



Pharmacy Information System (PhIS) and Clinic Pharmacy System (CPS)

User Manual Medication Therapy Adherence Clinic (MTAC)

Version	: 13th Edition
Document ID	: U. MANUAL_MTAC



Ministry of Health Malaysia



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Application reference: PhIS & CPS v2.6.1

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1.0 Introduction

1.1 Overview of PhIS

Pharmacy Information System or better known as PhIS, is a complete and comprehensive system that integrates pharmacy related services geared towards pharmacy excellence. PhIS implementation would transform most of current manual process to electronic system to benefit facility end user in the health care sector.

There are 13 modules to assist services delivery by the health care sector which comprises of:

1. Order Management
2. Inpatient Pharmacy
3. Outpatient Pharmacy
4. Medication Counselling
5. Ward Pharmacy
6. Pharmacy Inventory
7. Manufacturing of Cytotoxic Drug Reconstitution, Parenteral Nutrition, IV Admixture & Eye Drop,
8. Radiopharmaceuticals and Extemporaneous
9. Adverse Drug Reaction & Drug Allergic (ADR & DAC)
10. Clinical Pharmacokinetics Services (TDM)
11. Drug Information & Consumer Education (DICE)
12. Medication Therapy Adherence Clinic (MTAC)
13. Data Mining (PhARM)

1.2 Purpose and Objectives

This user manual outlines the Medication Therapy Adherence Clinic (MTAC) sub-module and its key features and functionalities. The primary objective is to guide user through the process of completing PhIS application process.

User will understand the following activities in detail:

- MTAC Ordering
- MTAC reporting

1.3 Organised Sections

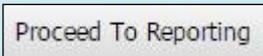
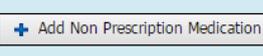
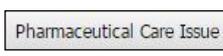
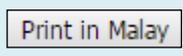
These are the sections within this document:

- Section 1 : Introduction
- Section 2 : Application Standard Features
- Section 3 : MTAC
- Section 4 : Acronyms
- Section 5 : Links to clinical modules

2.0 Application Standard Features

2.1 PhIS Legend

Standard Legend			
<input type="text"/>	Blank Field	<input type="text" value="v"/>	Drop Down Box
	Reset Login	<input type="button" value="LOGIN"/>	Login to PhIS
	Expand Menu		Collapse Menu
	Display Home Tab		Expand Module
	Collapse Module	<input type="button" value="Logout"/>	Logout from PhIS
	Close All Tabs		Refresh
	Search First Page/ Previous Page		Search Next Page/ Last Page
	Search Up/Down Button	F02FBW-0003984	Hyperlink
	Save		Show Help
	Search Icon		Add/Create New Record
	Calendar Icon	<input type="button" value="Search"/>	Search Record
	Close Window	<input type="button" value="Add/Update"/>	Add/Update Button
<input type="text" value="HPSF00088304"/>	Auto generate an information by the system	<input type="text" value="SPUB5656569"/>	Auto generate record no by the system
*	Mandatory Field	<input type="button" value="Cancel"/>	Cancel Button
<input type="button" value="Yes"/>	Yes Button	<input type="button" value="No"/>	No Button
<input type="button" value="OK"/>	OK Button		Edit Record
	Print	<input type="button" value="Export to Excel"/>	Export report from PDF to Excel
<input type="checkbox"/>	Check Box	<input type="radio"/>	Radio Button
	Cancel		Delete Record

MTAC Module Legend			
	Lab Parameter Button		Proceed To Reporting Button
	Search History Button	Audit Trail	Audit Trail Hyperlink
	Consent Form Button		CP1 Button
	Add Prescription Medication Button		Medication Order Button
Calculate Score	Calculate Score Hyperlink		Add Non Prescription Medication Button
	Save & Continue Button		Pharmaceutical Care Issue Button
	Malay Language Button		Assessment Form for Diabetes Mellitus Button
	Confirm Button		Print In English Button
	Print In Malay Button		

Note

To learn more about Login Information, kindly click [Login Information](#) module for descriptive steps.

3.0 MTAC

Overview

The MTAC module emphasis on medication management to improve quality and safety include. Implementing safe, organized, and efficient drug-dispensing systems is essential for controlling costs and assuring that the medical prescription is safely followed as requested and within the relevant deadline. An appropriate dispensing system and cost-effectiveness of patient care. MTAC is operated to drug therapy monitoring and patient's education in improving their ability to successfully manage disease condition and reducing medication error.

User Group

This module is intended for registration staff and pharmacist (subject to the user assigned by the facility)

Function Diagram

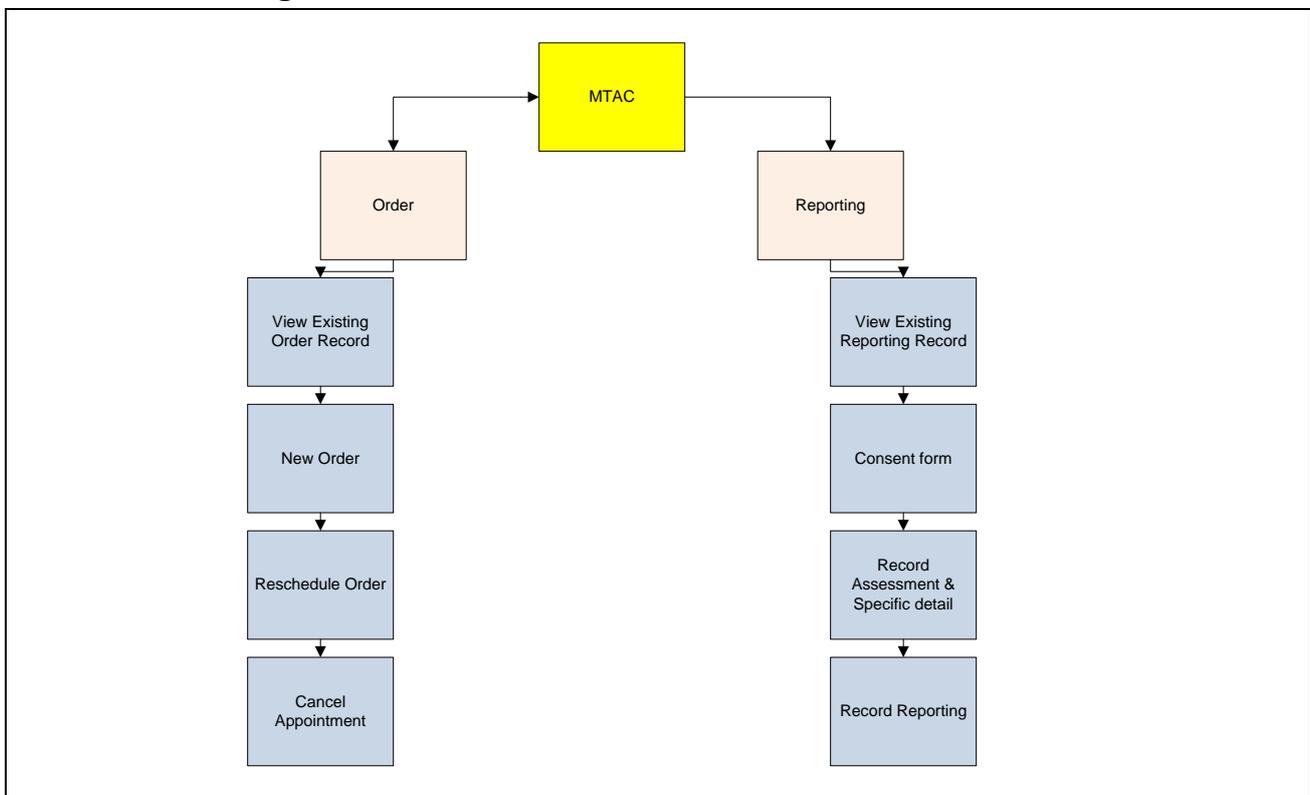


Figure 3.0-1

Function Description:

MTAC Reporting is to record the type of MTAC for counselling and to schedule appointment dates. Reporting is used to record assessment, specific details and report of counselling

There are ten (10) types of MTAC with No Specific Details

1. Cardiac Rehabilitation
2. Chronic Pain
3. Gastrohepatology
4. Hepatitis
5. Neurology
6. Osteoporosis



7. Psychiatry
8. Rheumatology

There are ten (15) types of MTAC with Specific Details

1. Chronic Kidney Disease
2. Diabetes Mellitus
3. Dialysis
4. Geriatric
5. Heart Failure
6. Methadone
7. Renal Transplant
8. Respiratory
9. Retro Viral Disease
10. Warfarin
11. Cardiovascular Care Bundle
12. Hemophilia
13. Psoriasis
14. Thalassemia
15. Pain

3.1 MTAC Order

3.1.1 View MTAC Existing Record

MTAC Reporting screen allow users to search and view existing patients' MTAC order records.

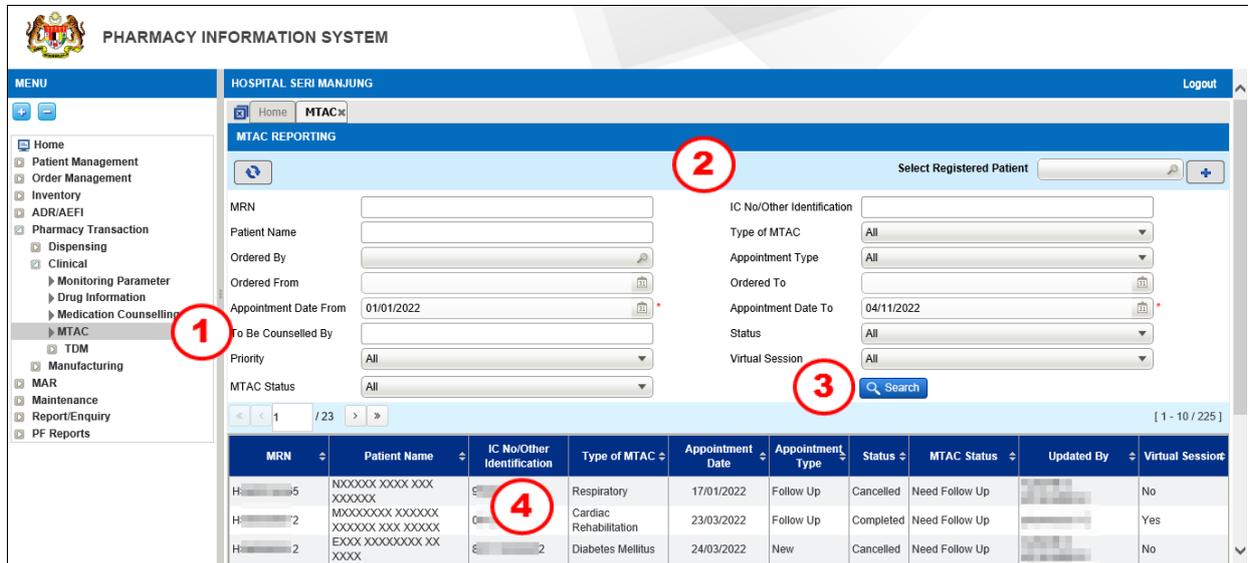


Figure 3.1.1-1 MTAC Listing Page

STEP 1

Click on 'Pharmacy Transaction' menu followed by 'Clinical' then 'MTAC' sub menu

STEP 2

Search existing patient record by: -

Field	Description	Remark
MRN	Patient Medical Record Number	Search option: Type the MRN either full or partial: Example: HPSF00001234 or "1234"
IC No/ Other Identification	Identification Number	Allow to search by full or partial ID Number
Patient Name	Patient Name	Allow to search by patient full name or partial
Type of MTAC	Type of MTAC	Able to filter and search by type of MTAC order
Ordered by	Ordered by	Able to filter and search by ordered by
Appointment Type	- All - Follow Up - New	Able to filter and search by appointment type
Ordered from	Ordered from	Able to filter and search by ordered from
Ordered to	Ordered to	Able to filter and search by ordered to
Appointment Date From	Appointment Date From	Able to filter and search by appointment date before
Appointment Date To	Appointment Date To	Able to filter and search by appointment date the latest
To Be Counseled by	To Be Counseled by	Able to filter and search by to be counselled by
Status	- All - Scheduled - Cancelled - In Progress	Able to filter and search by status

	- Completed	
Priority	- All - Urgent - Routine	Able to filter and search by priority
Virtual Session	- All - Yes - No	Able to filter and search by Virtual Session
MTAC Status	- All - Defaulted - Discharged - Need Follow Up	Able to filter and search by MTAC Status

Table 3.1.1-1

STEP 3

Click on the  button to search the patient

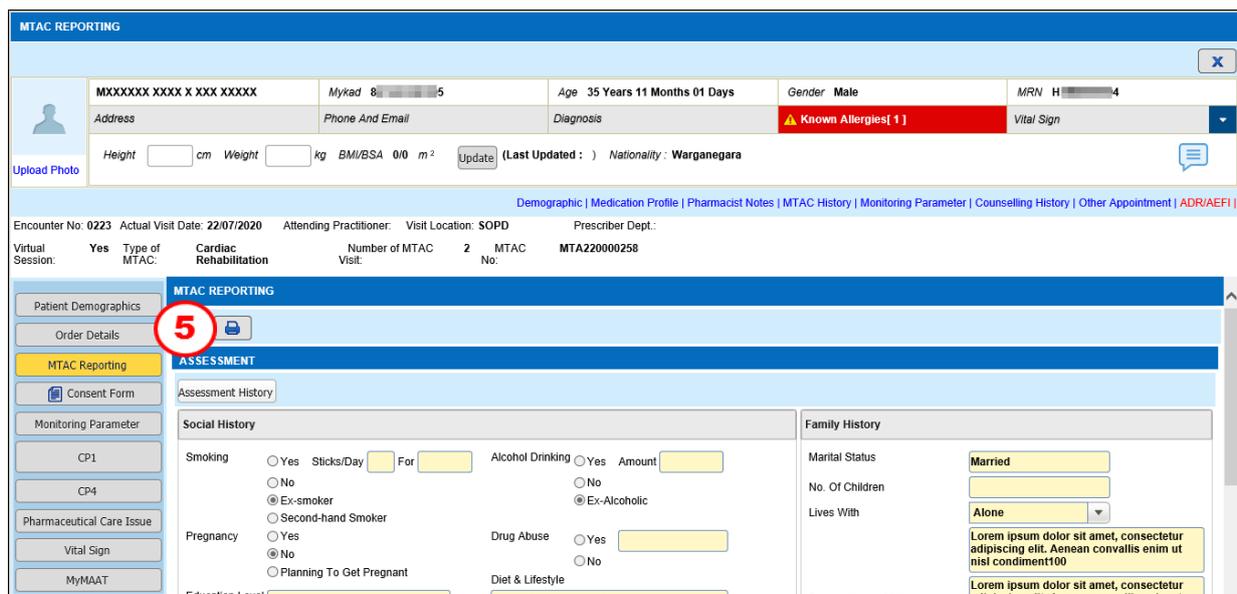
Note

Search result of patient list will be displayed:

- MRN
- Patient Name
- IC No/Other Identification
- Type of MTAC
- Appointment Date
- Appointment Type
- Status
- MTAC Status
- Updated By
- Virtual Session

STEP 4

Double click on the selected patient's name and MTAC Reporting record will be displayed as figure 3.1.1-2



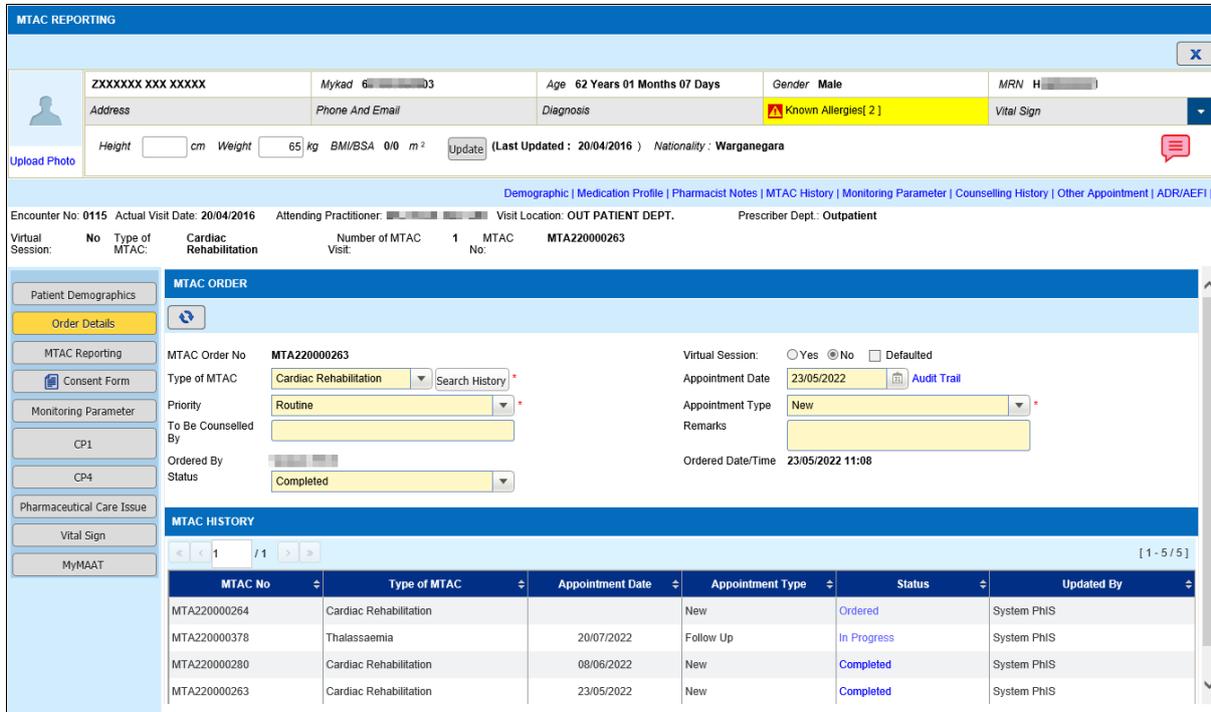
The screenshot displays the 'MTAC REPORTING' interface. At the top, there is a patient summary bar with fields for MRN, Address, Mykad, Age (35 Years 11 Months 01 Days), Gender (Male), and MRN H. Below this, there are fields for Height, Weight, BMI/BSA, and Nationality (Warganegara). A red warning icon indicates 'Known Allergies [1]'. The interface includes a navigation sidebar on the left with buttons for Patient Demographics, Order Details, MTAC Reporting (highlighted with a red circle and the number 5), Consent Form, Monitoring Parameter, CP1, CP4, Pharmaceutical Care Issue, Vital Sign, and MyMAAT. The main content area shows 'ASSESSMENT' details, including Social History (Smoking, Alcohol Drinking, Pregnancy, Drug Abuse, Diet & Lifestyle) and Family History (Marital Status, No. Of Children, Lives With).

Figure 3.1.1-2 MTAC Reporting

STEP 5



Click on the **Order Details** button to view MTAC order details and screen will displayed as figure 3.1.1-3



MTAC REPORTING

ZXXXXXX XXX XXXXX Mykad 6 03 Age 62 Years 01 Months 07 Days Gender Male MRN H

Address Phone And Email Diagnosis Known Allergies[2] Vital Sign

Height cm Weight 65 kg BMI/BSA 0/0 m² Update (Last Updated : 20/04/2016) Nationality : Warganegara

Encounter No: 0115 Actual Visit Date: 20/04/2016 Attending Practitioner: Visit Location: OUT PATIENT DEPT. Prescriber Dept: Outpatient

Virtual Session: No Type of MTAC: Cardiac Rehabilitation Number of MTAC Visit: 1 MTAC No: MTA220000263

MTAC ORDER

MTAC Order No: MTA220000263 Virtual Session: Yes No Defaulted

Type of MTAC: Cardiac Rehabilitation Search History * Appointment Date: 23/05/2022 Audit Trail

Priority: Routine Appointment Type: New

To Be Counseled By: Remarks:

Ordered By: Status: Completed Ordered Date/Time: 23/05/2022 11:08

MTAC HISTORY

MTAC No	Type of MTAC	Appointment Date	Appointment Type	Status	Updated By
MTA220000264	Cardiac Rehabilitation		New	Ordered	System PhIS
MTA220000378	Thalassaemia	20/07/2022	Follow Up	In Progress	System PhIS
MTA220000280	Cardiac Rehabilitation	08/06/2022	New	Completed	System PhIS
MTA220000263	Cardiac Rehabilitation	23/05/2022	New	Completed	System PhIS

Figure 3.1.1-3 MTAC Order

Note

- User is allowed to edit MTAC Order information only for Status Scheduled that display in the MTAC listing Page
- User is able view all the MTAC History for the selected patient at the MTAC History section
- User is allowed to view MTAC Reporting for MTAC History with status Completed by click on the Completed hyperlink and MTAC Reporting screen will appear as figure 3.1.1-4

MTAC REPORTING

X

	ZXXXXXX XXX XXXXX	Mykad 601003025603	Age 62 Years 01 Months 07 Days	Gender Male	MRN H-1
	Address	Phone And Email	Diagnosis	Known Allergies[2]	Vital Sign

Height cm Weight 65 kg BMI/BSA 0/0 m² Update (Last Updated : 20/04/2016) Nationality : Warganegara !

