Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Health Information and Standards

Statement of outcomes report on a public consultation on the *National Standard on information requirements for community-based electronic prescribing* in Ireland

December 2018

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people using services and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.

- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

Overview of the health information function of HIQA

Healthcare is information-intensive, generating huge volumes of data every day. Health and social care workers spend a significant amount of their time handling information, collecting it, looking for it and storing it. It is therefore imperative that information is managed in the most effective way possible in order to ensure a high-quality, safe service.

Safe, reliable healthcare depends on access to, and the use of, information that is accurate, valid, reliable, timely, relevant, legible and complete. For example, when giving a patient a drug, a nurse needs to be sure that they are administering the appropriate dose of the correct drug to the right patient and that the patient is not allergic to it. Similarly, lack of up-to-date information can lead to the unnecessary duplication of tests — if critical diagnostic results are missing or overlooked, tests have to be repeated unnecessarily and, at best, appropriate treatment is delayed or at worst not given.

In addition, health information has a key role to play in healthcare planning decisions — where to locate a new service, whether or not to introduce a new national screening programme and decisions on best value for money in health and social care provision.

Under section 8(1)(j), HIQA is charged with evaluating the quality of the information available on health and social care and making recommendations in relation to improving the quality and filling in gaps where information is needed but is not currently available.

Information and communications technology (ICT) has a critical role to play in ensuring that information to drive quality and safety in health and social care settings is available when and where it is required. For example, it can generate

alerts in the event that a patient is prescribed medication to which they are allergic. Further to this, it can support a much faster, more reliable and safer referral system between the patient's GP and hospitals.

Although there are a number of examples of good practice, the current ICT infrastructure in Ireland's health and social care sector is highly fragmented with major gaps and silos of information which prevents the safe, effective transfer of information. This results in people using the service being asked to provide the same information on multiple occasions.

In Ireland, information can be lost, documentation is poor, and there is over-reliance on memory. Equally, those responsible for planning our services experience great difficulty in bringing together information in order to make informed decisions. Variability in practice leads to variability in outcomes and cost of care. Furthermore, we are all being encouraged to take more responsibility for our own health and wellbeing, yet it can be very difficult to find consistent, understandable and trustworthy information on which to base our decisions.

As a result of these deficiencies, there is a clear and pressing need to develop a coherent and integrated approach to health information, based on standards and international best practice. A robust health information environment will allow all stakeholders, the general public, patients and service users, health professionals and policy makers to make choices or decisions based on the best available information. This is a fundamental requirement for a highly reliable healthcare system.

Through its health information function, HIQA is addressing these issues and working to ensure that high-quality health and social care information is available to support the delivery, planning and monitoring of services.

HIQA has developed information requirements for community-based electronic prescribing and dispensing. ePrescribing can deliver significant benefits for patients, prescribers, pharmacists and others involved in the process. In particular,

ePrescribing can improve patient safety, for example by reducing errors of mistaken identity, incorrect dosage, incorrect medication and adverse drug interactions. It can also reduce the number of pharmacist interventions significantly. Moreover, ePrescribing costs less and takes less time than processing the same prescriptions manually.

Information requirements are a minimum set of data items that are recommended for implementation in information systems that create and transfer information to support the delivery of safe and quality care to patients. The inclusion of data items in the minimum set of data is determined by the clinical relevancy of the data item and the potential for the data item to improve patient safety in integrated care. The information requirements presented in this document have been developed in conjunction with our eHealth Standards Advisory Group.

Contents

Chapter 1 Introduction and Background

Electronic prescribing can deliver significant benefits for patients, prescribers, pharmacists and others involved in the process.[3] In particular, ePrescribing can improve patient safety, for example by reducing errors of mistaken identity, incorrect dosage, incorrect medication and adverse drug interactions. It can also reduce the number of pharmacist interventions significantly. Moreover, ePrescribing costs less and takes less time than processing the same prescriptions manually.

The vision for the Irish national, community-based ePrescribing programme is set out in the eHealth Strategy for Ireland.[4] The goal of ePrescribing identified in the eHealth Strategy is to reduce medication errors, thereby reducing the associated costs, and speeding up patient access to medication. eHealth Ireland is responsible for realising this vision and, in June 2015, announced the National ePharmacy Programme, which includes ePrescribing in primary care among its initiatives.

