## **HAC 2016 ABSTRACT for Oral Presentations**

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## **Project title**

Modernising Chinese Medicine Practice and Management at Chinese Medicine Centres for Training and Research

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#### Introduction

Before the enactment of the Chinese Medicine Ordinance in 1999, Chinese Medicine (CM) practice in Hong Kong lacked regulatory management. As the content of paper-based hand-written CM consultation records lacks standardisation, not only does it hinder records retrieval, but also makes it difficult to keep track of individual patient medical history, and in turn affecting the quality of service.

# **Objectives**

To modernise Chinese Medicine practice and management at Chinese Medicine Centres for Training and Research (CMCTRs) to enhance the quality of CM service and risk management effectiveness via the establishment of a designated information system.

### Methodology

The computerised Chinese Medicine Information System (CMIS) was developed to store health information electronically according to HA policies and standards. The CM Informatics Working Group was established to advise on development direction and a CMIS User Group was set up to discuss system initiatives and enhancements. Training and site visits have been conducted on a regular basis to oversee the implementation of CMIS in practice. Terminology standardization was advocated to improve quality of medical records.

#### Result

CMIS was developed as an all-in-one system which heightens the efficiency of patient journey at CMCTRs. The centralised system now caters more than 1 million attendances per year, with more than 500 users, and allows records sharing across all CMCTRs. Moreover, through joining the sentinel surveillance network on infectious diseases (influenza-like illness and acute diarrhoeal diseases), records are sent to the Centre for Health Protection on a daily basis electronically. In aspect of clinical risk management, CMIS leverage data into clinical intelligence to improve patient safety, such as prescription dosage alerts for incompatible herbs based on the Chinese medicine adverse herbs reaction rule (十八尺十九畏), and affected patients could be traced through the real-time dispensing record retrieval system. Regarding CMCTR management, statistical reports could be generated from CMIS to support executive decision-making for service planning, and performance monitoring. Not only did the codified terminology standards enable a consistent approach in recording CM diagnoses and treatments, but also facilitate research for evidence-based medicine development.