

IMeRSe Feasibility Study

**Improved medication management for Aboriginal
and Torres Strait Islanders through pharmacist
advice and culturally appropriate services:**

Standard Operating Procedure For Pharmacists

**Help: If you need support with IMeRSe at any time, please
contact the research team on (07) 373 58038 or
imerse@griffith.edu.au**

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Definitions

ACCHS: Aboriginal Community Controlled Health Service is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management;

AHS: Aboriginal Health Service is a health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals;

AHW: Aboriginal Health Worker;

CAM: Complementary and alternative medicine;

DAA: Dose Administration Aid is a well-sealed, tamper-evident device that allows individual medicine doses to be organised according to the prescribed dose schedule;

DOCUMENT: a classification system used by pharmacists for reordering drug-related problems and their resolution;

GEM: Growth and Empowerment Measure; was developed to measure change in dimensions of empowerment as defined and described by Aboriginal Australians

IMeRSe: Indigenous Medication Review Service;

Kessler 10 (K10): is a 10-item questionnaire intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period;

MMR: Medication management review;

MRP: Medication-related problem;

NACCHO: The National Aboriginal Community Controlled Health Organisation is the national peak body representing 143 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues;

OTC: Over-the-counter medicine

PPMRH: Potentially preventable medication-related hospitalisation;

RN: Registered Nurse;

SOP: Standard Operating Procedure;

SSP: Stay Strong Plan: is designed to focus on wellbeing and is for use with Indigenous clients by Aboriginal Health Workers, nurses, GPs, allied health professionals, community workers and others within clinical and community settings. It was developed by Menzies School of Health Research.

1. Introduction

This Standard Operating Procedure (SOP) provides advice on the implementation of the Indigenous Medication Review Service (IMeRSe) for consumer participants in the IMeRSe Feasibility Study, specifically the *Medicines Talk* and *Medicines Report*.

The aim of the IMeRSe study is to optimise an individual participant's medication management and improve health and wellbeing. Positive health outcomes can occur as a result of:

- Reduction in the number of medication-related problems (MRPs) in current treatment;
- Reduction in the number of potentially preventable medication-related hospitalisations (PPMRHs);
- Improvement in quality of life due to mitigation of adverse medication events and improved self-efficacy; and
- Improved medication satisfaction, confidence and adherence.

The IMeRSe Feasibility Study will strengthen existing community pharmacy - AHS relationships, and foster new relationships as required. Initially, the research team will engage and work with AHS staff and community pharmacists who express an interest in participation to ensure they have the capacity to participate; for example sufficient workforce, sufficient potential participants, electronic clinical record systems and dispensing systems. The purpose of this document is to support implementation of the IMeRSe at the participating community pharmacies. It is designed to be sufficiently flexible to be adapted to local requirements of individual services.

2. Scope

This SOP has been written specifically for the Community Pharmacy Champion, pharmacists and other staff implementing the IMeRSe. A pharmacist will be nominated as the Pharmacy Champion to take responsibility to implement the IMeRSe study in their pharmacy. They will work with the IMeRSe Coordinator at the AHS to facilitate IMeRSe for each participant. The IMeRSe Coordinator role is critical to the success of the individual service as they will facilitate effective communications between all parties, timely service delivery, and that clinicians' work within the IMeRSe study guidelines.

The Pharmacy Champion and IMeRSe Coordinator will be core team members driving effective delivery of the IMeRSe for the duration of the study. Two pharmacists or eligible pharmacy staff will be trained to ensure there is sufficient capacity to deliver the IMeRSe intervention. A second AHS staff member will also undergo Coordinator training to provide continuity and additional capacity during busy periods or when the first Coordinator is absent or on leave. Additional training will be provided to other pharmacy staff as needed.

3. People involved in the IMeRSe study

3.1 Community pharmacist

- All pharmacists conducting IMeRSe will be attached to a community pharmacy that is working with Aboriginal and Torres Strait Islander participants enrolled on the IMeRSe study;
- Community pharmacist/s will complete an online training module and a one-day training workshop delivered by a pair of trainers: one experienced Aboriginal and Torres Strait Islander trainer and a second experienced pharmacy trainer;
- Pharmacists will then attend an introduction and / or welcome onsite at the participating AHS, led by AHS staff and community members as applicable. Additional training will be conducted with the pharmacist and Coordinator at this time; and
- The Pharmacy Champion will arrange a visit for the AHS Coordinator and other AHS staff to meet pharmacy staff onsite at the community pharmacy.

3.2 IMerSe Coordinator at the AHS

- At each AHS, a clinical staff member will be designated as the IMerSe Coordinator. A second AHS staff member will undergo Coordinator training. This will provide continuity and additional capacity during busy periods or when the IMerSe Coordinator is absent or on leave;
- The IMerSe Coordinator will be a clinical staff member (e.g. Aboriginal Health Worker [AHW], registered nurse [RN]), as they need to collect clinical information from consumer participants, such as medication lists at baseline and study end-point;
- In collaboration with the community pharmacist, the Coordinator will facilitate and coordinate the IMerSe study including follow-ups, ensuring documentation is updated and facilitating communication with participants and between clinicians and pharmacists; and
- The Coordinator will collect selected information from participants at baseline and the six month follow-up.

3.3 Other AHS staff

- Other AHS staff member/s will have direct involvement in the IMerSe study including identification of participants with medication-related problems (MRPs) for recruitment, attending the *Medicines Talk* and supporting development and implementation of follow-up plans. These staff will attend an in-service presentation to inform them about their role in the IMerSe study;
- The staff may be an AHW, RN or other relevant clinical staff member nominated by the consumer. For example, an AHW or RN may be the preferred support person to attend the *Medicines Talk*. This role would include attending the initial interview and contributing to follow-up plans and contacts as required. This will be discussed in collaboration with the participant and pharmacist;
- The nominated staff member may also be the IMerSe Coordinator or back-up coordinator;
- During the referral and consent process the consumer may elect to have no AHS staff member attend the *Medicines Talk*; and
- The IMerSe Coordinator and other identified AHS staff will initially be asked to visit the local pharmacy to meet the community pharmacy team and talk about local health concerns.

3.4 General practitioners

- Although the GP will be notified of the initial plans to conduct IMeRSe with a participant, their initial referral is not required explicitly for the *Medicines Talk* to be undertaken. However, GPs will be encouraged to identify, for the purposes of recruitment, any consumer at risk of MRPs who may benefit from IMeRSe;
- GPs will be notified when participants' have been recruited into the IMeRSe study by an email from GuildCare. This will be an opportunity for the GP to highlight any important issues for the participant to the IMeRSe Coordinator;
- GPs will be notified when the participants' *Medicines Report* has been completed by the community pharmacist by an email from GuildCare; and
- GPs have the ultimate responsibility for the *My Medicines Plan* (including follow-up) developed in collaboration with the participant, community pharmacist, AHS staff and other support people, as appropriate. The IMeRSe Coordinator will oversee the organisation of this.

3.5 IMeRSe Feasibility Study Mentors

Two expert mentors, Somer Wrigley and Michelle Bowden have been employed on the IMeRSe study for the sole purpose of supporting pharmacists and pharmacy staff with implementation of the IMeRSe in their pharmacy and related processes.

You can contact the mentors directly to ask questions or seek advice on IMeRSe implementation. Even though the mentors will contact you on average every few weeks, please feel free to call or email them directly with a question at any time.

Mentor activities can include but are not limited to:

- Check-in contact to hear about the successes you have experienced with IMeRSe and identify any challenges for your pharmacy;
- To troubleshoot IMeRSe implementation and related challenges and develop solutions with you;
- Provision of local and more general health and cultural resources for you, your pharmacy and IMeRSe participants;
- Sharing strategies for success from their own experience and also with respect to what is working for other pharmacies;
- Organising webinars to provide specialist sessions, e.g. bush medicine seminar, and provide an opportunity to share experiences with others implementing IMeRSe across Australia; and
- Advise the research team when additional resources / support are needed.

3.6 Griffith University research team

The Griffith University research team will act in a supportive capacity for AHS and pharmacy staff to identify and support resolution of challenges in the IMeRSe implementation. This will include but is not limited to:

- Implementation of feasibility study (including engagement of AHS's);
- Stakeholder relationship management when required;
- Site visits and on-going communication with all participating AHSs and pharmacies;
- On-going formative evaluation;
- Data management, interpretation and analysis;
- Training for pharmacists to deliver IMeRSe in a culturally appropriate way;
- Training for pharmacists to record data related to the IMeRSe intervention, i.e. record of recommendations in IMeRSe module of GuildCare;
- Provision of mentors with relevant expertise;
- Training for AHS staff involved in delivery: IMeRSe Coordinator, GPs and other AHS staff;
- Support AHS staff throughout the IMeRSe study, with recruitment of participants, data collection and support of participants.

Professor Amanda Wheeler

Professor Amanda Wheeler is Professor of Mental Health at Griffith University. She has worked as a health practitioner, educator and researcher in mental health and pharmacy practice for almost 20 years. She is nationally and internationally recognised for her expertise in these areas. Her research focuses on quality improvement, professional practice, workforce development and capacity building. These themes come together with the common goal of improving outcomes for consumers and carers and are integrated across the full scope of her work.

Dr Fiona Kelly

Dr Fiona Kelly is a Senior Lecturer of Pharmacy Practice at Griffith University with expertise in three key areas: perspectives of pharmacy staff, health consumers and carers about person-centred care; innovative implementation strategies in pharmacies; and consumer views on, access to, and use of, non-prescription medicines.

Dr Kerry Hall

Dr Kerry Hall is Research Fellow at the School of Human Services. Kerry is an Aboriginal woman from Cape York Peninsula and has been an Endorsed Enrolled Nurse for more than 30 years, and is an Aboriginal Health Practitioner, with extensive experience in Aboriginal and Torres Strait Islander health and education.

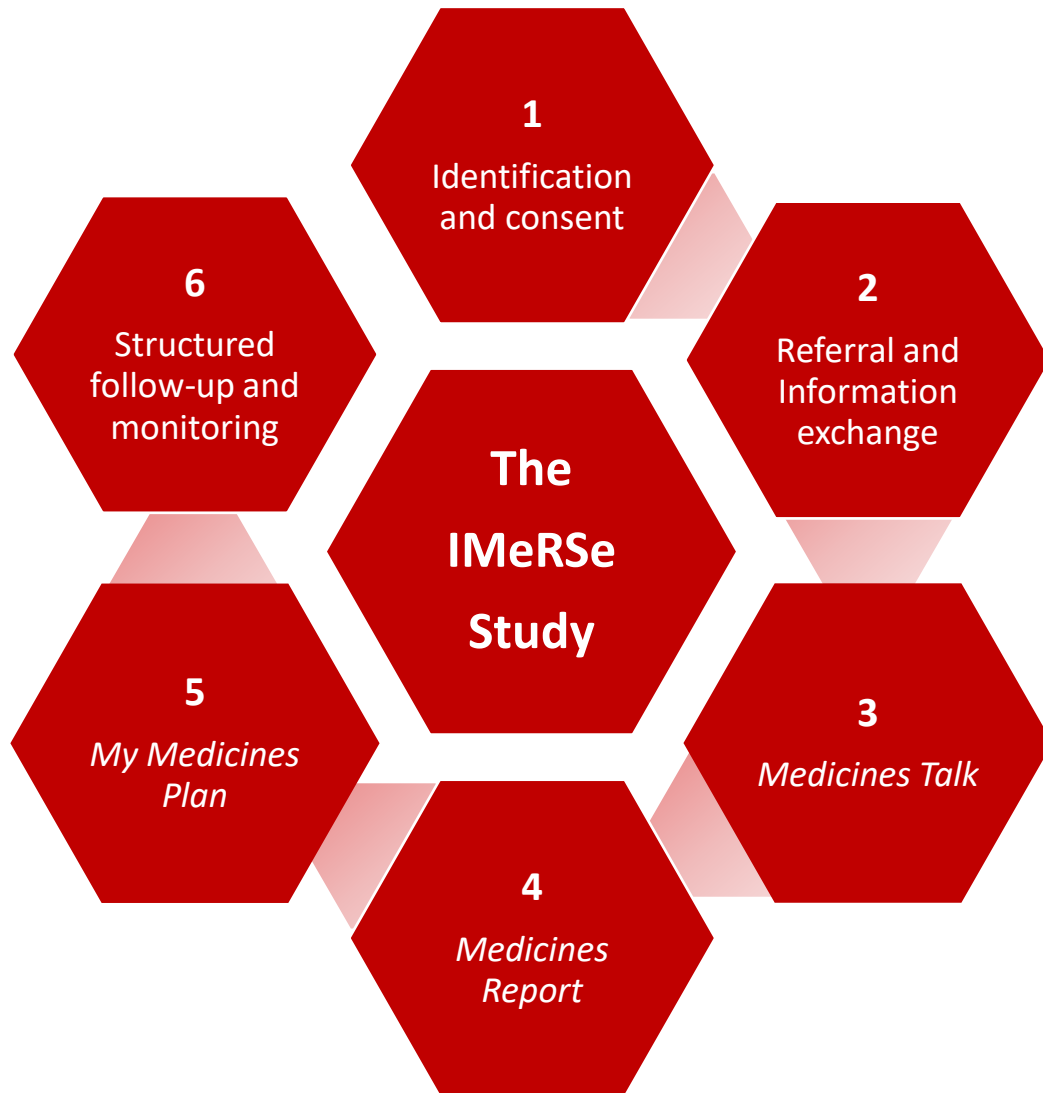
Dr Jean Spinks

Dr Jean Spinks is a Research Fellow at the Centre for Applied Health Economics. She is an early career researcher with a focus on access to medicines.

Dr Santosh Tadakamadla

Dr Santosh Tadakamadla is a skilled and qualified public health professional with both teaching and research experience in Australia and abroad.

4. The IMeRSe process and pathway



5. Definition of the target population

Inclusion criteria

The population eligible to participate in IMeRSe are Aboriginal and Torres Strait Islander peoples receiving health care from the named ACCHS or AHS:

- Who are aged 18 years and over;
- Living in the community;
- Who have used the clinical services of the ACCHS or AHS at least three times in the past two years;
- Who use a community pharmacy that is participating in the trial;
- Who have a chronic condition OR are pregnant OR are within two years postpartum;
- Who are at risk of medication-related problem(s) (as identified by any health professional involved in their care) including but not limited to the following:
 - instability of health status and/or medicines therapy;
 - using a high risk medicine(s);
 - likelihood of compromised adherence;
 - new therapeutic goals;
 - potentially incomplete understanding of patient's pattern of medicine use by health professionals; or
 - failure to respond to treatment in the expected way;

AND

- Provide written informed consent.

Exclusion criteria

Consumer participants who have received any existing medication management review (MMR) services (such as Home Medicines Review, MedsCheck or Diabetes MedsCheck), in the previous 12 months will be excluded from participating in the IMeRSe feasibility study.

6. Consumer identification and informed consent

The IMeRSe Coordinator will take primary responsibility for identification of eligible consumers and undertake the informed consent process with them. However, Pharmacy Champions or pharmacy staff may identify potentially eligible consumers and it is recommended that they contact the IMeRSe Coordinator to inform them.

The IMeRSe Coordinator will take responsibility for confirming that a participant is eligible to participate in the study. Consumer participants enrolled in the IMeRSe study will be asked to consent to the use of their medical records, pharmacy records and related health records as part of the informed consent process. The process of identifying eligible participants falls into two categories: opportunistic identification; or targeted identification. Opportunistic identification is a regular patient identified as eligible by any AHS or community pharmacy staff, e.g. multiple unused medicines. Targeted identification is when patients can be identified through clinic databases at the AHS or through community pharmacy software.

Once a participant has been identified and the IMeRSe study process has been explained to the participant by the IMeRSe Coordinator, they will be given a Participant Information and Consent Form (PICF) and MBS/PBS consent form to read. If the participant has limited literacy, the IMeRSe Coordinator will read the form with them and answer any questions they may have.

The IMeRSe Coordinator will inform the participant that by completing the consent form they are agreeing to:-

- The initial medication review conversation (*Medicines Talk*) at a location of their choice; any subsequent follow-up activities that are identified at the *Medicines Talk*, and the reporting of these activities in their clinical record;
- Access to their clinical records from their usual community pharmacy and AHS and GP, hospital admissions, as well as records including MBS / PBS records for 12 months prior to recruitment into the study and for 12 months after enrolment; and
- That a copy of *My Medicines Plan* will be distributed to relevant parties including pharmacy, AHS and nominated family members/carers.

