

Viewing Clinical Documents in My Health Record

Note: These steps assume that your software is connected to the My Health Record system, the patient has a My Health Record and their individual healthcare identifier (IHI) has been validated in your system

STEP 1:

The patient's IHI should be automatically retrieved by the system using the five core demographic details: first name, surname, gender, date of birth and Medicare/DVA card.

STEP 2:

The IHI number will appear in the Patient's Details (F8) under MyHR.

STEP 3:

Once Z Dispense has retrieved the patient's IHI, the MyHR button should change from black and white, to colour.

Update Patient Details

Personal

Surname: Forde Given name: Frederick
 Title: Set: Male
 Date of Birth: 16/01/1928
 Contact: 41 Union St
 Suburb: MARYVILLE State: NSW
 Postcode: 2293 Phone No.:
 Mobile No.: License No.:
 SMS Repeat Reminders
 SMS Owing Reminders
 Email:
 Medicare: Consent Given
 Medicare No.: 2950189642 -1 Valid To: / / Switch to Long Date
 Surname: Given name:
 Concession:
 Concession No.: Valid To: / /
 Safety Net No.:
 Expiration No.: NX623461 Valid To: / /
 Repatriation Type: Gold NESS No.:
 MyHR
 IHI No.: 6003604570631431 IHI Status: Active
 Record Status: Verified
 Doctor:
 Default Doctor:
 CTG Registered Generics Only Repeats Held Patient Deceased
 Save Cancel

Patient: Jock Barefoot

- Access patient's MyHR

- Access patient's allergies in MyHR

STEP 4:

Press the MyHR button or 'F3' on the keyboard, and the Login Required prompt should appear. Enter your pharmacist's initials and if you have a password set in Office, enter this as well. If not, leave blank.

Login Required

Enter Initials:
 Enter Password:
 Same as Office login
 OK Cancel

STEP 5:

Prescription and Dispense View – this is an overview of the patient's prescriptions and dispense history:

- Date Filter – select a date range
- Group by:
 - Prescription (default)

My Health Record

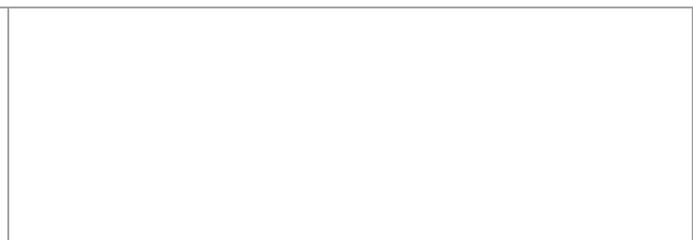
Prescription and Dispense View Documents Medicines Information Shared Health Summary Discharge Summary

This view is not a complete record of the individual's medicines information.

From: 30/04/2018 To: 31/05/2018 Refresh Group By: Prescription

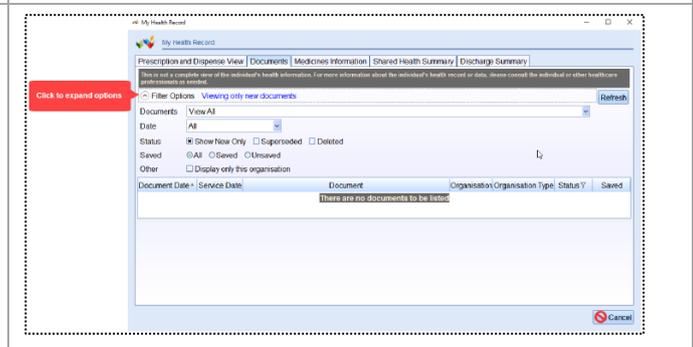
Prescribed	Medicine Details	First Dispense	Last Dispense	Dispensed
	unavailable Amoxicillin	31-May-2018	31-May-2018	unavailable
	31-May-2018 Dispensed Amoxicillin – AMOXIL – 500mg – Take the specified dose as directed by the physician – Capsules – Supply 20			

- ii. Generic name
 - iii. PBS item code
 - iv. Brand Name
- c. Dispense Record – click to expand medication details



STEP 6:

Documents – provides a list of all the documents the patient has. By default, Z Dispense will only show the newest documents that haven't been viewed yet.



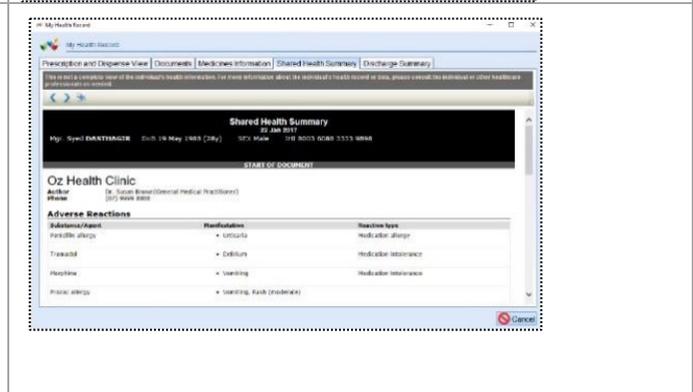
STEP 7:

Medicines Information – can quickly sort and display medicines information held in a patient's My Health Record in date or alphabetical order.



STEP 8:

Shared Health Summary – includes information about a patient's medical history, such as; medical conditions, medicines, allergies and adverse reactions, immunisations.



STEP 9:

Discharge Summary – based on a national standard for a patient's hospital visit.



Send/Do not send dispense records

All prescriptions (unless selected not to) will be uploaded to My Health Record. This includes original and repeat prescriptions, owings, regulation 24 and S3R.

To NOT send a record to My Health Record:

- a. Go to Z Dispense and dispense as usual
- b. After the drug selection, click 'Do not send dispense record to MyHR' or press 'CTRL+SHIFT+F3' on the keyboard
- c. Finish the script



TransferIT [Change Zero](#)

1 x Crestor Tablets 5mg 30

[Autocharge](#): Not Set

Do not send script to Till

Do not send dispense record to My HR

Repeat Print

Useful links

- For upcoming training opportunities, visit Events and Webinars:
<https://www.digitalhealth.gov.au/newsroom/events-and-webinars>

For assistance contact the My Health Record helpline on **1800 723 471** or email help@digitalhealth.gov.au