In Ireland today, doctors, dentists and nurse prescribers create paper-based prescriptions which are signed and given to the patient or their representative. However, many countries create an electronic version of the paper prescription and make it available to pharmacists when the patient presents at the pharmacy, this is known as electronic prescribing or ePrescribing.

ePrescribing can be described as a three-step approach. First, at the time of prescribing medications for a patient, the prescriber's clinical information system also generates the prescription in electronic format. Second, the electronic format of the prescription is transmitted to a message exchange or mailbox and, when the patient presents in a pharmacy requesting their medication, the pharmacist retrieves the electronic prescription from the message exchange. Third, the pharmacists dispenses the medication and reports on the medicines given to the patient.

The Sláintecare Implementation Strategy[5] published in August 2018 identifies that "ICT has the potential to be the biggest and most effective driver of change and improvement for better patient outcomes across the health system." The Sláintecare Implementation Strategy lists the implementation of an ePrescribing service, as part of the implementation of community care solutions, as one of the 10 key strategic actions that underpin the Sláintecare vision. The approach outlined in the Strategy '…centres around strong health service governance, leadership, accountability, a focus on clear outcomes, providing support to the frontline to drive change, and sustained stakeholder engagement…'.

In order to advance this agenda, HIQA has recently published recommendations for an ePrescribing programme in a community setting. These set out high-level recommendations around legislative and regulatory requirements, governance, data privacy, stakeholder engagement, and a standard-based, phased approach to implementation. The HIQA Board approved these on Thursday, 19 September 2018. Following approval, these were submitted to the Minister for Health on Tuesday, 9 October 2018.

HIQA has given significant attention to ePrescribing due to the benefits that it potentially offers. In 2012, HIQA completed an international review on ePrescribing[4] to inform the adoption of appropriate standards in Ireland. The international review was revised in 2018, and the revised review outlined changes to ePrescribing initiatives internationally since 2012.[5] HIQA has previously developed a number of standards which are related to ePrescribing.

The National Standard on information requirements for national community-based ePrescribing has been developed to advance this work and defines the information requirements required to implement community-based ePrescribing and dispensing in Ireland. Information requirements are minimum set of data items that should be implemented in information systems that create and transfer information to support the delivery of safe and quality care to patients. The inclusion of data in the minimum set of data is determined by the clinical relevancy of the data and the potential for the data to improve patient safety to support integrated care.

Chapter 2 Overview of the process

The National Standard on information requirements for national community-based ePrescribing was developed under section 8(1)(k) of the Health Act 2007 and subsequent amendments which allows HIQA set standards for the Health Service Executive and service providers. It was developed in collaboration with the eHealth Standards Advisory Group, the members of which are listed in Appendix A. In addition, a working group was convened with prescribers and pharmacists to inform the information requirements prior to undertaking the public consultation.

Reflecting HIQA's commitment to consultation and engagement, each project includes a public consultation to obtain and incorporate feedback from external stakeholders. The public consultation ensures that the final information requirements have taken account of existing processes nationally and internationally and include any appropriate requirements identified by stakeholders.

The *Draft standard for consultation: Information requirements for community-based ePrescribing in Ireland* was made available for public consultation on Thursday, 19 July 2018. The consultation ran for six weeks, closing on Friday, 31 August 2018. Twenty-five separate submissions were received, 19 of which were made on behalf of organisations, which are listed in Appendix B. The submission form used in the public consultation is included in Appendix C.

Following the public consultation, each submission was reviewed in its entirety and broken down into its relevant points. The project team assessed the individual points and the information requirements for community-based ePrescribing was updated with appropriate changes. A revised version of the information requirements was circulated to the eHealth Standards Advisory Group for final review at a meeting in September 2018.

Chapter 3 provides details on the submissions received and the changes made as a result of the consultation process and in conjunction with the eHealth Standards Advisory Group.