Once consent has been obtained by the IMeRSe Coordinator, the Coordinator or another trained AHS staff member will complete the baseline data collection form with the participant, enrol them into the online IMeRSe module in GuildCare and schedule the *Medicines Talk* using the online calendar.

7. Referral to community pharmacist

The initial referral for the *Medicines Talk* conversation will be generated in two ways:-

- Referral generated through GuildCare to the participating community pharmacy; or
- A referral may be generated from the patients file in the practice software and faxed to the community pharmacist depending on local preference.

The IMeRSe Coordinator will book the appointment in GuildCare and upload a health summary including medications and medical history into GuildCare for the pharmacist to review prior to the *Medicines Talk*. Pharmacists will be notified by email when a new participant has been enrolled. The Coordinator will liaise with the pharmacist to confirm the *Medicines Talk* appointment at a time and place that suits the participant. The initial *Medicines Talk* will be conducted by the community pharmacist, and involve nominated AHS staff members and / or support person, as appropriate.

8. Medicines Talk

Ideally, the IMeRSe Coordinator and pharmacist conducting the *Medicines Talk* will discuss the best approach to the meeting prior to this, e.g. five minutes beforehand. This will allow the discussion to be tailored to the individual participant with respect to who they may be most comfortable talking to initially. Prior to the *Medicines Talk* the participant's health summary may be accessed by the community pharmacist and used in conjunction with their pharmacy records to conduct the *Medicines Talk*. This will have been uploaded into their GuildCare record (see below for more information).

The *Medicines Talk* will provide an opportunity for pharmacists to get to know the participant and their health goals through a strengths-based approach. It will also provide an opportunity for the pharmacist to explain their role in the healthcare team. This first meeting will support the consumer participant having a conversation with the pharmacist and AHS staff about all of their medicines, including:

- Understanding about and feelings towards their medicines;
- Adherence practices;
- Identification of and possibly resolution of any problems; and
- Goals that they have for their health and strategies or action plans to work towards these.

Resolution of problems may occur during this initial *Medicines Talk* (e.g. through explanation/education and resource provision).

The *Medicines Talk* is expected to take about 60 minutes and follow-up (if needed) will be agreed by the pharmacist, AHS staff and participant. The IMeRSe Coordinator will organise follow-up clinical appointments to occur as soon as possible after the *Medicines Talk*, e.g. dietician.

During the *Medicines Talk* the pharmacist will do the following:

- Complete the Stay Strong App with the participant (paper copy available if the participant prefers); and
- Document the *Medicines Talk* on the laptop, or paper as preferred by participant (then document on GuildCare later).

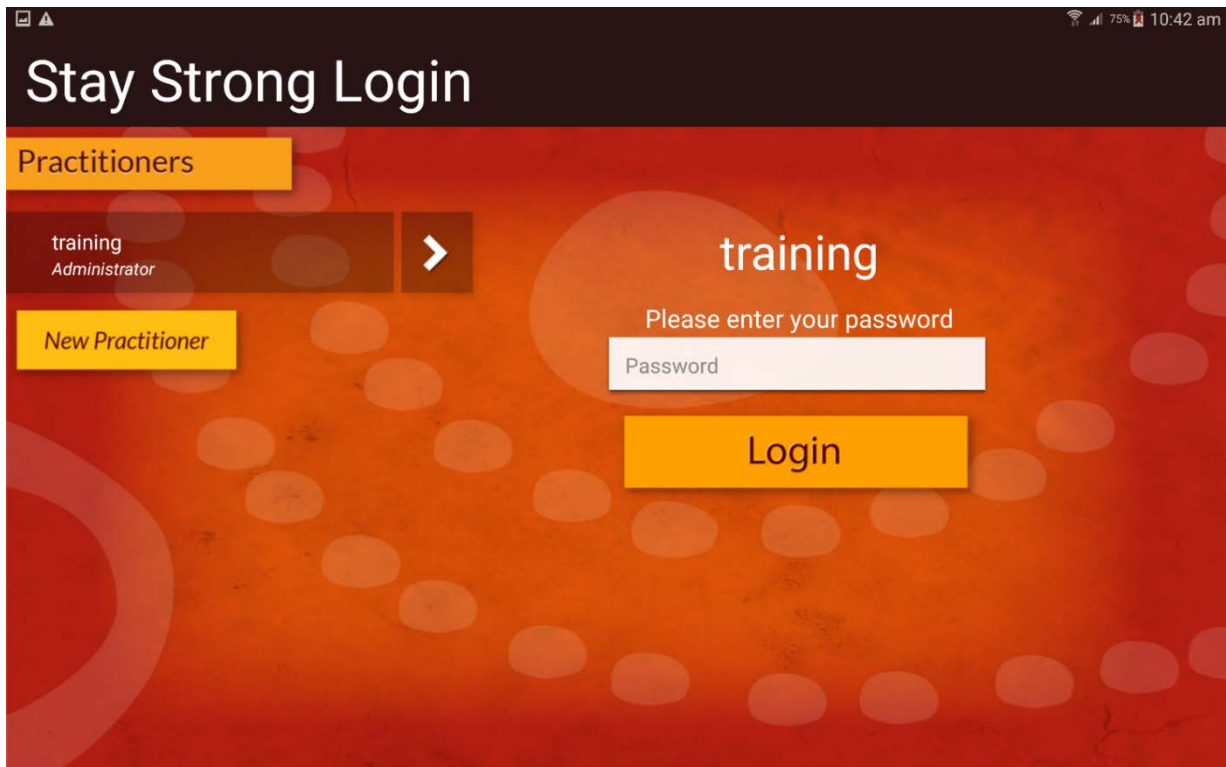
The IMeRSe Coordinator will schedule any follow-up appointments with the pharmacist using the GuildCare calendar system. At completion of the *Medicines Talk* the participant will receive a \$25.00 grocery voucher as a thank you for participating.

8.1 Stay Strong Plan

The Stay Strong Plan App is designed to focus on wellbeing and is for use with participants by pharmacists, Aboriginal Health Workers, nurses, GPs, allied health professionals, community workers and others within clinical and community settings.

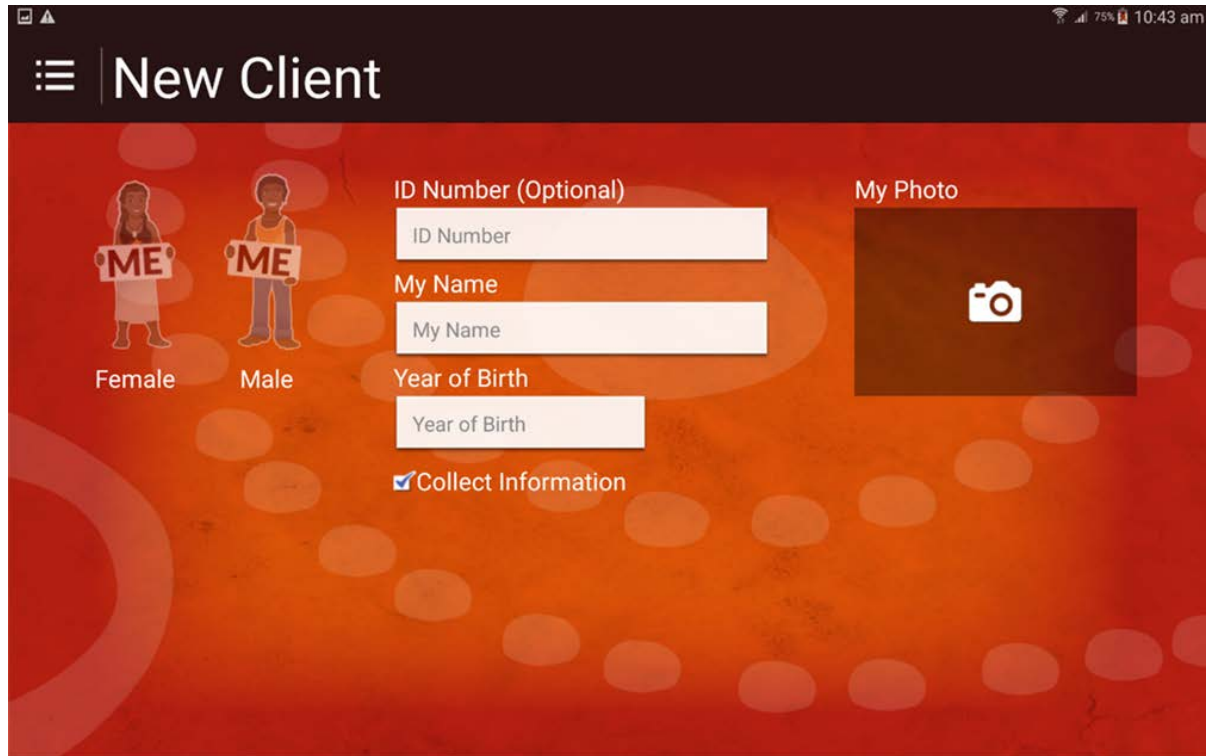
➤ *Stay Strong Plan log in screen*

This is the login page of the Stay Strong App. The AHS staff or pharmacist will login to the App. You may need to create a new practitioner profile by clicking on the 'New Practitioner' button and entering your details and password.



The image shows a mobile app login screen for 'Stay Strong'. The title 'Stay Strong Login' is at the top. Below it, there's a 'Practitioners' section with a 'training Administrator' button and a 'New Practitioner' button. To the right, there's a 'training' section with a password prompt 'Please enter your password', a 'Password' input field, and a 'Login' button. The background is red with a pattern of white circles.

Create a file for the participant using their name, year of birth and sequential ID number, provided in the Screening Log.



The image shows a mobile application interface for creating a new client. At the top, there is a dark header with a menu icon and the text "New Client". Below the header, the background is a vibrant orange-red with a pattern of lighter, semi-transparent circles. On the left side, there are two cartoon figures of a woman and a man, both holding signs that say "ME". Below the woman figure is the label "Female" and below the man figure is "Male". To the right of these figures, there are four input fields: "ID Number (Optional)" with a sub-field "ID Number", "My Name" with a sub-field "My Name", and "Year of Birth" with a sub-field "Year of Birth". Below these fields is a checkbox labeled "Collect Information" which is checked. On the far right, there is a section titled "My Photo" with a dark rectangular area containing a white camera icon. The top right corner of the screen shows status icons for signal, battery (75%), and time (10:43 am).

- **Strengths** – discuss and enter family or friends that are in the participant’s support network and who keep them strong. You do not need to fill in all of the options.



People Who Keep Me Strong

Jim
Father
Cares about me

Maureen
Mother
Is there for me

Chris
Footy Coach
Mentor/elder/I look up to

Jon
Captain of footy team
Someone I can talk to

Jenny
Sister
Someone I can talk to

Write name here
Select Relationship
Select Role

Strengths – discuss activities that keep the participant strong. You can select from the existing options detailed in the boxes on the screen, or add new ones in the ‘Other’ boxes which are free text. You can also indicate that the option is a higher priority, by selecting within the box, once it is open.



Things That Keep Me Strong

GROW STRONG TREE

PHYSICAL

FAMILY, SOCIAL AND WORK

MENTAL AND EMOTIONAL

SPIRITUAL AND CULTURAL

Cultural Identity

Health Centre

Work or Jobs

Understanding Health

Connection to Culture & Country

Healthy Food

Teach Kids

Music & Dance

Obligation

Exercise

Family and Friends

Think Strong Way

fishing

Other

Other

Other

- **Worries** – as above select options that are worries or type in individual ones under ‘Other.’



- **Goals** – discuss health goals that are important to the participant, why these are important and how they could start to work towards these goals. Record this in the ‘Goals’ section.



Tip – discuss and select some tips that the participant thinks will help them to work towards their goals. You can add in a personal tip at the bottom on the right in the ‘My own tip’ box.



Stay Strong Tips - Wellbeing

Get support from others

Be realistic
remember nobody is perfect

Exercise
sweeping, raking, mopping, walking are easy to do and good for you

Go fishing, hunting, out bush, painting

Listen to music or radio

Think to future, not past

Walk away
don't keep arguing

Fix what you can fix

Use time well
new friends, new activities

Understand what is a healthy diet for you by listening to your care team everyday

Think positive

Talk to your care team about how much water/fluid is good for you

Talk to family
who help you

Talk to your care team
know your appointments and dialysis times

My own tip
talk to his sister Jenny about finding something to do when he feels like



Stay Strong Tips - Health

Make a decision
to drink, smoke, or use less

Have a clear reason
to drink, smoke, or use less

Stay busy
you drink or smoke more if you are bored

Delay starting
start later in the day

Use time well
new friends, new activities

Say NO
if friends offer it to you, or you've had enough

Avoid reminders and triggers
like friends who use, places or things that remind you of ...

Tell someone who cares
your buddy

Eat well - 2 fruit and 5 vegetables every day

Get active - walk or exercise more

Get your health checked - ask when your health check is due

Don't use alcohol or soft drink to stop thirst
so that you aren't thirsty

Speak to your health worker- if you are having trouble with access to medicines or services

Use your medicines wisely - ask for help from your health worker or pharmacist

Don't smoke inside
inside houses or cars or around children

Know your warning signs

My own tip
[Write your own tips here]

- **Stay Strong Summary** – show the Stay Strong Summary to the participant and print a copy for the participant.

People who help me are:

Jim
Cares about me

Jon
Someone I can talk to

Maureen
Is there for me

Jenny
Someone I can talk to

Chris
Mentor/elder/I look up to

ME

Things that help me stay strong are:

Spiritual and Cultural
Connection to Culture
Fishing

Family Social and Work
Family Worry
Financial worry since he had to quit his job

Mental and Emotional
Music & Dance

Physical
Exercise

Things that take my strength away are:

Spiritual and Cultural
Missing Culture & Country

Family Social and Work
Family Worry
Financial worry since he had to quit his job

Mental and Emotional
Too Worried or Sad

Physical
Gang, Grog, Smokes

My first goal is to **Quit Smoking**
to improve fitness and be able to dance and play football with
out having a shot of health

The first thing I will do is:
not to sure never tried to quit before

My second goal is to **sort out his puffers**
use less of his puffers as get expensive when he forgets his
and has to go pharmacy to buy one with out a script on wab to

The first thing I will do is:
improve puffer use and technique
talk to pharmacist and parents will help me and I will do it

I could also:
get support
talk to Jon footy coach will help me and I will do it at training

Another thing I could do is:
use a spacer
AHW and Dr will help me and I will do it

Wellbeing tips

Get support from others
Go fishing, hunting, out bush, painting

Fix what you can fix

Use time well
new friends, new activities

Think positive

Talk to your care team
know your appointments and dialysis times
talk to his sister Jenny about finding something to do when
he feels like having a smoke

Substance use tips

Make a decision
to drink, smoke, or use less

Stay busy
you drink or smoke more if you are bored

Delay starting
start later in the day

Use time well
new friends, new activities

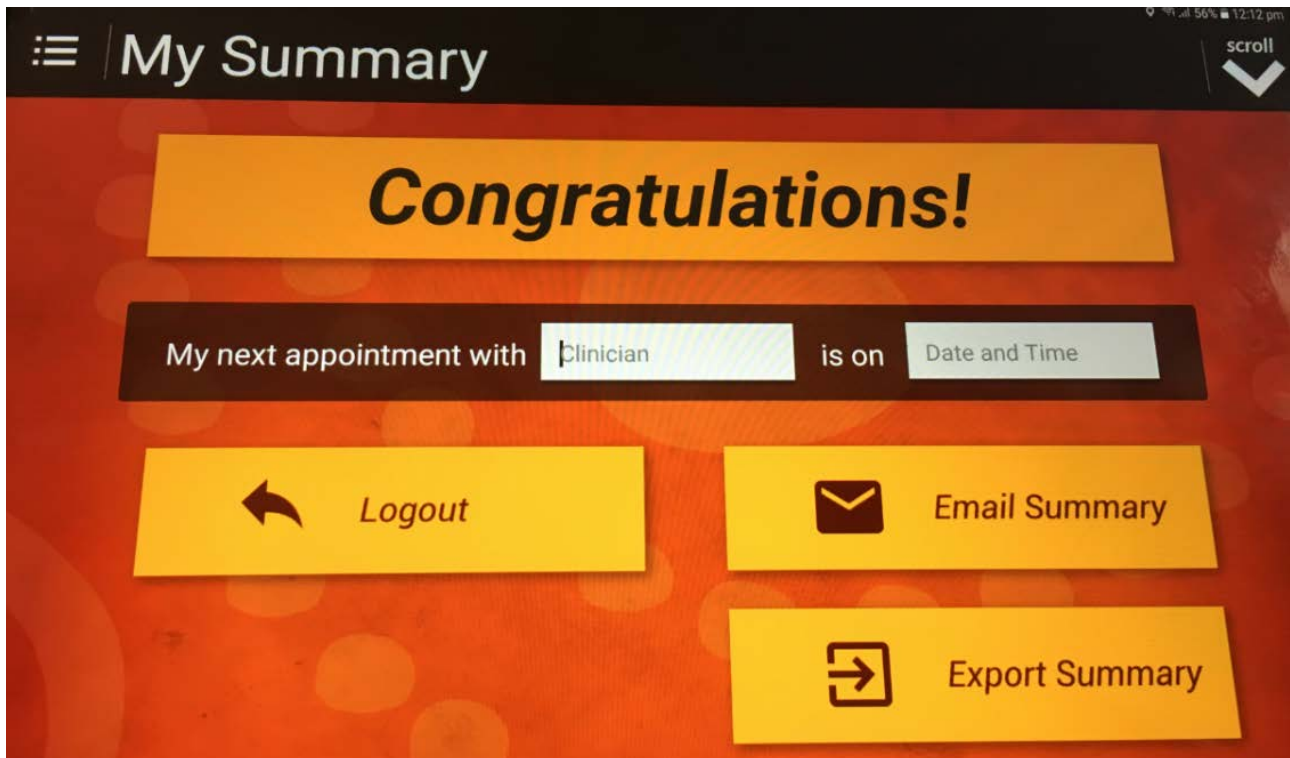
Avoid reminders and triggers
like friends who use, places or things that remind you of ...

