

# MIMS matters

## MIMS Update



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With Summer now over, and a chance to escape the heatwave conditions, the team at MIMS is only just heating up!

Robert Best, our Executive Director who joined during 2016, has been working closely across all parts of the MIMS Australia, New Zealand and eHealthWise businesses. "I am delighted with the progress we have made working through some of our significant transformation projects" he said. In particular, he stated... "MIMS is undergoing a significant, digital transformation from our back-end Content Management Systems (CMS) through to how we engage and deliver content to over 70 vendor partners across the healthcare market. Our Business Development and Relationship Management teams will double

in size this year, with our Solutions Delivery Management and Product Management teams working closely with all our valued customers and partners to ensure we remain at the forefront of delivering relevant and timely content at the point of care".

MIMS understands that our content is vital for clinicians to make informed decisions, and for that reason, we continue to work closely across the healthcare landscape to ensure we are looking into the future and assisting the enablement of information. During the first half of 2017, we intend to be live with our new CMS system, which is currently being tested by numerous partners, and by mid year, we will start to look at how our data can be customized to suit our end users.

## eHealthWise - Medicare Notice of Integration (NOI) Certification Update

eHealthWise

During late 2016 and earlier this year, eHealthWise's leading healthcare industry eClaiming platform, THELMA, completed an updated Notice of Integration (NOI) with Medicare Australia and was granted certification by Medicare to use the latest ECLIPSE client adaptor. This NOI certification continues to ensure that eHealthWise maintains its leading, certified Medicare ECLIPSE vendor status for all transactions that are offered on the THELMA platform. These include:

- Online Eligibility Checks (OEC)
- Bulk billing/Outpatient Medical Claims (OMC)
- In-patient Medical Claims (IMC)
- In-patient Hospital Claims (IHC)
- Patient Verifications to Medicare/Funds/DVA (OPV)
- Patient Claim Interactive (PCI)
- Same Day Delete (SDD)

Last financial year, the THELMA platform delivered over \$800m in claim value for its customers, and in this current financial year, the company is on track to exceed the \$1Bn claim value.

As we move into 2017, eHealthWise is currently in numerous discussions with various partners across the Healthcare industry, as to how it can modify and extend its existing capabilities into new eClaiming areas. This includes the integration to large, existing legacy systems whereby revenue management can be simplified, or new healthcare verticals where incumbent solutions are ready for a technology refresh.

In addition to the domestic eClaiming market, there are regional opportunities where 'paper based/manual claiming' is still prevalent, and given the MIMS regional footprint, the team at eHealthwise will be looking to capitalise on some of these market opportunities during 2017.

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# Optimising medicine administration in patients with swallowing difficulties

BY DR SHANE JACKSON MPS & ASSOCIATE PROFESSOR MARK NAUNTON MPS

Many patients can struggle to swallow tablets, capsules or other oral medicines.<sup>1</sup> Especially in an aged care environment, this can often result in practices such as crushing, and/or mixing with vehicles that can adversely affect the pharmacodynamics of the drug in an individual patient.<sup>1</sup> Dysphagia is the medical term used when a patient has difficulty swallowing. Patients with dysphagia may be at risk of aspiration.<sup>2</sup>

Unfortunately, many healthcare professionals are unaware when a patient may be having difficulties with swallowing their medicines.<sup>3</sup> Swallowing difficulties are more prevalent in older patients.<sup>4</sup> Individuals who do not have a problem with swallowing food and drink can still manifest a psychological aversion to swallowing solid dosage forms.<sup>5</sup> Patients living in the community may not report dysphagia to their general practitioner (GP) or pharmacist.<sup>6</sup> A key message for pharmacists is that it is important to ask all patients if they have any difficulties in swallowing their medicines.

