

An Australian Government Initiative

Creating a DMMR-HMR referral Custom template

Best Practice

Domiciliary Medication Management Review (DMMR) (Item 900) is also known as a Home Medicines Review (HMR).

To start, import custom template <u>DMMR-HMR referral template Brisbane North PHN</u>. Refer to <u>Importing template instructions for clinical software</u>.

- 1. Open the Patient Clinical File.
- 2. Open the Word Processor by clicking on the New Letter Icon.



3. Select Templates from the top drop-down menu and select Use Template.

hier Word Processor - Untitled





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Level 1, Market Central 120 Chalk Street, Lutwyche QLD 4030 PO Box 845 Lutwyche QLD 4030 t 07 3630 7300

- 4. Select **Custom** template tab.
- 5. Double click DMMR-HMR Referral Brisbane North PHN.

Template name	All users	Туре			
Anticipatory Letter to Pharmacists	Yes	Custom			
DMMR - Form 1	No	Custom	Referral for Domioliti	ary M edicatio n M anagem e	nt - Home Medio In es Revi
DMMR - Form1 V2	No	Custom	Nedical Der Patere	Chadand alad Sharmaclator	Refering General Practices
DMMR - HMR Referral_Brisbane North PHN_V1.1	No	Custom	Patare Deplin:	Community Pharmacy Addrewsee	Coctor Name:
DMMR - Management Plan_Brisbane North PHN_V1	No	Custom	000 400	Email: -UdE mail-	Provider Number: -OF in Identic-
Expected Death Letter	Yes	Custom	#P Shorehood #PShore## Mad care / DWA Number:		-PacEnal-
Footprints community eReferral template BP V2.0	No	Custom	PD/0Card- Nadowa Raf: Pfi/Clina-		
Head to Health RediCASE eReferral	Yes	Custom	-Fornat adDam-		
Medication Management Plan_Brisbane North PHN_V1	No	Custom	Dear Pharmacian Diseas contor a Home Medidine Deview / DMMS for +P6UM/amen. I have included their medical history of		
MNHHS Caboolture Adult eReferral v6.4 BP	Yes	Custom	medications, particilogy results and additional into mation relevant to the Matication Review. The national and services its -PERES.come the nations -Size also Employee and an intermeter -Americana		
MNHHS COHD Adult eReferral v6.4 BP	Yes	Custom	ng) ant- Rauson for Fahrai for CBMR 8: - Rauson for Rahmal for CBMR - - Rauson for Rahmal for CBMR. Other planes specify:		
MNHHS Matemity - Adult eReferral v6.4 BP	Yes	Custom			
MNHHS Paediatric - eReferral v6.4 BP	Yes	Custom	Pasard Sairtand Performance: - Pasard Sairtand Performance - Alega Antheres Road ann - Bastran Hadra O Tillengy - Philosophia		
MNHHS Palliative Care - Adult eReferral v6.4 BP	Yes	Custom			
MNHHS RBWH - Adult eReferral v6.4 BP	Yes	Custom			
MNHHS Redcliffe - Adult eReferral v6.4 BP	Yes	Custom	Current Medi actions Current Ran		
MNHHS TPCH - Adult eReferral v6.4 BP	Yes	Custom	I mon universione		
MNHHS Virtual Ward eReferral Template v6 BP	Yes	Custom	Masaurananan - Obara atom -		
Palliative Care Medicines Management Information	Yes	Custom	Drivicity: -PiStivicity=		
			Family Hearty: +FamilyNex		
			Sodal Illeary +Socialies		
				Rock and Sectors	n - 2009, Robert Strey Malanson 1.1 No. 194

6. Address to a **Credentialed (Accredited) Pharmacist OR** a **Community Pharmacy** from the local directory. Type in name search and double click on selected addressee. Add a new contact if required.

Search local Credentialed Pharmacists using HealthPathways Medication Management Review

rom Address Book	Search on MEDrefer	HealthShare		
Name Search: J	OHN		Category:	
Local Directory:				
🗊 John Street Ra	diology (Radiology)			
22 John St	reet, Brisbane, 4000.			
Johnny Smith -	Credentialed Pharmacis	st (Pharmacy)		

4. Insert relevant observations and investigations results. Adjust time frames as necessary. Click Insert.

Blood Pressure	Height
Pulse	Veight
Temperature	Head Circumference
Respiratory rate	BMI
BSL .	✓ Waist
☑ Hip	☑ Waist/Hip ratio
Recorded between: 20/11/2023 • and Include multiple daily observed	19/11/2024
Insert	Cancel

5. Select the **reasons for referral** (include all that apply). Provide details of **personal goals**, **preferences** and additional relevant information in the free-text fields. Click **Next.**

	can speak enough english 🛛 🗸	
interpreter is requierd	Is NOT Required \lor	
Reason for Referral for DMMR	Significant changes to medication regimen; including newly prescribed medicine Recent hospital/facility discharge or frequent unplanned hospital admissions; medication re high nisk medications requiring close monitoring et go opticits, psychotropics, articoagulants Taking five or more regular medications; complex medication regimen Taking medication with a narrow therapeutic index or medications requiring therapeutic me Abnomal pathology test results; review for potential drug induced causes Functional issues that increase the risk of medication related harm e.g. fraity, frequent falls Difficulty understanding or managing medicines/dosing aid because of literacy, cultural or l Attending several doctors, both general practitioners and specialists Recent admission to a residential aged care home Other:	soonciliation , insulin, an intoring, e.s cognitive i language di
Reason for referral for DMMR: Other please specify	Review medications which may be contributing to dizziness and falls.	
Personal Goals and Preferences	Patient would like to exoerience less dizziness and feel more energetic.	~
Issue that may influence medication use:	poor vision	~
	swallowing difficulties dexterity anguage and/or literacy problems Other:	
Issue that may influence medication use: Other please specify		~ ~

- 6. Check the consent fields with the patient. Select Insert.
- 7. Review the generated referral. Make changes or insert additional information from the left-hand menu.
- 8. **Sign** and **send** referral to **Credentialed Pharmacist** or **Community Pharmacy** by chosen secure messaging method.

Please note: Ensure the cursor is positioned at the location where any additional information needs to be inserted in the document.