers argue that the results should provide some confidence to policy-makers, consumers and clinicians that the benefits of eMM systems provide a sound return on investment.

As the researchers point out, evidence of the cost-effectiveness of most clinical information systems remains scant, with one systematic review published in 2012 of medication-related health information technology identifying only five full economic evaluations and 26 partial.

The authors of that international study found that the quality of the reviewed studies was generally poor and could not determine whether the additional costs of computerised physician order entry and clinical decision-support systems represented value for money.

In Australia, public health services are increasingly looking to implement commercial electronic medication management systems (eMMS) as part of

plans to achieve clinical benefits as well as reduced healthcare costs. NSW, for example, has set a budget of \$170 million over 10 years to roll out eMM systems statewide.

As the researchers write, however, these plans are often accompanied by "very modest procedures" for assessing or quantifying expected benefits.

They quote the Victorian Auditor-General's 2013 report on clinical ICT systems in the Victorian public health sector, which stated that there had been limited assessment of the benefits and outcomes of the various clinical systems put in place.

"Until this work is done, it will be difficult to convince taxpayers that public funds have been well spent on these systems and that any further investment on clinical ICT systems is justified, or will improve clinical and patient outcomes," the Auditor-General wrote.

To help remedy this in part, the team undertook a cost-benefit analysis of MedChart in a 30-bed cardiology ward at St Vincent's versus paper-based prescribing in reducing medication errors and preventing adverse drug events (ADEs).

They devised an economic evaluation model based on the perspective of the NSW health system, with a time horizon for the evaluation set at 15 years from the time MedChart was implemented at the hospital in 2005.

Data was collected over 16 weeks before the introduction of MedChart and over 10 weeks post implementation. The collection of prescribing error data pre- and post-implementation allowed identification of potential adverse drug events.

There were 801 patient admissions to the cardiology ward in the pre-eMMS study period and 401 in the post-implementation period with no statistically significant differences in mean age, gender profile, or length of stay in the cardiology ward pre-eMMS and post-eMMS.

They then gathered information on the cost of the implementation from the vendor and hospital financial records. Costs included equipment and software, system configuration and implementation, operating costs such as an annual licence and subscriptions, training and system updates. These were estimated in 2012-2013 prices.

The total annual cost of the eMMS in the cardiology ward was \$61,741, with the single largest cost component the MedChart software licence fee of \$25,680.

They then performed two economic evaluations, one using published estimates of costs per ADE and the second using a combination of the published estimates of additional length of stay with the actual cost per bed day in the cardiology ward.

The first model showed savings resulting from eMMS implementation of an estimated \$66.17 per admission, or about \$102,000 per annum on this ward. The second showed savings of \$63.43 per admission, or an estimated \$97,740 per annum.

The results show that across the hospital, with 39,900 annual admissions, the savings equate to about \$2.5 million.

"This study is one of only a few full economic evaluations, which relate costs of implementation and maintenance of eMMS to incremental benefits in terms of reduced ADEs and their associated costs," the researchers write.

"We modelled the entire medication error process from prescription to the occurrence of errors and harm to patients. Importantly, we were able to populate our model primarily with data about the costs and effectiveness of the eMMS from our hospital site. This has been a limitation of some previous cost-effectiveness studies ..."

They also say that other studies they have conducted on the implementation of Cerner's eMM at another Sydney hospital showed a very similar level of potential ADE reduction.

"The limited decision-support embedded in the eMMS at the time of our study also suggests that further improvements in the effectiveness of the eMMS to reduce ADE rates can be expected as decision-support is added to the system, if it is well-designed and targeted," they write.

"Beyond reducing ADEs, eMMS with decision-support can also be effective in driving more appropriate drug therapy, such as improvements in the rates of venous thrombosis prophylaxis and appropriate antibiotic prescribing.

"Such effects should improve patient outcomes and long-term costs of care. However, monitoring and maintaining a safe and effective decision-support system is also likely to demand more hospital resources, consequently increasing the operating costs of an eMMS."

The limitations of the study were that the model was sensitive to large variations in the probability of clinicians intercepting an error and the probability of error causing harm.

Electronic management of medications

Standard Terminology to Describe Medications and Standards Based Medicines Formularies are key components of Australia's future e-health systems

MSIA



State public health strategies are now being implemented to streamline the supply and economic management of medications in their hospitals. However it should not be overlooked that these same strategies may also significantly reduce the risk of medication errors for patients.