If patients experience difficulty swallowing their medicines, they may completely avoid taking the medicine, add them to food substances that may reduce the effectiveness of the medicine, and/or modify the dosage form.<sup>3,7</sup> The potential problems associated with medicine dosage form modifications are well reported in the literature, such as decreased efficacy and increased risk of side effects.<sup>3</sup> People with dysphagia experience problems with swallowing food, liquids and saliva. People without dysphagia can also have trouble when swallowing medicines, as swallowing solid dosage forms whole without chewing is a learned behaviour.<sup>3</sup>

## Background

There is a paucity of research looking at the incidence of medicine-related swallowing difficulties in the general population. In a study of 792 older patients of community pharmacies in England who pharmacists suspected may have difficulties swallowing medicines, almost 60% acknowledged having problems with swallowing tablets or capsules.<sup>7</sup> Lau ETL, Steadman KJ, Mak M, et al attempted to quantify the prevalence of swallowing difficulties in patients attending community pharmacies in Australia.<sup>3</sup> Overall, 16.5% of people reported experiencing swallowing difficulties, and 10.6% of all respondents reported modifying medicine dosage forms. Almost half (44.2%) of those surveyed did not think there would be issues with modifying medicine dosage forms. Some consumers would not seek advice from health professionals if they experienced swallowing problems, and/or would not seek advice from health professionals before modifying their medicine dosage forms, regardless of their thoughts about any problems associated with this practice. The authors concluded that 'it is clear that health professionals need to be assertive in questioning patients about experiencing any difficulty with swallowing solid medication dosage forms, particularly as patients are not forthcoming with the information.'<sup>3</sup>

## Aged care

Recent studies in nursing homes and hospitals suggest that between 0.5% and 10% of medicines are erroneously crushed.<sup>8-12</sup> In a Dutch intervention study in three nursing homes, a combination of warning symbols indicating whether or



*Dr Shane Jackson* is an accredited pharmacist and a Director of Consultant Pharmacy Services. *Dr Mark Naunton* is a practising accredited consultant pharmacist and Associate Professor at the University of Canberra. He is a Director of MedicineSmart@UC.

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not a medicine could be crushed and an education intervention reduced the rate of inappropriate crushing from 3.1% to 0.5%.<sup>13</sup> In Australia, crushing, or alteration of dose forms of medicines has been found to occur frequently in the aged care setting. Paradiso LM, Roughead E and Gilbert AL observed 1,207 medicine administrations, across 10 facilities, including 586 residents.<sup>14</sup> Of the high care residents, 46% of observations had at least one medicine altered. Of concern, 17% of medicine alterations had the potential for detrimental outcomes (e.g. increased toxicity, unpalatability, decreased efficacy), and in 70% of cases where medicines were altered, spillage and therefore potentially some lost dose occurred. A more recent study conducted in the Australian Capital Territory (ACT) observed 160 medicine administrations across six medicine rounds in two residential care facilities (RCFs). It was identified that 32% of medicine alterations were identified as inappropriate, which included issues such as drug mixing, spillage and incomplete dosing.<sup>15</sup>

There also should be consideration given to the occupational health risks associated with altering medicines such as inhalation of fine powders (e.g. cytotoxics).<sup>16</sup> The flowchart in Figure 1 can be used by pharmacists to assist in implementing a procedure in a RCF to optimise appropriate use of medicines and to minimise risks of problems associated with alteration of dose forms within this setting.

When a medicine needs to be altered for a patient, active consideration needs to be given as to whether alternative methods of administration are available (e.g. transdermal patches or liquids). If this is not suitable, consideration should be given as to whether deprescribing is a suitable option for the patient.<sup>2</sup> Monitoring the patient's clinical signs and symptoms may offer insight as to whether the altered medicine is providing benefit, or whether it is responsible for adverse effects in its altered form.<sup>17</sup>

### Who is affected?

Examples of the types of patients who may have difficulties with swallowing medicines include children and those with<sup>18-20</sup>:

- neurological problems such as cerebrovascular accident, Parkinson's disease
- diminished consciousness
- dry mouth (which can often be caused by medicines)
- large tablets/capsules
- multiple medicines
- radiation therapy to the head and neck and chemotherapy, which can impair saliva production.

