

# Standard Operating Procedure | **Health PEI**

<b>SOP Name:</b>	Pharmacy Communications
<b>Effective Date:</b>	April 2025
<b>Next Review Date:</b>	
<b>Review Process:</b>	Procedures for regular review and updates of the standards. Feedback after initial implementation.
<b>Approving Authority:</b>	Provincial EMR (Electronic Medical Record) Operations Committee
<b>Purpose:</b>	
<p>Establish a set of standardized practices for clinical communications between prescribers and pharmacies through PrescriberIT®. These standards are intended to enhance the accuracy, clarity, and efficiency of clinical messaging, and to streamline interactions between healthcare providers and pharmacies by reducing time-consuming back-and-forth clarifications.</p> <p>These standards are intended to:</p> <ul style="list-style-type: none"><li>• <b>Ensure Consistency:</b> Establishing uniform procedures for transmitting clinical information facilitates clear and precise exchanges between prescribers and pharmacies.</li><li>• <b>Improve Patient Outcomes:</b> Reliable information sharing supports safer medication practices and continuity of care.</li></ul>	

<b>Scope:</b>
<p>This document focuses exclusively on the standards for clinical communication between prescribers and pharmacies. It covers the following types of interactions:</p> <ul style="list-style-type: none"><li>• <b>Patient-related communication</b> regarding prescriptions and medication management (medication adjustments, patient-specific considerations, and therapy clarifications)</li><li>• <b>General pharmacy communication</b> to coordinate care between the clinical and pharmacy teams.</li><li>• <b>Sending attachments</b> such as Medication Reconciliation and digitalized immunization records.</li></ul> <p>The primary audience for this document includes:</p> <ol style="list-style-type: none"><li>1. <b>Prescribers and their proxies:</b> Healthcare professionals responsible for creating, or communicating about, clinical orders and prescriptions.</li><li>2. <b>Pharmacy Personnel:</b> Pharmacists and other staff involved in processing and dispensing medications.</li></ol>

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Definitions	
<b>Provincial EMR</b>	Prince Edward Island's province-wide Electronic Medical Record (a digital version of a patient's medical chart). Supported by TELUS CHR.
<b>PMS</b>	Pharmacy Management System – a software platform (such as Kroll or Pharmaclik) to process prescriptions, manage inventory, and maintain patient records.
<b>PrescribeIT®</b>	PrescribeIT® allows prescribers to electronically transmit a prescription directly from the TELUS CHR to the pharmacy management system of a patient's pharmacy of choice. It further allows clinical communication between prescribers and pharmacists.
<b>Pharmacy Communications</b>	The messaging platform within the TELUS CHR.

## **Responsibilities:**

When engaging in clinical communications, health care providers and pharmacists are responsible for:

- accurate data entry,
- adherence to communication standards,
- timely responses.

## **Standards:**

### **Use a meaningful subject line**

Since the subject line can be used to triage messages, enter a meaningful subject line for all communications. This allows recipients to quickly tell whether an action is necessary or if the message is for information only.

Examples:

- Medication clarification
- FYI – immunization update
- Special authorization required

### **Create a new message from the place that matches the intent**

The message should include key details such as:

- the medication in question, if applicable
- the outcomes, e.g. any changes or recommendations that require follow-up.

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To easily include these details, create a new message from the place that matches the intent of the message:

Message is about a patient's medication or prescription

- Create the message from the **Medication order (preferred, if appropriate)**: the patient, prescriber, and prescription/medication information will auto-populate the message.

Message is about a patient

- Create the message from the **Patient chart**: patient information will auto-populate the message.

Message is not about any specific prescription or patient

- Create the message from the **Inbox**: no patient information auto-populates (you can add the patient and medication(s), but this leaves room for error).
  - Examples of these kinds of general communications: formulary or policy updates, medication shortage alerts and alternatives.

*Note: With no patient attached, the information will not be stored on a patient's chart in the receiving system.*

## **Use attachments over faxes**

Attaching digitalized files to a Pharmacy Communication (e.g. immunization records, lab results, Medication Reconciliation documents, etc.) allows clinicians to easily review and respond to files. The exception is renewal requests from pharmacies (see below).

PrescribeIT can accommodate the following volumes and formats:

- Each message can include up to 20 items, with a total size limit of 50 MB.
- Acceptable file types for attachments include PDF, JPG, PNG, and TXT documents.

## **Send renewal requests via fax**

Best practice is that pharmacists with renewal requests should continue to send those via fax and not via Pharmacy Communications. Pharmacy-initiated renewal request functionality will be introduced as an enhancement in PrescribeIT update 2b.

## **Response expectations**

Users should not expect Pharmacy Communications to have a different or faster response rate than when faxing. Continue to use your existing practice when responding e.g., some users set aside a block of time for these communications.

## **References**

Pharmacist Expanded Scope of Practice and PrescribeIT® - Best Practice Guide on How to Optimize Communication with Prescribers. (2024). In PrescribeIT (Version 1.0). Canada Health Infoway.  
<https://www.prescribeit.ca/component/edocman/other/269-best-practice-guide?Itemid=107>