MTAC REPORTING

Demographic | Medication Profile | Pharmacist Notes | MTAC History | Monitoring Parameter | Counselling History | Other Appointment | ADR/AEFI |

Encounter No: 0115 Actual Visit Date: 20/04/2016 Attending Practitioner:  Visit Location: OUT PATIENT DEPT. Prescriber Dept.: Outpatient

Virtual Session: No	Type of MTAC: Cardiac Rehabilitation	Number of MTAC Visit: 1	MTAC No: MTA220000263
---------------------	--------------------------------------	-------------------------	-----------------------

Patient Demographics	ASSESSMENT
<div style="background-color: #0070C0; color: white; padding: 2px; font-weight: bold; margin-bottom: 5px;">MTAC REPORTING</div> <div style="background-color: #0070C0; color: white; padding: 2px; font-weight: bold; margin-bottom: 5px;">ASSESSMENT</div> <div style="background-color: #0070C0; color: white; padding: 2px; font-weight: bold; margin-bottom: 5px;">Assessment History</div> <div style="background-color: #0070C0; color: white; padding: 2px; font-weight: bold; margin-bottom: 5px;">Social History</div> <div style="background-color: #0070C0; color: white; padding: 2px; font-weight: bold; margin-bottom: 5px;">Family History</div>	<div style="background-color: #0070C0; color: white; padding: 2px; font-weight: bold; margin-bottom: 5px;">Social History</div> <div style="background-color: #0070C0; color: white; padding: 2px; font-weight: bold; margin-bottom: 5px;">Family History</div>

Figure 3.1.1-4 MTAC Reporting

3.1.2 Create New MTAC Order

This function allows user to create a new order for MTAC patients.

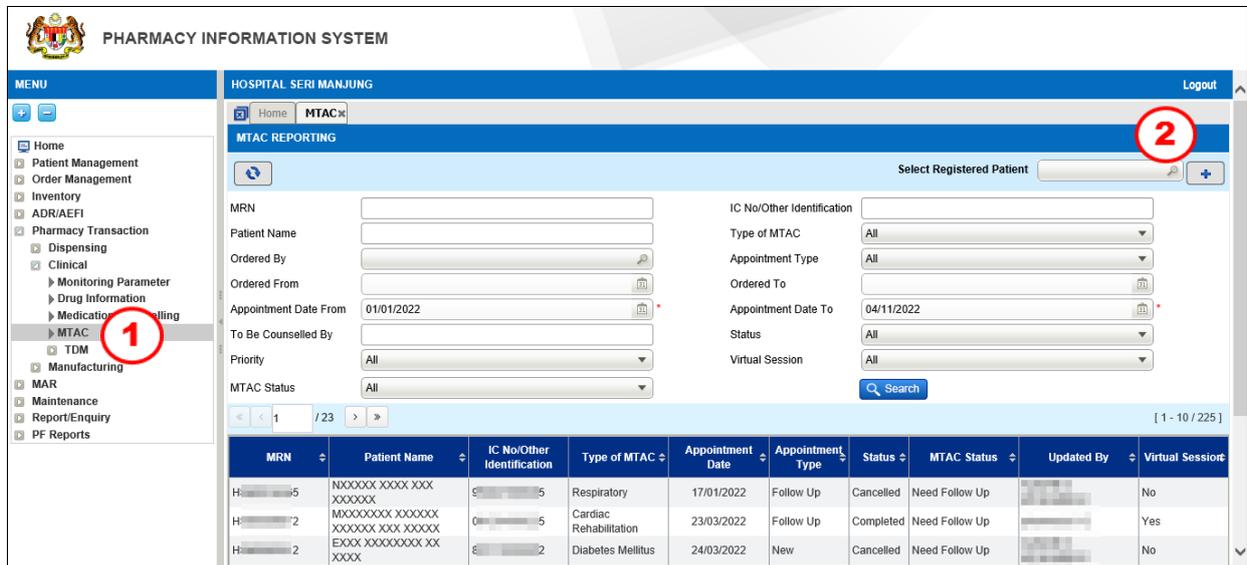


Figure 3.1.2-1 MTAC

STEP 1

Click on 'Pharmacy Transaction' menu followed by 'Clinical' then 'MTAC' sub menu

STEP 2

Click on the button to search for registered patient at the

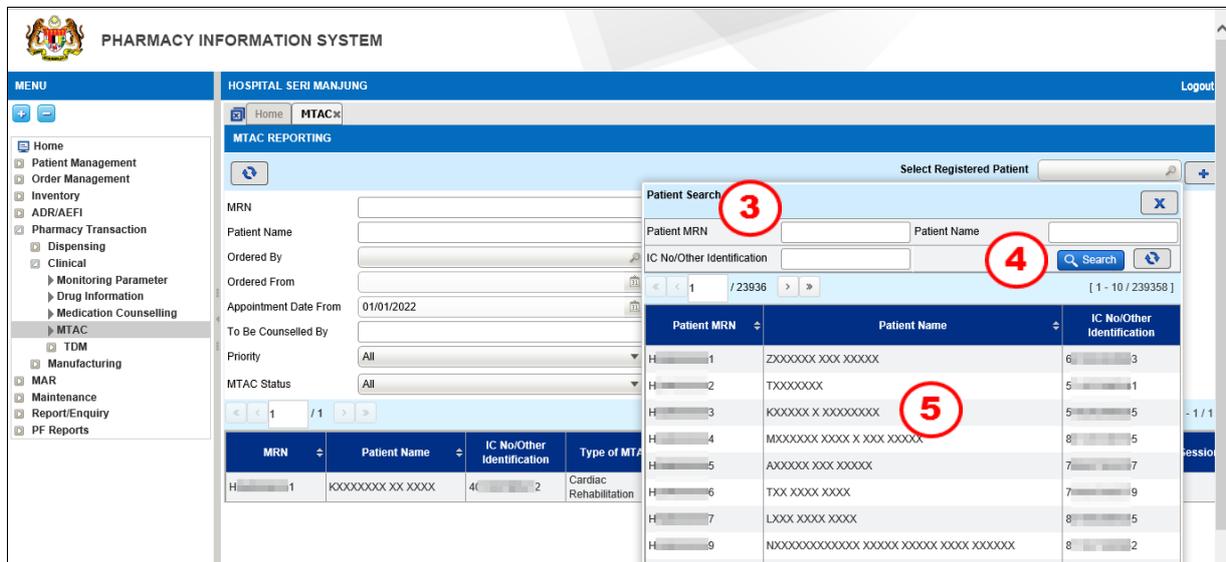
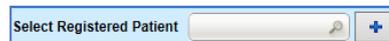


Figure 3.1.2-2 MTAC

STEP 3

Search existing patient record as follow: -

Field	Description	Remark
Patient MRN	Patient Medical Record Number	Search option: Type the MRN either in full or partially: <i>Example: HPSF00001234 or "1234"</i>

Patient Name	Patient's name	Allow to search by full or partial patient name
ID No	Identification Number	Allow to search by full or partial ID Number

Table 3.1.2-1

STEP 4

Click on the button to search for the patient

STEP 5

Select Patient Name

PHARMACY INFORMATION SYSTEM

HOSPITAL SERI MANJUNG

MTAC REPORTING

Select Registered Patient:

MRN: IC No/Other Identification:

Patient Name: Type of MTAC: Cardiac Rehabilitation

Ordered By: Appointment Type: All

Ordered From: Appointment Date To: 10/11/2022

Appointment Date From: 01/01/2022

To Be Counseled By: Status: Scheduled

Priority: All Virtual Session: All

MTAC Status: All

MRN	Patient Name	IC No/Other Identification	Type of MTAC	Appointment Date	Appointment Type	Status	MTAC Status	Updated By	Virtual Session
H...1	KXXXXXXXX XX XXXX	401107085372	Cardiac Rehabilitation	06/09/2022	New	In Progress			No

Figure 3.1.2-3 MTAC Order

STEP 6

Click on the button and MTAC Order screen will display as figure 3.1.2-4

MTAC ORDER

Proceed To Reporting

TEST ORDER Mykad 7...4 Age 52 Years 03 Months 09 Days Gender Female MRN HSM00241780

Address Phone And Email Diagnosis Allergy: No Known Allergies Vital Sign

Height 167 cm Weight 49 kg BMI/BSA 17.6 / 1.51 m² Update (Last Updated : 18/10/2022) Nationality : Warganegara

Type of MTAC: **Haemophilia**

Priority: Routine

To Be Counseled By:

Virtual Session: Yes No

Appointment Date: 10/11/2022

Appointment Type: New

Remarks:

MTAC HISTORY

MTAC No	Type of MTAC	Appointment Date	Appointment Type	Status	Updated By
MTA220000496	Cardiovascular Care Bundle	10/11/2022	Follow Up	In Progress	NURUL NADIA BT. MOHD

Figure 3.1.2-4 MTAC Order

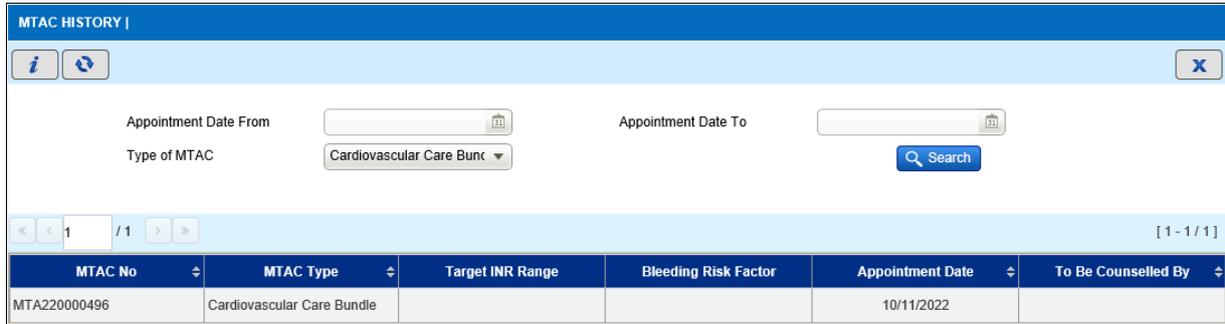
STEP 7

Select **Type Of MTAC** from the drop-down box

Note

- Virtual session radio button can be selected if a virtual MTAC Order session is being ordered

- **Type of MTAC** listed depends on the facility's MTAC availability.
- Select **Type of MTAC** and click on the **Search History** button. System will display previous MTAC History details (according to the selected MTAC type) in the MTAC History window as shown in Figure 3.1.2-5.



MTAC HISTORY

Appointment Date From: Appointment Date To:

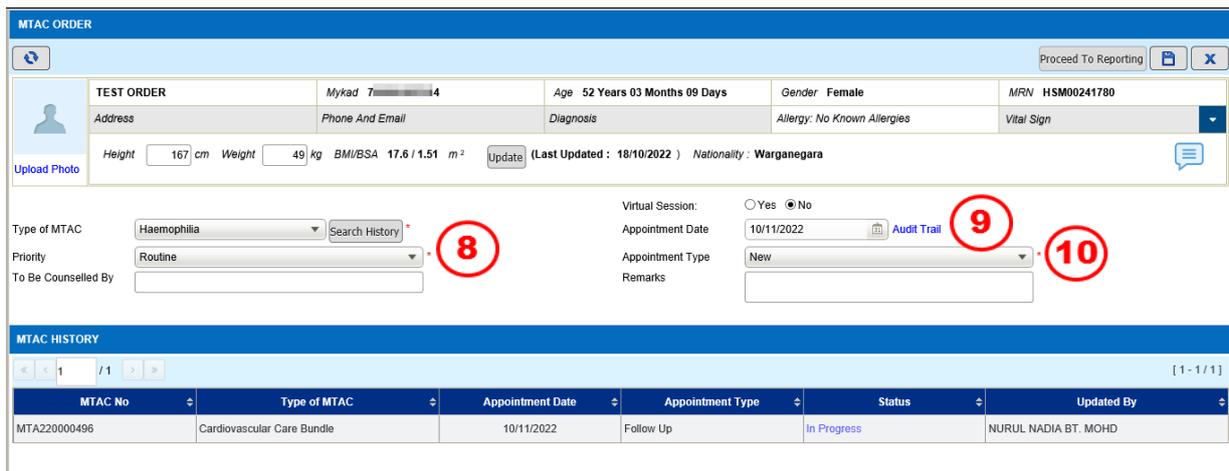
Type of MTAC: **Cardiovascular Care Bunc** **Search**

[1 - 1 / 1]

MTAC No	MTAC Type	Target INR Range	Bleeding Risk Factor	Appointment Date	To Be Counseled By
MTA220000496	Cardiovascular Care Bundle			10/11/2022	

Figure 3.1.2-5 MTAC History

- User is allowed to view all the MTAC history for the selected patient at MTAC History section.



MTAC ORDER

TEST ORDER: Mykad: Age: 52 Years 03 Months 09 Days Gender: Female MRN: HSM00241780

Address: Phone And Email: Diagnosis: Allergy: No Known Allergies Vital Sign:

Height: 167 cm Weight: 49 kg BMI/BSA: 17.6 / 1.51 m² Update (Last Updated: 18/10/2022) Nationality: Warganegara

Type of MTAC: **Haemophilia** **Search History** (8)

Priority: **Routine** (8)

To Be Counseled By:

Virtual Session: Yes No

Appointment Date: 10/11/2022 **Audit Trail** (9)

Appointment Type: **New** (10)

Remarks:

MTAC HISTORY

[1 - 1 / 1]

MTAC No	Type of MTAC	Appointment Date	Appointment Type	Status	Updated By
MTA220000496	Cardiovascular Care Bundle	10/11/2022	Follow Up	In Progress	NURUL NADIA BT. MOHD

Figure 3.1.2-6 MTAC Order

STEP 8

Select **Priority** as listed from the drop down box

- Routine
- Urgent

STEP 9

Click on the  button to select **Appointment Date**

Note

- Date will be default to current date and user is allowed to change

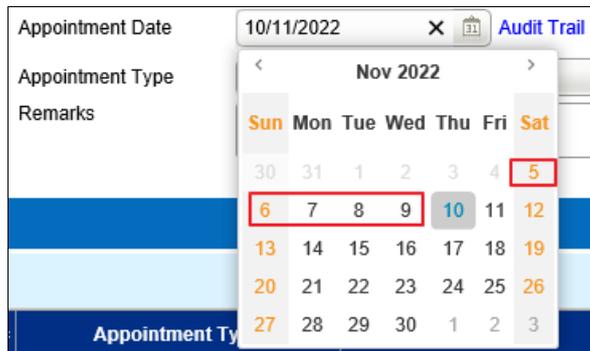


Figure 3.1.2-7 Appointment Date

- Click on the [Audit Trail](#) hyperlink to view a list of changes/amendment on the same MTAC report if there is any.
- User is allow to select the date from 5 days back. For example today is **10/11/2022**, user can select **9, 8, 7, 6 and 5 Nov**.

STEP 10

Select **Appointment Type** as listed from the drop-down box

- New
- Follow Up

Note

- User will be able to enter **To Be Counseled By** person name and **Remarks** if required.
- Additional information field will be displayed if user select **Type of MTAC** is 'Warfarin' as below (figure 3.1.2-8):
 - Target INR Range
 - Date Warfarin Started
 - Warfarin Indication
 - Anticipated Duration
 - Bleeding Risk Factor
 - Time in Therapeutic Range (TTR)

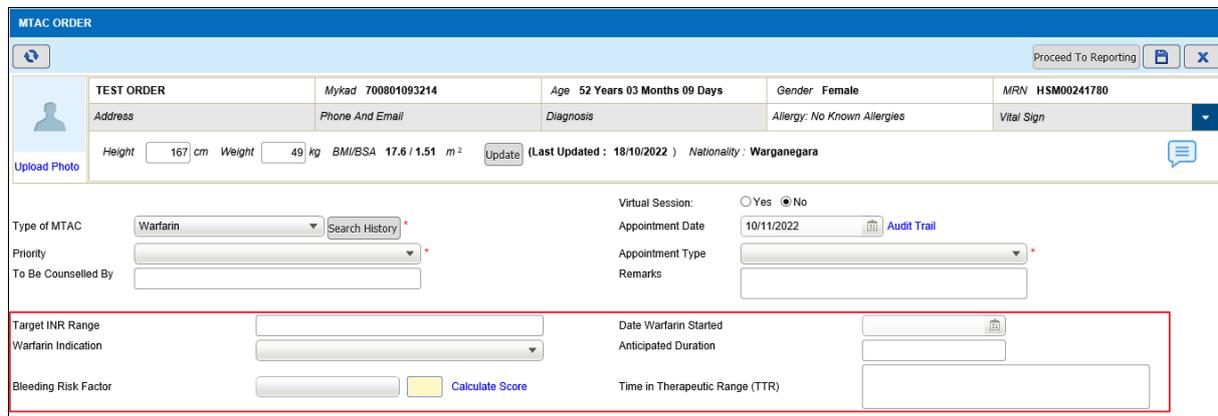


Figure 3.1.2-8 Warfarin MTAC Order

MTAC ORDER
11

Proceed To Reporting

	TEST ORDER	Mykad 7[REDACTED]14	Age 52 Years 03 Months 09 Days	Gender Female	MRN HSM00241780
	Address	Phone And Email	Diagnosis	Allergy: No Known Allergies	Vital Sign

Upload Photo
Height cm
Weight kg
BMI/BSA m²
Update (Last Updated : 18/10/2022)
Nationality : Warganegara

Type of MTAC: Search History

Priority:

To Be Counseled By:

Virtual Session: Yes No

Appointment Date: Audit Trail

Appointment Type:

Remarks:

MTAC HISTORY

[1 - 2 / 2]

MTAC No	Type of MTAC	Appointment Date	Appointment Type	Status	Updated By
MTA220000496	Cardiovascular Care Bundle	10/11/2022	Follow Up	Completed	TIONG WAN QIAN
MTA220000507	Cardiovascular Care Bundle	10/11/2022	Follow Up	Cancelled	TIONG WAN QIAN

Figure 3.1.2-9 MTAC Order

STEP 11

Click on the button to save MTAC Order

Note

- Confirmation message will display as figure 3.1.2-10

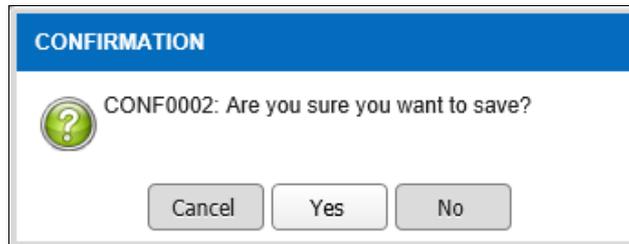


Figure 3.1.2-10 Confirmation Message

- Click on the button to save the MTAC Order and Information message will display as figure 3.1.2-11

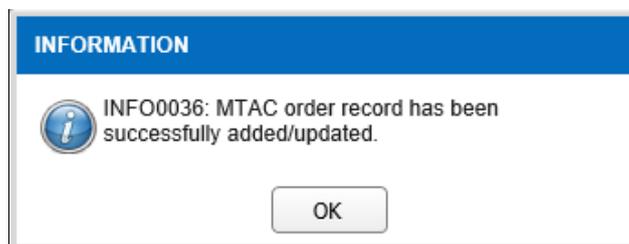


Figure 3.1.2-11 Information Message

- Click on the button to confirmed

MTAC ORDER
12
Proceed To Reporting

	TEST ORDER	Mykad 7-4	Age 52 Years 03 Months 09 Days	Gender Female	M/RN HSM00241780
	Address	Phone And Email	Diagnosis	Allergy: No Known Allergies	Vital Sign

Upload Photo
Height cm Weight kg BMI/BSA 17.6 / 1.51 m² (Last Updated : 18/10/2022) Nationality : Warganegara

MTAC Order No MTA220000508 Type of MTAC <input type="text" value="Neurology"/> <input type="button" value="Search History"/> * Priority <input type="text" value="Routine"/> * To Be Counselling By <input type="text"/> Ordered By <input type="text"/> Status <input type="text" value="Scheduled"/>	Virtual Session: <input type="radio"/> Yes <input checked="" type="radio"/> No Appointment Date <input type="text" value="10/11/2022"/> <input type="button" value="Audit Trail"/> Appointment Type <input type="text" value="New"/> * Remarks <input type="text"/> Ordered Date/Time 10/11/2022 08:35
--	--

MTAC HISTORY

< < 1 / 1 > >	[1 - 3 / 3]				
MTAC No	Type of MTAC	Appointment Date	Appointment Type	Status	Updated By
MTA220000496	Cardiovascular Care Bundle	10/11/2022	Follow Up	Completed	TIONG WAN QIAN
MTA220000507	Cardiovascular Care Bundle	10/11/2022	Follow Up	Cancelled	TIONG WAN QIAN
MTA220000508	Neurology	10/11/2022	New	Scheduled	TIONG WAN QIAN

Figure 3.1.2-12 Information Message

Note

- After successfully save, MTAC Order information will be updated into MTAC History section with status Scheduled
- User is allowed to edit MTAC Order information by click on the button
- Field that can be edit/change as below:
 - a) Priority
 - b) Virtual Session
 - c) To Be Counselling By
 - d) Appointment Date
 - e) Appointment Type
 - f) Remarks
 - g) Status

STEP 12

Click on the button to proceed with MTAC Reporting.