As readers of MIMS Matters would be well aware, our population is aging, and the Australian health system is looking to e-health solutions to improve the quality of outcomes for patients, as well as to achieve operational efficiencies that ensure the health system is affordable and sustainable for the country.

One of the most significant financial costs to the Australian public health system is the supply of medications. Australian and global studies have shown that strategies to reduce medication business process inefficiencies can also significantly reduce the risk of medication errors for patients.

Each state health system now acknowledges that effective management of medications through purchasing, prescribing, dispensing, administration and reconciliation processes will reduce the overall cost of the provision of required medications to patients. The fundamentals are now in place to allow a state health system to effectively manage the business of supplying medications and reap the benefits to patients and clinicians that also follow.

Standard Terminology to Describe Medications

In recent years, electronic prescribing and administration initiatives in hospitals have helped to reduce the frequency of medication errors. Medical record and medication chart legibility errors are typically the first problems to be addressed by introducing clinical software solutions. Significant progress has also been made in reducing medication administration and pharmacy dispensing errors through the use of software tools. However the full realisation of achieving a true closed-loop medication management system by seamlessly integrating every aspect of giving and receiving a medication safely across the care continuum is still rare to see in practice. A stumbling block has been the lack of standardisation that is needed to describe, so that branded and generically equivalent medicines and their components, and standard naming conventions and terminology, are accurately presented.

At the moment a clinician in a hospital may e-prescribe a medication in a clinical software application that uses a medications list and reference that is different to the medicines reference and drug formulary used by the hospital pharmacy to dispense the medication. Then typically, the administration

of the medication is recorded in a non-interoperable medical record system. Each step usually requires some degree of "human mapping" of the medication process, and this lack of standardisation increases the risk of a medication error occurring. It also results in inefficiencies in the economical supply of drugs. What is needed to streamline the process and further reduce the opportunity for medication error is a way of unambiguously identifying drugs available to the clinician in their health system and a common terminology to describe the medication. This is necessary in order to support interoperability of the medication recorded with other health professionals and health sectors.

The "Australian Medicines Terminology" (AMT) is a NeHTA-developed set of specifications that standardise the identification, naming, and describing of medicine information. The introduction of AMT will reduce and perhaps in time totally eliminate the "human mapping" requirement that is today's standard practice. It is expected that AMT will also help to reduce errors due to standardised terminology structure, the safer exchange of medicines information using common computer readable codes, and improved decision support.

AMT can be implemented in clinical information systems that:

- Prescribe
- Record
- Review
- Issue – including dispense
- Administer
- Transfer information
- Record and analyse adverse events

Just as standards based communication via HL-7 and the description of clinical conditions via SNOMED-CT are considered mandatory in contemporary electronic medical records systems, support of AMT is now considered mandatory to allow interoperability of drug and medicines concepts with other systems and clinical departments.

Standards Based Medicines Formularies

For many years, Queensland Health has used a common drug catalogue; however, in other states typically the individual hospitals or regional health services have been responsible for deciding which drugs are purchased and stocked. In most states and territories there has not been an organisational approach to the supply and management of medications.

This uncoordinated approach often results in inefficiency, such as wastage due to product expiry before use, and over-stocking of medications in some hospital pharmacies while others may be ordering the same medication from suppliers to overcome a shortage.

State health organisations are now looking to establish systems that provide clinicians with a non-ambiguous medicines management system to support the clinical applications that prescribe, administer and dispense medications. The systems are early examples of real-world use of Australian Medicines Terminology (AMT) for the unambiguous description of medicines approved and stocked for state supply.

NSW Health's Pharmacy Improvement Program (PIP) is enhancing hospital pharmacy systems and processes to support safer, more efficient and more cost effective medication management and patient care in NSW public hospitals. A delivery of the program is a Hospital Pharmacy Product List (HPPL), which is a state-wide list of pharmaceutical products used by NSW public hospital pharmacies. This list will, for the first time, provide standardised naming and product descriptions across the state, which is essential to allow the state's ambitious electronic medicines management and electronic medical record rollouts to progress.

Previously NSW Health managed sixteen different medication product lists across the state, each with different drug and medicine naming conventions and product descriptions. A fundamental disadvantage of the system was that product lists were principally based on pharmacy dispensing inventory stock databases and were managed within a proprietary pharmacy management application data format. These product lists offered limited interoperability to clinical systems, as the drug information was organised prior to the Australian Medicines Terminology classification of medications. The HPPL has replaced and standardised these lists. The HPPL will reduce the risk of product misinterpretation and ensure patients' medications are described consistently.