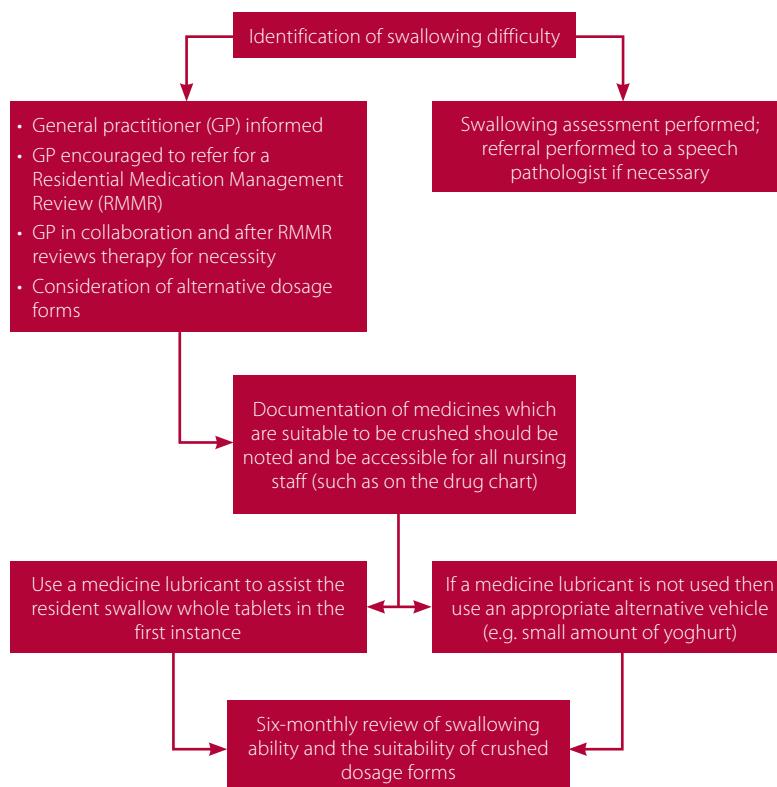


Figure 1. Flowchart for the alteration of medicine in an aged care setting

### Signs and symptoms

Anyone can have a problem with swallowing medicines, and it is important to assess if a patient is having difficulties with swallowing of medicines, because these issues often go unreported.<sup>3</sup> Some signs and symptoms indicating that a patient may have trouble swallowing medicines include<sup>19,21,22</sup>:

- painful swallowing or chewing
- dry mouth
- difficulty controlling liquid or food in the mouth
- choking/coughing during or after swallowing
- hoarse or wet voice
- feeling of obstruction
- unexplained weight loss
- regurgitation of undigested food
- recurrent chest infections (resulting from aspiration).

### Don't rush to crush

While it is generally recognised by health professionals that tablets or capsules that have modified-release properties should not be crushed due to the potential for toxicity, other 'standard' or immediate-release medicines that may be altered may also result in effects that are not intended.<sup>16</sup> Immediate-release solid medicines are designed to disintegrate and dissolve quickly in the gastrointestinal tract, so crushing may be expected for some medicines to result in faster absorption due to faster dissolution.<sup>23</sup> As shown in Figure 2 this could be an issue for medicines such as antihypertensive or oral hypoglycaemic agents in older people, who may be more sensitive to faster absorption, with potential for higher peak serum concentrations of the drug.<sup>23</sup> However, for some medicines crushing may also lead to sub-therapeutic drug levels due to loss of the dose during crushing and transfer to the patient,<sup>15</sup> as well as some drugs being exposed to low gastric pH which could reduce drug effectiveness.

## Mixing vehicles

It is recognised that delivering medicines with food or drink may impact drug bioavailability, with fruit juices such as grapefruit, orange or apple juice affecting absorption of numerous medicines,<sup>24</sup> and foods potentially affecting physiologic conditions such as gastric emptying. Many medicines marketed in Australia with approved product information do not provide clarity around the effects of mixing crushed tablets or capsule contents with a small quantity (e.g. two tablespoons) of food such as pudding, yoghurt or apple sauce, which occurs commonly within an aged care setting. There is an assumption that altering medicines and administering it with a small quantity of food vehicle doesn't significantly affect absorption rates and/or bioavailability, though the effect may be quite variable in individual patients and may have clinical consequences for some patients, depending on the drug used.<sup>23</sup>

There is little data to demonstrate the effects of crushing a medicine and mixing it with a food vehicle. Manrique YJ, Lee DJ, Islam F, et al analysed dissolution rates of a variety of crushed immediate-release medicines in simulated gastric fluid, when mixed with food vehicles such as orange juice, honey, strawberry jam and vanilla yoghurt.<sup>23</sup> They assessed (in vitro) what proportion of the drug was dissolved at certain time intervals, compared to whole tablets, with an abbreviated display of results after 30 minutes in Table 1.