Note

Refer section [3.2 MTAC Reporting](#)

3.1.3 Reschedule MTAC Order

This function is used to reschedule MTAC appointment date

MRN	Patient Name	IC No/Other Identification	Type of MTAC	Appointment Date	Appointment Type	Status	MTAC Status	Updated By	Virtual Session
HSM00241780	TEST ORDER	700801093214	Neurology	10/11/2022	New	Scheduled			No

Figure 3.1.3-1 MTAC Listing Page

STEP 1

Search for status Schedule and double click on the selected patient

TEST ORDER | Mykad 700801093214 | Age 52 Years 03 Months 09 Days | Gender Female | MRN HSM00241780
 Address | Phone And Email | Diagnosis | Allergy: No Known Allergies | Vital Sign
 Height 167 cm | Weight 49 kg | BMI/BSA 17.6 / 1.51 m² | Update (Last Updated : 18/10/2022) | Nationality : Warganegara

Encounter No: 0004 | Actual Visit Date: 31/10/2022 | Attending Practitioner: DR. DING MIN TAT | Visit Location: MOPD | Prescriber Dept.: General Medicine
 Virtual Session: No | Type of MTAC: Neurology | Number of MTAC Visit: 1 | MTAC No: MTA22000508

MTAC ORDER
 MTAC Order No: MTA22000508 | Virtual Session: Yes No
 Type of MTAC: Neurology | Appointment Date: 10/11/2022 | Appointment Type: New
 Priority: Routine | Remarks:
 To Be Counseled By:
 Ordered By: TIONG WAN QIAN | Ordered Date/Time: 10/11/2022 08:35
 Status: Scheduled

MTAC HISTORY
 [1 - 3 / 3]

Figure 3.1.3-2 MTAC Order

STEP 2

Click on the button

STEP 3

Click on the button

MTAC REPORTING

TEST ORDER: Mykad 7...14, Age 52 Years 03 Months 09 Days, Gender Female, MRN HSM00241780

Address: Phone And Email, Diagnosis, Allergy: No Known Allergies, Vital Sign

Height 167 cm, Weight 49 kg, BMI/BSA 17.6 / 1.51 m², (Last Updated: 18/10/2022), Nationality: Warganegara

Encounter No: 0004, Actual Visit Date: 31/10/2022, Attending Practitioner: DR. DING MIN TAT, Visit Location: MOPD, Prescriber Dept.: General Medicine

Virtual Session: No, Type of MTAC: Neurology, Number of MTAC Visit: 1, MTAC No: MTA220000508

MTAC ORDER

MTAC Order No: MTA220000508, Virtual Session: Yes No

Type of MTAC: Neurology, Appointment Date: 10/11/2022, Appointment Type: Routine

Priority: Routine, To Be Counseled By: [Empty], Remarks: [Empty]

Ordered By: TIONG WAN QIAN, Status: Scheduled

MTAC HISTORY

MTAC No	Type of MTAC	Appointment Date	Appointment Type	Status	Updated By
1	1	/ 1			

Figure 3.1.3-3 MTAC Order

STEP 4

Click on the button to select different **Appointment Date**

STEP 5

Click on the button to save MTAC Order

Note

- Confirmation message will display as figure 3.1.3-4

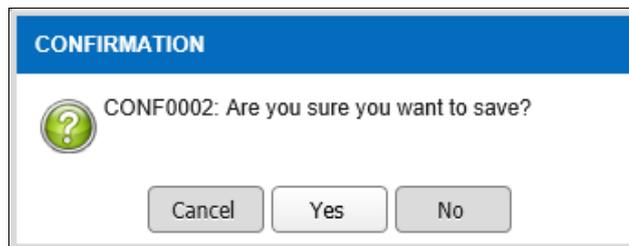


Figure 3.1.3-4 Confirmation Message

- Click on the button to save the MTAC Order and Information message will display as figure 3.1.3-5

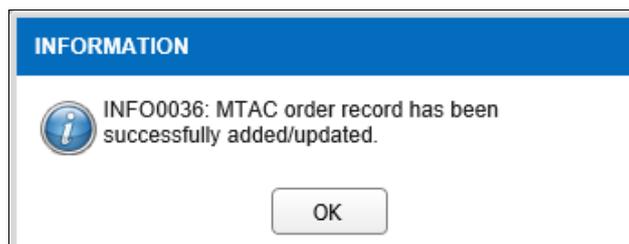
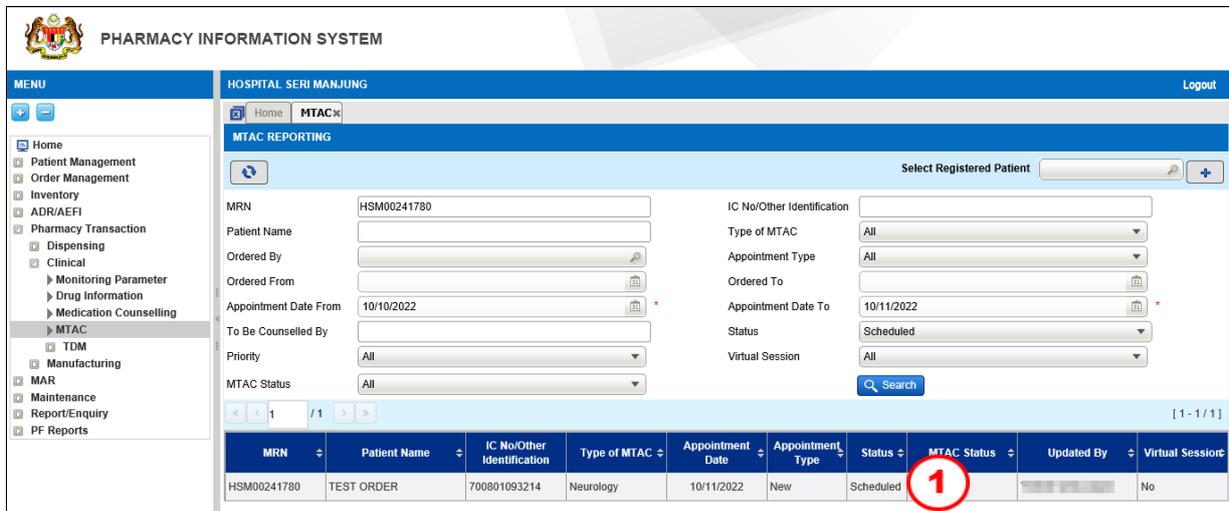


Figure 3.1.3-5 Information Message

- Click on the button to confirmed

3.1.4 Cancel MTAC Order

This function is used to cancel an existing MTAC order



PHARMACY INFORMATION SYSTEM

HOSPITAL SERI MANJUNG

Home | MTAC

MTAC REPORTING

Select Registered Patient

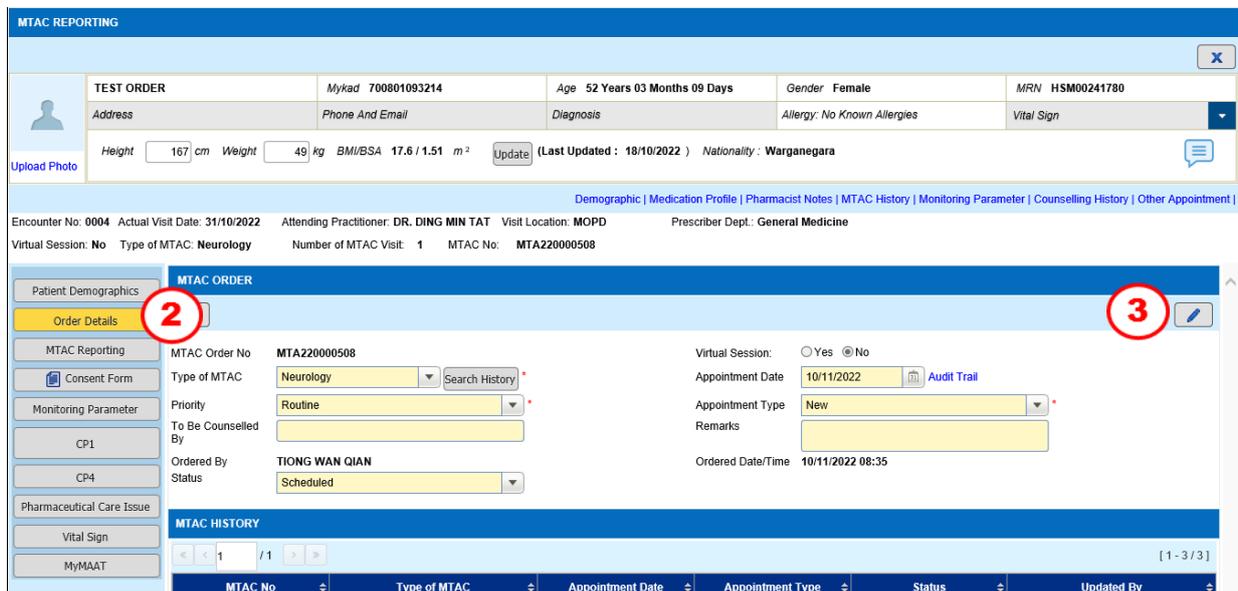
MRN: HSM00241780 | IC No/Other Identification: | Type of MTAC: All | Appointment Type: All | Appointment Date From: 10/10/2022 | Appointment Date To: 10/11/2022 | Status: Scheduled | Virtual Session: All

MRN	Patient Name	IC No/Other Identification	Type of MTAC	Appointment Date	Appointment Type	Status	MTAC Status	Updated By	Virtual Session
HSM00241780	TEST ORDER	700801093214	Neurology	10/11/2022	New	Scheduled	1		No

Figure 3.1.4-1 MTAC Listing Page

STEP 1

Search for status Schedule and double click on the selected patient



MTAC REPORTING

TEST ORDER | Mykad 700801093214 | Age 52 Years 03 Months 09 Days | Gender Female | MRN HSM00241780

Address | Phone And Email | Diagnosis | Allergy: No Known Allergies | Vital Sign

Height 167 cm | Weight 49 kg | BMI/BSA 17.6 / 1.51 m² | Update (Last Updated: 18/10/2022) | Nationality: Warganegara

Encounter No: 0004 | Actual Visit Date: 31/10/2022 | Attending Practitioner: DR. DING MIN TAT | Visit Location: MOPD | Prescriber Dept.: General Medicine

Virtual Session: No | Type of MTAC: Neurology | Number of MTAC Visit: 1 | MTAC No: MTA22000508

Order Details

MTAC Order No: MTA22000508 | Virtual Session: Yes No

Type of MTAC: Neurology | Appointment Date: 10/11/2022 | Appointment Type: New

Priority: Routine | Remarks: | Ordered Date/Time: 10/11/2022 08:35

To Be Counseled By: | Ordered By: TIONG WAN QIAN | Status: Scheduled

MTAC HISTORY

MTAC No	Type of MTAC	Appointment Date	Appointment Type	Status	Updated By

Figure 3.1.4-2 MTAC Order

STEP 2

Click on the  button

STEP 3

Click on the  button

MTAC REPORTING

TEST ORDER Mykad 7...14 Age 52 Years 03 Months 09 Days Gender Female MRN HSM00241780

Address Phone And Email Diagnosis Allergy: No Known Allergies Vital Sign

Height 167 cm Weight 49 kg BMI/BSA 17.6 / 1.51 m² (Last Updated : 18/10/2022) Nationality : Warganegara

Encounter No: 0004 Actual Visit Date: 31/10/2022 Attending Practitioner: DR. DING MIN TAT Visit Location: MOPD Prescriber Dept.: General Medicine

Virtual Session: No Type of MTAC: Neurology Number of MTAC Visit: 1 MTAC No: MTA220000508

MTAC ORDER

Order Details

MTAC Reporting

Consent Form

Monitoring Parameter

CP1

CP4

Pharmaceutical Care Issue

Vital Sign

MyMAAT

MTAC Order No: MTA220000508

Type of MTAC: Neurology

Priority: Routine

To Be Counselling By:

Ordered By: TIONG WAN QIAN

Status: Scheduled

Virtual Session: Yes No

Appointment Date: 10/11/2022

Appointment Type: New

Remarks:

Ordered Date/Time: 10/11/2022 08:35

[1 - 3 / 3]

Figure 3.1.4-3 MTAC Order

STEP 4

Select **Status** as 'Cancelled' and Cancel Remarks windows will be display as figure 3.1.4-4

MTAC REPORTING

TEST ORDER Mykad 700801093214 Age 52 Years 03 Months 09 Days Gender Female MRN HSM00241780

Address Phone And Email **CANCEL REMARKS** Allergies Vital Sign

Height 167 cm Weight 49 kg BMI/BSA

Encounter No: 0004 Actual Visit Date: 31/10/2022 Attending Practitioner: DR. DING MIN TAT Visit Location: MOPD Prescriber Dept.: General Medicine

Virtual Session: No Type of MTAC: Neurology Number of MTAC Visit: 1 MTAC No: MTA220000508

MTAC ORDER

Order Details

MTAC Reporting

Consent Form

Monitoring Parameter

CP1

CP4

Pharmaceutical Care Issue

Vital Sign

MTAC Order No: MTA220000508

Type of MTAC: Neurology

Priority: Routine

To Be Counselling By:

Ordered By: TIONG WAN QIAN

Status: Cancelled

Virtual Session: Yes No

Appointment Date: 10/11/2022

Appointment Type: New

Remarks:

Ordered Date/Time: 10/11/2022 08:35

Figure 3.1.4-4 Cancel Remarks

STEP 5

Enter remarks and click on the  button

MTAC REPORTING																	
	TEST ORDER	Mykad 7[REDACTED]14	Age 52 Years 03 Months 09 Days	Gender Female	MRN HSM00241780												
	Address	Phone And Email	Diagnosis	Allergy: No Known Allergies	Vital Sign												
Upload Photo	Height 167 cm	Weight 49 kg	BMI/BSA 17.6 / 1.51 m ²	Update (Last Updated : 18/10/2022)	Nationality : Warganegara												
Demographic Medication Profile Pharmacist Notes MTAC History Monitoring Parameter Counselling History Other Appointment																	
Encounter No: 0004 Actual Visit Date: 31/10/2022 Attending Practitioner: DR. DING MIN TAT Visit Location: MOPD Prescriber Dept.: General Medicine Virtual Session: No Type of MTAC: Neurology Number of MTAC Visit: 1 MTAC No: MTA22000508																	
Patient Demographics	MTAC ORDER																
Order Details	MTAC Order No: MTA22000508 Virtual Session: <input type="radio"/> Yes <input checked="" type="radio"/> No Type of MTAC: Neurology Search History Appointment Date: 10/11/2022 Audit Trail Priority: Routine Appointment Type: New To Be Counselling By: Remarks: Ordered By: TIONG WAN QIAN Ordered Date/Time: 10/11/2022 08:35 Status: Cancelled																
MTAC Reporting	MTAC HISTORY																
Consent Form	<table border="1"> <thead> <tr> <th>MTAC No</th> <th>Type of MTAC</th> <th>Appointment Date</th> <th>Appointment Type</th> <th>Status</th> <th>Updated By</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					MTAC No	Type of MTAC	Appointment Date	Appointment Type	Status	Updated By	1	1				
MTAC No	Type of MTAC	Appointment Date	Appointment Type	Status	Updated By												
1	1																
Monitoring Parameter																	
CP1																	
CP4																	
Pharmaceutical Care Issue																	
Vital Sign																	
MyMAAT																	

Figure 3.1.4-5 MTAC Order

STEP 6

Click on the button to save MTAC Order

Note

- Confirmation message will display as figure 3.1.4-6

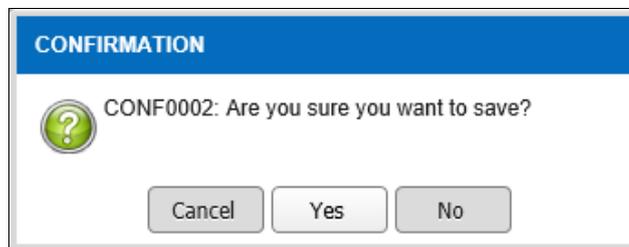


Figure 3.1.4-6 Confirmation Message

- Click on the button to save the MTAC Order and Information message will display as figure 3.1.4-7

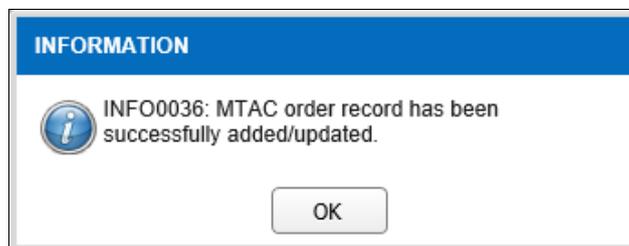


Figure 3.1.4-7 Information Message

- Click on the button to confirmed

MTAC REPORTING
X

	TEST ORDER	Mykad 7C-14	Age 52 Years 03 Months 09 Days	Gender Female	MRN HSM00241780
	Address	Phone And Email	Diagnosis	Allergy: No Known Allergies	Vital Sign

Upload Photo
Height 167 cm Weight 49 kg BMI/BSA 17.6 / 1.51 m² [Update](#) (Last Updated : 18/10/2022)
Nationality : Warganegara

[Demographic](#) | [Medication Profile](#) | [Pharmacist Notes](#) | [MTAC History](#) | [Monitoring Parameter](#) | [Counselling History](#) | [Other Appointment](#)

Encounter No: 0004 Actual Visit Date: 31/10/2022 Attending Practitioner: DR. DING MIN TAT Visit Location: MOPD Prescriber Dept.: General Medicine
 Virtual Session: No Type of MTAC: Neurology Number of MTAC Visit: 1 MTAC No: MTA220000508

Patient Demographics

Order Details

MTAC Reporting

Consent Form

Monitoring Parameter

CP1

CP4

Pharmaceutical Care Issue

Vital Sign

MyMAAT

MTAC ORDER

MTAC Order No: **MTA220000508**

Type of MTAC: **Neurology** [Search History](#)

Priority: **Routine**

To Be Counsellor By: **[Redacted]**

Ordered By: **[Redacted]**

Status: **Cancelled** [Show cancel remark](#)

Virtual Session: Yes No

Appointment Date: **10/11/2022** [Audit Trail](#)

Appointment Type: **New**

Remarks: **[Redacted]**

Ordered Date/Time: **10/11/2022 08:35**

MTAC HISTORY

<< < 1 > >> / 1

[1 - 3 / 3]

Figure 3.1.4-8 MTAC Order

Note

User can view cancel remarks by click on [Show cancel remark hyperlink](#)

3.2 MTAC Reporting

This function is used to search and view existing MTAC reporting or record new MTAC reporting

3.2.1 MTAC Reporting with No Specific Details

This function allow user to record new MTAC reporting with no specific details for MTAC patient

Figure 3.2.1-1 MTAC

STEP 1

Click on 'Pharmacy Transaction' menu followed by 'Clinical' then 'MTAC' sub menu

STEP 2

Search for existing patient record by below criteria:

Field	Description	Remark
MRN	Patient Medical Record Number	Search option: Type the MRN either full or partial: Example: HPSF00001234 or "1234"
IC No/ Other Identification	Identification Number	Allow to search by full or partial ID Number
Patient Name	Patient Name	Allow to search by patient full name or partial
Type of MTAC	Type of MTAC	Able to filter and search by type of MTAC order
Ordered by	Ordered by	Able to filter and search by ordered by
Appointment Type	- All - Follow Up - New	Able to filter and search by appointment type
Ordered from	Ordered from	Able to filter and search by ordered from
Ordered to	Ordered to	Able to filter and search by ordered to
Appointment Date From	Appointment Date From	Able to filter and search by appointment date before
Appointment Date To	Appointment Date To	Able to filter and search by appointment date the latest
To Be Counselling by	To Be Counselling by	Able to filter and search by to be counselling by
Status	- All	Able to filter and search by status

	<ul style="list-style-type: none"> - Scheduled - Cancelled - In Progress - Completed 	
Priority	<ul style="list-style-type: none"> - All - Urgent - Routine 	Able to filter and search by priority
Virtual Session	<ul style="list-style-type: none"> - All - Yes - No 	Able to filter and search by Virtual Session
MTAC Status	<ul style="list-style-type: none"> - All - Defaulted - Discharged - Need Follow Up 	Able to filter and search by MTAC Status

Figure 3.2.1-1 Table

STEP 3

Click on the  button to search the patient

STEP 4

Double click on the selected patient and MTAC Reporting screen will be display as figure 3.2.1-2