Speak to your health worker - if you are having trouble

Congratulations!

My next appointment with is on

- ***My Stay Strong Summary Export Page*** – when finished please click the “Export Summary” icon.
This will now sync to Griffith Research Space.



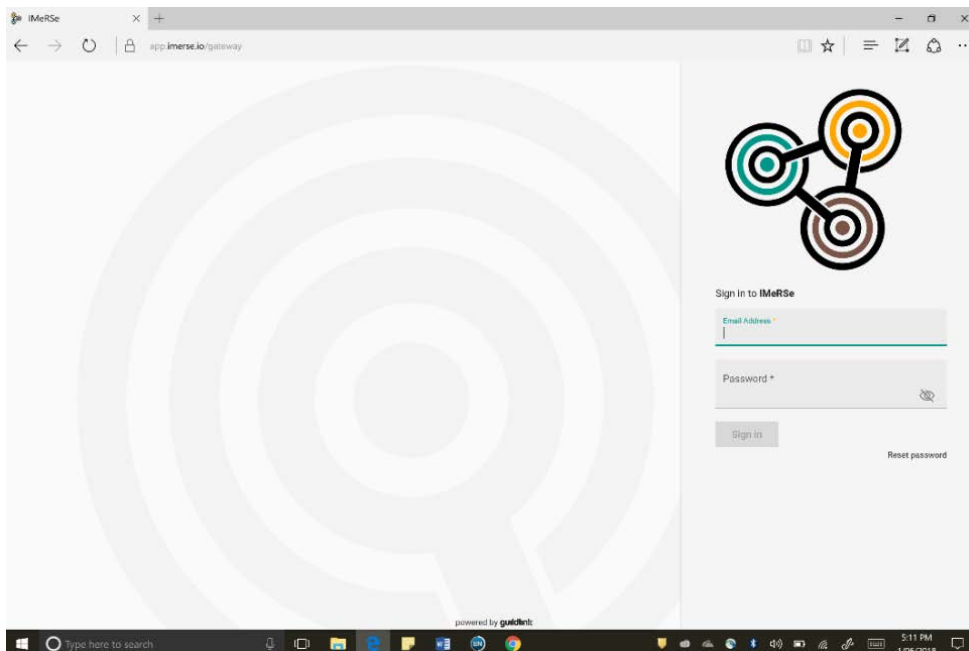
9. GuildCare IMeRSe module for *Medicines Talk* and *Medicines Report*

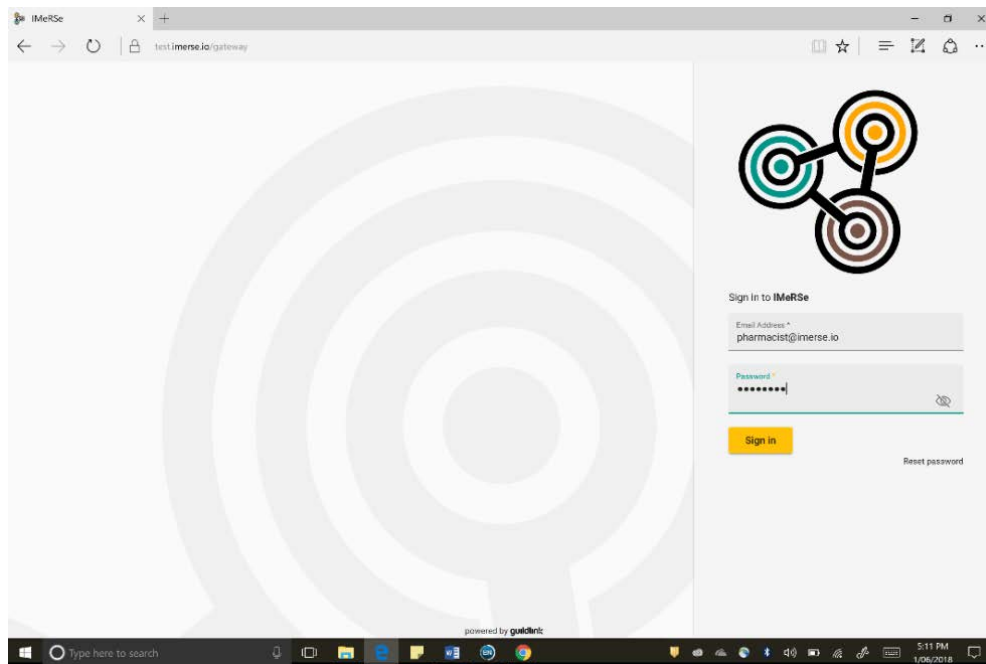
9.1. Registering for the IMeRSe study

You will receive an email directing you to the IMeRSe module. The first time you access this you are required to choose a password.

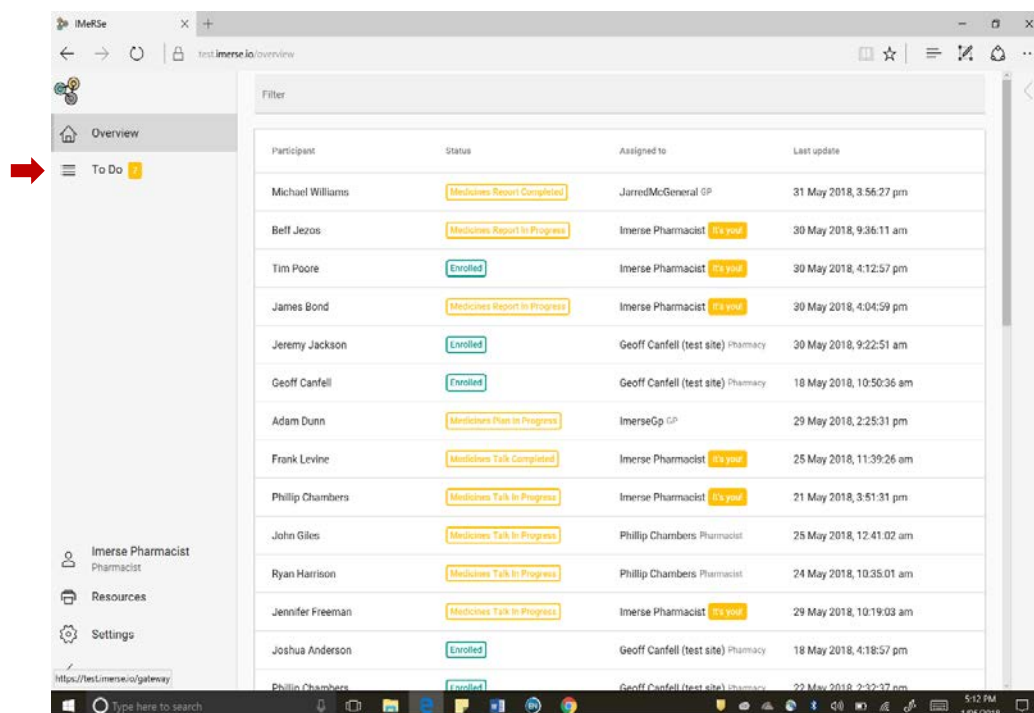
9.2 Signing in

When using the GuildCare IMeRSE module go to the weblink app.imerse.io/gateway and the screen below will appear. Sign into IMeRSe using your email and the password that you chose when you first logged in. This is done on the right hand side of the screen (see second image).

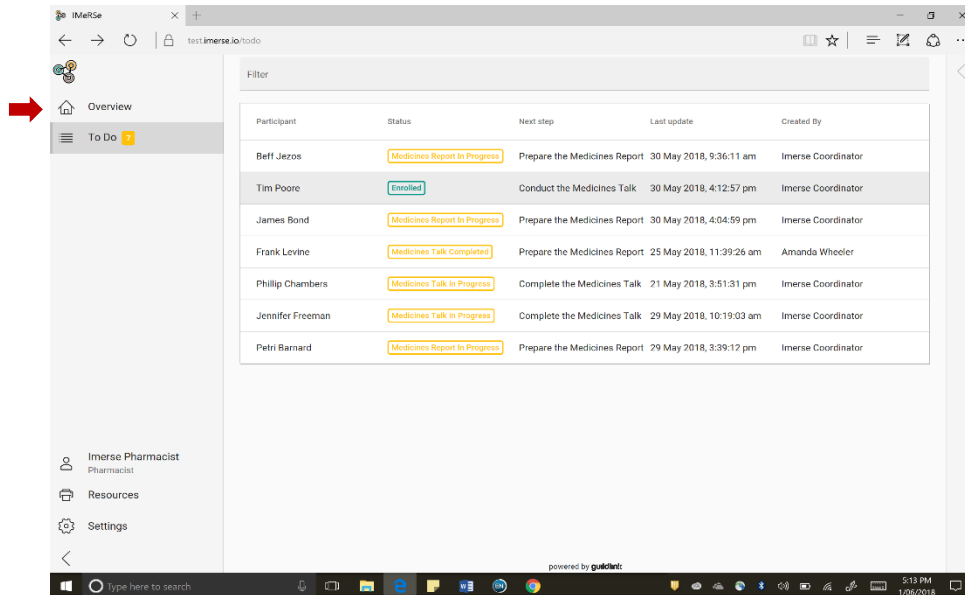




Once you have signed in, the ‘Overview’ screen (below) will appear with all of the IMerSe participants currently registered to your pharmacy with their current status, e.g. enrolled (waiting on *Medicines Talk*), *Medicines Talk* in progress, etc. The participants directly assigned to you will be highlighted with a yellow ‘It’s you’ message.



On the left hand side of the screen there is a 'To Do' tab and if you click on this it will take you to the list of people directly assigned to you under your individual pharmacist sign-in. You can return to the complete list by clicking on 'Overview' on the left side at any time.



9.3 Getting ready for a *Medicines Talk*

Your IMeRSe Coordinator will book the *Medicines Talk* with each participant using your GuildCare NG Calendar. Please sign into GuildCare NG and open your calendar and indicate your availability.

Email to Pharmacist and GP at point of Medicines talk scheduling

Dear Pharmacist,

“NAME OF PATIENT HERE” has been enrolled for a *Medicine Talk* at your pharmacy by “NAME OF IMERSE COORDINATOR NAME HERE”. Please ensure pharmacist availability to perform the *Medicine Talk* as scheduled. Should you require any changes to this appointment, or have any questions or concerns about “NAME OF PATIENT HERE” participating in the IMeRSe study, please contact “INSERT IMERSE COORDINATOR NAME AND DETAILS HERE”

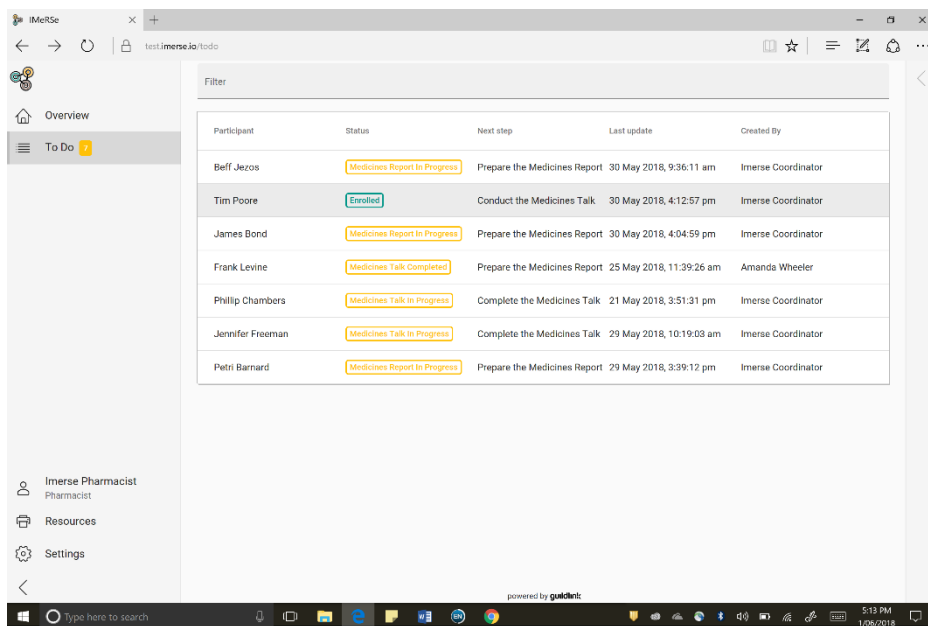
Dear Doctor,

“NAME OF PATIENT HERE” has been enrolled into the IMeRSe study by “INSERT IMERSE COORDINATOR NAME HERE”, and has selected you as their nominated GP. You will be notified upon the pharmacist’s completion of the *Medicine Report* and you will be able to access your patient’s IMeRSe file to complete the *Medicine Plan* thereafter. If you have any questions or concerns about the IMeRSe study or your patient’s enrolment please contact “INSERT IMeRSe COORDINATOR NAME AND CONTACT DETAILS HERE”.

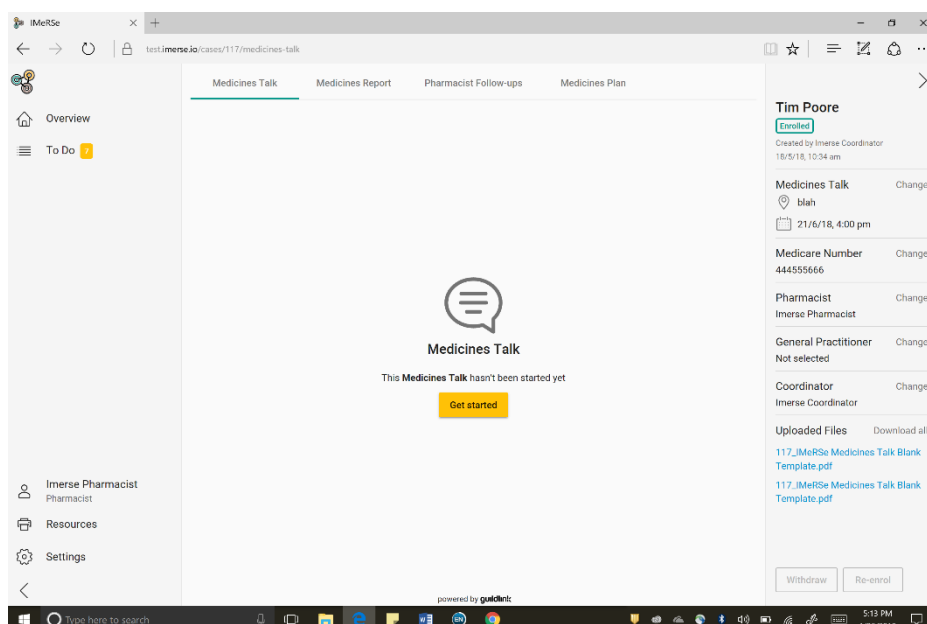
9.4 Documenting the *Medicines Talk*

Go to your 'To Do' list and click on the person who is listed as enrolled and has been scheduled for their *Medicines Talk* (e.g. Tim Poore below).