Atenolol dissolution was unaffected by mixing crushed tablets with food mixers in comparison to whole tablets or crushed tablets in water, but amlodipine was delayed by mixing with jam. Mixing crushed warfarin and carbamazepine tablets with honey, jam or yoghurt caused them to resemble the slow dissolution of

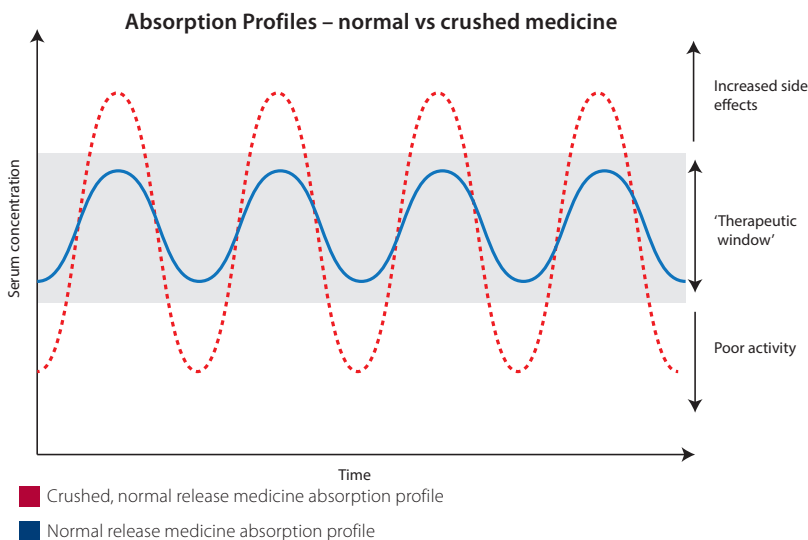


Figure 2. Comparison of unaltered versus altered immediate-release medicine

Table 1. Effect of food vehicles on dissolution rates (results rounded to the nearest whole figure)<sup>23</sup>

|                                 | Percentage of drug dissolved at 30 minutes |          |               |          |
|---------------------------------|--|----------|---------------|----------|
|                                 | Amlodipine                                 | Atenolol | Carbamazepine | Warfarin |
| Whole tablets (reference value) | 100  | 98       | 57            | 45       |
| Orange juice                    | 100  | 100      | 79            | 79       |
| Honey                           | 94   | 99       | 40            | 44       |
| Strawberry jam                  | 68   | 100      | 37            | 38       |
| Yoghurt                         | 83   | 100      | 51            | 53       |
| Easythick thickener (Level 900) | 52   | 50       | 13            | 15       |

whole tablets, rather than the faster dissolution of crushed tablets in water or orange juice.<sup>23</sup> Due to a lack of information regarding the absorption and overall bioavailability of drugs, and variability in the dissolution of drugs when used with vehicles to assist with administration, the best advice is that given by the *Australian Don't Rush to Crush Handbook*<sup>16</sup>:

*'First consider if the person can swallow the tablet or capsule whole with the aid of an oral medication lubricant. A medication lubricant is a gel that is thick and easy to swallow and moistens the mouth and throat. The whole tablet or unopened capsule is placed in a spoonful of the gel and swallowed. This may not be suitable for people with more severe swallowing difficulties.'*

If you need to alter the dose form, nursing staff and carers should be advised to crush or disperse each medicine one at a time to reduce the chance of incompatibility.<sup>16</sup> If there is a clinical requirement to administer all modified medicines together, then the advice should be to crush the tablets first, then open the capsule and add the powder or pellets, to avoid crushing enteric-coated or sustained-release pellets.<sup>25</sup>

## Risk of oesophagitis

There are reports that drug-induced oesophagitis is predominantly found among elderly patients as they are more likely to spend time in the recumbent position, consume more medicines (including oral bisphosphonates or non-steroidal anti-inflammatory drugs [NSAIDs]), have more oesophageal motility problems or cardiac enlargement with mid-oesophagus compression, and are less aware of the drug instructions.<sup>26</sup> Considerations for medicine-induced oesophagitis and oesophageal motility disorders include<sup>27</sup>:

- taking medicines with adequate water (at least 240 mL) to minimise the risk of the tablet getting stuck
- using a slippery lubricating gel to minimise the risk of a tablet getting stuck
- ensuring the patient takes their medicine in an upright position
- where appropriate, advising the patient to consume some food or water after the intake of their medicine.