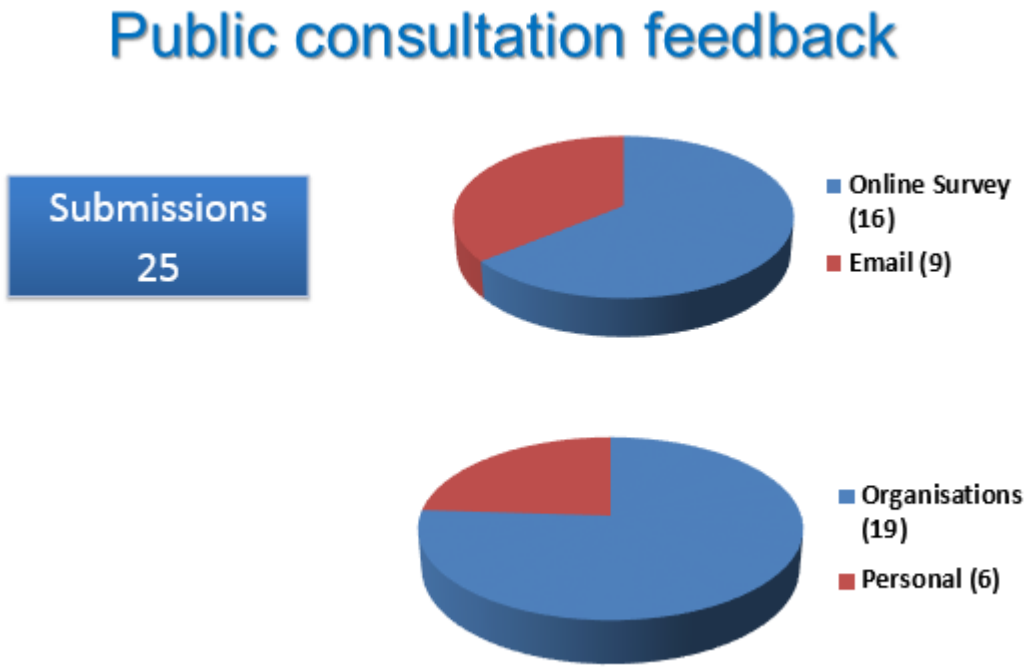
Chapter 3 Analysis of public consultation

This chapter provides a high-level summary of the submissions received during the consultation. Following this are analyses of the responses to each of the questions along with changes made to the standard and sample comments from the submissions.

3.1 Description of responses

During the public consultation on Draft information requirements for national community-based ePrescribing, 25 separate submissions were received – 16 through the online survey, nine by email, and one by post. Nineteen submissions were made on behalf of organisations (listed in Appendix B), while six were made by individuals. Figure 1 below illustrates how submissions were provided and the breakdown between submissions provided on behalf of an organisations and by individuals.

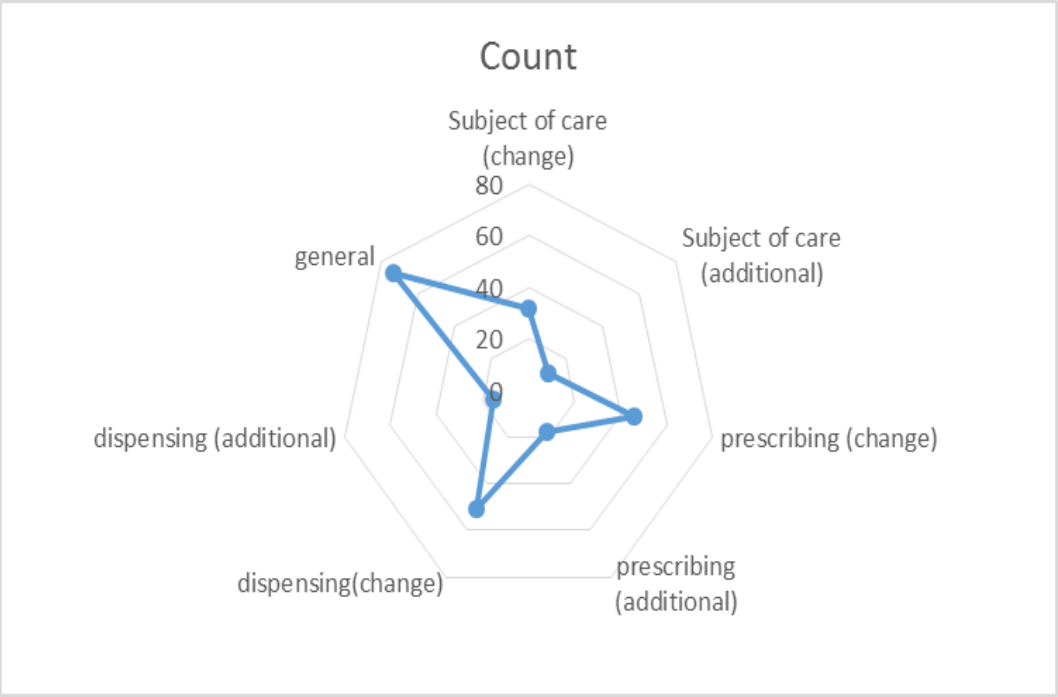
Figure 1 Number of responses to public consultation