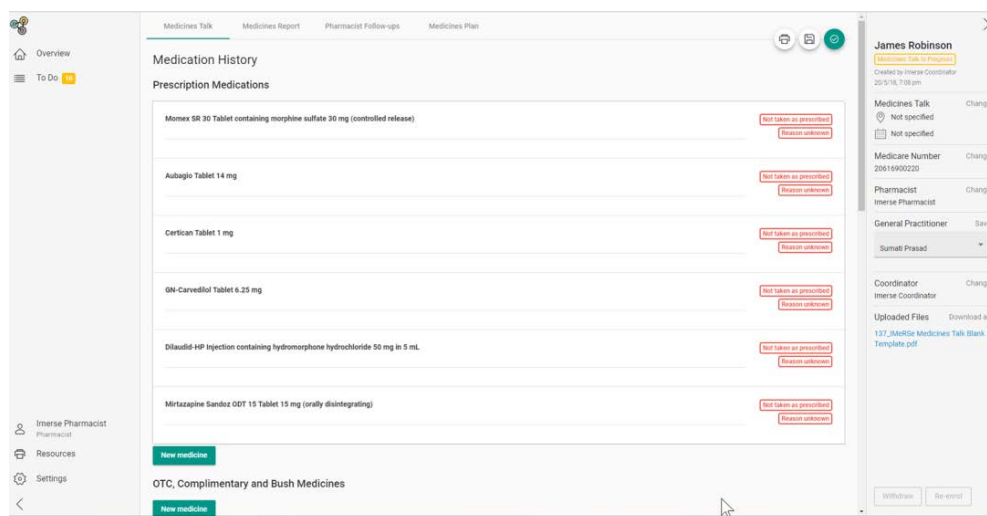
It is strongly recommended as good clinical practice, to ensure that the *Medicines Talk* has been written within Guild Care NG as soon as possible after the appointment with the participant has finished, and submitted to the GP within 7 days of when the *Medicines Talk* was conducted.



The screen below will appear and you need to click on the tab – 'Get Started'



Once you click on 'Get started' the screen below will appear (see next page). The right hand side contains a summary of the participant details including the assigned pharmacist and GP. These can be changed at any point by clicking 'change'. At the bottom right of the screen there will be links to any uploaded pdf files such as the health summary / medicines summary from the AHS. The medication dispensing history for this participant will appear and will default to 'not taken as prescribed' and 'reason unknown.' You can update this to 'taken as prescribed' and 'reason for therapy known' by clicking into the individual medicines.



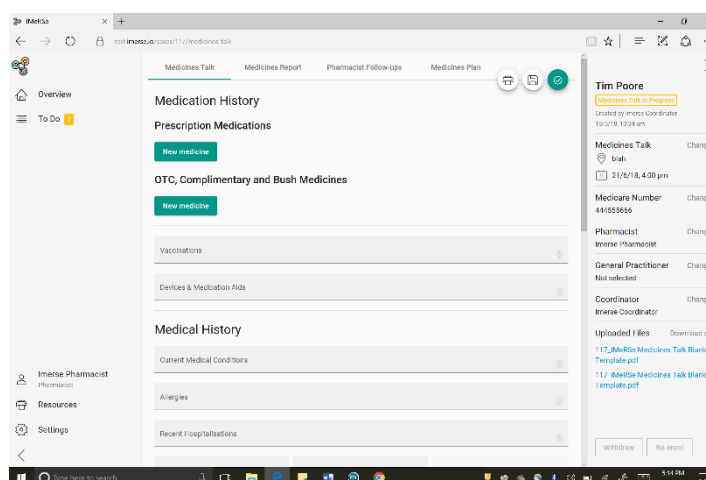
The screenshot shows the 'Medication History' screen for a participant named James Robinson. The interface includes a sidebar with navigation options: Overview, To Do, Inverse Pharmacist, Resources, and Settings. The main content area is titled 'Medication History' and contains a 'Prescription Medications' section. This section lists several medications with their details and status:

- Momex SR 30 Tablet containing morphine sulfate 30 mg (controlled release): Not taken as prescribed, Reason unknown
- Aubagio Tablet 14 mg: Not taken as prescribed, Reason unknown
- Certican Tablet 1 mg: Not taken as prescribed, Reason unknown
- GN-Carvedilol Tablet 6.25 mg: Not taken as prescribed, Reason unknown
- Dilatoid HP Injection containing hydromorphone hydrochloride 50 mg in 5 mL: Not taken as prescribed, Reason unknown
- Mirtazapine Sandoz ODT 15 Tablet 15 mg (orally disintegrating): Not taken as prescribed, Reason unknown

 Below this list are buttons for 'New medicine' and 'OTC, Complimentary and Bush Medicines'. The right sidebar displays participant details for James Robinson, including contact information, assigned pharmacist (Inverse Pharmacist), general practitioner (Sumati Prasad), and coordinator (Inverse Coordinator). It also shows a list of uploaded files.

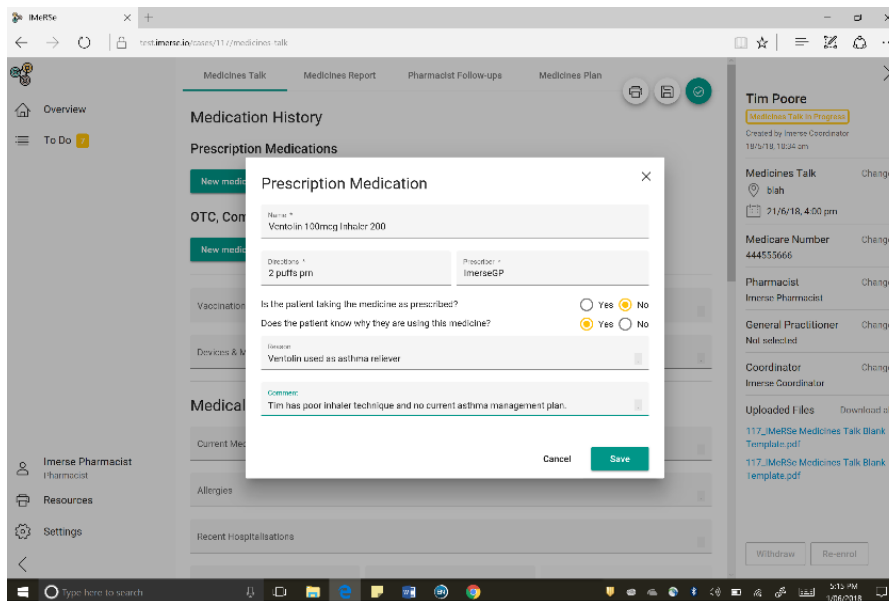
9.5 Entering additional prescription medication information

You can also add in any additional medicines information and medical history for the participant that is not present in the dispense history (see below).



The screenshot shows the 'Medication History' screen for a participant named Tim Poore. The interface is similar to the previous one, but the 'Prescription Medications' section is empty, showing only 'New medicine' and 'OTC, Complimentary and Bush Medicines' buttons. Below this, there is a 'Medical History' section with fields for 'Current Medical Conditions', 'Allergies', and 'Recent Hospitalisations'. The right sidebar displays participant details for Tim Poore, including contact information, assigned pharmacist (Inverse Pharmacist), general practitioner (Not selected), and coordinator (Inverse Coordinator). It also shows a list of uploaded files.

- Click 'New Medicine' then enter medicine name, strength and quantity in the first line.
- Enter the prescribed dosage and prescriber in the boxes on the second line.
- Indicate whether the participant takes the medicine as prescribed and if they know why they have been prescribed that medicine (defaults to no).
- Enter the indication / reason for therapy.
- Enter any relevant comments, e.g. poor inhaler technique, limited adherence.



The screenshot shows the IMeRSe Medicines Talk interface. A 'Prescription Medication' form is open, allowing a user to enter details for a new medication. The form includes fields for Name, Dosage, Prescriber, and a section for patient adherence and knowledge. The background shows the 'Medication History' and 'Prescription Medications' sections of the application.

Prescription Medication Form:

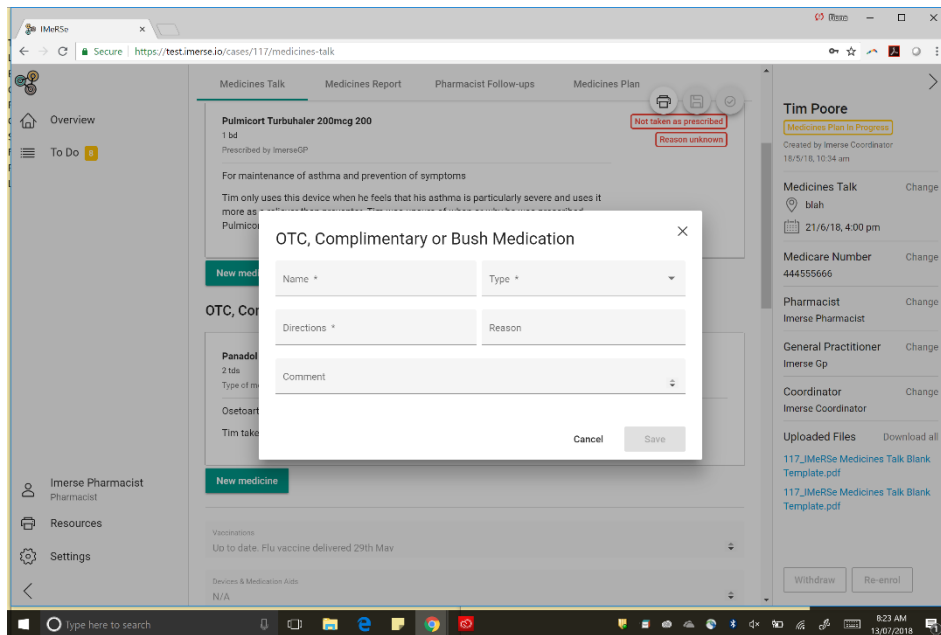
- Name: Ventolin 100mcg Inhaler 200
- Dosage: 2 puffs prn
- Prescriber: ImreseGP
- Is the patient taking the medicine as prescribed? ☐ Yes ☒ No
- Does the patient know why they are using this medicine? ☒ Yes ☐ No
- Indication: Ventolin used as asthma reliever
- Comment: Tim has poor inhaler technique and no current asthma management plan.

Buttons: Cancel, Save

The GP will be able to see this information as additional context to the *Medicines Report*.

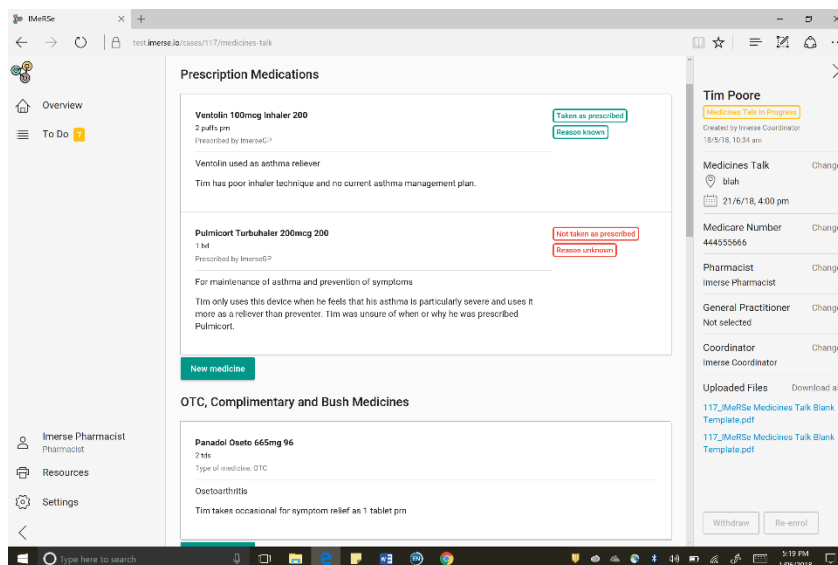
9.6 Entering over-the-counter medicine (OTC), complementary and alternative medicine (CAM) and bush medicine

Follow a similar process to above. The key difference is that you need to select whether it is an OTC, CAM or bush medicine in the top right of the screen.



The screenshot shows the IMerSe Medicines Talk interface. A modal titled "OTC, Complementary or Bush Medication" is open, allowing entry of details for a medication not taken as prescribed. The modal includes fields for Name, Type, Directions, Reason, and Comment. The background shows the main screen with a list of medications, including Pulmicort Turbuhaler 200mcg 200, and a patient profile for Tim Poore.

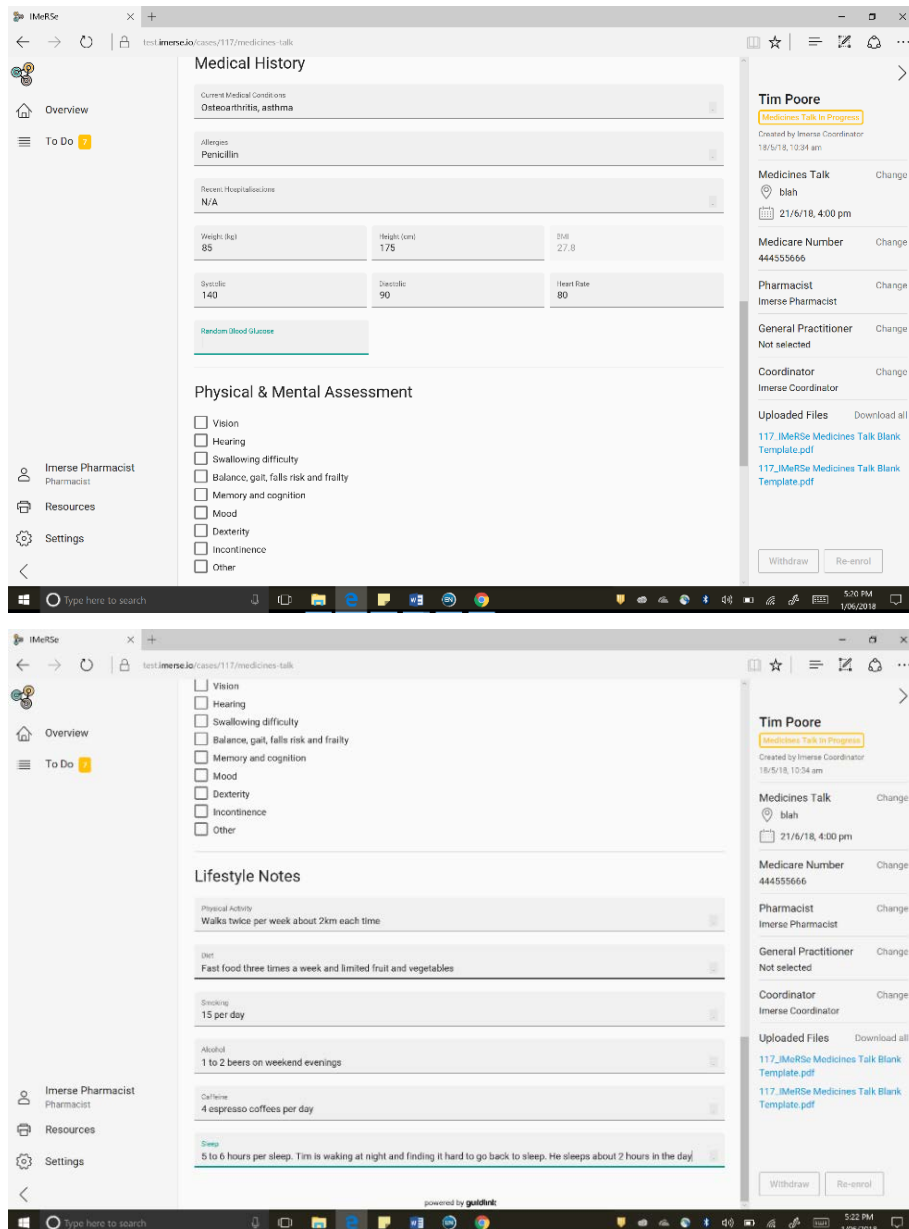
The medication screen will appear as the image below once you have completed your entry. This will provide important ongoing context for you, the GP and the IMerSe Coordinator with respect to participant knowledge and use of medicines.



The screenshot shows the IMerSe Medicines Talk interface after completing the entry. The "Prescription Medications" section lists Ventolin 100mcg Inhaler 200 and Pulmicort Turbuhaler 200mcg 200. The "OTC, Complementary and Bush Medication" section lists Panadol Osteo 665mg 96. The patient profile for Tim Poore is visible on the right.