Medicines which are associated with oesophagitis include NSAIDs, antibiotics and oral bisphosphonates.<sup>26,27</sup>

## Medicine lubricants

Where possible, dose alteration (e.g. crushing medicines) should be avoided and alternate dose forms or routes of administration should be found.<sup>16</sup> One of the advantages of using a medicine lubricant is that it may reduce the need for alteration of the medicine, as it may allow the patient to swallow the medicine without the need for crushing.<sup>16</sup> *Gloup* is the first purpose-designed medicine lubricant, and is available in Australia.

Some preliminary work from The University of Queensland has assessed the effect of *Gloup* on drug dissolution.<sup>28</sup> They concluded that *Gloup* is consistent with Level 400 (moderately thick) in the dysphagia-oriented product classification.<sup>29</sup> It has no effect on drug dissolution, unlike some gum-based thickeners designed to ensure safe fluid delivery in dysphagia. However, due to *Gloup*'s slipperiness

and propensity for the tablet to separate from the gel (intentionally designed this way to have minimal impact on medicine absorption), the authors concluded that further work is required to determine whether it will safely transport medicines without risk of aspiration, before *Gloup* is recommended in patients with dysphagia.<sup>28</sup> Consultation with a speech pathologist is generally recommended for these patients.

The *Australian Don't Rush to Crush Handbook*, the *Australian Pharmaceutical Formulary and Handbook*, and the *Australian Medicines Handbook* are mandated by the Pharmacy Board of Australia as required texts for pharmacists. These texts, as well as the *MedeCrush* application, may be useful resources for pharmacists when assessing suitable management options for medicines in patients with swallowing difficulties.

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## Upcoming Conferences

You can find MIMS at the following events:

**AACP Accredited Pharmacists' Forum:** Tuesday, March 7<sup>th</sup>

**APP on The Gold Coast:** Wednesday, March 8<sup>th</sup> to Sunday, March 12<sup>th</sup>

**Pharmacy Guild, MIMS Intern of the Year for 2016:** Saturday, March 11<sup>th</sup>

**eMedication Management Conference in Sydney:** Tuesday, March 14<sup>th</sup> to Wednesday, March 15<sup>th</sup>

**The Bp Premier Summit:** Friday, April 21<sup>st</sup> to Sunday, April 23<sup>rd</sup>

**Queensland health eHealth Expo:** Wednesday, May 17<sup>th</sup>

**ConPharm in Hobart:** Friday, June 16<sup>th</sup> to Sunday, June 18<sup>th</sup>

**PSA17 at the Hyatt Regency, Sydney:** Friday, July 28<sup>th</sup> to Sunday, July 30<sup>th</sup>

**NSW eHealth Expo:** Thursday, August 3<sup>rd</sup>

**Health Informatics Conference:** Sunday, August 6<sup>th</sup> to Wednesday, August 9<sup>th</sup>

**HIMMS Asia Pacific:** Monday, September 11<sup>th</sup> to Thursday, September 14<sup>th</sup>

**The Australian Association of Practice Management (AAPM) 2017 Annual Conference in Perth:** Tuesday, October 24<sup>th</sup> to Friday, October 27<sup>th</sup>

**Health Informatics in NZ:** Wednesday, November 1<sup>st</sup> to Friday, November 3<sup>rd</sup>

**SHPA National Conference – Medicines Management:** Thursday, November 16<sup>th</sup> to Sunday, November 19<sup>th</sup>

## MIMS IVS



Our MIMS IVS product is one of the leading sources of drug information used by over 2,000 veterinarians in Australia. It is a comprehensive, off-the-shelf resource for all registered veterinary medicines and related products in Australia. The IVS product gives detailed product and prescribing information for veterinary practitioners, classified by therapeutic category and information on veterinary medicines and products available throughout Australia. The IVS Annual contains information on over 2,500 products, one third of which are revised each year.

Over summer, MIMS was approached by Bali Pet Crusaders, a not-for-profit charity to provide IVS content for free. MIMS was more than happy to do so and has provided a free copy of the IVS Manual to them.