Tasmania's public health system is now supported by an electronic medicines formulary which is used by clinical staff and administrators across Tasmania's four main hospitals and 17 rural and regional hospitals. Measurable improvements are being realised in quality, safety and efficacy, access and optimal use of medications across the health service.

The formulary has also enabled meaningful medication information to be shared to and from the national Patient Controlled Electronic Health Record (PCEHR), with the aim of more effectively managing the transition of medication as the patient transfers between hospital and community based care.

With the formulary now in place for just over 12 months, Tasmania's department of health has already saved over \$500,000 in medication costs. The price tag of establishing the system was a minimal \$80,000, so the system has proven itself to deliver immediate clinical and economic benefits for all involved.

Complete Standards Based Electronic Medication Systems Now Live

The claim to be "Australia's first fully integrated digital hospital" has been made a few times in the past, however the 2014 opening of St Stephen's Private Hospital in Hervey Bay in Queensland has clearly set a new level of digital integration of medication information for others to strive to achieve.

Using standard terminology to describe medications and an AMT based drug formulary, the hospital opened with a fully electronic closed loop Electronic Medication Management (EMM) system. The hospital's fully electronic medical record has achieved the exceptional (for Australia) HIMSS level 6 classification and delivers a new level of sophistication in Australia, including electronic drug cabinets in the wards that provide single-dose blister packs for each drug to be administered to the patient.

Macquarie University Hospital in Sydney was an early adopter of integrated digital health and for four years has been operating primarily "paperless". 2015 will see the introduction of their second generation of fully electronic closed-loop medicines management, which is being delivered by InterSystems and built upon MIMS integrated drug data and information.

Macquarie University and other health facilities deploying InterSystems solutions are applying standard terminology to describe medications. This allows their systems to achieve a greater degree of interoperability, which in turn delivers economic efficiencies for the hospital as well as significantly reducing the opportunity for medication misadventure. "There is universal agreement among hospitals that deploying electronic medication management systems will increase patient safety," says Darren Jones of InterSystems. "The vast majority of hospitals also expect EMM systems to bring greater productivity and efficiency, although they see a number of significant deployment barriers."

Jones said, "There are three main strategies for healthcare organisations deploying EMM to minimise the complexity or cost of interoperability with other clinical systems. One is to standardise on a unified healthcare information system offering a broad range of clinical functionality including EMM. Another is to choose an EMM system with advanced integration capabilities to ease the task and reduce the cost of interoperability. The third strategy is to adopt a health informatics platform across your organisation to enable strategic interoperability. InterSystems technology supports all three strategies."

Jones cites the example of Victoria's Portland Hospital as an organisation that recently deployed EMM without complex or costly interoperability issues. He believes that this is because they had standardised on a common healthcare information system that leveraged the advantages of standard terminology to describe medications.

Standards Based Electronic Medication Systems reduce the Risk of Medication Misadventure

Standard terminology to describe medications reduces errors by improving the precise recording and transcribing of medicines through the use of clear, standard and unambiguous naming. This enables the safe and reliable exchange of medicines information, ensuring continuity of care for patients across primary, secondary, private and public health settings, as well as across different healthcare providers. Use of standard terminology facilitates effective decision support regarding active ingredients, to assist with drug allergy and drug interaction checking, and supports good clinical practice by allowing linkage of data such as clinical guidelines and dosing information.

The way drug and medicines information is recorded and shared by healthcare providers is vital to the economic delivery and success of Australia's future e-health system. A standardised approach to reduce medication business process inefficiencies is also fundamental to providing quality of data for e-health, and it underpins the enabling of clinicians to exchange their traditional paper-based records for a modern, electronic system.

The Bp Summit 2015 makes a splash in September 2015



Best Practice Software invites you to Australia's family holiday capital, the Gold Coast, Queensland, for the 2015 Bp Summit to share in the evolution of what has become the best loved, most widely used GP software in Australia. We'd like to think our tradition of combining serious work with serious family fun at previous summits has had something to do with that reputation. Sea World is an iconic family theme park which has recently opened additional brand new world class conference facilities.

We welcome you to join us on Friday 4th September 2015 for a busy weekend of plenary sessions, interactive workshops and industry networking, while your family enjoys the wonderful facilities of the Sea World Resort and all that the fantastic Gold Coast has to offer.