9.7 Entering medical history and lifestyle information

Once you have entered/checked the medication information, scroll down to enter medical history and lifestyle information as indicated in the screen shots below. Not all of this information will be relevant to every participant.



The screenshots show the iMeRSe web application interface. The top screenshot displays the 'Medical History' section, which includes fields for 'Current Medical Conditions' (Osteoarthritis, asthma), 'Allergies' (Penicillin), 'Recent Hospitalisations' (N/A), and a table for 'Vital Signs' (Weight, Height, BMI, Systolic, Diastolic, Heart Rate). Below this is the 'Physical & Mental Assessment' section with checkboxes for various conditions. The bottom screenshot displays the 'Lifestyle Notes' section, which includes fields for 'Physical Activity', 'Diet', 'Smoking', 'Alcohol', 'Caffeine', and 'Sleep'.

Medical History

Current Medical Conditions
Osteoarthritis, asthma

Allergies
Penicillin

Recent Hospitalisations
N/A

Weight (kg)	Height (cm)	BMI
85	175	27.8
Systolic	Diastolic	Heart Rate
140	90	80

Random Blood Glucose

Physical & Mental Assessment

☐ Vision
☐ Hearing
☐ Swallowing difficulty
☐ Balance, gait, falls risk and frailty
☐ Memory and cognition
☐ Mood
☐ Dexterity
☐ Incontinence
☐ Other

Lifestyle Notes

Physical Activity
Walks twice per week about 2km each time

Diet
Fast food three times a week and limited fruit and vegetables

Smoking
15 per day

Alcohol
1 to 2 beers on weekend evenings

Caffeine
4 espresso coffees per day

Sleep
5 to 6 hours per sleep. Tim is waking at night and finding it hard to go back to sleep. He sleeps about 2 hours in the day

powered by **guideline**

Tim Poore
Medicines Talk In Progress
Created by Imense Coordinator
18/5/18, 10:34 am

Medicines Talk
Change
blah
21/6/18, 4:00 pm

Medicare Number
Change
444555666

Pharmacist
Change
Imense Pharmacist

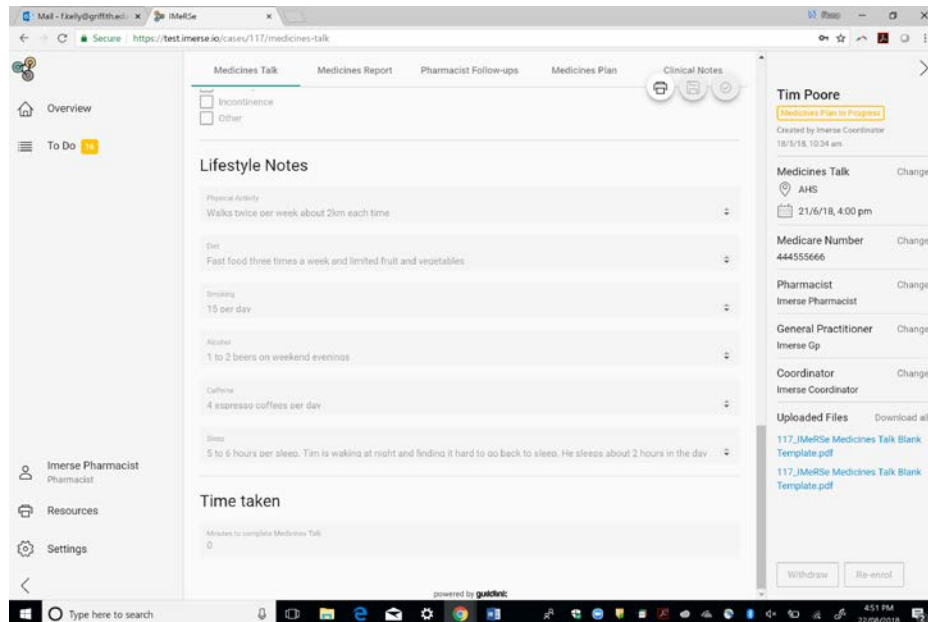
General Practitioner
Change
Not selected

Coordinator
Change
Imense Coordinator

Uploaded Files
Download all
117_iMeRSe Medicines Talk Blank Template.pdf
117_iMeRSe Medicines Talk Blank Template.pdf

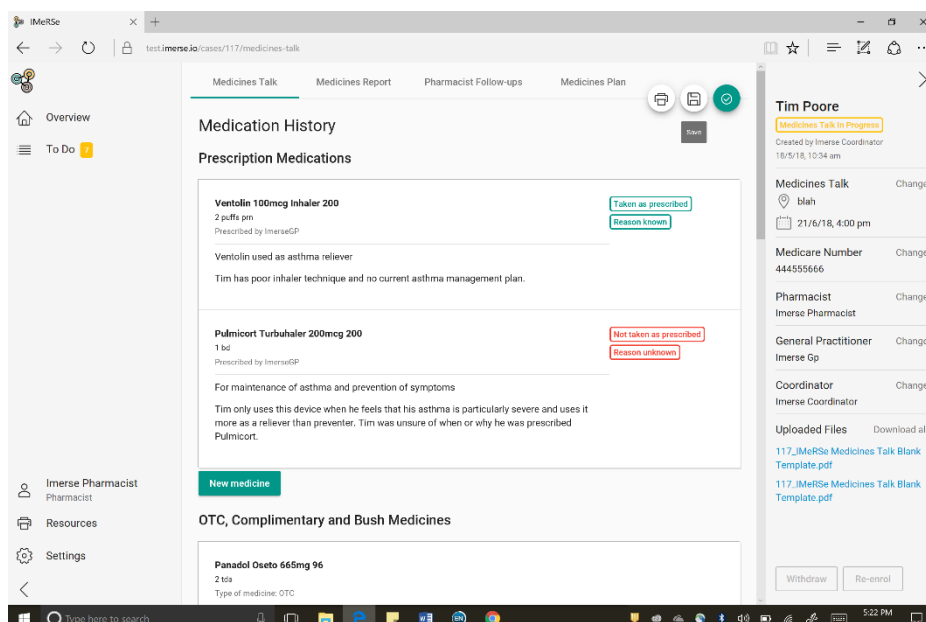
Withdraw Re-enrol

Please record the time in minutes eg: 90 minutes, that the *Medicines Talk* takes to complete, in GuildCare, before saving. The ‘Time taken’ box is located at the very bottom of the *Medicines Talk* screen.



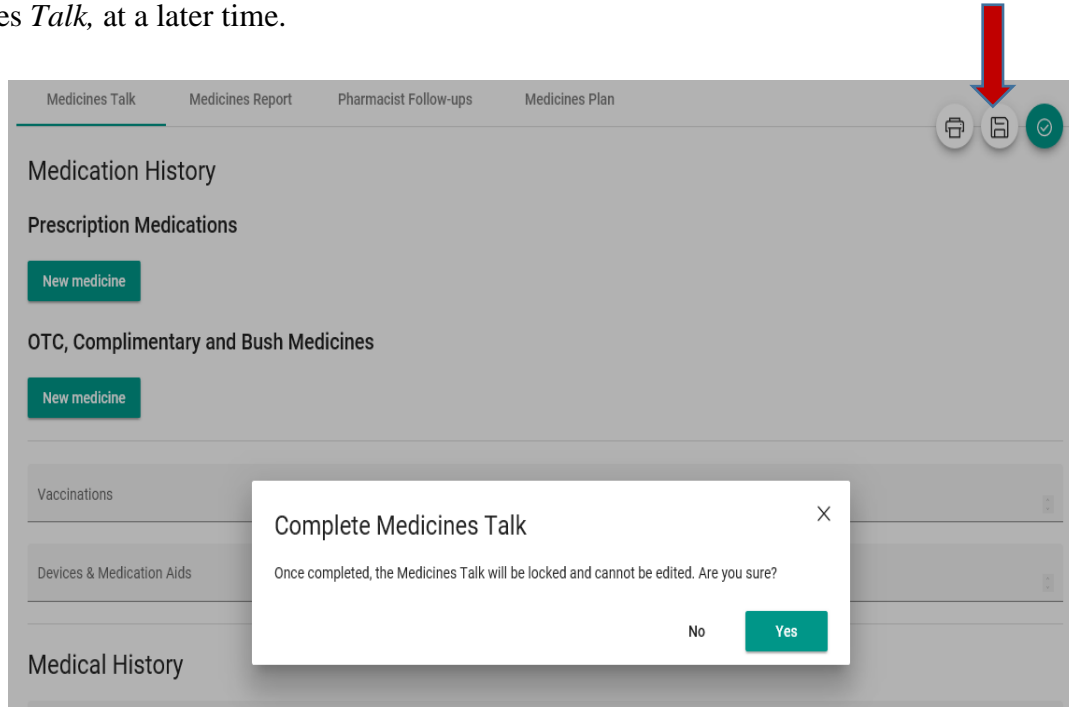
The screenshot shows the IMeRSe Medicines Talk screen for a patient named Tim Poore. The screen is divided into several sections: Overview, To Do, Lifestyle Notes, Time taken, and a right-hand sidebar. The Lifestyle Notes section includes fields for Physical Activity, Diet, Smoking, Alcohol, Caffeine, and Sleep. The Time taken section has a field for 'Minutes to complete Medicines Talk'. The right-hand sidebar contains patient details, a list of uploaded files, and buttons for 'Withdraw' and 'Re-enrol'.

Once you have completed documenting the *Medicines Talk*, click on the ‘Save’ icon (next to the green tick) to ensure that no information is lost. Now you are ready to move to the *Medicines Report*.
Note: - If you click on the green tick, the IMeRSe module will consider the *Medicines Talk* complete and assume that you have entered all of the information and you will not be able to change it after this has been submitted.



The screenshot shows the IMeRSe Medication History screen for a patient named Tim Poore. The screen is divided into several sections: Overview, To Do, Medication History, and a right-hand sidebar. The Medication History section includes fields for Prescription Medications and OTC, Complimentary and Bush Medicines. The right-hand sidebar contains patient details, a list of uploaded files, and buttons for 'Withdraw' and 'Re-enrol'.

You will see a confirmatory dialogue box asking if you want to complete the *Medicines Talk* as below. If you select no you will need to click the ‘save’ icon, this will allow you to complete the *Medicines Talk*, at a later time.



Email to GP upon completion of the pharmacist report/ upon case being assigned to GP to generate the *Medicines Plan*

Dear Doctor,

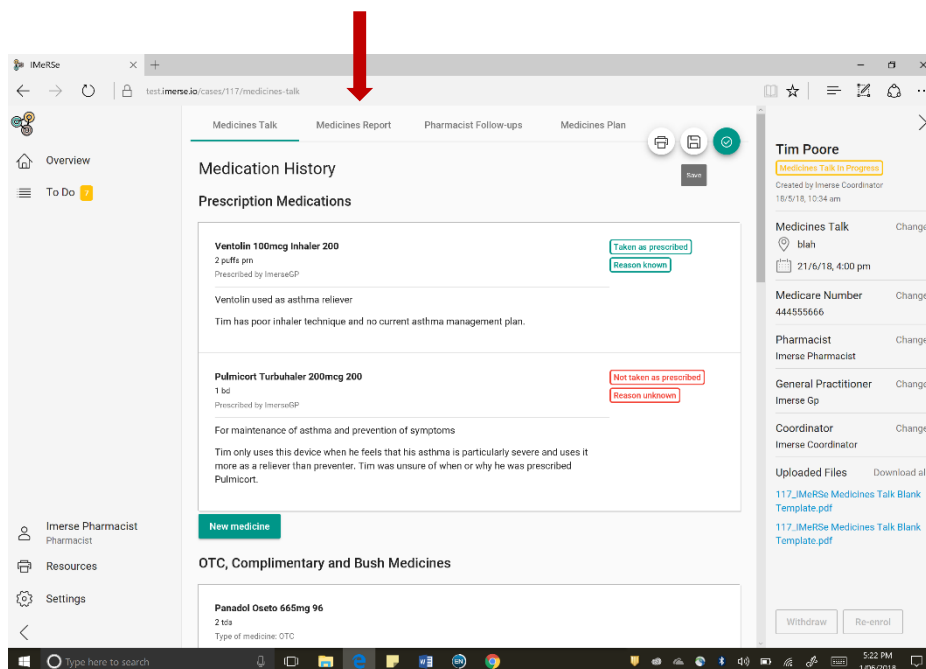
“PHARMACY NAME” has completed the *Medicine Report* for **“INSERT PATIENT NAME”**. Please access your patient’s IMeRSe file to complete the *Medicine Plan*. If you have any questions or concerns about the IMeRSe study or your patient’s enrolment please contact **“INSERT IMeRSe COORDINATOR NAME AND CONTACT DETAILS HERE”**.

10. *Medicines Report*

After the *Medicines Talk*, you will write the *Medicines Report*, in consultation with AHS staff/ or support person who attended the meeting. The *Medicines Report* will be completed in GuildCare and the GP will be notified by email when it is available. The *Medicines Report* will detail findings from the *Medicines Talk* and include recommendations to assist in the development of *My Medicines Plan*. The GP will need to log-in to GuildCare to view the report and accept or suggest recommendations for the pharmacist. The IMeRSe Coordinator will ensure that an appointment has been made with the GP to follow up on *My Medicines Plan*.

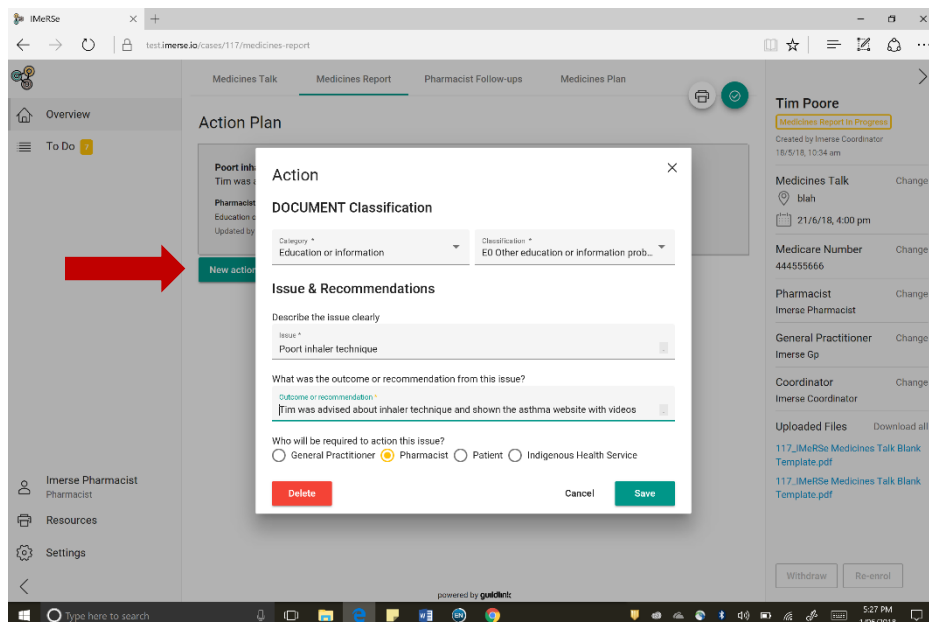
Consider all of the information that you have gathered in the *Medicines Talk*, information from your pharmacy dispense history, the AHS health summary and any other information or interaction with the IMeRSe Coordinator or clinic staff when formulating your recommendations for the *Medicines Report*.

Click on the *Medicines Report* tab at the top of the screen when you are ready to document your recommendations.