Each submission was read in its entirety and broken down into individual comments. This resulted in a total of 246 comments, each of which was reviewed and assessed for its relevance to the standard.

Figure 2 below illustrates the final number of comments for each question and for the general comments question.

Figure 2 Number of responses per question



The following table shows the number of comments received for each question.

Question	Number of comments
Q7 – General comments	73
Q5 – Alternations to dispensing requirements	51
Q3 – Alternations to prescribing requirements	46
Q1 – Alternations to subject of care requirements	32
Q4 – Additional items to prescribing requirements	18
Q6 – Additional items to dispensing requirements	15
Q2 – Additional items to subject of care requirements	12
Total	246

An overview of the comments received for each question is provided below. For each question, a brief summary is provided, followed by a sample of the comments and

HIQA's response — where appropriate, corrections have been made to punctuation and grammar of comments quoted in this report.

3.2 Question 1: Have you any alterations you would make to the subject of care information requirements?

A total of 32 comments were received during the public consultation relating to Question 1. A number of respondents thought the information requirements were complete and required no changes.

The most common suggestion in the submissions was to make the health identifier mandatory following roll-out of the individual health identifier. The need to support both gender and sex was suggested by a number of respondents. Other points made during the consultation included that date of birth should be mandatory for children under 12 and the need to include the person's preferred name rather than the name on their birth certificate.

What respondents said:

- *"A unique health identifier MUST be utilised and referenced to a central national database. It is inexcusable that a national system is contemplated being rolled out without a unique patient identifier for every patient that could interact with the system."*
- *"Yes. In particular the section on 'sex'. Should transgender be included as an option."*
- *"DOB only a requirement on prescription for patients under 12 years?"*
- *"The forename as per birth cert will cause problems and is not consistently used. Many Irish people have NEVER been called as per birth cert. I would suggest name as per passport, which can be the name you are called."*
- *"Recommendation: Data set item change to 'SHALL' and require that IHI be the only allowable identifier for a conforming eprescription."*
- *"Gender – gender identity should be as stated by the patient."*
- *"Health Identifier – this should be the number or code assigned to an individual under the Health Identifiers Act 2014."*

HIQA's response

As part of the HIQA standards development process, evidence from international standards and specifications for electronic Prescribing were analysed and the essential information requirements required to support electronic prescribing and dispensing were identified.

Following analysis of the submissions received during the public consultation, it was agreed with the eHealth Standards Advisory Group that the date of birth should be mandated when a prescription is for a person under the age of 12.

The additional information requirement identified from submission to the public consulation were considered to be outside the scope of the information requirements for electronic prescribing at this time, but some of them may need to be considered in the future, for example mandating the use of the individual health identifier in a national implementation of community-based ePrescribing.

3.3 Question 2: Have you any additional items to add to the subject of care information requirements?

A total of 12 comments were received during the public consultation relating to Question 2 above.

Suggestions offered during the public consultation included providing a link from the patient's prescription to their patient summary, including the general practitioner's contact details, including the patient's mobile phone number, including a patient's allergies and including the patient's socioeconomic status.