Summit registration is just \$990 per delegate (please check brochure for inclusions), plus your travel and accommodation expenses. We have negotiated special rates for delegates staying at the resort, or alternatively, you can choose from the vast array of accommodation options available on the Gold Coast. The evening social events - the Welcome Function on Friday and Gold Star Extravaganza on Saturday - are included in the delegate registration, but as they are also family friendly, we have negotiated special rates as an optional extra if you would like your family members to attend.

For more information, visit the Bp Summit page on our website: www.bpsummit.com.au

Other Bp Software training options

While the annual Bp Summit is our premier customer training event, we are pleased to launch a new program of full day, intensive,

classroom-style, hands-on training sessions with an experienced trainer in our new training space at our Brisbane office. Training topics may vary throughout the year according to industry and user needs, but generally cater for anyone who is currently using the software and would like to learn more. Specific sessions are available for beginners through to advanced users looking for tips and tricks on how to use the software more effectively.

Details of other interactive sessions held in cities across Australia are also available on our website.

For those unable to make it to the summit or attend a training session, we have other options that may suit your needs.

Our FREE, self-paced online video tutorials via YouTube can be used at any time by anyone with access to the internet. Our pre-booked interactive desktop sessions are delivered remotely by an experienced trainer using telephone or webinar.

So if you or someone in your practice needs additional training to use Bp more effectively, please explore which option may best suit by visiting the Support page on our website: <http://www.bpssoftware.com.au/support/>

Many sessions count towards CPD points and so, regardless of your ability, location or budget, we will have a training option that should help you to get more out of Australia's favourite GP software.

Please consult our website or contact us directly on (07) 4155 8888 for more information.

MIMS Integrated in Primary Care Software



One of our core products in primary care is MIMS Integrated in clinical and dispensing software. Used every day by health care professionals, MIMS Integrated continues to be one of the most popular ways for our customers to interact with our medicines information database and decision support services.

The use of our data in primary care is somewhat like an iceberg. Quite apart from the integration into clinical and dispensing software, the MIMS medicines image database is used for purposes such as Dose Administration Aids, and by websites such as the NPS and Australian Sports and Anti-Doping Authority.

It is almost twenty years since we worked with our first partner to integrate our data, and each year we get around twenty new applications. Some of these never get to the development stage but most do, and all tell us that having MIMS integrated in their software proves to be a valuable addition because their users trust the information there just as they do when using our own reference products.

We understand that medication decision support systems aren't exactly 'plug and play', which is why we go beyond the development

and maintenance of drug knowledge to focus on building problem-solving partnerships that have stood the test of time. We have a team of pharmacist editors and technical staff who work with each of the partners from the very beginning. By doing this, we provide a team that the partner gets to know and understand, and help to ensure the integration makes the very best use of the content we have available.

At the end of 2014, MIMS Integrated was being used by 6,400 GP and specialist practices and 208 community pharmacies

Prior to any new software (with MIMS Integrated) being deployed, and when existing software is updated, we will put the MIMS section through the rigors of a MIMS Review. These reviews are quite tough we are told, but with a focus on patient safety and ensuring that the information returned is correct every time, we are always more than happy to welcome a new partner to the MIMS family.

To learn more about MIMS Integrated or to check if your software has MIMS inside, visit mims.com.au

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eMIMS is now available with a choice of delivery format, so you can be confident you are able access it in a manner that best meets your needs. The content includes current Australian Product and Consumer Medicine Information, up-to-date PBS restrictions, a comprehensive evidence-based drug interactions database and a fully searchable database of product images. With additional links to TGA safety bulletins, NPS RADAR and NPS Medicines Update articles, eMIMS is one of your richest resources, placing current medicines information, patient counselling, and clinical tools at your fingertips.

In the new eMIMSCloud and eMIMSDesktop, you will find additional content, such as creatinine clearance calculators, to help you make decisions based on evidence-based parameters.

The IMgateway Drug, Herb and Food and Supplement interaction database is included as an optional extra in eMIMS. This unique evidence-based interactions database has been developed by Sydney University and is indispensable for health care professionals and students.

Because we understand that for some of our customers, internet access is unreliable, and that more and more of you are using eMIMS on your tablets and smart phones for patient counselling, when you subscribe to your preferred version of eMIMS in 2015, you will be given free access to either:



MIMS for Android, or

iMIMS iMIMS, as part of your subscription.