Click on the green tab within the screen titled 'New action' to start documenting a recommendation (see below). A screen will appear and you will need to do the following:

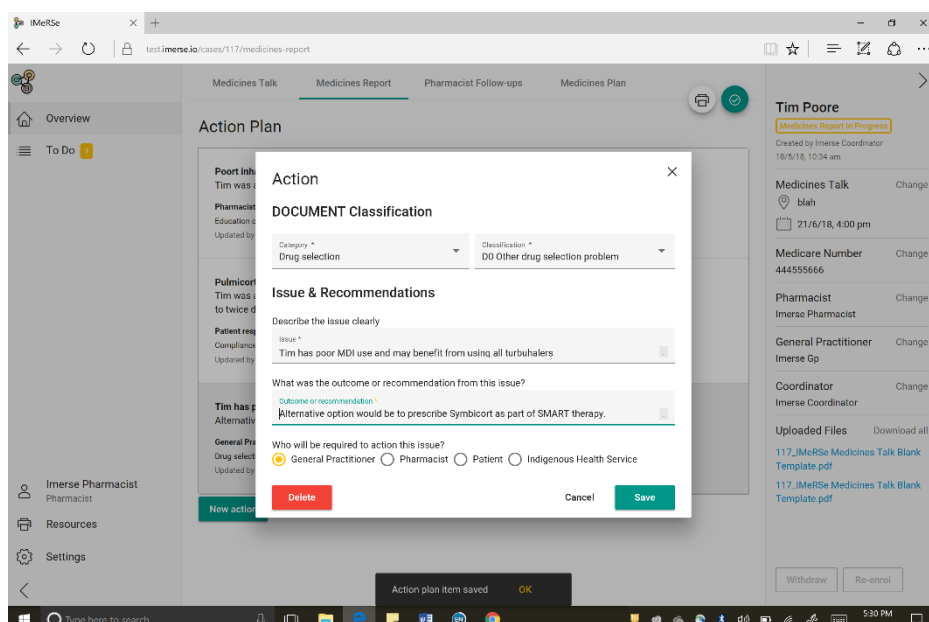
- Classify your recommendation using the DOCUMENT system that you use for clinical interventions in GuildCare;
- Describe the issue clearly and succinctly. This is the information that the GP will use to make a decision;
- Outline your recommendation for this issue; and
- Indicate who has primary responsibility for the action, e.g. patient for improved adherence, pharmacist to follow-up on inhaler technique, GP for alternative therapy. See below for examples.



The screenshot shows the iMeRSe 'New action' form. A red arrow points to the 'New action' button. The form is titled 'Action' and contains the following fields:

- DOCUMENT Classification:**
 - Category: Education or information
 - Classification: EO Other education or information problem
- Issue & Recommendations:**
 - Describe the issue clearly: Issue: Poor inhaler technique
 - What was the outcome or recommendation from this issue?: Outcome or recommendation: Tim was advised about inhaler technique and shown the asthma website with videos
 - Who will be required to action this issue?: General Practitioner (selected), Pharmacist, Patient, Indigenous Health Service

Buttons: Delete, Cancel, Save



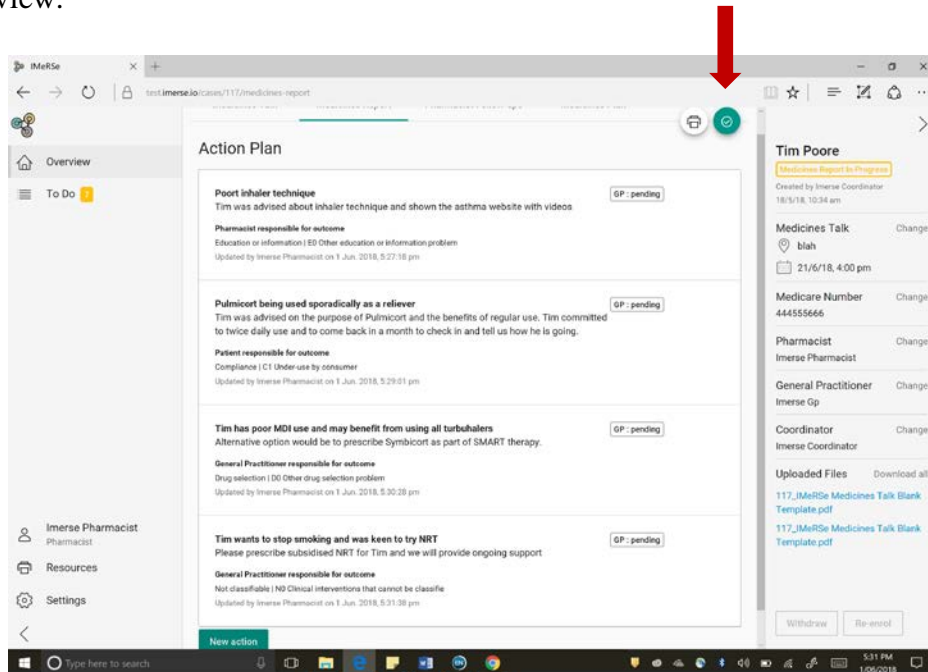
The screenshot shows the iMeRSe 'New action' form with a second example. The form is titled 'Action' and contains the following fields:

- DOCUMENT Classification:**
 - Category: Drug selection
 - Classification: DO Other drug selection problem
- Issue & Recommendations:**
 - Describe the issue clearly: Issue: Tim has poor MDI use and may benefit from using all turbuhalers
 - What was the outcome or recommendation from this issue?: Outcome or recommendation: Alternative option would be to prescribe Symbicort as part of SMART therapy.
 - Who will be required to action this issue?: General Practitioner (selected), Pharmacist, Patient, Indigenous Health Service

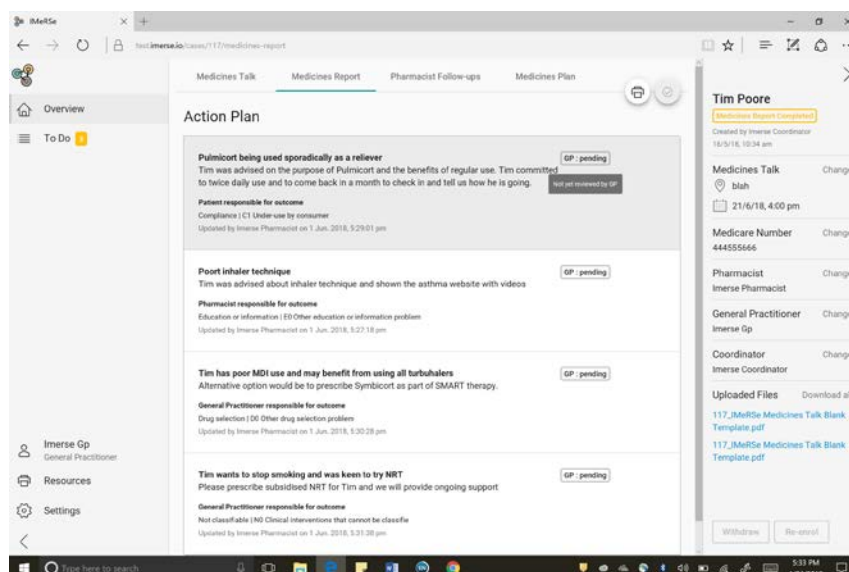
Buttons: Delete, Cancel, Save

At the bottom of the screen, a message box says: 'Action plan item saved OK'

Once you have completed your recommendations it will appear onscreen as in the image below. Review your recommendations and once you are happy with these you can complete and submit your *Medicines Report* by clicking the ‘green tick’. The GP will receive an email notifying them that the report is ready for their review.

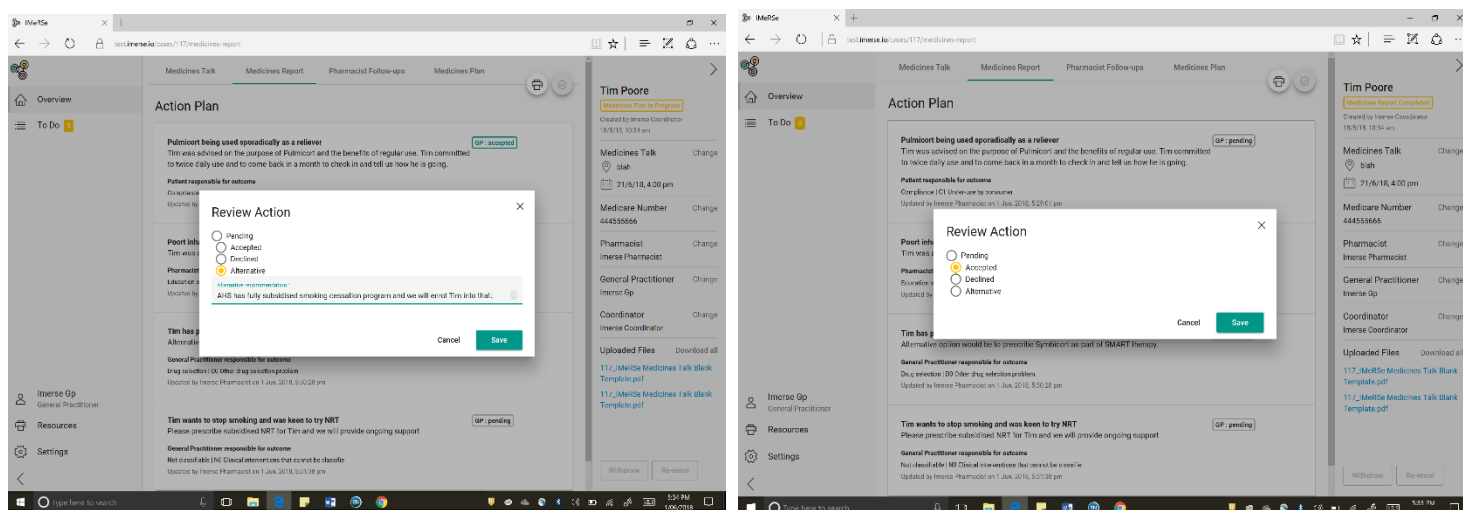


Once you have submitted the *Medicines Report* it will appear as below. You can still add new recommendations as needed or during follow-up and they will appear in the GP view for that participant even if you had submitted the report earlier. Initially all recommendations within your Action Plan will appear as GP pending, i.e. not yet reviewed by the GP. It appears this way even when they are assigned to the patient or pharmacist to complete. This ensures that the GP remains informed.

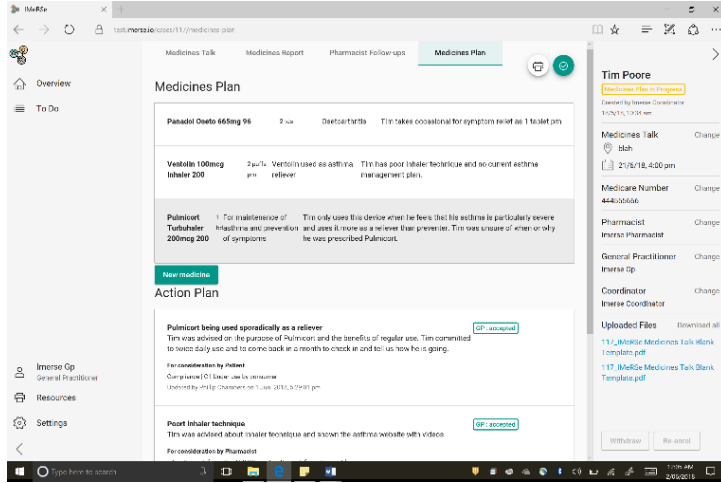
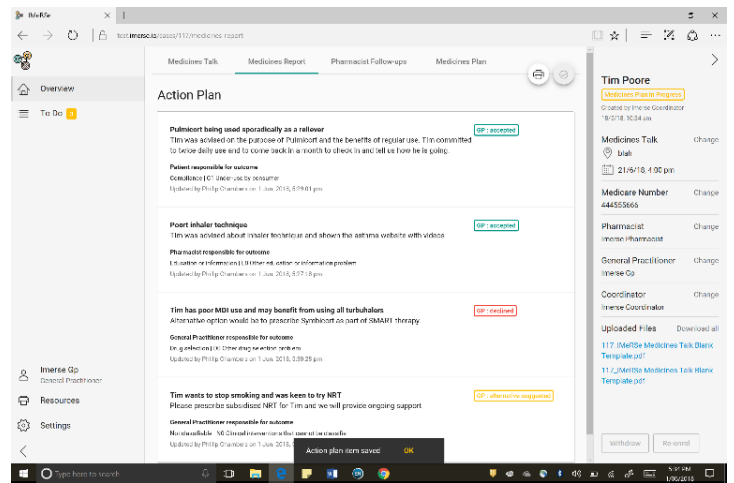
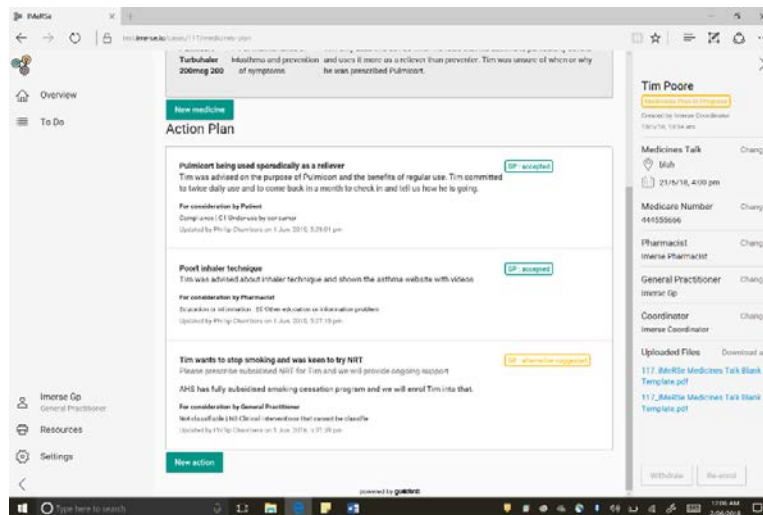


11. My Medicines Plan

The treating GP will prepare the *My Medicines Plan* in collaboration with the participant, community pharmacist and other relevant clinical staff by logging into GuildCare. The GP will be able to view the *Medicines Talk*, *Medicines Report* and *Medicines Plan* for the participants within their AHS when they sign in. They will navigate to participants assigned to them individually using a similar process to pharmacists and the 'To Do' list. The GP will review the recommendations and for each recommendation will click on 'GP Pending' and then indicate whether they accept or decline your recommendation, or whether they want an alternative recommendation (see below for examples). The *My Medicines Plan* will be uploaded to the participant's record at the AHS and My Health Record (where available).



Once the GP has updated the *Medicines Plan*, this information will appear in the *Medicines Report* as well as the *Medicines Plan*, you will be able to see both. The *Medicines Plan* will be available for you to view as part of your ongoing interaction with participants who require follow-up. All practitioners at the participating AHS and participating community pharmacy can access the *My Medicines Plan* and it will be printed and made available to the participant and any other relevant health professional/organisation involved in care provision. Screen shots of how the *Medicines Plan* will appear online are provided below.

12. Pharmacist follow-up and monitoring

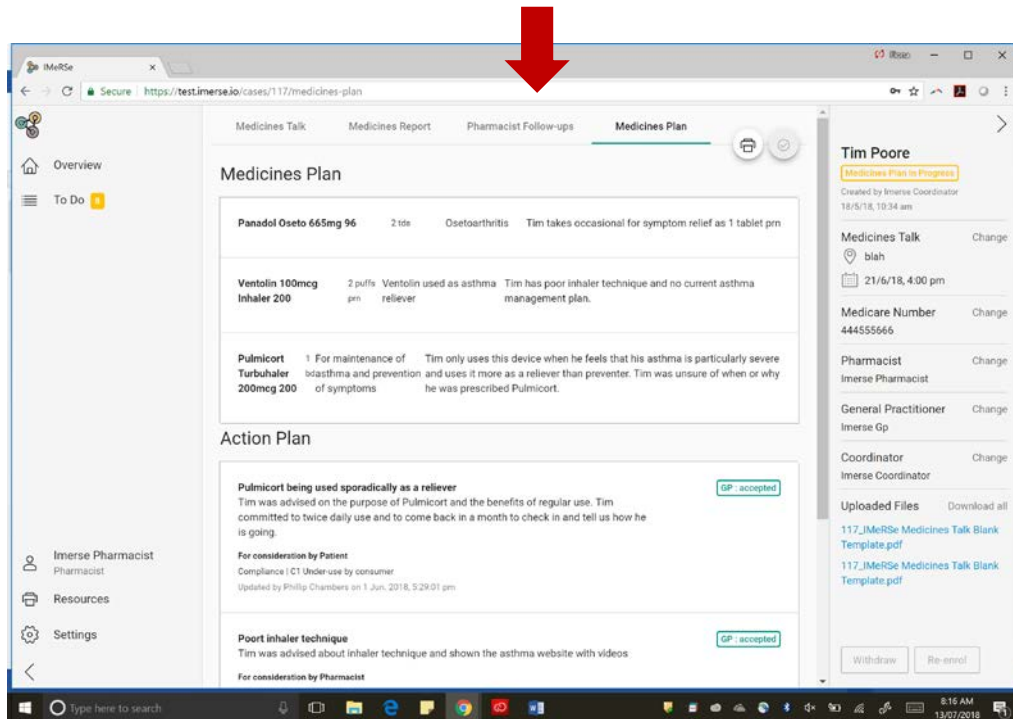
The *My Medicines Plan* will include any follow-up actions agreed upon by the participant, community pharmacist and GP. When IMeRSe follow-ups are agreed this is called Tier 2 of IMeRSe. Examples of Tier 2 follow-up include further interactions between the community pharmacist and IMeRSe participant to review health-related goals and the success of action plans such as adherence strategies (e.g. DAAs), administration technique (such as inhalers, spacers etc.), monitoring (e.g. Blood Pressure), side effects and symptom management/resolution and smoking cessation. Health-related goals and action plans may be adjusted during these interactions or new goals may be discussed. These follow-ups may also involve recommendations for other services, such as Dose Administration Aids or referral to other health professionals. Tier 2 follow-ups will be guided by participant preference and may be in person at the clinic, at the pharmacy or other communication methods such as text or email.