What respondents said:

- *"Ideally at a future date, if and when a summary care record is available, this might link to it and provide a summary on the patient prescription of patient allergies that could be reviewed and confirmed by the dispenser with the patient as an additional safety check. Could also be included in 'advice to pharmacist' information."*
- *"Please add the patient's registered GP identifier number as the pharmacist may need to contact the patient's GP as the eprescription may be written by a different health professional i.e. consultant, nurse, locum, out of hours service, etc."*
- *"Consideration of an optional mobile phone no may be of value in certain cases."*
- *"It would be excellent if the system could 'remember' allergy and adverse event information. Otherwise, there should be a field for allergies to be completed."*
- *"It would be useful to include known allergies. It would be useful to include a known diagnosis(es) which justifies the prescription, and acts as a double safety check for the pharmacist."*
- *"The method by which IHI codes initially gets into the Pharmacy Systems needs consideration."*

HIQA's response

As part of the HIQA standards development process, evidence from international standards and specifications for electronic prescribing were analysed and the essential information requirements required to support electronic prescribing and dispensing were identified.

Following analysis of the submissions received on this question during the public consultation, it was agreed with the eHealth Standards Advisory Group that the additional information requirements identified during the consultation process were out of scope for ePrescribing.

3.4 Question 3: Have you any alterations you would make to the prescription information requirements?

A total of 46 comments were received during the public consultation relating to the prescription information requirements. A significant number of respondents thought the information requirements were complete and required no changes.

The most common theme which arose related to the use of the word 'should' for the fields of dose form strength, dose form type, dose form total, dose form intake, frequency, and route of administration. There were numerous comments provided advising of the need to make these data items a requirement for prescribed medicinal products. Other comments included the requirement to include prescriber information, that the indication data item was useful but may require a patient's consent to include on a prescription, and that an identifier for a prescription was required.

What respondents said:

- *"Dose form (strength) – (if applicable), Dose form (type), Dose form (intake) and Dose form (frequency) must be outlined for the prescription to be legally valid."*
- *"Medicinal product: This is a key deliverable and should be given more thought. From even the most minimal of safety improvements, there has to be a structured approach to medicine prescribing. There must be therapeutic molecule or VTM prescribing with brand names only in addition where the doctor indicated 'do not substitute'."*
- *"Dose Form (total): Ambiguous names could cause confusion. Better to have 'Total Prescribed'."*
- *"Route of Administration: This should be part of the drug description by default. Often this is the only way to disambiguate items that are prescribed generically I.e.: Mometasone, fluticasone etc."*
- *"There appears to be no information about the prescriber. Prescriber name, address and qualifications are usual."*

- *"Frequency – should be 'individual dose frequency'."*
- *"Duration – should be 'course of therapy duration (to distinguish from individual dose duration – e.g. for infusions and nebulisations)."*
- *"Indication – this is very welcome information. Studies have shown this is the most valuable piece of information for patient safety and clinical research that [is] not usually captured in systems."*
- *"The name or Medical Council Number of the prescriber should also be included as a mandatory field."*

HIQA's response

As part of the HIQA standards development process, evidence from international standards and specifications for electronic prescribing were analysed and the essential information requirements required to support electronic prescribing and dispensing were identified.

Following review of the submissions with the eHealth Standards Advisory Group, it was decided to make the fields of dose form strength, dose form type, dose form total, dose form intake, frequency, and route of administration mandatory for medication items.

The additional information requirements identified from submissions to the public consultation were considered to be outside the scope of information that should be shared electronically between prescriber and pharmacist in a community setting.

3.5 Question 4: Have you any additional items to add to the prescription information requirements?

A total of 18 comments were received during the public consultation relating to additional items for the prescription information requirements. A significant number of respondents thought the information requirements were complete and required no changes.

Responses to this question included the need to support digital signatures and prescriber information. It was suggested that the patient's allergies and past medical history could also be provided and that the medication discontinued should be identified. Finally, there were comments on the need for a national medical product file and the use of prescribing generically rather than by brand name, which should be reserved for when the prescriber does not want the item substituted.