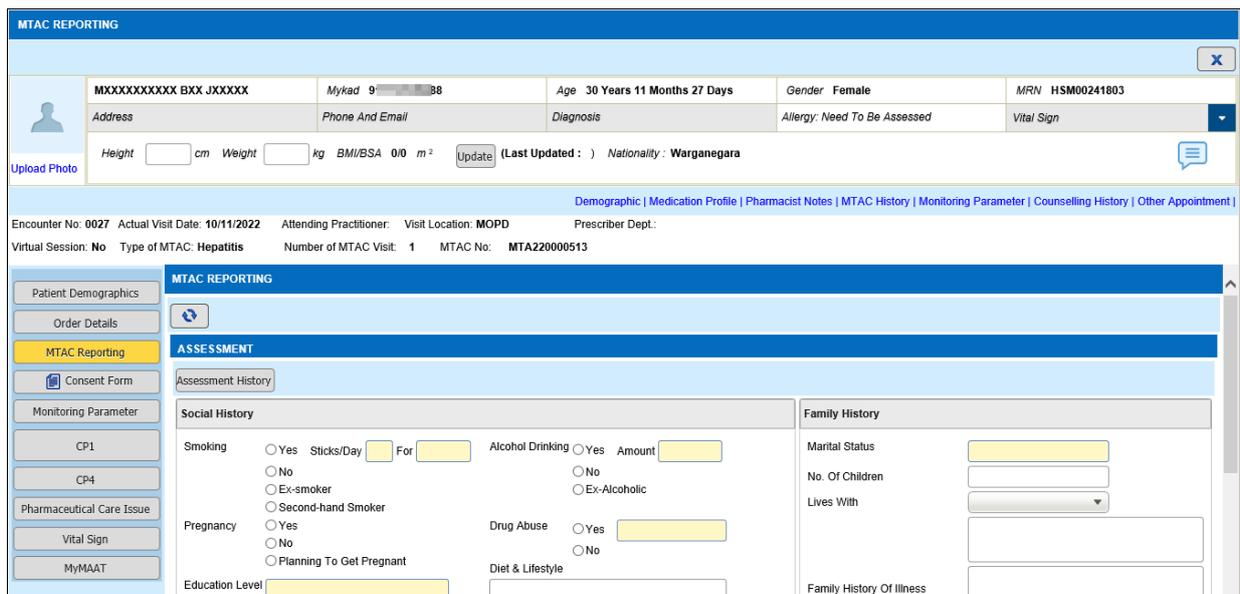
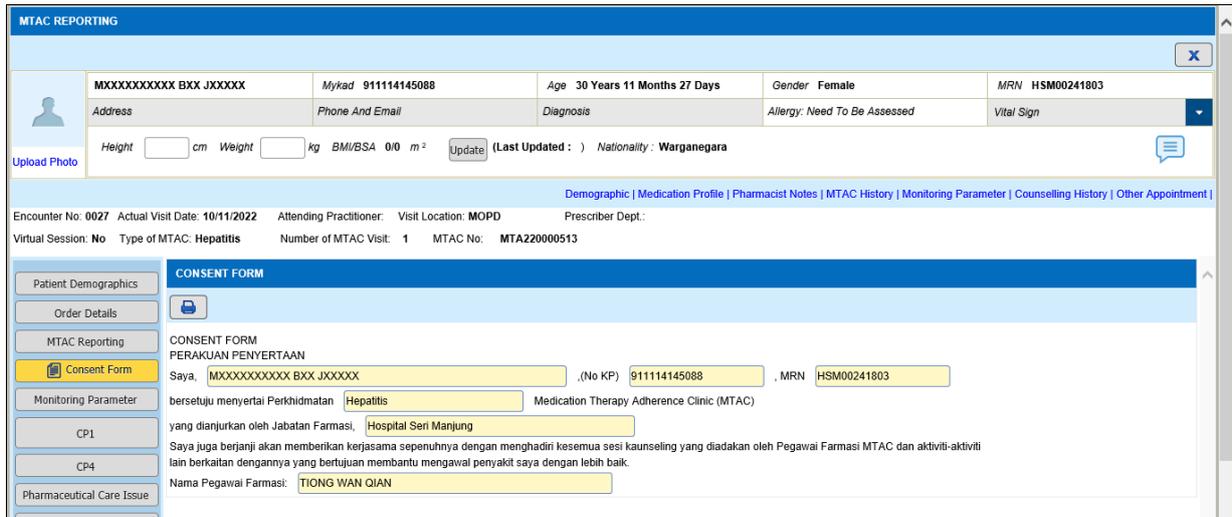


Figure 3.2.1-2 MTAC Reporting

Note

User is allowed to print patient consent form by click on the  button and Consent Form screen will be displayed as figure 3.2.1-3



MTAC REPORTING

XXXXXXXXXX BXX JXXXXX Mykad 911114145088 Age 30 Years 11 Months 27 Days Gender Female MRN HSM00241803

Address Phone And Email Diagnosis Allergy: Need To Be Assessed Vital Sign

Height cm Weight kg BMI/BSA 0.0 m² Update (Last Updated :) Nationality: Warganegara

Encounter No: 0027 Actual Visit Date: 10/11/2022 Attending Practitioner: Visit Location: MOPD Prescriber Dept.:

Virtual Session: No Type of MTAC: Hepatitis Number of MTAC Visit: 1 MTAC No: MTA220000513

CONSENT FORM

PERAKUAN PENYERTAAN

Saya, XXXXXXXXXXXX BXX JXXXXX (No KP) 911114145088, MRN HSM00241803

bersetuju menyertai Perkhidmatan Hepatitis Medication Therapy Adherence Clinic (MTAC)

yang dianjurkan oleh Jabatan Farmasi, Hospital Seri Manjung

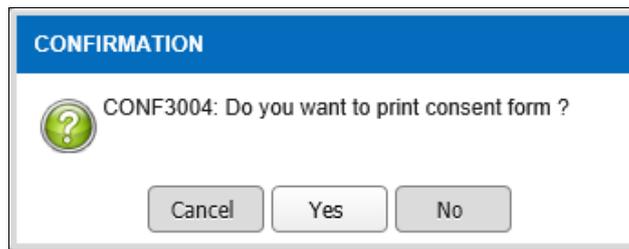
Saya juga berjanji akan memberikan kerjasama sepenuhnya dengan menghadiri kesemua sesi kaunseling yang diadakan oleh Pegawai Farmasi MTAC dan aktiviti-aktiviti lain berkaitan dengannya yang bertujuan membantu mengawal penyakit saya dengan lebih baik.

Nama Pegawai Farmasi: TIONG WAN QIAN

Figure 3.2.1-3 Consent Form

Note

- Click on the  button to view and print consent form and Confirmation Message will displayed as figure 3.2.1-4



CONFIRMATION

CONF3004: Do you want to print consent form ?

Cancel Yes No

Figure 3.2.1-4 Confirmation Message

- Click on the button and consent form will be displayed as figure 3.2.1-5





MEDICATION THERAPY ADHERENCE CLINIC (MTAC)
Jabatan Farmasi, Hospital Seri Manjung
PERAKUAN PENYERTAAN

Saya, XXXXXXXXXXXX BXX JXXXXX (No KP) 911114145088 MRN HSM00241803
bersetuju menyertai Perkhidmatan HEPATITIS Medication Therapy Adherence Clinic (MTAC) oleh Jabatan Farmasi, HOSPITAL SERI MANJUNG. Saya juga berjanji akan memberikan kerjasama sepenuhnya dengan menghadiri kesemua sesi kaunseling yang diadakan oleh Pegawai Farmasi MTAC dan aktiviti-aktiviti lain berkaitan dengannya yang bertujuan membantu mengawal penyakit saya dengan lebih baik.

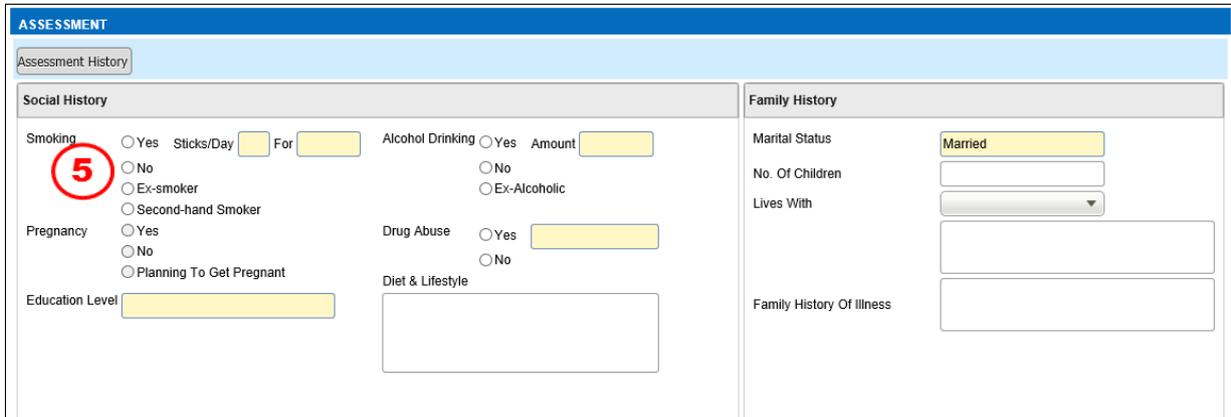
Tandatangan _____ Tandatangan _____
Nama pesakit: XXXXXXXXXXXX BXX JXXXXX Nama Peg. Farmasi: _____
Tarikh: 11/11/2022 Tarikh: 11/11/2022

Figure 3.2.1-5 Consent Form

Note

Close the Concern Form screen and click on the **MTAC Reporting** button to proceed with MTAC Reporting

Social History and Family History



ASSESSMENT

Assessment History

Social History

Smoking **5** Yes Sticks/Day For No Ex-smoker Second-hand Smoker

Alcohol Drinking Yes Amount No Ex-Alcoholic

Pregnancy Yes No Planning To Get Pregnant

Drug Abuse Yes No

Education Level

Diet & Lifestyle

Family History

Marital Status

No. Of Children

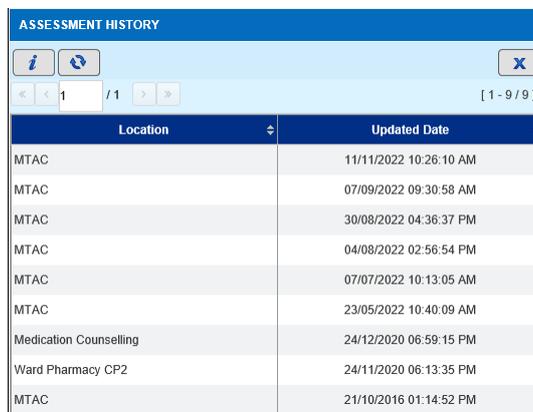
Lives With

Family History Of Illness

Figure 3.2.1-6 Social and Family History

Note

- User is allowed to copy assessment from previous reporting by click on the button and Assessment History window will displayed as figure 3.2.1-7



Location	Updated Date
MTAC	11/11/2022 10:26:10 AM
MTAC	07/09/2022 09:30:58 AM
MTAC	30/08/2022 04:36:37 PM
MTAC	04/08/2022 02:56:54 PM
MTAC	07/07/2022 10:13:05 AM
MTAC	23/05/2022 10:40:09 AM
Medication Counselling	24/12/2020 06:59:15 PM
Ward Pharmacy CP2	24/11/2020 06:13:35 PM
MTAC	21/10/2016 01:14:52 PM

Figure 3.2.1-7 Assessment History

- Click on the selected history reporting and system will auto fill all the assessment based on the previous completed reporting

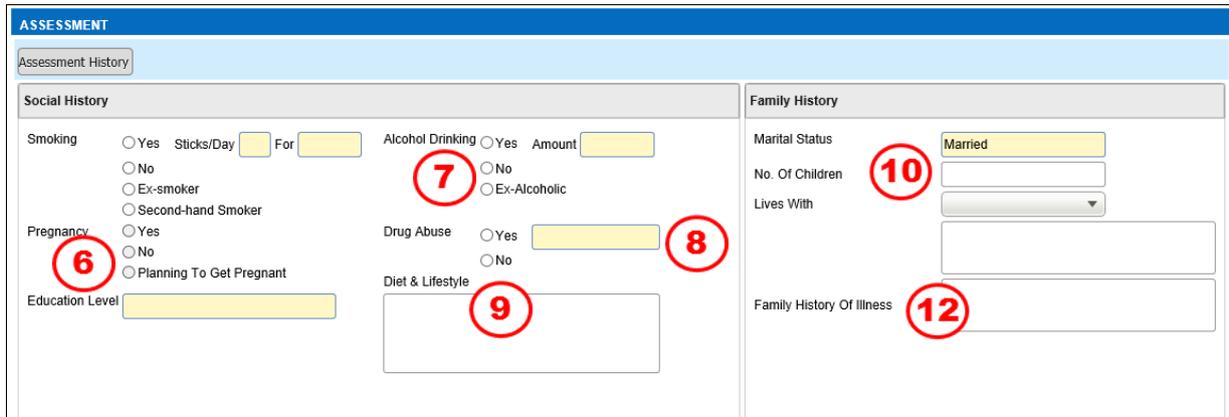
STEP 5

Select on **Smoking** radio button

- Yes
- No
- Ex-smoker
- Second-hand Smoker

Note

Sticks/Day and **for** fields will be enabled if user select Yes radio button



The screenshot shows a web-based assessment form titled 'ASSESSMENT'. It is divided into two main sections: 'Social History' and 'Family History'. The 'Social History' section includes fields for Smoking (Yes/No/Ex-smoker/Second-hand Smoker), Pregnancy (Yes/No/Planning To Get Pregnant), Alcohol Drinking (Yes/No/Ex-Alcoholic), Drug Abuse (Yes/No), and Diet & Lifestyle. The 'Family History' section includes Marital Status (Married), No. Of Children, Lives With (a drop-down menu), and Family History Of Illness. Red circles with numbers 6 through 12 are overlaid on the form to indicate specific steps: 6 on the Pregnancy radio buttons, 7 on the Alcohol Drinking radio buttons, 8 on the Drug Abuse radio buttons, 9 on the Diet & Lifestyle text field, 10 on the No. Of Children text field, 11 on the Lives With drop-down menu, and 12 on the Family History Of Illness text field.

Figure 3.2.1-8 Social and Family History

STEP 6

Select on **Pregnancy** radio button

- Yes
- No
- Planning to Get Pregnant

Note

Pregnancy field will be enabled if the patient gender is female

STEP 7

Select on **Alcohol Drinking** radio button

- Yes
- No
- Ex-Alcoholic

Note

Amount field will be enabled if user select 'Yes' radio button

STEP 8

Select **Drug Abuse** radio button

- Yes
- No

Note

Blank field will be enabled if user select 'Yes' radio button

STEP 9

Enter **Diet & Lifestyle**

Note

Education Level and **Marital Status** information will be retrieved from Patient's Demographic

STEP 10

Enter **No. Of Children**

STEP 11

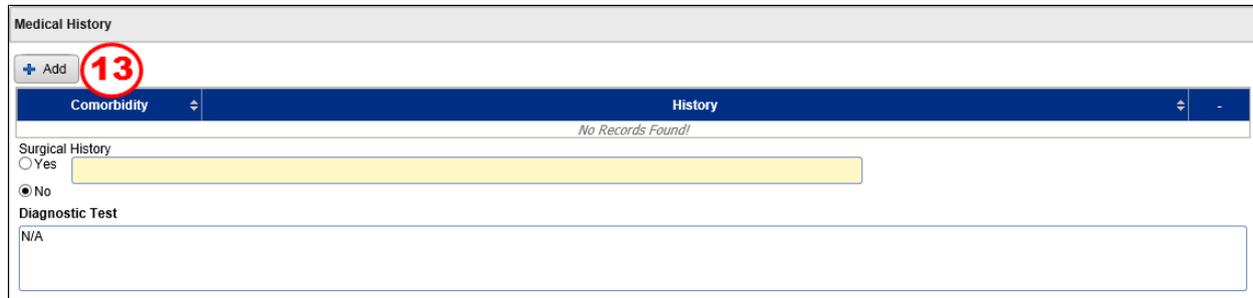
Select **Lives with** from the drop-down box and user allow to enter blank field

- Alone
- Family Members
- Nursing Home
- Others

STEP 12

Enter **Family History of Illness**

Medical History



The screenshot shows the 'Medical History' form. At the top left, there is a '+ Add' button circled in red with the number 13. Below it is a table with two columns: 'Comorbidity' and 'History'. The table is currently empty, with the text 'No Records Found!' centered below the header. Below the table, there are three sections: 'Surgical History' with radio buttons for 'Yes' and 'No' (where 'No' is selected), 'Diagnostic Test' with a text input field containing 'N/A', and a large empty text area for remarks.

Figure 3.2.1-8 Medical History

STEP 13

Click on the  button to add in comorbidity



The screenshot shows the 'Medical History' form after the 'Add' button has been clicked. The '+ Add' button is now disabled. The table has one row with 'Hepatitis B' in the 'Comorbidity' column and 'Hepatitis B' in the 'History' column. The 'Comorbidity' dropdown is circled in red with the number 14. Below the table, the 'Surgical History' section has the 'No' radio button selected, which is circled in red with the number 15. The 'Diagnostic Test' section has a text input field containing 'N/A', which is circled in red with the number 16.

Figure 3.2.1-9 Medical History

STEP 14

Select **Comorbidity** from drop-down list and enter **History**

Note

- User is allowed to add multiple comorbidity information by repeat step 13 and 14
- User is allowed to remove comorbidity record by click on the  button

STEP 15

Select **Surgical History** radio button

- Yes
- No

Note

If yes selected for Surgical History, user can enter remarks at free text column

STEP 16

Enter **Diagnostic Test**

Past Medication History

Past Medication History									
Medication (Specify Strength) ▾	Original Rx No ▾	Order Details ▾	Start Date ▾	End Date ▾	Balance From Previous Supply ▾	Medication Status ▾	Source of Medication ▾	Comments ▾	Remarks
No Records Found!									
Other Medication (Includes Herbal/Vitamin/Other Supplements) ▾		Reason For Taking ▾		Source of Medication ▾		Balance/Comments ▾			
No Records Found!									

Figure 3.2.1-10 Past Medication History

Note

- Past Medication History information will be based on recorded at CP1

Demographic | Medication Profile | Pharmacist Notes | MTAC History | Monitoring Parameter | Counselling History | Other Appointment |

Encounter No: 0027 Actual Visit Date: 10/11/2022 Attending Practitioner: Visit Location: MOPD Prescriber Dept:

Virtual Session: No Type of MTAC: Hepatitis Number of MTAC Visit: 1 MTAC No: MTA220000513

Patient Demographics

Order Details

MTAC Reporting

Consent Form

Monitoring Parameter

CP1

CP4

Pharmaceutical Care Issue

Vital Sign

MyMAAT

Comorbidity ▾ Hepatitis B

History ▾ Hepatitis B

Surgical History

Yes

No

Diagnostic Test

N/A

Past Medication History

Medication (Specify Strength) ▾	Original Rx No ▾	Order Details ▾	Start Date ▾	End Date ▾	Balance From Previous Supply ▾	Medication Status ▾	Source of Medication ▾	Comments ▾	Remarks
No Records Found!									
Other Medication (Includes Herbal/Vitamin/Other Supplements) ▾		Reason For Taking ▾		Source of Medication ▾		Balance/Comments ▾			
No Records Found!									