The IMeRSe Coordinator will facilitate any further face-to-face follow-up meetings as needed. The community pharmacist will update the *Medicines Report* so that the treating GP can incorporate on-going or new recommendations in the *My Medicines Plan*. You can go back into your existing *Medicines Report* and add new actions at any point. For the purposes of the feasibility study the IMeRSe period will be six months, however in reality the AHS staff and community pharmacists may continue to work with the consumer to resolve on-going problems and new problems as they arise. If a person withdraws from the study and then returns they can be re-enrolled.

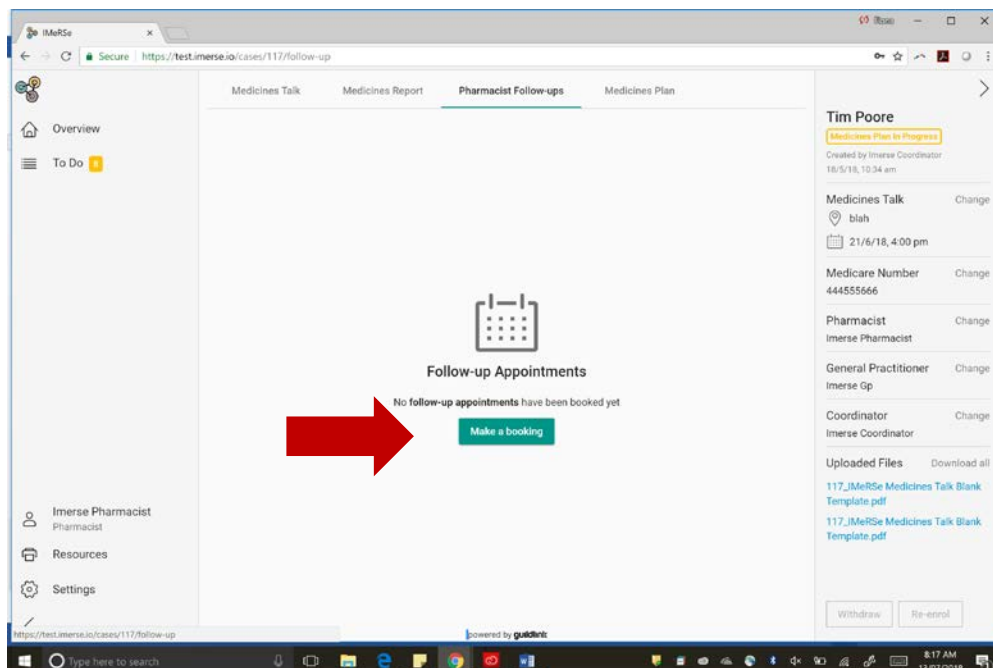
The pharmacist may have arranged follow-up appointments to check-in by phone or when coming in to the pharmacy. These should be recorded in GuildCare as follow-up appointments. Any follow-up action should be recorded. Please record the time each follow up takes in GuildCare.

Tier 2 follow-ups will be recorded in GuildCare as described below.

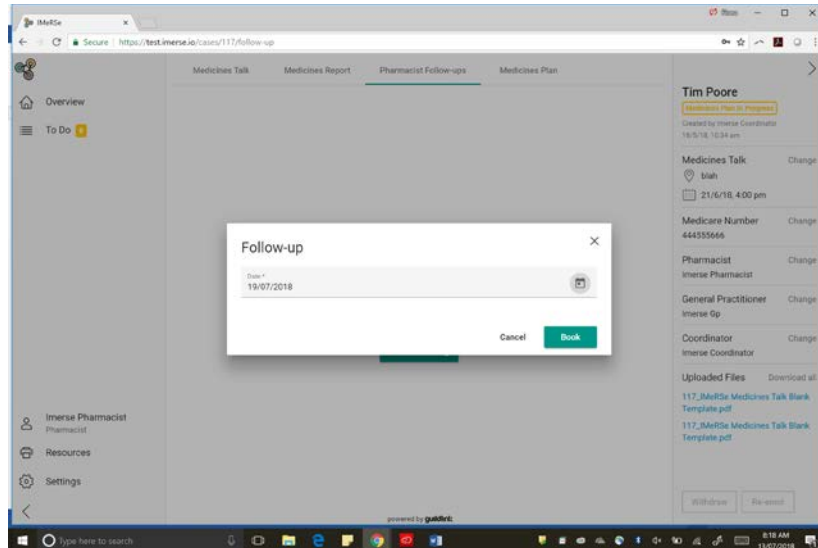
- i. Click on the tab titled 'Pharmacist Follow-ups'



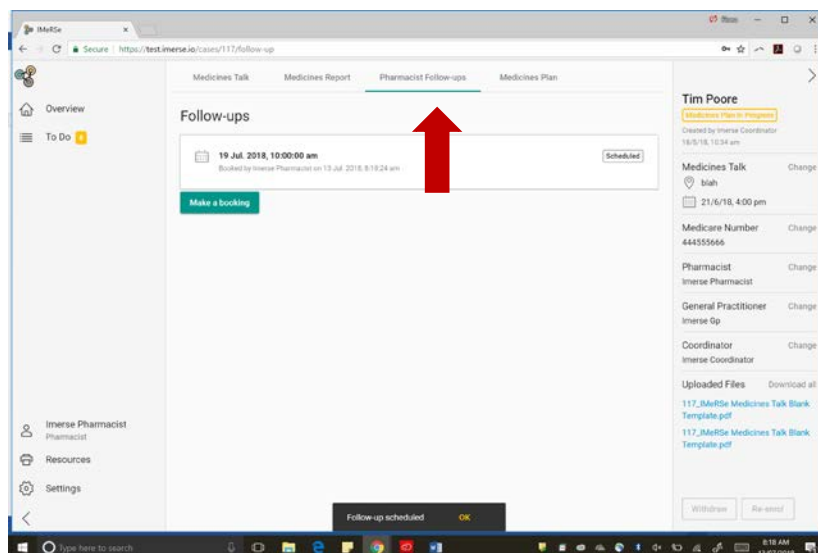
- ii. At the follow-up screen click on 'Make a booking'



- iii. Enter a date for the follow-up either directly or using the 'Calendar', icon at the right then click 'Book.'

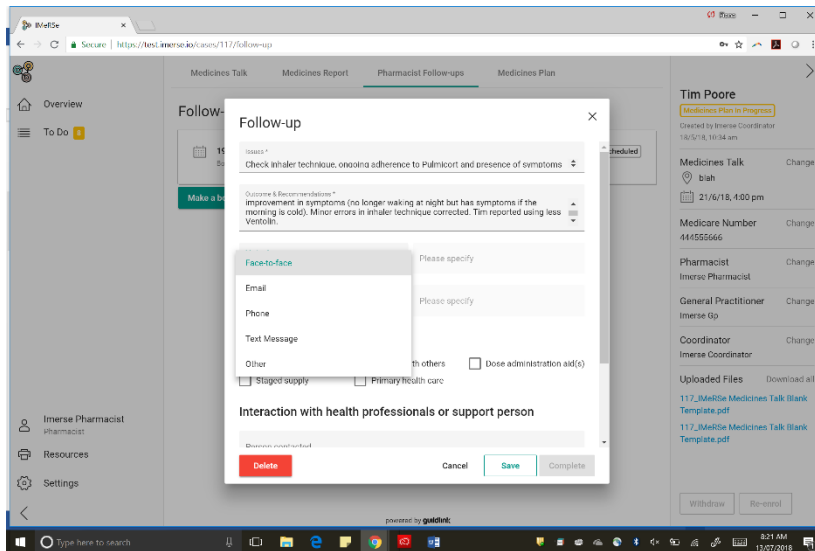


- iv. Once it has been booked, the follow-up will appear as below in IMerSe on GuildCare. To enter the details of the follow-up click anywhere in the follow-up area to open it.

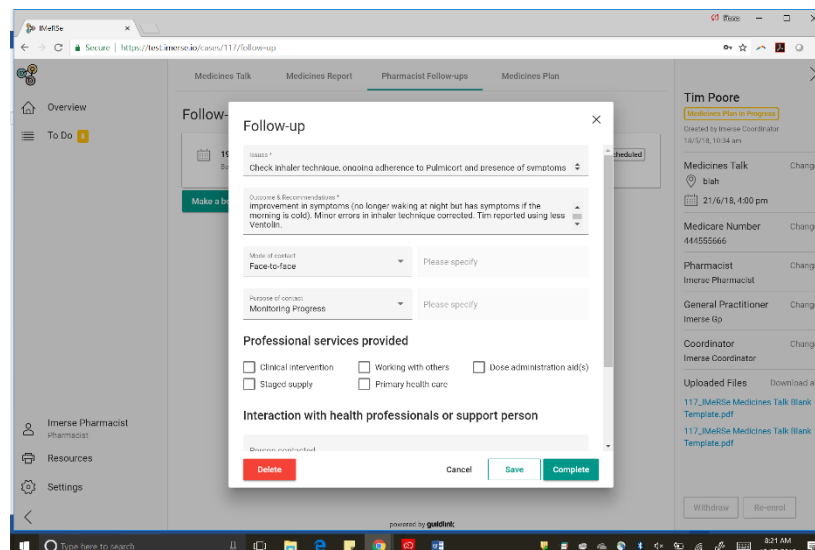


- v. Complete the relevant parts of the follow-up record as outlined below. It is important to be succinct but sufficiently detailed so that any pharmacist delivering the IMeRSe could review the record, understand what is happening for the participant and provide future follow-ups.

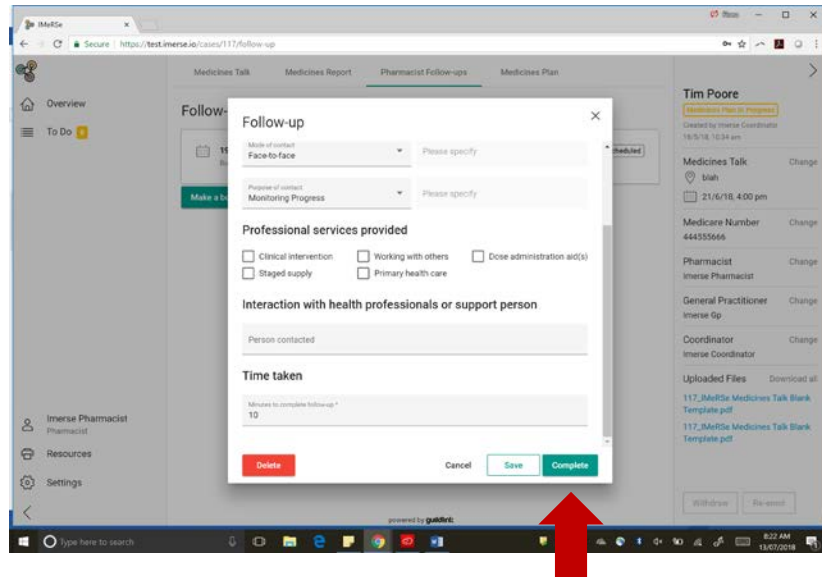
Always indicate the format of follow-up, e.g. face-to-face, email, etc.; estimate the time taken and record any personnel involved in the follow-up, e.g. pharmacist only, AHS and pharmacist, etc.



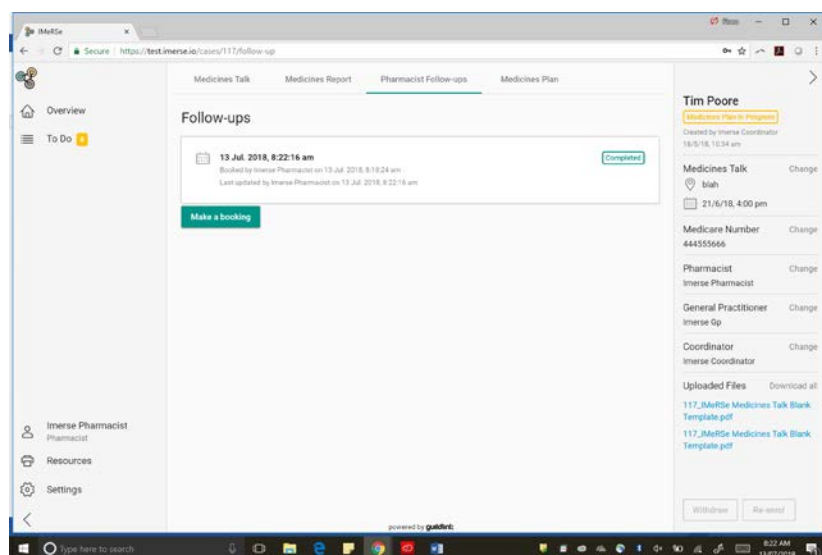
Please indicate if any additional professional services are provided, by ticking the relevant boxes shown on screen.



Please provide an estimate of how long the follow-up took (in minutes), in the 'Time taken' box located at the bottom of the screen, for the purposes of service costing. You can save the follow-up and enter additional details at a later time. Once complete click on the 'Complete' button.



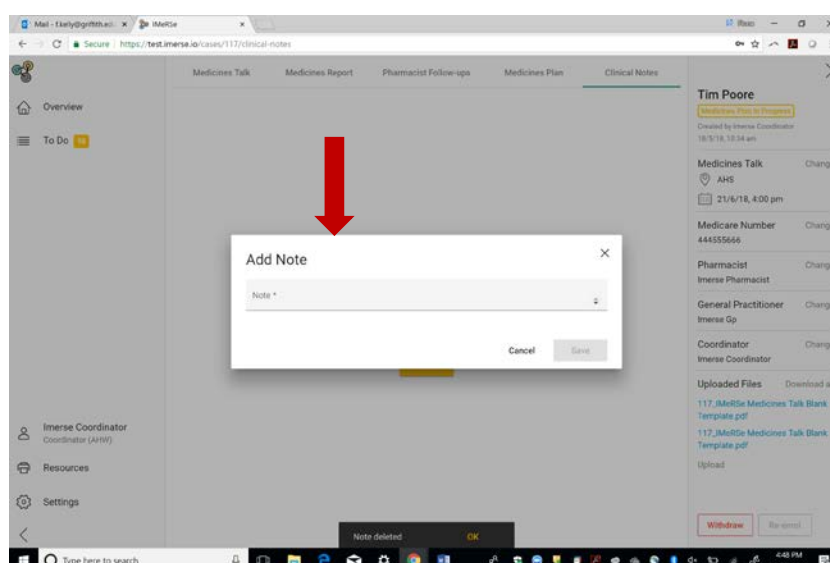
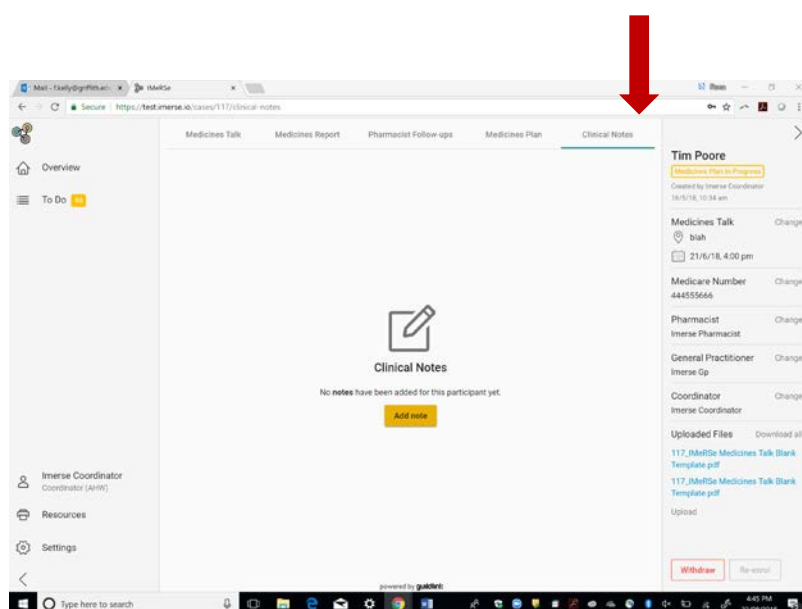
The saved follow-up will appear as below and to enter a new follow-up click on 'Make a booking.'