What respondents said:

- *"As mentioned previously perhaps allergies could be included in 'advice to pharmacist' field."*
- *"For drugs such as benzodiazepines and opiates the order should contain the number of tablets both in electronic prescription and in writing."*
- *"It can be helpful in complex patients, to have a space to indicate medicines you are discontinuing, and the reason for same."*
- *"Do the key variables listed for recording align with the variables in the various national agreed prescribing forms? For example the Opioid Substitution Treatment Prescription Form includes questions on Instalment Instruction and Supervision Instructions."*
- *"Provision must be made to cover such instances where the prescriber instructs that only the originator drug be dispensed (i.e. 'do not substitute')."*
- *"Date Written: Is this an implicit date time stamp or can the prescriber alter the prescription date? ISO uses 'Issue Date'. Recommendation: Should be date time stamp of issue date."*
- *"Medicinal Product: While IDMP covers a suite of standards, ISO 19844 provides a level of granularity that is excessive for normal prescribing. The*

alternative is to use a national product catalogue, which has been specified by HIQA."

HIQA's response

As part of the HIQA standards development process, evidence from international standards and specifications for electronic prescribing were analysed and the essential information requirements required to support electronic prescribing and dispensing were identified.

Following review of the submissions with the eHealth Standards Advisory Group, it was decided not to make any changes to the ePrescribing information requirements as a result of submissions to this question. The additional information requirements identified from submission to the public consultation were considered to be outside the scope of information that should be shared electronically between prescriber and pharmacist in a community setting.

3.6 Question 5: Have you any alterations you would make to the dispensing information requirements?

A total of 51 comments were received during the public consultation relating to alterations to the dispensing information requirements. A number of respondents thought the information requirements were complete and required no changes.

The most common theme which arose related to the use of the word 'should' for the fields dose form strength, dose form type, dose form total, dose form intake, frequency, and route of administration. There were numerous comments provided advising of the need to make these data items a requirement for prescribed medicinal products. Other comments include the requirement to include information regarding the dispensing pharmacist, and that the recording of the medicinal product dispensed at a pharmacy should be specific and unambiguous. The safety of including the maximum number of repeats in this context was questioned.

What respondents said:

- *"The dispensing record SHOULD state the strength of the medicine, vaccine, or other therapeutic good that was dispensed."*
- *"Date Time of Dispense event: Need definition of date/time dispensed. Assume it is when it is 'completed' on PMR."*
- *"Why is the maximum number of repeats in the dispense information? The number of repeats is in the prescription order; do not repeat information in a different context – is a safety risk."*
- *"Medicinal product SHOULD be a real medicinal product or package……this should include the manufacturer name, such that Manufacturer does not need to be a separate data item."*
- *"3.3 to 3.7 is mandatory on a prescription. 3.9 & 3.10 is mandatory on a prescription."*
- *"Dose dispensed must be mandatory – otherwise impossible to investigate adverse events."*
- *"In order to achieve the key objective of avoiding medication errors, lot of the SHOULD recommendations need to be upgraded to SHALL: Dose strength,*

dose form (type), dose form (total), dose form (intake) , frequency, route, number of repeats."

HIQA's response

As part of the HIQA standards development process, evidence from international standards and specifications for electronic prescribing were analysed and the essential information requirements required to support electronic prescribing and dispensing were identified.

Following review of the submissions with the eHealth Standards Advisory Group, it was decided to make the fields of dose form strength, dose form type, dose form total, dose form intake, frequency, and route of administration mandatory for medication items. It was also agreed to remove the number of this dispense and the maximum number of repeats as there may not be accurate information available in a community ePrescribing context.

The additional information requirements identified from submission to the public consultation were considered to be outside the scope of information that should be shared electronically between prescriber and pharmacist in a community setting.

3.7 Question 6: Have you any additional items to add to the dispensing information requirements?

A total of 15 comments were received during the public consultation relating to additional items for the prescription information requirements. A number of respondents thought the information requirements were complete and required no changes.

Responses to this question included the need to support digital signatures and dispensing pharmacist information. It was suggested that the relevant observations and conclusions should be included and that items that were not dispensed in the pharmacy should be included.