17

Save & Continue

REPORTING

Figure 3.2.1-11 MTAC Reporting

STEP 17

Click on the Save & Continue button to save

Note

- Confirmation message will display as figure 3.2.1-12

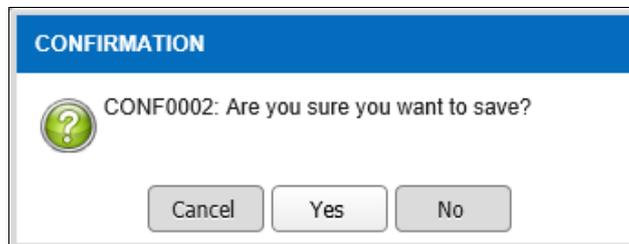


Figure 3.2.1-12 Confirmation Message

- Click on the Yes button to save and Information message will display as figure 3.2.1-13

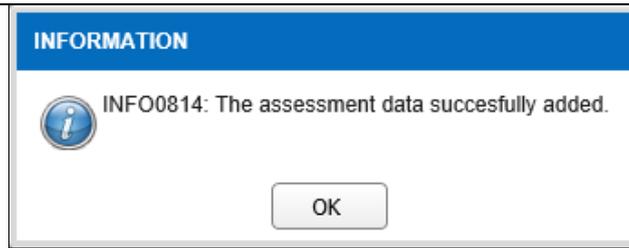


Figure 3.2.1-13 Information Message

- Click on the button to confirmed
- Status will be updated as In-Progress
- User will be able to close the record at reporting screen or continue with the reporting section
- Click on the Reporting row (blue color) once and scroll down to continue with the reporting process

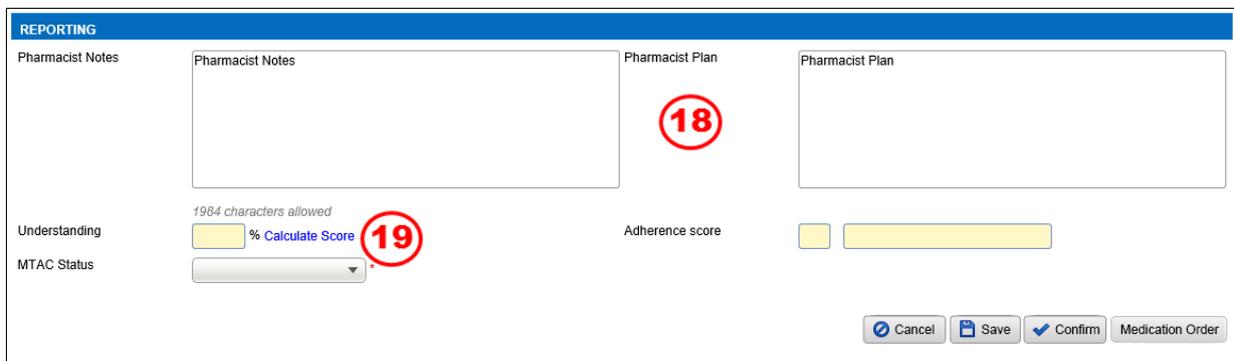


Figure 3.2.1-14 Reporting

STEP 18

Enter **Pharmacist Notes** and **Pharmacist Plan**

STEP 19

Click on the **Understanding Calculate Score** link and Review of Patient's Understanding (Medication) DFIT screen will displayed as figure 3.2.1-15

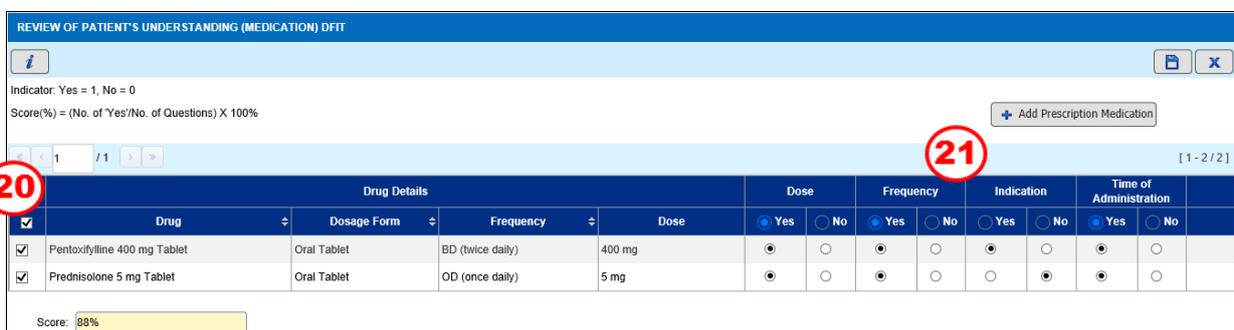


Figure 3.2.1-15 Review of Patient's Understanding (Medication) DFIT

Note

System will auto capture existing drugs ordered for patient in Drug details

STEP 20

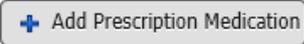
Click at the checkbox to select drug

STEP 21

Select **Dose, Frequency, Indication and Time of Administration** from the radio button:

- Yes
- No

Note

- Score will be automatically calculated and displayed
- User able to add additional drugs by clicking at  button to add new Prescription medication

	Drug Details				Dose		Frequency		Indication		Time of Administration	
	Drug	Dosage Form	Frequency	Dose	Yes	No	Yes	No	Yes	No	Yes	No
<input checked="" type="checkbox"/>	Pentoxifylline 400 mg Tablet	Oral Tablet	BD (twice daily)	400 mg	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/>	Prednisolone 5 mg Tablet	Oral Tablet	OD (once daily)	5 mg	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 3.2.1-16 Review of Patient's Understanding (Medication) DFIT

STEP 22

Click on the  button to save

Note

- Confirmation message will display as figure 3.2.1-17

Figure 3.2.1-17 Confirmation Message

- Click on the  button to save

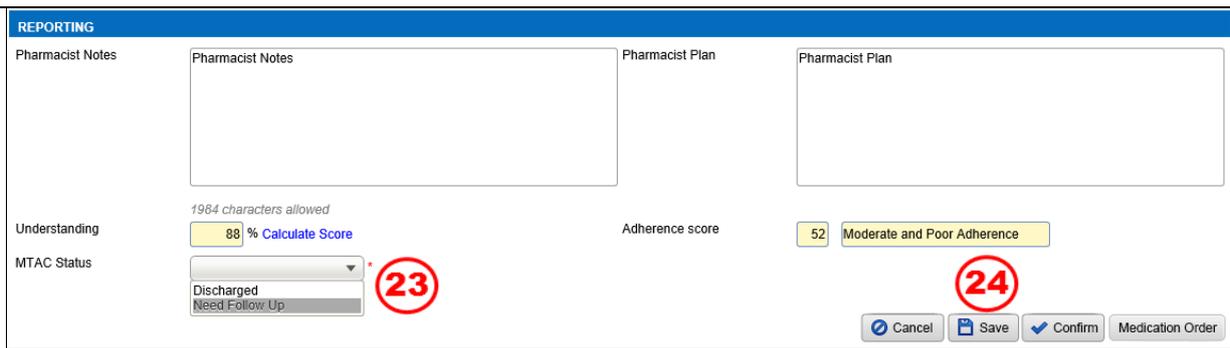


Figure 3.2.1-18 Reporting

Note

- Adherence Score is based on MyMAAT record
- Refer section [3.2.3 MyMAAT](#) section

STEP 23

Select **MTAC Status** from the drop-down box

- Discharged
- Need Follow Up

STEP 24

Click on the  button

Note

- Confirmation message will display as figure 3.2.1-19

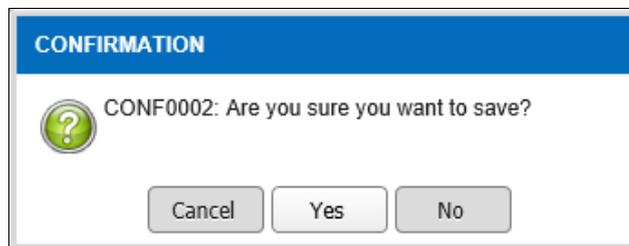


Figure 3.2.1-19 Confirmation Message

- Click on the  button to save the MTAC Order and Information message will display as figure 3.2.1-20

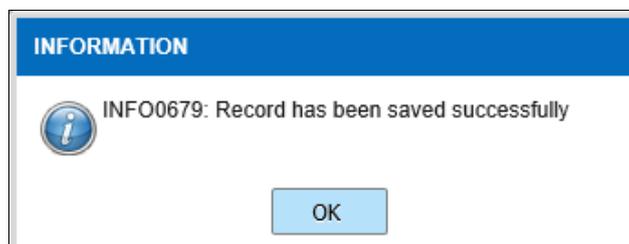


Figure 3.2.1-20 Information Message

- Click on the  button to confirmed

- User is allowed to cancel MTAC reporting by click on the  button and confirmation message will be displayed as figure 3.2.1-21

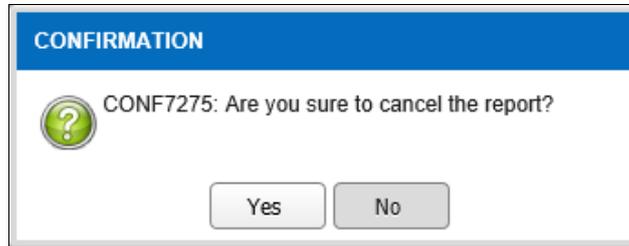
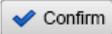


Figure 3.2.1-21 Confirmation Message

Click on the  button to cancel the report and status will updated to Cancelled

Figure 3.2.1-22 Reporting

STEP 25

Click on the  button to confirm the reporting

Note

- Confirmation message will display as figure 3.2.1-23

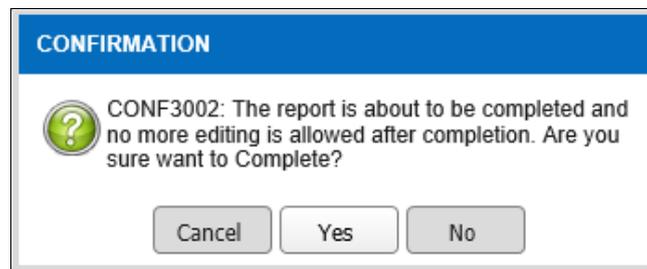


Figure 3.2.1-23 Confirmation Message

- Click on the  button to confirm the reporting and status will updated to Confirmed
- Once user has confirmed the record, no more editing is allowed

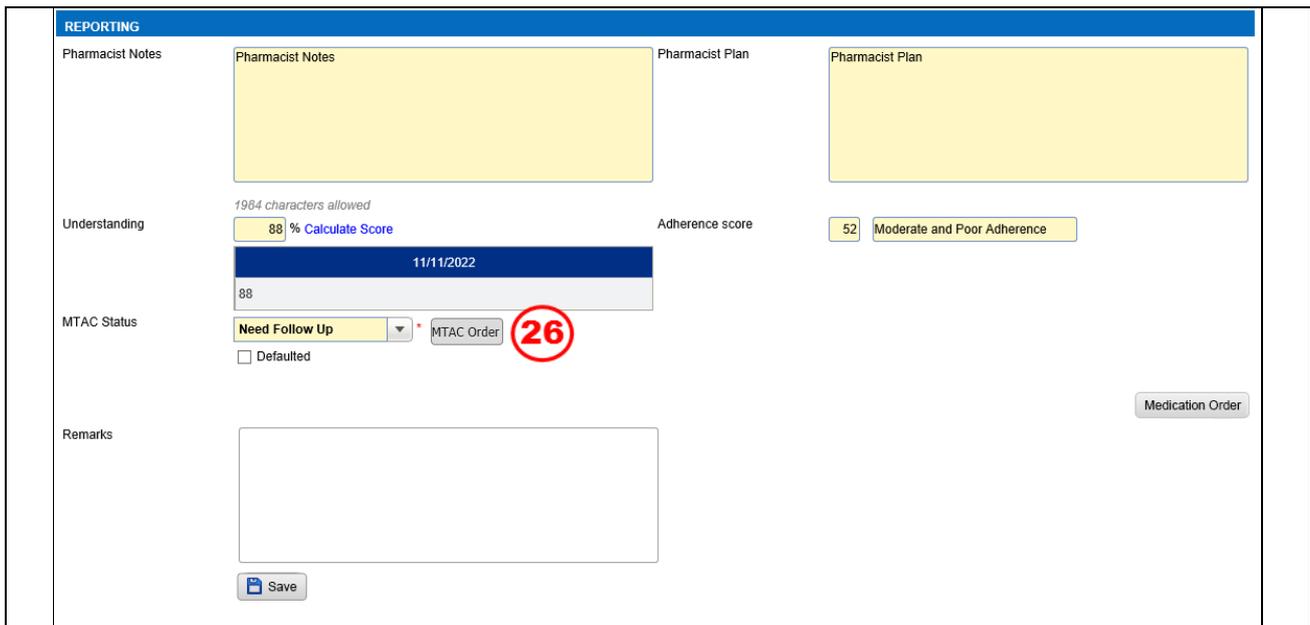


Figure 3.2.1-24 MTAC Reporting

Note

- If user select **MTAC Status** as *Need Follow Up*, *Defaulted* checkbox will be displayed. If user checked on the *Defaulted* checkbox, **MTAC Status** will updated to *Defaulted* and previous **MTAC Order** for the same type **MTAC** of **MTAC Status** will updated to cancelled
- Once status is updated to *Defaulted*, Number of **MTAC Visit** will reset back to '1' if user create a same type **MTAC order** for the next appointment visit
- **Remarks** field will be display after user confirm/cancel **MTAC Reporting**. Entered remarks will display in **MTAC report printing**
- User is allowed to create **Medication Order** for the patient by click on the **Medication Order** button and medication order screen will appear

STEP 26

Click on the **MTAC Order** button to schedule for next follow up appointment and **MTAC order** screen will display as per Figure 3.2.1-25

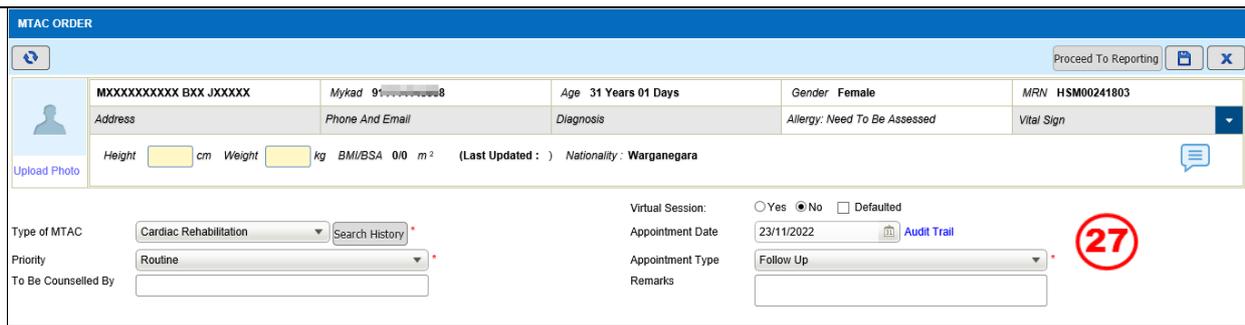


Figure 3.2.1-25 MTAC Order

Note

- Defaulted checkbox will be displayed if MTAC Status is Need to Follow Up for the same previous type MTAC. If user checked on the Defaulted checkbox, MTAC Status will updated to Defaulted and previous MTAC Order for the same type MTAC of **MTAC Status** will updated to cancelled
- Once status is updated to Defaulted, Number of MTAC Visit will reset back to '1' if user create a same type MTAC order for the next appointment visit

STEP 27

Schedule the follow up in the MTAC Order screen and the **Follow Up Date** will appear in the reporting screen as shown in Figure 3.2.1-26

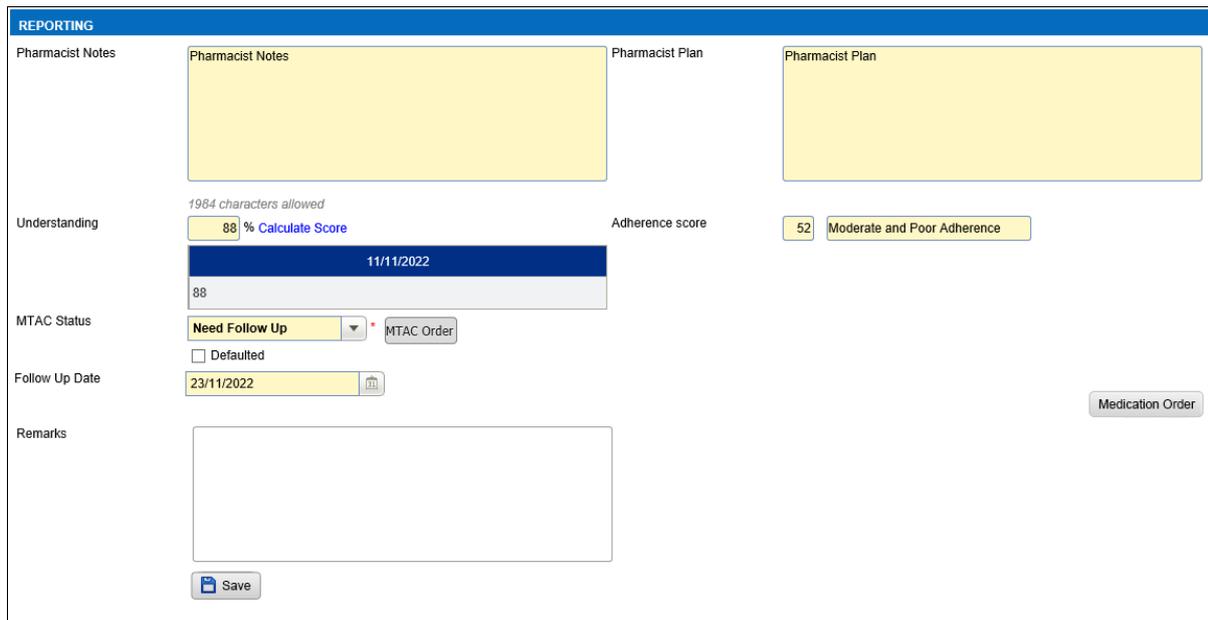


Figure 3.2.1-26 MTAC Order

MTAC REPORTING
X

<input type="text" value="XXXXX XXXXX XXXXXXXX"/>	<input type="text" value="Mykad 90000002"/>	<input type="text" value="Age 30 Years 08 Months 13 Days"/>	<input type="text" value="Gender Female"/>	<input type="text" value="MRN H0000014"/>
<input type="text" value="Address"/>	<input type="text" value="Phone And Email"/>	<input type="text" value="Diagnosis"/>	<input type="text" value="Allergy: No Known Allergies"/>	
<input type="text" value="Height"/> cm <input type="text" value="Weight"/> kg BMI/BSA 0/0 m ² <input type="button" value="Update"/> (Last Updated:) Nationality: <input type="text" value="Warganegara"/>				

Demographic | Medication Profile | Pharmacist Notes | MTAC History | Monitoring Parameter | Counseling History | Other Appointment |

Encounter No: 0003 Actual Visit Date: 11/10/2022 Attending Practitioner: Visit Location: MOPD Prescriber Dept.:

Virtual Session: Yes Type of MTAC: Diabetes Mellitus Number of MTAC Visit: 1 MTAC No: MTA220000495

Patient Demographics	MTAC REPORTING	
Order Details	ASSESSMENT	
MTAC Reporting	SPECIFIC DETAILS	
Consent Form	REPORTING	
Monitoring Parameter	Pharmacist Notes	Pharmacist Plan
CP1	<div style="border: 1px solid #ccc; padding: 2px; font-size: x-small;"> Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisi condimentum pellentesque. Suspendisse ornare vestibulum lectus, et aliquam nunc porttitor in. Nulla aliquet nunc. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisi Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisi condimentum pellentesque. Suspendisse ornare vestibulum lectus, et aliqua500 </div>	<div style="border: 1px solid #ccc; padding: 2px; font-size: x-small;"> Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisi condimentum pellentesque. Suspendisse ornare vestibulum lectus, et aliquam nunc porttitor in. Nulla aliquet nunc. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisi Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisi condimentum pellentesque. Suspendisse ornare vestibulum lectus, et aliqua500 </div>
CP4		
Pharmaceutical Care Issue		
Vital Sign		

Figure 3.2.1-27 MTAC Reporting

STEP 28

Click on the  button to view MTAC Reporting in PDF for printing



MEDICATION THERAPY ADHERENCE REPORT
Hospital Seri Manjung

Patient Name : AXXXX XXXXX XXXXXXX	Virtual Session : Yes
MRN : H5MD178144	Diagnosis : post-illness
ID No : S00302086092	Allergy : No Known Allergies
Type of MTAC : Diabetes Mellitus	Number of MTAC Visit : 1
	MTAC Visit Date : 09/11/2022

Assessment:

Social History	Smoking : Ex-smoker	Family History	Marital Status : Married					
Medical History	Comorbidity							
	Surgical History :- No							
	Diagnostic Test :- N/A							
Past Medication History	Medication (Specify Strength)	Order Detail	Start Date	End Date	Balance From	Medication Status	Comment	Remarks
	No history of taking Prescription Medication							
	Other Medication (Includes Herbal/Vitamin/Other Supplements)				Reason For Taking		Balance/Comments	
	No history of taking Other Medication							
Current Medication List	Drug	Drug Detail	Date Start	Date Stop	Order Location			
	Insulin regular/long-acting (Mixard-30) 100 IU/ml, Penfill	22 IU (00:00 AM), 44 IU (00:00 PM),BD (twice daily)	11/10/2022 10:22:40 AM	09/03/2023 10:22:48 AM	MOPD - MED			
	Amiodipine 5 mg Tablet	1 tablet (00:00 AM), 2 tablet (00:00 PM),BD (twice daily)	11/10/2022 10:23:36 AM	09/03/2023 10:23:38 AM	MOPD - MED			
	Furosemide 40 mg Tablet	40 mg ,OM (every morning)	11/10/2022 10:24:20 AM	09/03/2023 10:24:20 AM	MOPD - MED			

Report:

MTAC Consultation Status: Need Follow Up

Pharmaceutical Care Issues:

Prescribed Medication Related Issues:

No.	Intervention Date	Prescription Start Date	Original Rx No.	Drug Name	Order Details	Modified Order Details	Intervention Remarks	Intervention Details		Prescriber Review
								Type	Description	
No Prescribed Medication Related Issues										

Other Issue:

No.	Intervention Date	Intervention Details		Pharmaceutical Care Issues	Pharmacist Recommendation	Outcome	Follow-up	Prescriber Review
		Type	Description					
No Other Issue								

Patient Understanding (medication) DFIT : -

Patient Adherence Score : -

Pharmacist Notes : Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisl condimentum pellentesque. Suspendisse ornare vestibulum lectus, et aliquam nunc porttitor in. Nulla aliquet nunc.Lorem ipsum dolor sit amet, consectetur adipiscing Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisl Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisl condimentum pellentesque. Suspendisse ornare vestibulum lectus, et aliquet500

Pharmacist Plan : Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisl condimentum pellentesque. Suspendisse ornare vestibulum lectus, et aliquam nunc porttitor in. Nulla aliquet nunc.Lorem ipsum dolor sit amet, consectetur adipiscing Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisl Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisl condimentum pellentesque. Suspendisse ornare vestibulum lectus, et aliquet500

Follow up Date :

Remarks :

Pharmacist Name: A [REDACTED]

Date: 15/11/2022

Figure 3.2.1-28 MTAC Reporting PDF

3.2.2 MTAC Reporting with Specific Details

3.2.2.1 Chronic Kidney Disease

Figure 3.2.2.1-1 Specific Details – Chronic Kidney Disease

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Chronic Kidney Disease.