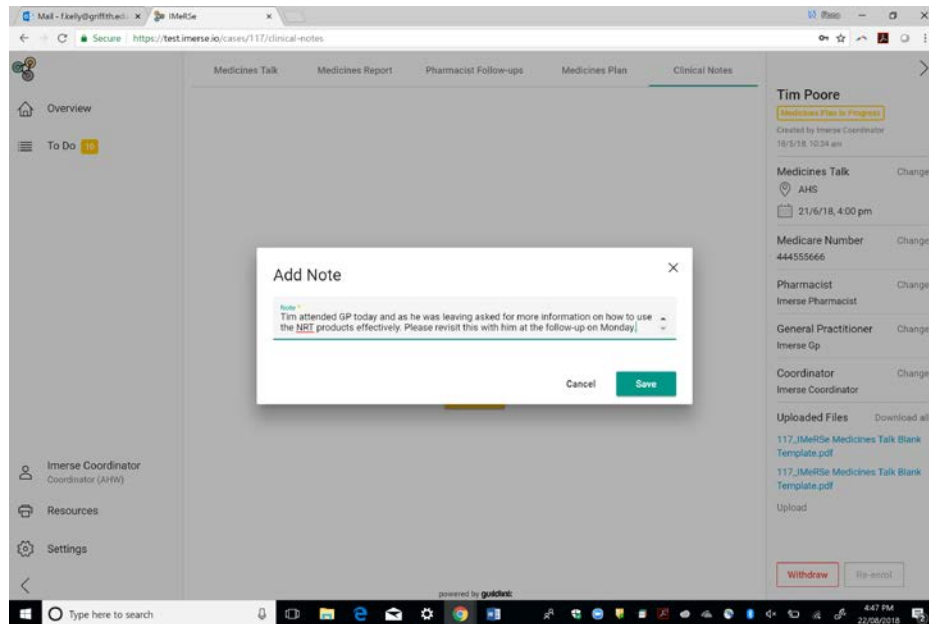


12.1 Clinical Notes

A *Clinical Notes* function has been incorporated into the online IMerSe module for the purposes of ongoing communication between the AHW, pharmacist and GP. The purpose of the *Clinical Notes* function is to provide updated, clinical information relevant to the *Medicines Plan* and / or follow-up, not addressed in the *Medicines Talk*. Although it is expected that AHW will generally use this section, pharmacists are able to use the *Clinical Notes* section to record information relevant to the patient and not part of normal follow-up activities. See below for screenshots of how this will appear.

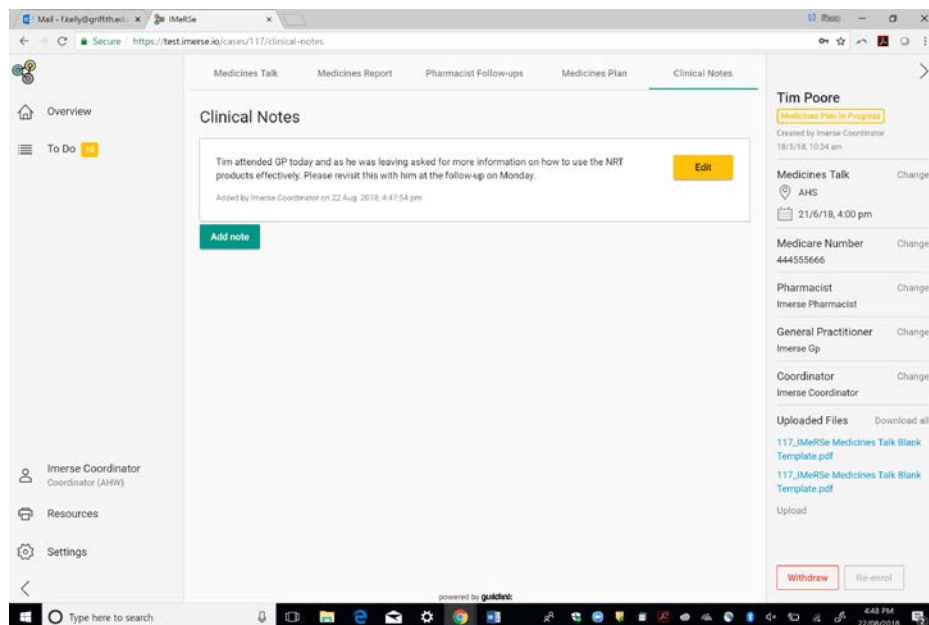
Click on the *Clinical Notes* tab to enter or read clinical information already there. For a new clinical note click 'Add Note' then the clinical information in the pop-up box.





The screenshot shows the iMeRSe Clinical Notes interface. A modal dialog box titled 'Add Note' is open in the center. It contains a text area with the following text: 'Tim attended GP today and as he was leaving asked for more information on how to use the NRT products effectively. Please revisit this with him at the follow-up on Monday.' Below the text area are 'Cancel' and 'Save' buttons. The background interface shows a sidebar with 'Overview', 'To Do', 'Imerse Coordinator', 'Resources', and 'Settings'. The main content area has tabs for 'Medicines Talk', 'Medicines Report', 'Pharmacist Follow-ups', 'Medicines Plan', and 'Clinical Notes'. On the right, there is a patient profile for 'Tim Poore' with details like 'Medicines Plan in Progress', 'Created by Imerse Coordinator', 'Medicines Talk', 'AHS', '21/6/18, 4:00 pm', 'Medicare Number 444555666', 'Pharmacist Imerse Pharmacist', 'General Practitioner Imerse Gp', 'Coordinator Imerse Coordinator', and 'Uploaded Files'.

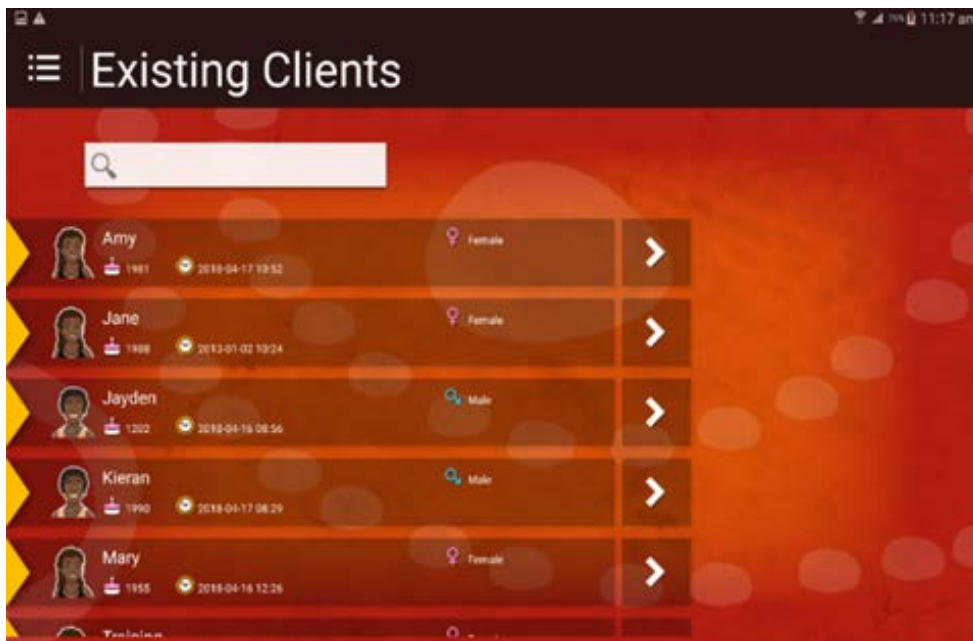
Once the note is complete, clicking save will save the clinical note and it will appear as below.
It can be edited at any time by clicking on the 'Edit' button.



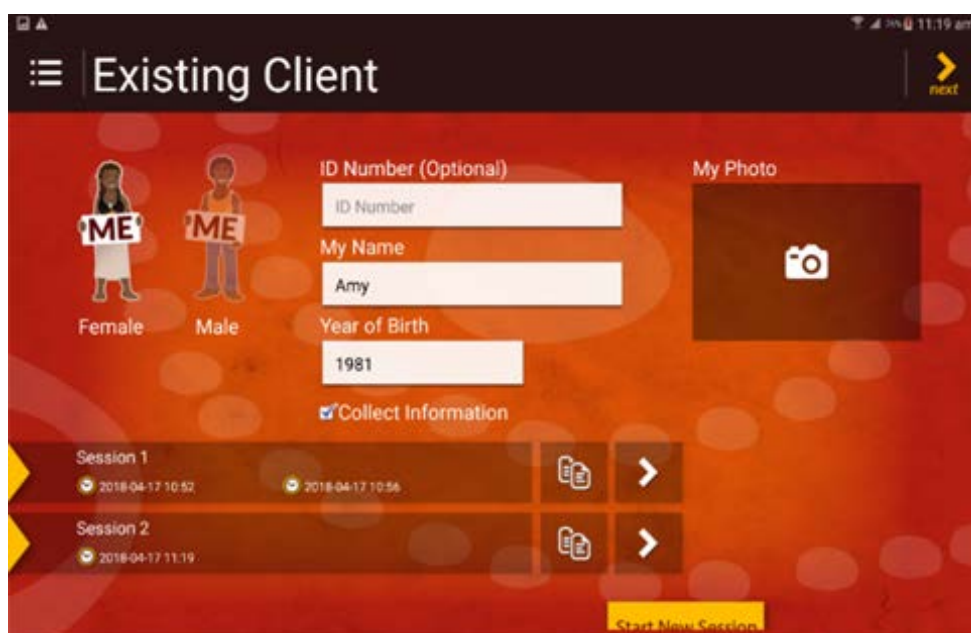
The screenshot shows the iMeRSe Clinical Notes interface after the note has been saved. The 'Add Note' dialog box is no longer present. The 'Clinical Notes' tab is active, and the saved note is displayed in a box with the text: 'Tim attended GP today and as he was leaving asked for more information on how to use the NRT products effectively. Please revisit this with him at the follow-up on Monday.' Below the note text is a timestamp: 'Added by Imerse Coordinator on 22 Aug. 2018, 4:47:54 pm'. There is an 'Add note' button below the note and an 'Edit' button to the right of the note text. The rest of the interface, including the sidebar and patient profile, remains the same as in the previous screenshot.

12.2 Recording face-to-face follow-up appointments in Stay Strong Plan

Click on existing clients to see the list of clients (top left of the screen).

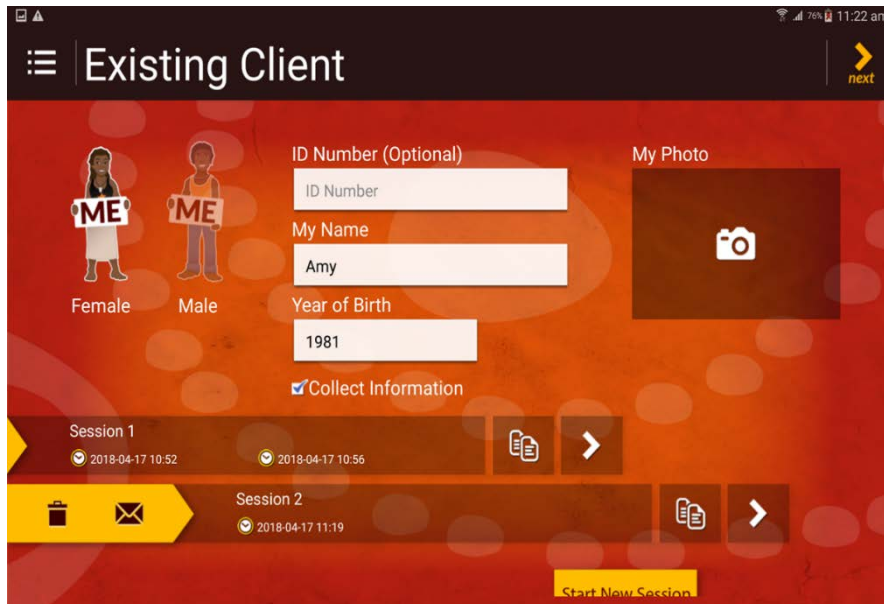


To create a new session for the follow-up appointment, press and hold the “Document” icon next to the session number and a copy of the new session is created. The information about strengths, worries and goals that you discussed in the *Medicines Talk* will copy into the new session and you can amend or update any of this information, e.g. goal.



Deleting a session or client

Delete or share the session, by swiping right on the yellow arrow on left side of screen, then delete or email.



The screenshot shows the 'Existing Client' screen of a mobile application. At the top, there is a header with a menu icon, the title 'Existing Client', and a 'next' button with a yellow arrow. Below the header, there are two avatars labeled 'ME' for 'Female' and 'Male'. To the right of the avatars are input fields for 'ID Number (Optional)', 'My Name' (containing 'Amy'), and 'Year of Birth' (containing '1981'). A 'My Photo' section with a camera icon is also present. A checkbox labeled 'Collect Information' is checked. At the bottom, there are two session cards: 'Session 1' with a timestamp of '2018-04-17 10:52' and 'Session 2' with a timestamp of '2018-04-17 11:19'. Each session card has a yellow arrow on the left and a 'next' button on the right. A 'Start New Session' button is located at the bottom right.

13. Mentoring

Two expert mentors, Somer Wrigley and Michelle Bowden have been employed on the IMeRSe study for the sole purpose of supporting pharmacists and pharmacy staff with implementation of the IMeRSe in their pharmacy and related processes.

Your mentors will contact you on average every two weeks to check in and see how you are going and / provide additional resources or information. This will include online webinars on topics identified by you as important, e.g. bush medicine. The mentors will ask you about your preferred contact type and time so as to fit in with your schedule where possible.

You can contact the mentors at any time to ask questions or seek advice on individual participants or challenges with IMeRSe implementation. Please also contact them to celebrate your successes and to talk about what is working in your pharmacy as this may help other pharmacists.

Mentor activities can include but are not limited to:

- Check-in contact to hear about your successes and identify any challenges for your pharmacy;
- Troubleshoot IMeRSe implementation challenges and develop solutions with you;
- Provide local and general health and cultural resources for your pharmacy and IMeRSe participants;
- Share strategies for success from their own experience and what is working for other pharmacies;
- Organise webinars to share experiences and provide specialist seminars, e.g. bush medicine;
- Review and / advise on initial *Medicines Reports* (if needed); and
- Advise the research team when additional resources / support are required.

Somer is an Aboriginal and South Seas woman who has worked in Aboriginal Health for a number of years and currently runs a course dedicated to this subject for more than 400 health students. Somer has worked across Australia as a nurse in AHS and team leader for Closing The Gap initiatives. Somer brings a wealth of diverse experience, information and resources to the study.

Michelle is an accredited pharmacist who has worked across the pharmacy sector in hospital, community, aged care and teaching pharmacy students. Michelle has been accredited for more than 20 years and has mentored pharmacists through to accreditation and medication reviews in their practice. Michelle brings a wealth of diverse pharmacy and clinical experience including significant experience and success in identifying MRP and communicating recommendations to doctors.

Contact details:

	
<p>Somer Wrigley: s.wrigley@griffith.edu.au</p>	<p>Michelle Bowden: michelle.bowden@griffith.edu.au</p>

14. Data Management and Storage

Medicines Talk and *Medicines Report* are all to be completed in GuildCare:

- On study supplied laptop
- Pharmacy computer
- **DATA COLLECTION NOT TO BE COMPLETED ON PERSONAL DEVICES.**

The patient data from all the three android applications; Kessler-10, Growth and Empowerment Measure (GEM), and Stay Strong Plan (SSP) will initially be stored on the internal storage of the Android tablet provided by the research team.

The device has been set-up to facilitate auto syncing with Griffith University 'Research Space' which is a safe and secure repository that complies with Australian Code for Responsible Conduct of Research.

Researchers will periodically (weekly proposed) delete the app data on the device after confirming that the sync process was successful.

This procedure will make sure that no patient data is left on our encrypted electronic devices used at the health service.

In addition, the pictures of the consumer's signed consent taken using the tablet camera will also be synced to the Griffith University 'Research Space'.

System Operating Requirements

Recommended requirements for GuildCare system:

- Google Chrome, and
- Windows 10 with Full Creator's update or OS X High Sierra.

Minimum system requirements:

- An evergreen browser that is:-
- Chrome 55 or greater (including Opera)
- Edge 13 or greater
- Firefox
- Safari 10 or greater
- iOS 10 or Chrome on mobile.