What respondents said:

- *"The 'brand substitution occurred' field in conjunction to comparing against the recommended generics (as suggested previously to add to the prescribing info) could be used as way to monitor effectiveness of generic prescribing initiatives (publicity drives etc.)."*
- *"Consider digital signature to confirm who/where/when dispensed the prescription and to close the loop and ensure there was no tampering."*
- *"I would favour the formulation being recorded as a mandatory field – otherwise difficult to investigate allergy to excipients, which although rare, can be life threatening."*
- *"It would be useful to record the pharmacist as a mandatory item for traceability. It would be useful to include known allergies. It would be useful to include a known diagnosis(es) which justifies the prescription, and acts as a double safety check for the pharmacist."*
- *"I would be useful to record items on the prescription that were not dispensed for safety and analysis."*
- *"In order to 'future proof' the programme, particularly with the on boarding of the Falsified Medicines Directive, we would strongly recommend that there is facility to store Pack numbers and batch numbers."*

- *"Consideration should be given to including pertinent observations/conclusions in the summary dispense record."*

HIQA's response

As part of the HIQA standards development process, evidence from international standards and specifications for electronic prescribing were analysed and the essential information requirements required to support electronic prescribing and dispensing were identified.

Following review of the submissions with the eHealth Standards Advisory Group, it was decided not to make any changes to the dispensing information requirements as the additional information requirements identified from submissions to the public consultation were considered to be outside the scope of information that should be shared electronically between prescriber and pharmacist in a community setting.

3.8 Question 7: Have you any general comments you would like to make about this document?

A total of 73 comments were received during the public consultation in response to Question 7.

Themes which arose from responses received to this question included reference to the differing information technology systems at prescribing and dispensing sites, that there has already been significant development in the support of electronic prescribing and dispensing, that ePrescribing can bring patient safety aspects such as providing alerts to clinicians regarding medication interactions. It was also asked if the prescribing of appliances, and not only medicinal products, is within scope.

Comments were made in relation to the prescription exchange and the length of time that prescriptions would be retained on it, the need to control who has access to this information and the need to engage with patients in relation to consent.

What respondents said:

- *"Obviously the national catalogue is crucial to all of this. I would like to see suggestions and ideas at this stage of how this can be used so that community prescribing can be reconciled with the secondary prescribing."*
- *"There should be appropriate messaging links to the summary care record."*
- *"The main advantage in establishing e-prescribing in the community setting will be to build a much more complete medication history for the patient."*
- *"Concern that the heterogeneous IT set-up of general practices might be a barrier to implementing a single national system. I understand that hospital implementation would be very complex, although there are less variations in IT systems. An alternative might be to include Emergency Departments as these prescriptions are usually much simpler (1 or 2 items, predominately pain relief, antibiotics, etc.) and are also more time-critical (out-of-hours)."*
- *"The system the GP uses to write his medications should have an inbuilt system that recognises serious interactions between medications and alerts the user of same."*

- *"Patient safety can be further improved by deploying a system which will not allow entry of a clearly incorrect dose."*
- *"Current community prescribing and dispensing works pretty well and safely apart from the volume of paper. Apart from elimination of paper I would be reluctant to significantly change prescribing/dispensing processes unnecessarily. The main potential areas for concern remain the interaction with secondary care."*
- *"There is no reference to patient permission or consent regarding information about their prescribing history."*
- *"A good start – pilot projects with the use cases in real situations will help to refine the mandatory, desirable, useful and practical information requirements. This document will be a work in progress over time."*

Chapter 4 Conclusion and next steps

ePrescribing can deliver significant benefits for patients, prescribers, pharmacists and others involved in the process. In particular, ePrescribing can improve patient safety, for example by reducing errors of mistaken identity, incorrect dosage, incorrect medication and adverse drug interactions. It can also significantly reduce the number of pharmacist interventions. Moreover, ePrescribing costs less and takes less time than processing the same prescriptions manually.

The goal of ePrescribing identified in the eHealth Strategy 2013 is to reduce medication errors, thereby reducing the associated costs, and speeding up patient access to medication. The Sláintecare Implementation Strategy, published in August 2018, lists implementing an ePrescribing service as part of the implementation of community care solutions, as one of the ten key strategic actions that underpin the Sláintecare vision.

HIQA has developed standards to define the information requirements required to implement community-based ePrescribing and dispensing in Ireland. Information requirements are minimum sets of data items that are recommended for implementation in information systems that create and transfer information to support the delivery of safe and quality care to patients. The data included in the minimum set of data is determined by the clinical relevancy of the data and its potential to improve patient safety in a collaborative care environment.