STEP 1

Select **Stage of Chronic Kidney Disease** from the dropdown box

STEP 2

Select the checkbox for **CKD Secondary to**

Note

Blank fields will be enabled if user selects 'Other(s)' radio button.

STEP 3

Click on the **Calculate Score** hyperlink and window for '**Drug Knowledge Assessment Score**' will be displayed as shown in Figure 3.2.2.1-2

Figure 3.2.2.1-2 Drug Knowledge Assessment Score

STEP 4

Answer the questions for **Drug Knowledge Assessment** by checking the radio button

Note

- The questions are not mandatory to be answered.
- Click on the  button to view the questions in Malay language.
- Score will be automatically calculated and automatically displayed.

STEP 5

Click on the  button to save the answered question(s)

STEP 6

Click on the  button to confirm save record

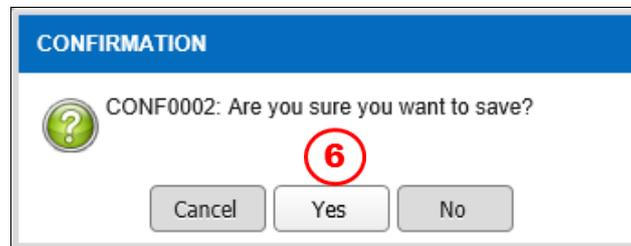
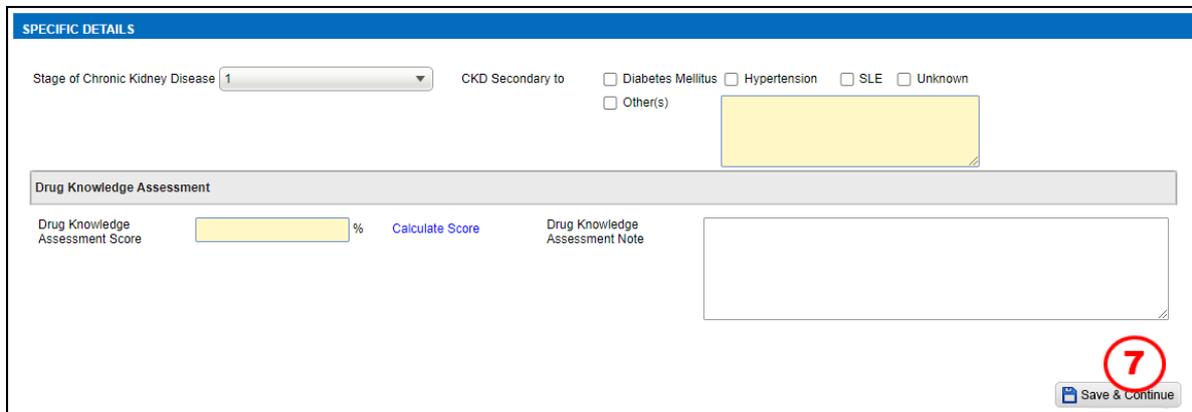


Figure 3.2.2.1-3 Confirmation Alert Message



A screenshot of a web form titled "SPECIFIC DETAILS". It contains several input fields and checkboxes. The "Stage of Chronic Kidney Disease" is set to "1". There are checkboxes for "Diabetes Mellitus", "Hypertension", "SLE", "Unknown", and "Other(s)". A "Drug Knowledge Assessment" section has a "Drug Knowledge Assessment Score" field (with a percentage sign) and a "Calculate Score" button. Below it is a "Drug Knowledge Assessment Note" text area. A "Save & Continue" button is located at the bottom right, circled in red with the number "7" inside.

Figure 3.2.2.1-4 Specific Details – Chronic Kidney Disease

Note

Insert **Drug Knowledge Assessment Note** in the free if applicable

STEP 7

Click on the  button to save and continue with reporting section

STEP 8

Click on the  button to confirm save record

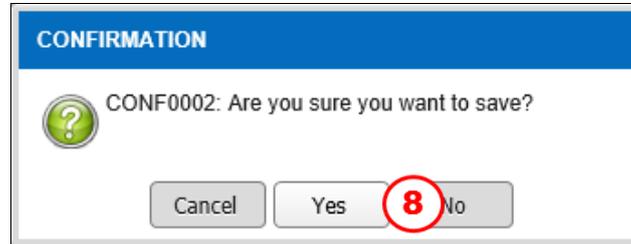


Figure 3.2.2.1-5 Confirmation Alert Message

STEP 9

Click on the  button to confirm record

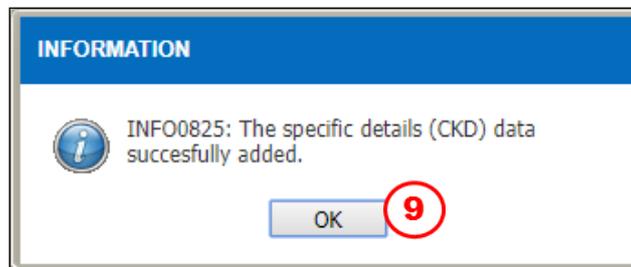


Figure 3.2.2.1-6 Information alert message

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.2 Diabetes Mellitus



Figure 3.2.2.2-1 Specific Details - Diabetes Mellitus

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details Assessment Form for Diabetes Mellitus.

STEP 1

Click on the **Assessment Form For Diabetes Mellitus** button to view the specific details

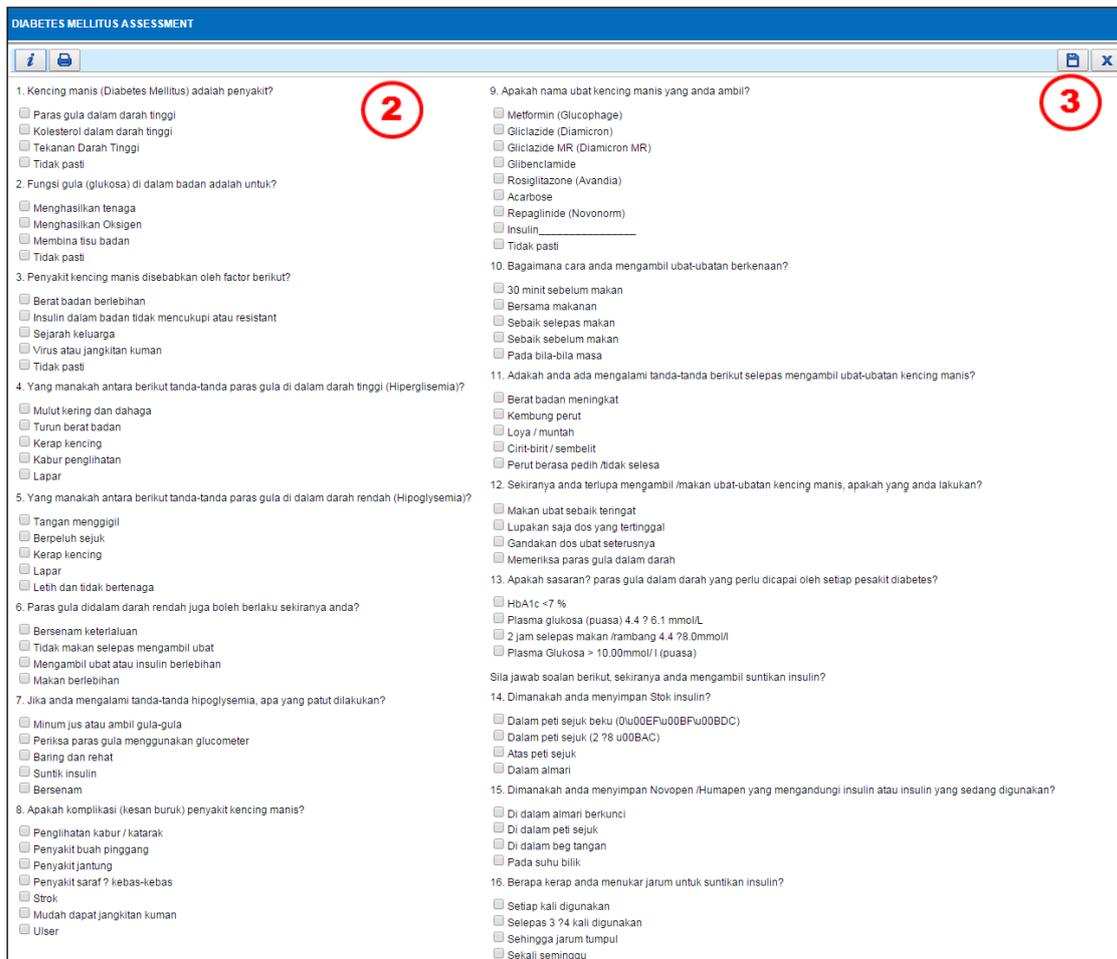


Figure 3.2.2.2-2 Diabetes Mellitus Assessment

STEP 2

Select the checkbox to answer the question(s)

Note

- The questions are not mandatory to be answered
- Click on the  button to print the assessment form
- 'Diabetes Mellitus Assessment' will be used during MTAC counselling

STEP 3

Click on the  button to save the answered question(s)

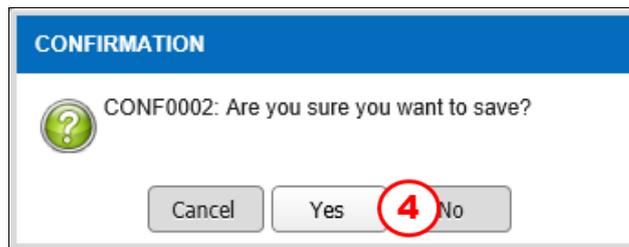


Figure 3.2.2.2-3 Confirmation Alert Message

STEP 4

Click on the  button to confirm save record

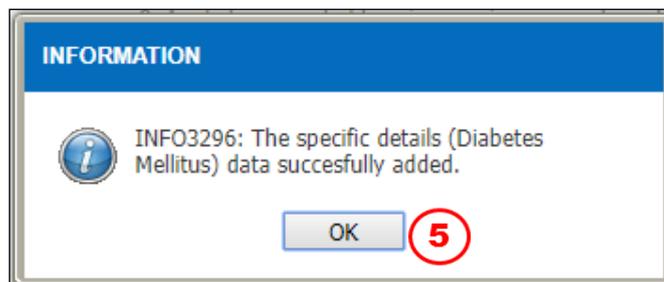


Figure 3.2.2.2-4 Information Alert Message

STEP 5

Click on the  button to confirm record

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.3 Dialysis

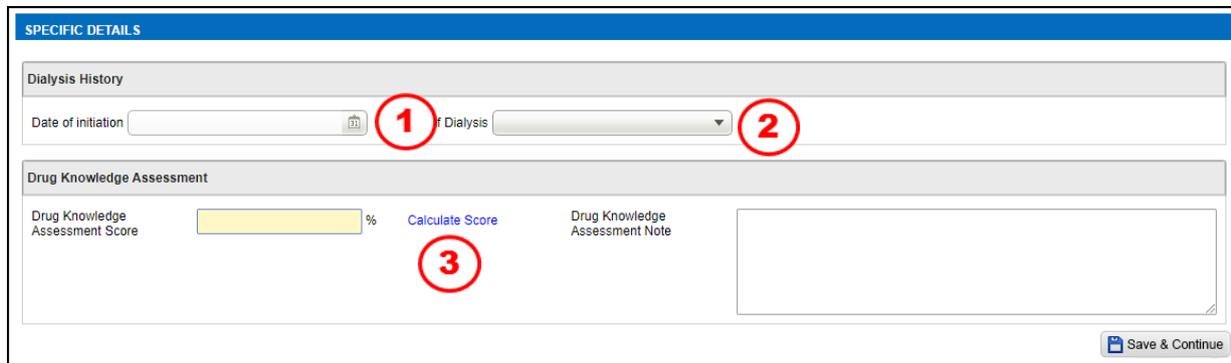


Figure 3.2.2.3-1 Specific Details - Dialysis

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Dialysis.

STEP 1

Click on the  button to select **Date of initiation**

STEP 2

Select **Type of Dialysis** from the dropdown box

STEP 3

Click on the [Calculate Score](#) and hyperlink '**Drug Knowledge Assessment Score** and '**Drug Knowledge Assessment Form**' window will be displayed as shown in Figure 3.2.2.3-2

DRUG KNOWLEDGE ASSESSMENT FORM
5


 Malay



1. Why do I have to do dialysis?

a) To clean my blood
 Yes No Not Sure

b) To remove wastes and toxin from my body
 Yes No Not Sure

c) To dilute my blood
 Yes No Not Sure

d) To increase my blood pressure
 Yes No Not Sure

3. What is(are) the appropriate way to take calcium carbonate?

a) Swallow 1/2 hour after meal
 Yes No Not Sure

b) Chew/Sprinkle with food
 Yes No Not Sure

c) Can be taken before or after meal
 Yes No Not Sure

d) Omit it if I skip my meal and adjust accordingly later on
 Yes No Not Sure

5. What do you usually do when you MISSED a dose(S)?

a) I will take it as soon as I remember. But, if its time for the next dose, I will omit the missed dose and continue with next scheduled dose
 Yes No Not Sure

b) Leave it out and continue with the next scheduled dose
 Yes No Not Sure

c) Accumulate the missed dose together with the next dose
 Yes No Not Sure

SCALE:

2. What is(are) the appropriate way(s) to take iron tablet?

a) Take on empty stomach (half an hour before food or 2 hours after food)
 Yes No Not Sure

b) Take after meal, if I have gastric or stomach discomfort when taken on empty stomach
 Yes No Not Sure

c) Take together with food
 Yes No Not Sure

d) It should be separated from calcium carbonate for 1-2 hours
 Yes No Not Sure

4. What is(are) function(s) of calcium carbonate?

a) As a calcium supplement
 Yes No Not Sure

b) As iron supplement
 Yes No Not Sure

c) To control potassium level
 Yes No Not Sure

d) To control phosphate level
 Yes No Not Sure

Figure 3.2.2.3-2 Specific Details - Dialysis

STEP 4

Answer the questions for **Drug Knowledge Assessment Form** by checking the radio button

Note

- *The questions are not mandatory to be answered.*
- *Click on the  button to view the questions in Malay language.*
- *Scale will be automatically calculated and automatically displayed.*

STEP 5

Click on the  button to save the answered questions(s)

U.MANUAL_MTAC-13th E

Page 43

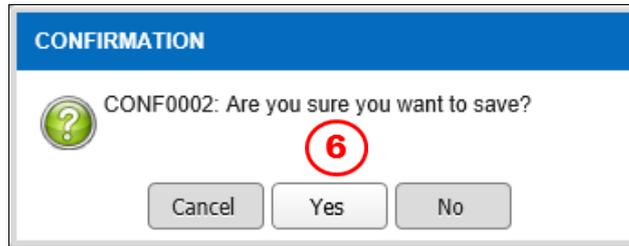


Figure 3.2.2.3-3 Confirmation Alert Message

STEP 6

Click on the button to confirm save record

Note

Insert *Drug Knowledge Assessment Note* in the free text if applicable

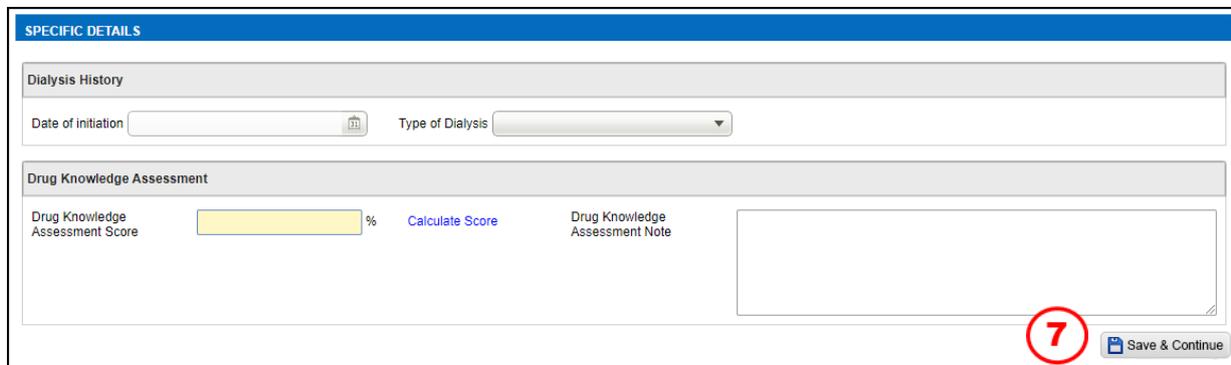


Figure 3.2.2.3-4 Specific Details

STEP 7

Click on the button to save and continue with reporting section

STEP 8

Click on the button to confirm save record



Figure 3.2.2.3-5 Confirmation Alert Message

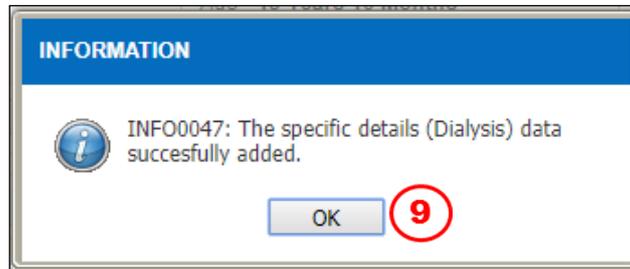


Figure 3.2.2.3-6 Information alert message

STEP 9

Click on the  button to confirm record

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.4 Geriatric

Figure 3.2.2.4-1 Specific Details – Geriatric

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Geriatric

STEP 1

Click on the [Calculate Score](#) hyperlink and 'Mini Mental State Examination (MMSE) – Orientasi Masa' window will be displayed as shown in Figure 3.2.2.4-2

Figure 3.2.2.4-2 Mini Mental State Examination (MMSE)

STEP 2

Answer questions in *Mini Mental State Examination (MMSE)* by selecting radio button

Note

- The questions are not mandatory to be answered.
- Score will be automatically calculated and automatically displayed.