When you renew your current subscription or take out a new one to eMIMS, tell us if you want to take advantage of this offer. It's straight forward, and our Client Services Team will talk you through the process so you can quickly and easily download your chosen app. Your access to iMIMS or MIMS for Android will end when your eMIMS subscription ends.

For 1 to 3 subscriptions:

- Subscribe to your eMIMS of choice
- Make your choice - iMIMS (for iOS) or MIMS for Android
- We will ask you to download a 7 day free trial of your chosen MIMS app from your app store
- We will send you an email with a token number
- Enter the token number into the app on your device and get the full year's subscription
- You can use the same token for two devices, but they must be of the same operating system

For 4 to 15 subscriptions and corporate subscriptions, the process is somewhat different. We will provide you with a portal for your organisation to use, where members can organise their own subscriptions.

- Subscribe to your eMIMS of choice for a specified number of users
- The MIMS Client Services Team will provide you with access to your organisation's own portal, where members can select their choice of iMIMS (for iOS) or MIMS for Android, register, and receive a token
- Once done, they can download their chosen MIMS app from their app store

Because both **iMIMS and MIMS for Android are apps** rather than internet based, once downloaded using Wi-Fi, they can be used anywhere and at any time.

What do you get?

Abbreviated Product Information - provides concise summaries of key information and allows you to quickly check dosage, pack, use, indications, contraindications, precautions and comprehensive PBS information.

Full Product Information - provides the complete TGA-approved product information document.

MIMS Drug Interactions - enables you check for evidence-based drug-drug interactions.

Pill Identifier Module - over 3000 pill images, searchable via shape, colour, therapeutic class and more. This is the most comprehensive image database available in Australia.

These easy-to-use versions of MIMS also allow you search and browse by generic, brand, indication, company, and therapeutic class.

To learn more about this offer or to speak to a Business Development Manager about a corporate quote for eMIMS, call the MIMS Client Services Team on 1800 800 629 or visit our website.

Plus MIMS
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eMIMS
The way you like it



MIMS Staff Profile



Phoebe Gu
Editor

What is your role at MIMS?

As a MIMS editor, my main role is to maintain the accuracy and currency of the MIMS database. Together with the Operations team, we ensure changes to product information (PI) are updated and accessible to our clients. I also revise and proof PIs for veterinary medicines and products for the IVS publication.

Beyond the realm of PIs, I have been involved in data and functional testing for eMIMS Desktop, Cloud and MIMS for Android. I am currently working on the Content Management System (CMS) project for Australia. This involves testing the new CMS and providing feedback to Singapore IT developers, so the CMS can be optimised for a smooth transition to the new system when the time comes.

What is your background?

I am a pharmacy graduate from the University of Sydney. During the course of the degree I was also involved in research in the field of pharmacy practice. After completing my studies, I worked as a community pharmacist at Manly Beach Pharmacy, which I later came to manage. Intrigued by business and the art of management, I enrolled in a Master of Commerce (major in strategic value management) which I am due to complete July this year. I joined the MIMS team in the summer of 2013.

What do you enjoy the most about your role?

My favourite part of this role is being able to work with the great people at MIMS. I am surrounded by knowledgeable individuals from a diverse range of backgrounds, all of whom are encouraging and supportive.

I also enjoy the variety of tasks and projects I am involved in because I find learning new skills to be a gratifying experience. My favourite so far has been attending the Pharmacy Australia Congress on behalf of MIMS. Assisting in exhibition setup and representing MIMS to our clients was an exciting challenge and a significant contrast to my regular role.

What do you enjoy outside the office?

My three passions are food, travel and music. I love to cook, try new foods/ restaurants and I have my own food blog. I try to fill my holidays with some kind of expedition, near or far, because I love seeing new places and experiencing different cultures. Last, but not least, I am a big fan of karaoke. I will often be caught unwittingly humming a tune, even while in the office.

Upcoming Conferences

APP 2015 Conference

Thursday 12th March to Sunday 15th March
Gold Coast Convention and Exhibition Centre
www.appconference.com

ConPharm 2015 Conference

Friday 29th May to Sunday 31st May
Park Hyatt Melbourne
<https://aacp.com.au/about/conpharm/program.html>

Australian Practice Nurse Association National Conference

Thursday 14th May to Saturday 16th May
Gold Coast Convention and Exhibition Centre
<http://www.apna.asn.au>

MIMS
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