Bali Pet Crusaders' mission is to prevent thousands of animals from being born only to suffer and struggle to survive on the streets, be abused by cruel or neglectful people, or be euthanized for the lack of a loving home.

Sadly, sterilization is not an affordable surgery for many local people in Bali and there is often no "ownership" of dogs and cats meaning no one will pay.

Bali Pet Crusaders offer highly subsidized, and when necessary, free sterilization (spay/neuter) of homeless dogs and cats and those owned by locals on very low income in Bali. This is achieved with the help of registered veterinarians and donations from the global animal loving community.

Bali is home to estimated 500,000 stray dogs with no owners, no companions and no love. In 2 ½ years Bali Pet Crusaders have sterilized just over 5,200 animals and have certainly changed the lives of the animals that they have treated.

If you would like to read more about this charity, or make a donation, please visit their website [www.balipetcrusaders.org](http://www.balipetcrusaders.org).

For more information on the IVS product in Australia, please visit [www.mims.com.au](http://www.mims.com.au).

## MIMS NZ Product Update



MIMS New Zealand recognise the NZ health professionals' need to access a number of medicines information resources. Since August 2016, not only do we provide New Zealand Formulary (NZF) and New Zealand Formulary for Children (NZFc) information within the MIMS Gateway platform, but also within the MIMS Integrated channel to deliver a convenient, comprehensive and seamless experience through a single point of access. The main benefit of this approach is that users do not need to remember a variety of URLs or tab between windows – they are able to access all the information in the preferred vendor solution. An added benefit to this approach is that it allows the user to choose from a variety of different information sources regarding a medicine in order to make the most informed clinical decision.

MIMS Gateway remains one of the most popular products used across the healthcare sector. Additional useful contents have been intelligently integrated into the MIMS Gateway platform and allow various user groups and institutions to focus on a specific segment of online content. Feedback from

users has been extremely positive, with increasing requests to incorporate more local information. Importantly, the design of MIMS Gateway has been architected to accommodate more and more resources over time, meaning that as the need for information grows, so can their MIMS Gateway.

The MIMS Mobile team has been working tirelessly to keep up with Apple iOS and Google Android to react to OS updates making the latest version the most stable release yet. Whether you're in the office, out and about or even on a plane, you can access all your trusted MIMS data offline - anywhere, anytime with MIMS Mobile. But MIMS Mobile isn't just anywhere, anytime, it's also everywhere – iPhones, iPads and Android devices.

For the past 15 years, MIMS has provided New Zealand healthcare professionals with up-to-date, integrated content and will continue to do so by offering a superior information access experience with the suite of MIMS products.

## MIMS Launches Career Portal for Healthcare Professionals



During Q4 2016, MIMS, the leading provider of drug information and services connecting healthcare communities launched a new career portal dedicated to healthcare professionals looking for their next career opportunity within the healthcare community.

In an article published by Singapore Business Review, a study by CareerBuilder states that the healthcare sector has emerged as the top industry students want to work in, up from third place last year. In a nation with an aging population, the healthcare sector is also facing an increasing demand to fill positions.

Earlier in the year, the MIMS Career Portal also launched in Malaysia, Indonesia and Philippines. Over 1600 applications were sent to prospective employers during the introductory period and the number of applicants continues to rise. Following the encouraging response, the career team accelerated the launch for Singapore.

Specifically dedicated to doctors and nurses across all specialties, the MIMS Career Portal features:

- The ability for healthcare professionals who are job hunting to post resumes, allowing them to explore opportunities with several featured employers on a single platform

- The ability for healthcare professionals to receive alerts every time a vacancy that matches their interests is available.
- A variety of means for employers to post healthcare vacancies jobs to targeted job seekers instead of general job boards.
- A mobile-responsive environment to ensure job seekers have an optimal experience, regardless of the device used.
- An integration of career resources, professional development articles and industry related news

MIMS is a trusted source of medical knowledge in the healthcare sector for over 50 years and has developed longstanding relationships with several top healthcare institutions across the region. As a result, job seekers and employers now have integrated access to a professional and efficient network on the MIMS Career Portal.