STEP 3

Click on the button to save the answered questions(s)

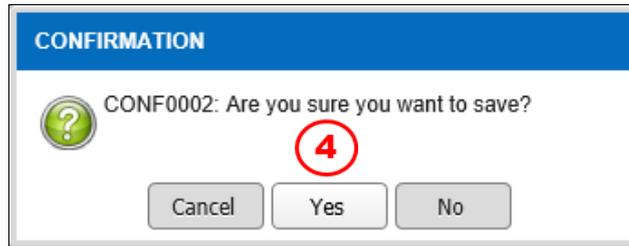


Figure 3.2.2.4-3 Confirmation Alert Message

STEP 4

Click on the button to confirm save record



Figure 3.2.2.4-4 Specific Details

STEP 5

Click on the button to save and continue with reporting section

STEP 6

Click on the button to confirm save record

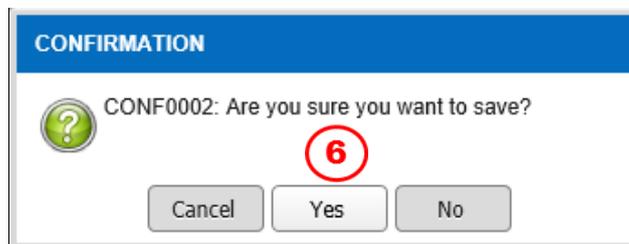


Figure 3.2.2.4-5 Confirmation Alert Message

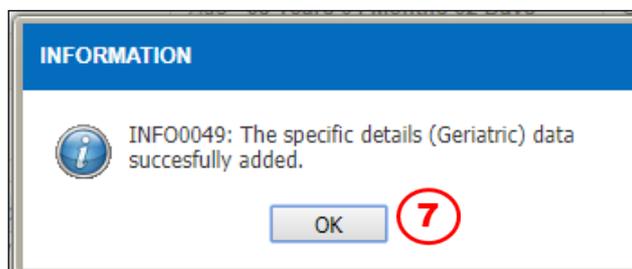


Figure 3.2.2.4-6 Information alert message

STEP 7

Click on the button to confirm record

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.5 Heart Failure

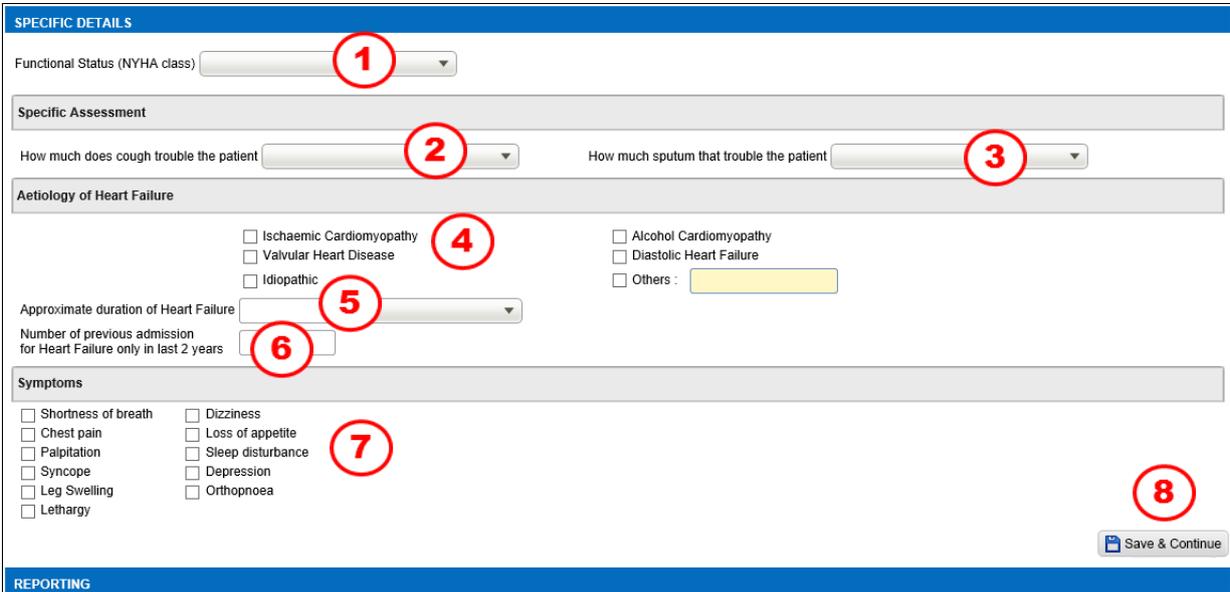


Figure 3.2.2.5-1 Specific Details – Heart Failure

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Heart Failure

STEP 1

Select **Functional Status (NYHA class)** from the dropdown box

STEP 2

Select **How much does cough trouble the patient** from the dropdown box

STEP 3

Select **How much sputum that trouble the patient** from the dropdown box

STEP 4

Select the checkbox for **Aetiology of Heart Failure**

Note

Blank fields will be enabled only if user selects 'Others' from the check box

STEP 5

Enter **Approximate duration of Heart Failure** and select from the dropdown box for **Month** or **Years**

STEP 6

Enter **Number of previous admission for Heart Failure only in last 2 years**

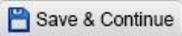
STEP 7

Select the checkbox for **Symptoms**

Note

User is allowed to select multiple checkbox

STEP 8

Click on the  button to save and continue with reporting section

STEP 9

Click on the button to confirm save record

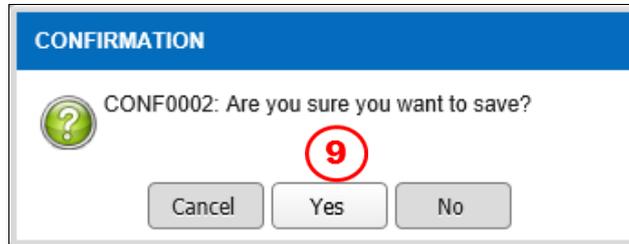


Figure 3.2.2.5-2 Confirmation Alert Message

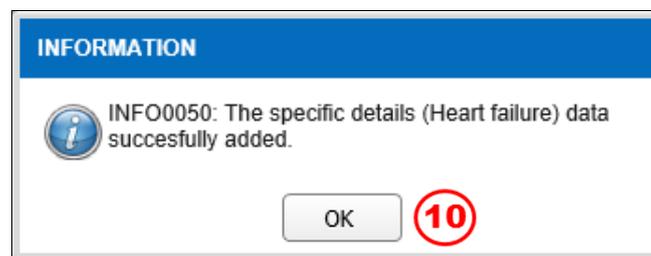


Figure 3.2.2.5-3 Information alert message

STEP 10

Click on the button to confirm record

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.6 Methadone

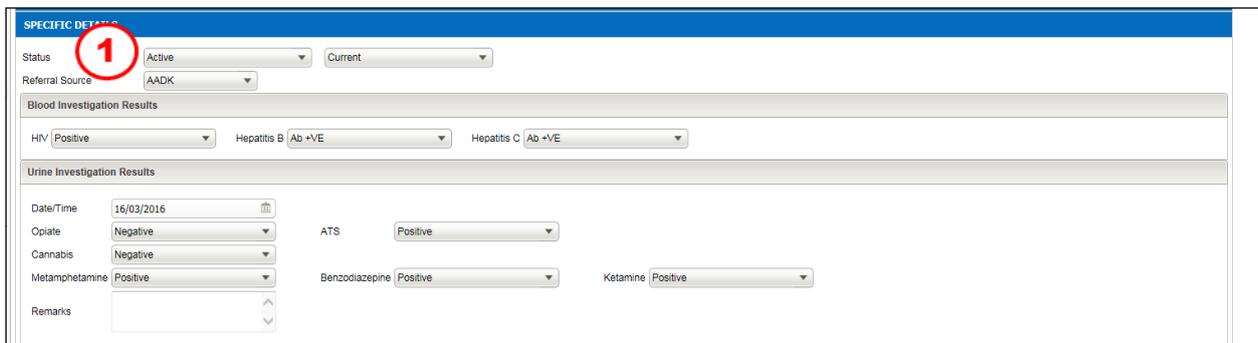


Figure 3.2.2.6-1 Specific Details - Methadone

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Methadone

STEP 1

Select **Status** from the dropdown box
Select **Referral Source** from the dropdown box

Note

Blank field will be enabled if user select Other from the **Referral Source** dropdown box.

Blood Investigation Results

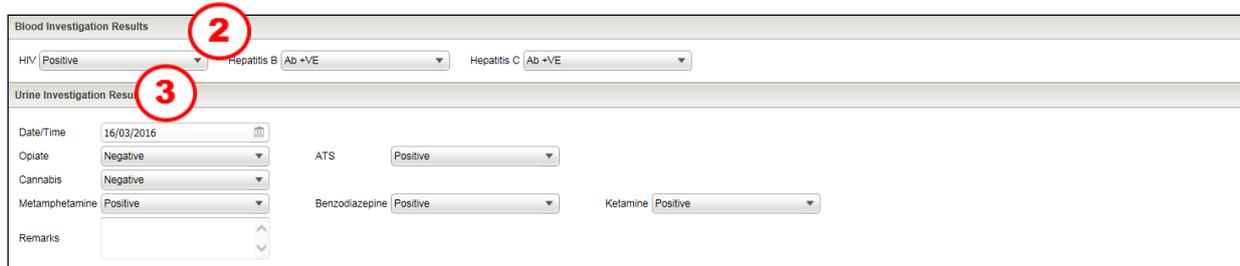


Figure 3.2.2.6-2 Specific Details – Methadone

STEP 2

Select **HIV** from the dropdown box
Select **Hepatitis B** from the dropdown box
Select **Hepatitis C** from the dropdown box

Urine Investigation Results

STEP 3

Click on the  button to select **sample Date/Time**.

Select **Opiate, ATS, Cannabis, Methamphetamine, Benzodiazepine, and Ketamine** from the dropdown box

Note

Enter **Remarks** if necessary

Figure 3.2.2.6-3 Specific Details – Methadone

Dispensing Assessment First Week of Treatment

STEP 4

Select **Day** from the dropdown box and click on the button to select date

Select **Gait** from the dropdown box

Select **Speech** from the dropdown box

Select **Consciousness** from the dropdown box

Abuse Drug used

STEP 5

Select **Drug** from the dropdown box

Enter **Amount** of drug

STEP 6

Select **Last Taken Change** from the dropdown box

STEP 7

Select **Mode of Administration** from the dropdown button

STEP 8

Click on the button to add drug information on the list.

Figure 3.2.2.6-4 Specific Details – Methadone

STEP 9

Select **Evidence of withdrawal** from the dropdown box

- Runny nose
- Dilated pupils
- Nausea and/or vomiting
- Diarrhoea
- Cramps
- Others

STEP 10

Select **Evidence of intoxication** from the drop down box

- Pin point pupils
- Heavy eyelids
- Glassy or red eyes
- Smell alcohol
- Unsteady movements
- Others

Note

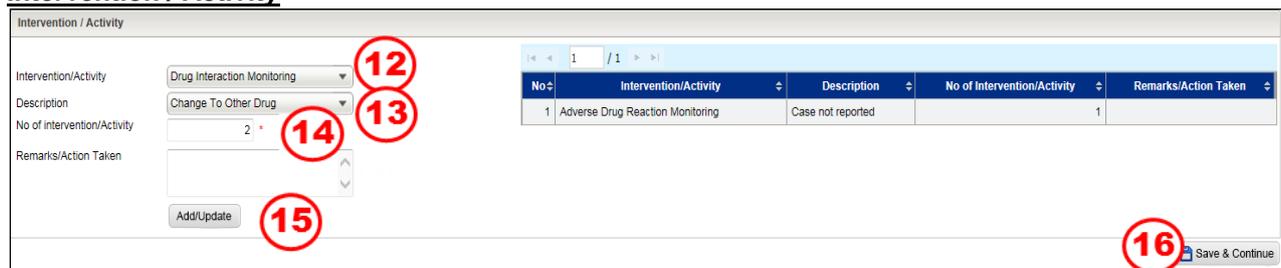
Blank fields will be enabled if user selects 'Other' from the dropdown box of Evidence of withdrawal and Evidence of intoxication.

STEP 11

Select **Pharmacist remarks on current dose** from the dropdown box

- Sufficient
- Too High
- Too Low

Intervention / Activity



No	Intervention/Activity	Description	No of Intervention/Activity	Remarks/Action Taken
1	Adverse Drug Reaction Monitoring	Case not reported	1	

Figure 3.2.2.6-5 Specific Details – Methadone

STEP 12

Select **Intervention / Activity** from the dropdown box

- Adverse Drug Reaction Monitoring
- Drug Information
- Drug Interaction Monitoring
- Methadone Dose Modification
- Type of side affect

STEP 13

Select **Description** from the dropdown box

STEP 14

Enter **No of Intervention/Activity**

Note

Description will be according to the Intervention/Activity selected from the drop down box

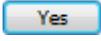
STEP 15

Click on the  button to add drug information on the list

STEP 16

Click on the  button to save and continue with reporting record

STEP 17

Click on the  button to confirm save order

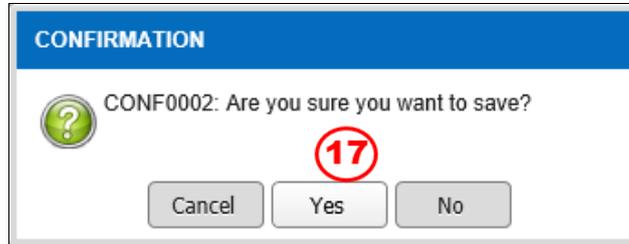
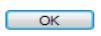


Figure 3.2.2.6-6 Confirmation Alert Message

STEP 18

Click on the  button to add record

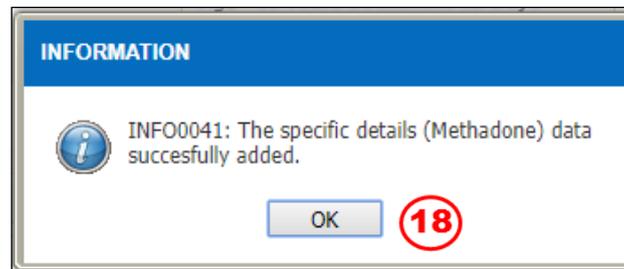


Figure 3.2.2.6-7 Information Alert Message

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.7 Renal Transplant

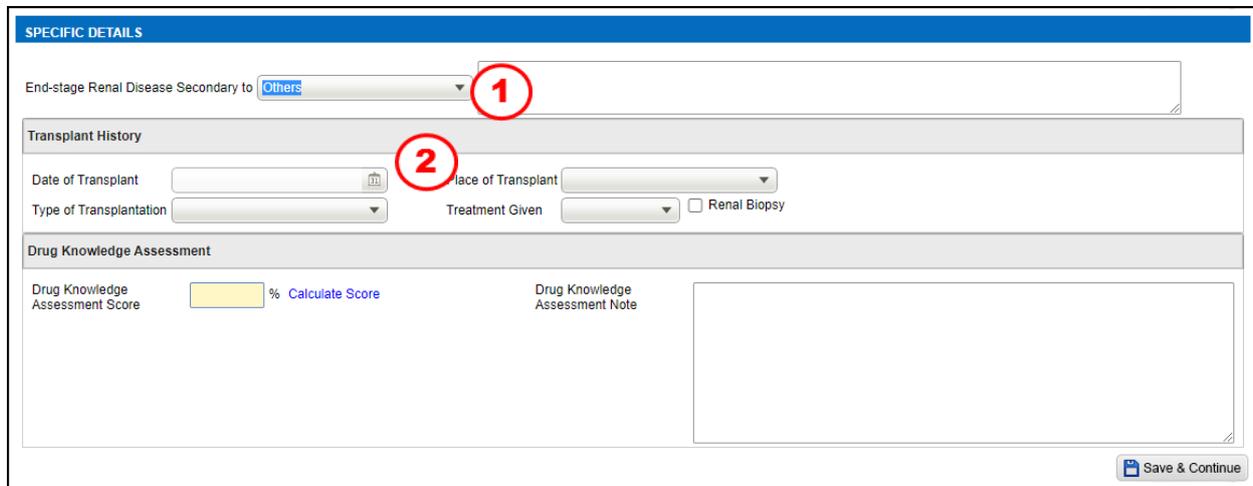


Figure 3.2.2.7-1 Specific Details - Renal Transplant

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Renal Transplant

STEP 1

Select **End-stage Renal Disease Secondary to** from the drop down box

- Long Standing Hypertension
- Diabetic Nephropathy
- Lupus Nephritis
- Unknown
- Others

Note

Once selected **Others**, system will display free text field to fill in details

Transplant History

STEP 2

Click on the  button to select **Date of Transplant**

Select **Type of Transplantation** from the drop down box

- Cadaveric
- Living Non Related
- Living Related

Select **Place of Transplant** from the drop down box

- Local
- Overseas

Select **Treatment Given** from the drop down box

- Simulect
- OKT3
- Anti-Thymocyte

Note

User can check on the **Renal Biopsy** check box.

Drug Knowledge Assessment

STEP 3

Click on the [Calculate Score](#) hyperlink for **Drug Knowledge Assessment Score** and the 'Review of Patient's Understanding (Medication) DFIT' window will be displayed as shown in Figure 3.2.2.7-2

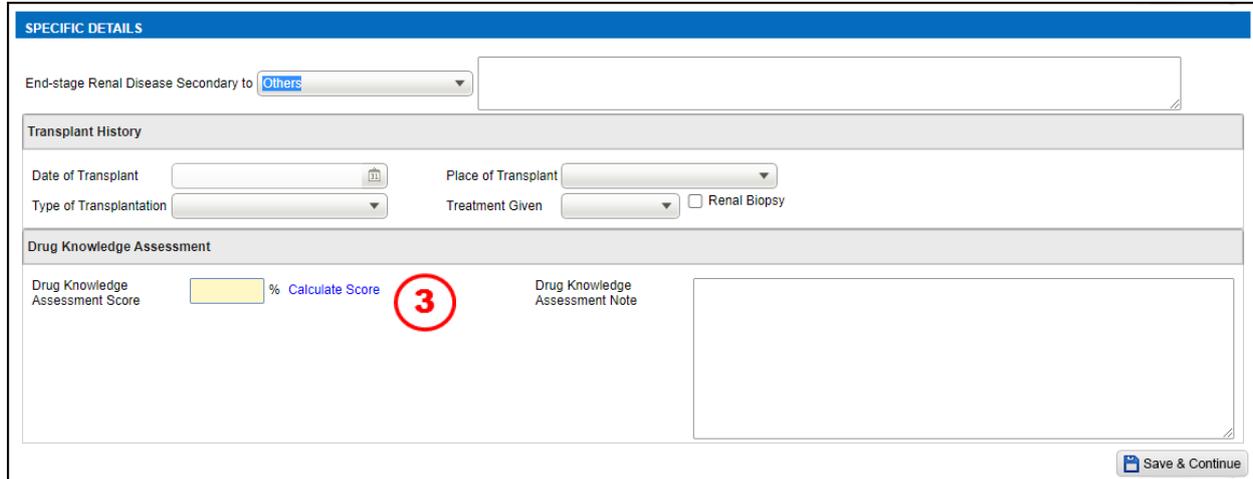


Figure 3.2.2.7-2 Specific Details - Renal Transplant

STEP 4

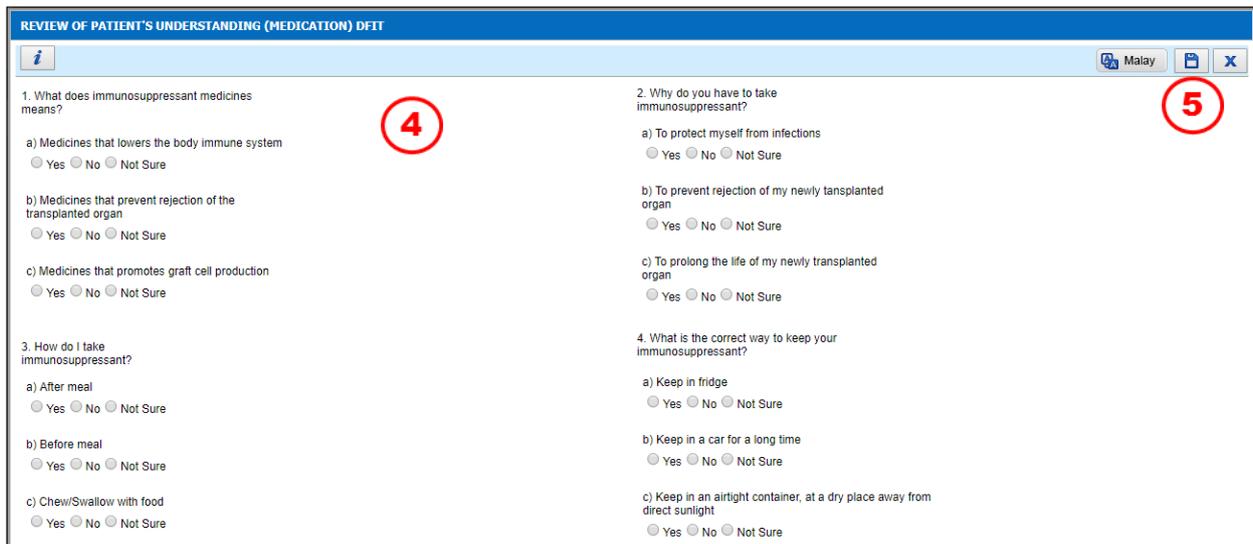
Answer all questionnaire in the **Review of Patient's Understanding** window by selecting the radio button to answer every questions

Note

- Click on the  button to view in Malay language.
- Score will be automatically calculated and automatically displayed

STEP 5

Click on the  button to save record



<p>5. Why do you have to do regular blood tests while on immunosuppressant treatment?</p> <p>a) To check the presence of infections <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>b) To check the function of the transplanted organ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>c) To check the concentration of immunosuppressant in the blood <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>7. What to do if you have any side effects while taking immunosuppressant?</p> <p>a) Stop taking without notify the doctor/pharmacist <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>b) Stop take it and consult doctor immediately <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>c) Take another medication to resolve it without notify the doctor/pharmacist <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>SCORE: <input type="text" value="0"/></p>	<p>6. What do you usually do when you MISSED a dose(s) of your immunosuppressant?</p> <p>a) I will take it as soon as I remember. But, if its time for the next dose, I will omit the missed dose and continue with next scheduled dose <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>b) Leave it out and continue with the next scheduled dose <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>c) Accumulate the missed dose together with the next dose <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>8. What to do if you want to take supplement and traditional medication while taking immunosuppressant?</p> <p>a) Notify doctor/pharmacist before taking it <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>b) Take it together with immunosuppressant without notify doctor /pharmacist <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p> <p>c) Take supplement and stop immunosuppressant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure</p>
---	---

Figure 3.2.2.7-3 Drug Knowledge Assessment

STEP 6

Click on the  button as shown in Figure 3.2.2.7-4 to save and continue with reporting section

SPECIFIC DETAILS

End-stage Renal Disease Secondary to

Transplant History

Date of Transplant Place of Transplant

Type of Transplantation Treatment Given Renal Biopsy

Drug Knowledge Assessment

Drug Knowledge Assessment Score % [Calculate Score](#)

Drug Knowledge Assessment Note

6 

Figure 3.2.2.7-4 Specific Details - Renal Transplant

STEP 7

Click on the  button to confirm save record

CONFIRMATION

CONF0002: Are you sure you want to save?