The information requirements were developed in collaboration with the eHealth Standards Advisory Group, whose members are listed in Appendix A. The information requirements for ePrescribing was available for a six-week public consultation, running from Thursday, 19 July 2018 to Friday, 31 August 2018. Appendix B documents the consultation questions that were asked.

These standards have been approved by the Board of HIQA and submitted to the Minister for Health. HIQA looks forward to the roll-out of a standards-based implementation of ePrescribing in Ireland.

Appendix A Membership of the eHealth Standards Advisory Group and HIQA project team

The eHealth Standards Advisory Group consists of the followed individuals:

Niall Sinnott	Department of Health
Loretta Grogan	HSE – Clinical Care Programmes
Iryna Pokhilo	CAIRDE – Patient Representative
Jack Shanahan	Irish Pharmaceutical Union
Gerry Kelliher	Royal College of Surgeons in Ireland – Surgical Affairs
Brian O'Mahony	Irish College of General Practitioners (General Practice IT Group)
Gerardine Sayers	HSE – Health Intelligence
Emer Kelly	Royal College of Physicians of Ireland
Eileen Bell	Enterprise Ireland
Roisin Doherty	Access to Information
Peter Connolly	HSE – Office of Chief Information Officer – Enterprise Architecture
Yvonne Goff	HSE – Office of Chief Information Officer (CCIO)
Fran Thompson	HSE – Office of Chief Information Officer
Damon Berry	National Standards Authority of Ireland
Paul Gallagher	National Association of Directors of Nursing and Midwifery

The HIQA project team consisted of:

Kevin O'Carroll	Standards and Technology Manager
Louise Mc Quaid	Standards and Technology Lead
Deirdre Laffan	Standards and Technology Lead

Appendix B Contributing Organisations

HRB Centre for Primary Care Research, RCSI

HSE Quality Improvement Division

Lackagh Pharmacy, Connacht Pharmacies Limited

Irish Pharmacy Union

Blue Wave Informatics for the Irish Pharmacy Union

Irish Pharmacy Union

A2I – Healthlink

National Clinical Programme for Pathology

DMF Systems

Pre-Hospital Emergency Care Council

Health Research Board

National Nurse Midwife Medicinal Product Prescribing Team – HSE Dr Steevens

Irish College of General Practitioners

Lloyds Pharmacy Ireland

McLernon Computers Ltd

NSAI – Standard, Health Informatics Standards Committee

Primary Care Digital, OoCIO, HSE

Irish Medical Organisation

Pharmaceutical Society Ireland

Appendix C Public Consultation Feedback Form

Consultation Feedback Form

July 2018

Your views are very important to us. We would like to hear what you think about the draft Standard on the information requirements for community-based ePrescribing in Ireland.

Your comments will be carefully considered and will inform the final standard in conjunction with HIQA's eHealth Advisory Group.

The closing date for consultation is 5pm on Friday 31st August 2018

You can email or post a completed form to us. You can also complete and submit your feedback online at http://www.higa.ie.

About you

Name:	
Contact Details: (Email, Phone)	
Date:	

I am responding:	as an individual	
	on behalf of an organisation	

Organisation: (If you are responding on behalf of an organisation)	

Feedback questions

We would like to know your views on the draft Standard for Consultation: information requirements for community-based ePrescribing. Please provide us with feedback on the draft Standard, or alternatively you can provide us with general comments.

Consultation Question 1

Have you any alterations you would make to the subject of care information requirements?

Consultation Question 2

Have you any additional items to add to the subject of care information requirements?

Consultation Question 3

Have you any alterations you would make to the prescription information requirements?

Consultation Question 4

Have you any additional items to add to the prescription information requirements?

Consultation Question 5

Have you any alterations you would make to the dispensing information requirements?

Consultation Question 6

Have you any additional items to add to the dispensing information requirements?

Consultation Question 7

Have you any general comments you would like to make about this document?

Thank you for taking the time to give us your views.

Please return your form to us either by email or post:

ePrescribingstandard@hiqa.ie

Health Information and Quality Authority

Technical standards consultation,

George's Court

George's Lane

If you have any questions you can contact the consultation team by calling (01) 8147685.

Please return your form to us either by email or post before

5pm on Friday 31st August 2018.

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