### Visit the MIMS Career Portal at:

For Doctors:

<https://doctor-job.mims.com/singapore>

For Nurses:

<https://nurse-job.mims.com/singapore>

For more information, contact Robert Best, Executive Director-MIMS Australia and New Zealand on 1800 800 629

## Medicines Management 2016, the 42nd SHPA National Conference



MIMS recently exhibited at the Society of Hospital Pharmacists of Australia (SHPA) National Conference held at the Perth Convention Centre.

Attended by over 900 delegates from around Australia and a few from overseas, we're treated to an inspiring and stimulating program with the headline of "Our Future In 3D! Discovery, Disruption, Differentiation" and over 170 contributed posters, scientific papers and series of entertaining and thought-provoking speakers.

With a constant crowd of delegates at the MIMS stand, many got the opportunity to experience the "Don't Rush to Crush" version 2 in the eMIMS Cloud platform. This updated content provides knowledge to enable healthcare professionals to give medicines safely to people unable to swallow solid

oral dose forms. Having this information at hand and at the point of care will ensure that patients receive their medicines in a manner that is safe and maintains the efficacy of the medications. There is also advice on optimal preparation methods for medicines, as well as making healthcare professionals aware if any extra precautions are required.

Overall the conference was a success and MIMS were able to engage this key group on medication safety, patient safety, enhancing patient experience, mitigating risk and exploring sustainability in the context of rising costs and increased demand.

It was also a great time to catch up with pharmaceutical company representatives, researchers, innovators and technology partners who all contribute to hospital pharmacy.

## MIMS Staff Profile



**Ivan Lim**  
Solution Delivery Manager

### What is your role at MIMS?

I engage with software vendors interested in integrating MIMS knowledge, to create new products and capability for the regional markets. My role is to evangelise new ideas and software technology, assisting our partners in formulating strategic product development.

### What is your background?

Out of university, my first job was in Silicon Valley, as a software developer. Ever since, it has taken me around the world to places like Egypt, China, and all across ASEAN; on various assignments developing, and deploying software for the likes of HP, Nokia, Lucent and others. Hasn't been a dull moment yet grappling with challenges in telecommunications, finance, supply chain management, and now with medical software.

### What do you enjoy most about your role?

Working on the future of healthcare, and being able to contribute to that disruption and evolution gets me going every day.

Right now, this is a very exciting point in time and a fast paced environment to be for a software geek, and a futurist at heart. Equally, I am reminded what we do in this space improves the ability for clinicians to provide quality outcomes, and that's very inspiring and humbling at the same time.

### What do you enjoy outside the office?

I enjoy getting outside quite literally, whether it is the garden, a park, a trail, or the beach. I enjoy the sensory gifts from nature, and find much wonder to behold. Nature has been designing and refining for eons, so life and its' multitude of adaptations never ceases to amaze me, much to the groans of my family and friends! My learning a new recipe for the barbie makes up for some of that. Otherwise, it is a good book, some classic Jazz, a fine glass of wine, and a great TED talk.

## MIMS Xmas Party

We celebrated the end of 2016 in our beautiful harbour in Hawaiian style.

Standing outside the Sydney Aquarium waiting for our boat, there was a slight trepidation amongst the attendees given the grey clouds looming over the ever picturesque Sydney CBD skyline. However, this did not dampen our spirits.

The Hawaiian themed party was quite evident to any passerby with everybody joining the celebration and dressing up for the occasion. With everyone donning a lei on their necks and an umbrella cocktail in their hand, we spent time enjoying each other's company and bonding as colleagues and friends. Cruising Sydney Harbour during the twilight hours was truly an amazing experience.

We danced and partied the night away, as many hidden dancing talents were discovered. As we enjoyed the wide variety of music available onboard and a couple of conga line attempts, we arrived back to dock feeling more energised and ready to kick off the new year.



**MIMS**

100% pure knowledge

### Contact:

**MIMS Australia Pty Ltd** 2nd Floor, 1 Chandos Street St Leonards NSW 2065  
Locked Bag 3000 St Leonards NSW 1590 Phone: (02) 9902 7700 Facsimile: (02) 9902 7701  
ACN: 050 695 157, ABN: 68 050 695 157  
E-mail: [info@mims.com.au](mailto:info@mims.com.au) [www.mims.com.au](http://www.mims.com.au)

### Support

**Customer Service: 1800 800 629 E-mail: [support@mims.com.au](mailto:support@mims.com.au)**