7

Figure 3.2.2.7-5 Confirmation Alert Message

STEP 8

Click on the  button to confirm record

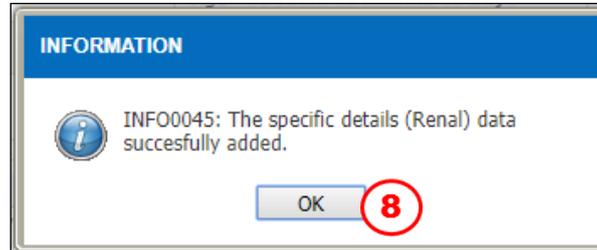


Figure 3.2.2.7-6 Information Alert Message

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.8 Respiratory

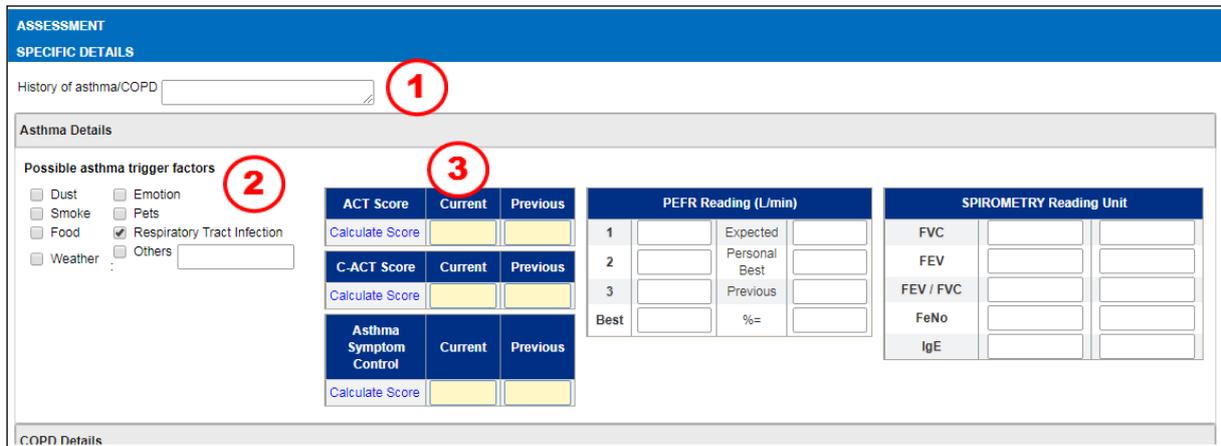


Figure 3.2.2.8-1 Specific Details – Respiratory Details

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Respiratory

STEP 1

Enter *History of asthma/COPD*

Asthma Details

STEP 2

Select **Possible asthma trigger factors** from the check box. User is allowed to select more than one (1)

- Dust
- Smoke
- Food
- Weather
- Emotion
- Pets
- Respiratory Tract Infection
- Others

Note

Blank field will be enabled only if user selects 'Others' from the check box.

STEP 3

Click on the [Calculate Score](#) hyperlink for **ACT Score**, **C-ACT Score** and the '**Asthma Symptom Control**', window will be displayed as shown in Figure 3.2.2.8-2 (a), Figure 3.2.2.8-2 (b), Figure 3.2.2.8-2 (c)

STEP 4

Select the dropdown box to answer the questionnaire

ASTHMA CONTROL TEST

i
📄 ✕

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

4

2. During the past 4 weeks, how often have you had shortness of breath?

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as salbutamol / albuterol)?

5. How would you rate your asthma control during the past 4 weeks?

SCALE:

ACT Score Indicator: (25) Congratulations!; (20 - 24) On Target; (< 19) Off Target

Figure 3.2.2.8-2 (a) Asthma Control Test – Questionnaire

CHILDHOOD ASTHMA CONTROL TEST (C-ACT)

i
📄 ✕

Have your child complete these questions (1-4)

Please complete the following questions (5-7) on your own

1. How is your Asthma today?

2. How much of a problem is your Asthma when you run, exercise or play sports?

3. Do you cough because of your Asthma?

4. Do you wake up during the night because of your Asthma?

5. During the last 4 weeks, on average, how many days per month did your child have any daytime Asthma symptoms?

6. During the last 4 weeks, on average, how many days per month did your child wheeze during the day because of Asthma?

7. During the last 4 weeks, on average, how many days per month did your child wake up during the night because of Asthma?

*C-ACT score indicator: (20 – 27) May be under control; (19 or less) May not be controlled

SCORE:

Figure 3.2.2.8-2 (b) Childhood Asthma Control Test – Questionnaire

ASTHMA SYMPTOM CONTROL

i
[
]

[Record the Level of Asthma Symptom Control Scale at each visit. In the past 4 weeks, has the patient had (please (✓) for Yes ; (X) for No)]

1. Daytime symptoms more than twice/week? Yes

2. Any night waking due to Asthma? No

3. Reliever needed* more than twice/week Yes

4. Any activity limitation due to Asthma? Yes

#Level of Asthma Symptom Control scale indicator:
 (1) Controlled: None of these items;
 (2) Partly Controlled: 1-2 of these items;
 (3) Uncontrolled: 3-4 of these items

SCALE:

Figure 3.2.2.8-2 (c) Asthma Symptom Control – Questionnaire

Note

Score will be automatically calculated and automatically displayed.

STEP 5

Click on the [Calculate Score](#) hyperlink and window of 'CAT Score – Questionnaire' will be display as per Figure 3.2.2.8-3

COPD Details

CAT Score	Current	Previous	
Calculate Score			

Inhaler Technique Checklist

+ Add

Inhaler Technique	Before Counselling	After Counselling	
<div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Accuhaler Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Accuhaler Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Breezhaler Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Easyhaler Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Ellipta Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Handihaler Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">MDI Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">MDI and Aerochamber Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">MDI and Optichamber Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">MDI and Tube Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Respimat Score</div> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Turbuhaler Score</div>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save & Continue

Figure 3.2.2.8-3 Specific Details – COPD Details

STEP 6

Select **CAT Score – Questionnaire** check box and save record

CAT SCORE - QUESTIONNAIRE

6
i
X

1. I never cough	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5	I cough all the time
2. I have no phlegm (mucus) in my chest at all	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest is completely full of phlegm (mucus)
3. My chest does not feel tight at all	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest feels very tight
4. When I walk up a hill or one flight of stairs I am not breathless	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	When I walk up a hill or one flight of stairs I am very breathless
5. I am not limited doing any activities at home	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am very limited doing activities at home
6. I am confident leaving my home despite my lung condition	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am not at all confident leaving my home because of my lung condition
7. I sleep soundly	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5	I don't sleep soundly because of my lung condition
8. I have lots of energy	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I have no energy at all

SCALE:

CAT Score Indicator: (<10) = Low Impact; (10-20) = Medium Impact; (> 20) = High Impact; (>30) = Very High Impact

Figure 3.2.2.8-4 CAT Score – Questionnaire

STEP 7

Click on the [Calculate Score](#) hyperlink of Inhaler Technic Before and After Counseling to do questionnaire as below:

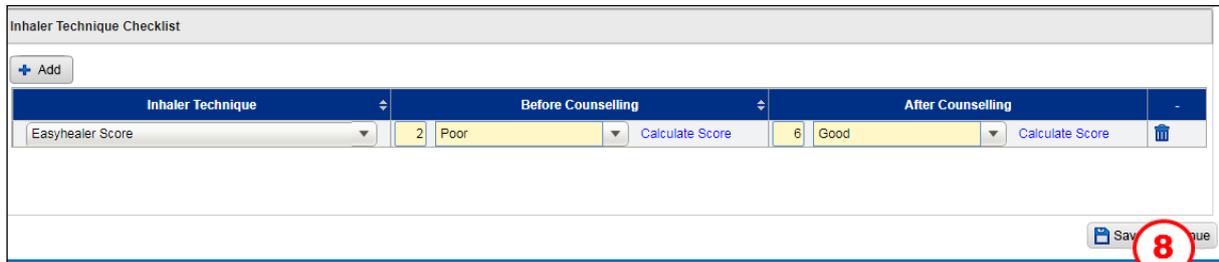
- a) MDI Score
- b) Easyhaler Score
- c) MDI and Aerochamber Score
- d) MDI and TUBE Score
- e) MDI and Optichamber Score
- f) Turbuhaler Score
- g) Accuhaler Score
- h) Handihaler Score
- i) Breezhaler Score
- j) Respimat Score
- k) Ellipta Score

EASYHALER - EVALUATION
i
X

Indicate YES (1) or NO (0) if step was performed in proper sequences;
if critical step (**) falls under NO (0), overall technique is poor.

No	Question	Answer
1.	Remove the dust cap and shake easyhaler in an up-down motion 3-5 times.	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.	Hold the device in upright position. Press easyhaler ONCE until a 'CLICK' sound is heard	<input type="radio"/> Yes <input checked="" type="radio"/> No
3.	Breathe out completely, away from the mouthpiece.	<input checked="" type="radio"/> Yes <input type="radio"/> No
4.	Place mouthpiece between lips. Make sure lips cover the mouthpiece tightly. Inhale forcefully and deeply through the mouth**.	<input checked="" type="radio"/> Yes <input type="radio"/> No
5.	Remove the inhaler from the mouth and hold breath for 5-10 seconds, and then breath out slowly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
6.	Repeat step 1-5 if more than one dose is required.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Score Rating: (6) Good, (4 - 5) Satisfactory, (0 - 3) Poor		SCALE: <input style="width: 50px;" type="text" value="2"/>

Figure 3.2.2.8-5(a) Inhaler Technique Understanding-Before



Inhaler Technique	Before Counseling	After Counseling
Easyhealer Score	2 Poor	6 Good

Figure 3.2.2.8-5(b) Inhaler Technique Understanding-After

STEP 8

Click on the  button as shown in Figure 3.2.2.8-5 to save and continue with reporting section

STEP 9

Click on the  button to confirm save order

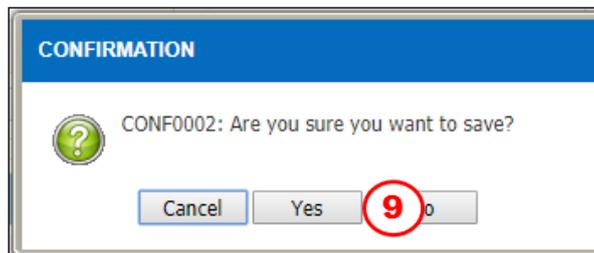


Figure 3.2.2.8-6 Confirmation Alert Message

STEP 10

Click on the  button to confirm record

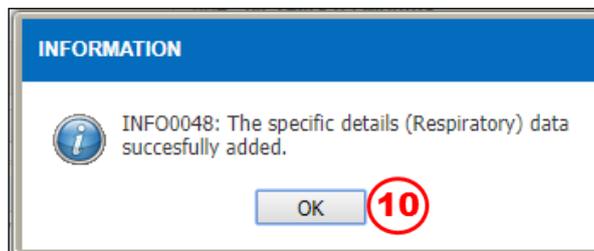
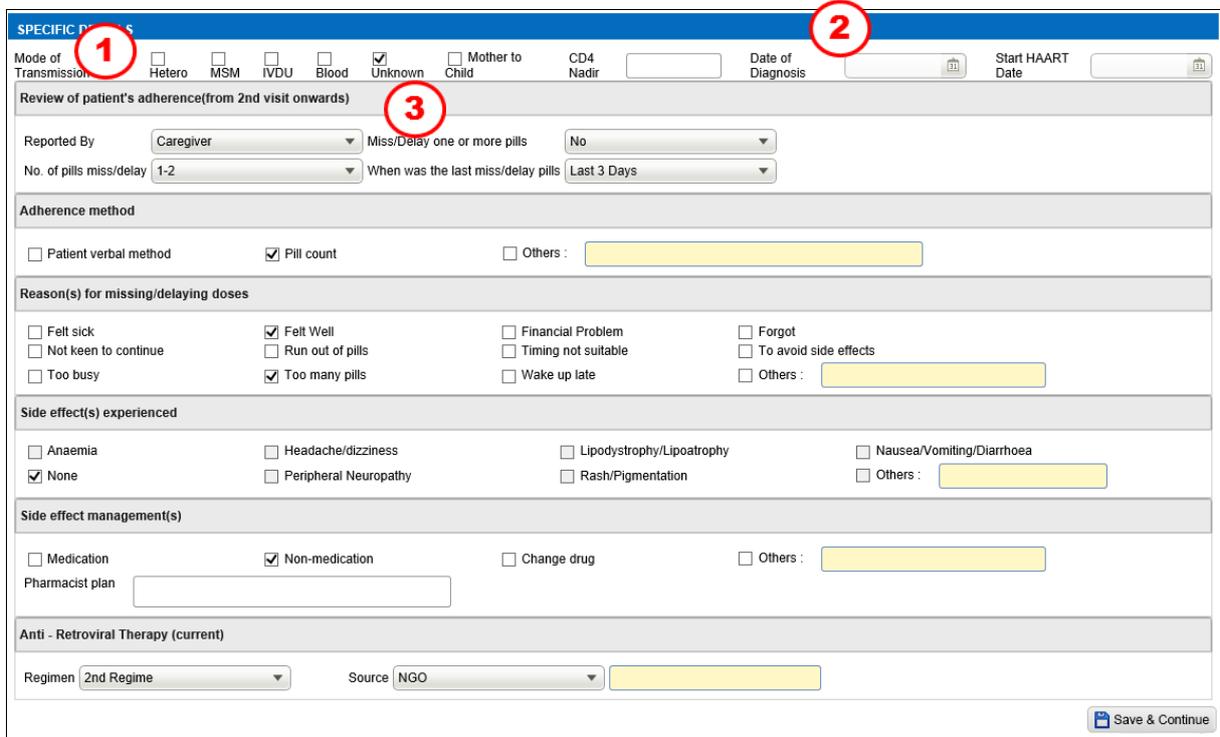


Figure 3.2.2.8-7 Information Alert Message

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.9 Retro Viral Disease



SPECIFIC DETAILS

Mode of Transmission: Hetero MSM IVDU Blood Unknown Mother to Child

CD4 Nadir: Date of Diagnosis: Start HAART Date:

Review of patient's adherence (from 2nd visit onwards)

Reported By: Miss/Delay one or more pills:

No. of pills miss/delay: When was the last miss/delay pills:

Adherence method

Patient verbal method Pill count Others:

Reason(s) for missing/delaying doses

Felt sick Felt Well Financial Problem Forgot
 Not keen to continue Run out of pills Timing not suitable To avoid side effects
 Too busy Too many pills Wake up late Others:

Side effect(s) experienced

Anaemia Headache/dizziness Lipodystrophy/Lipoatrophy Nausea/Vomiting/Diarrhoea
 None Peripheral Neuropathy Rash/Pigmentation Others:

Side effect management(s)

Medication Non-medication Change drug Others:

Pharmacist plan:

Anti - Retroviral Therapy (current)

Regimen: Source:

Figure 3.2.2.9-1 Specific Details - Retro Viral Disease

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Retro Viral Disease

STEP 1

Select **Mode of Transmission** from the check box

- Hetero
- MSM
- IVDU
- Blood
- Unknown
- Mother to Child

STEP 2

Enter **CD4 Nadir**, **Date Of Diagnosis** and **Start HAART Date**

Review of patient's adherence (from 2nd visit onwards)

STEP 3

Select **Reported By** from the drop down box

- Caregiver
- Patient

Select **Miss/Delay one or more pills** from the drop down box

- Yes
- No

Note

No. of pills miss/delay and when was the last miss/delay pills will be enabled only if user selects 'Yes' from the **Miss/Delay one or more pills** drop down box

SPECIFIC DETAILS

Mode of Transmission: Hetero MSM IVDU Blood Unknown Mother to Child CD4 Nadir: Date of Diagnosis: Start HAART Date:

Review of patient's adherence(from 2nd visit onwards)

Reported By: Miss/Delay one or more pills:

No. of pills miss/delay: When was the last miss/delay pills:

Adherence method (4)

Patient verbal method Pill count Others:

Reason(s) for missing/delaying doses (5)

Felt sick Felt Well Financial Problem Forgot
 Not keen to continue Run out of pills Timing not suitable To avoid side effects
 Too busy Too many pills Wake up late Others:

Side effect(s) experienced

Anaemia Headache/dizziness Lipodystrophy/Lipoatrophy Nausea/Vomiting/Diarrhoea
 None Peripheral Neuropathy Rash/Pigmentation Others:

Side effect management(s)

Medication Non-medication Change drug Others:

Pharmacist plan:

Anti - Retroviral Therapy (current)

Regimen: Source:

Figure 3.2.2.9-2 Specific Details - Retro Viral Disease

STEP 4

Select **Adherence Method** from the check box

- Patient verbal method
- Pill count
- Others

Note

Blank field will be enabled if user selects 'Others' from the check box.

STEP 5

Select **Reason(s) for missing/delaying doses** from the check box

- Forgot
- Felt Well
- Wake up late
- Too many pills
- To avoid side effects
- Timing not suitable
- Too busy
- Financial Problem
- Run out of pills
- Felt sick
- Not keen to continue
- Others

Note

Blank field will be enabled if user selects 'Others' from the check box.

SPECIFIC DETAILS			
Mode of Transmission	<input type="checkbox"/> Hetero	<input type="checkbox"/> MSM	<input type="checkbox"/> IVDU
	<input type="checkbox"/> Blood	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Mother to Child
CD4 Nadir	<input type="text"/>	Date of Diagnosis	<input type="text"/>
Start HAART Date	<input type="text"/>		
Review of patient's adherence(from 2nd visit onwards)			
Reported By	Caregiver	Miss/Delay one or more pills	No
No. of pills miss/delay	1-2	When was the last miss/delay pills	Last 3 Days
Adherence method			
<input type="checkbox"/> Patient verbal method	<input checked="" type="checkbox"/> Pill count	<input type="checkbox"/> Others : <input type="text"/>	
Reason(s) for missing/delaying doses			
<input type="checkbox"/> Felt sick	<input checked="" type="checkbox"/> Felt Well	<input type="checkbox"/> Financial Problem	<input type="checkbox"/> Forgot
<input type="checkbox"/> Not keen to continue	<input type="checkbox"/> Run out of pills	<input type="checkbox"/> Timing not suitable	<input type="checkbox"/> To avoid side effects
<input type="checkbox"/> Too busy	<input checked="" type="checkbox"/> Too many pills	<input type="checkbox"/> Wake up late	<input type="checkbox"/> Others : <input type="text"/>
Side effect(s) experienced			
<input type="checkbox"/> Anaemia	<input type="checkbox"/> Headache/dizziness	<input type="checkbox"/> Lipodystrophy/Lipoatrophy	<input type="checkbox"/> Nausea/Vomiting/Diarrhoea
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Peripheral Neuropathy	<input type="checkbox"/> Rash/Pigmentation	<input type="checkbox"/> Others : <input type="text"/>
Side effect management(s)			
<input type="checkbox"/> Medication	<input checked="" type="checkbox"/> Non-medication	<input type="checkbox"/> Change drug	<input type="checkbox"/> Others : <input type="text"/>
Pharmacist plan	<input type="text"/>		
Anti - Retroviral Therapy (current)			
Regimen	2nd Regime	Source	NGO
	<input type="text"/>		<input type="text"/>
			<input type="button" value="Save & Continue"/>

Figure 3.2.2.9-3 Specific Details - Retro Viral Disease

STEP 6

Select **Side effect(s) experienced** from the check box

- None
- Peripheral Neuropathy
- Nausea/Vomiting/Diarrhoea
- Anaemia
- Rash/Pigmentation
- Lipodystrophy/Lipoatrophy
- Headache/dizziness
- Others

Note

Blank field will be enabled if user selects 'Others' from the check box.

STEP 7

Select **Side effect management(s)** from the check box

- Medication
- Non-medication
- Change drug
- Others

Note

Blank field will be enabled if user selects 'Others' from the check box

Enter **Pharmacist plan** if necessary

Anti-Retroviral Therapy (current)

STEP 8

Select **Regimen** from the drop down box

- 1st line
- 2nd line
- 3rd line

Select **Source** from the drop down box

- Baitulmal
- Charity fund
- Hospital
- NGO
- Others
- Self
- UNHCR

Note

Blank field will be enabled if user selects 'Others' from the check box.

STEP 9

Click on the  button as shown in Figure 3.2.2.9-3 to save and continue with reporting section

STEP 10

Click on the  button to confirm save record

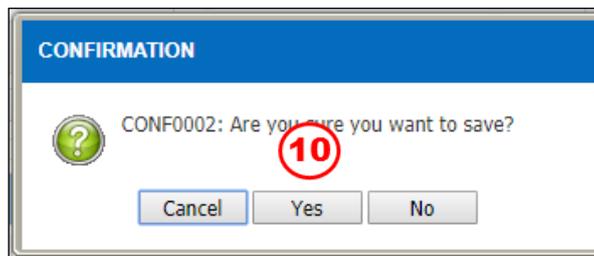


Figure 3.2.2.9-4 Confirmation Alert Message

STEP 11

Click on the  button to confirm record

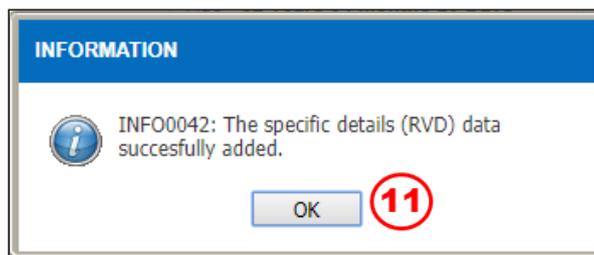


Figure 3.2.2.9-5 Information Alert Message

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.10 Warfarin

Medication Profile | Counselling History | Pharmacist Notes | Demographic | Monitoring Parameter | Other Appointment | Drug Database |

Encounter No: 0001 Actual Visit Date: 07/10/2019 Attending Practitioner: Visit Location: KLINIK PAKAR PERUBATAN

MTAC Order No: MTA190004162

Type Of MTAC: Warfarin Search History * Appointment Date: 07/10/2019 Audit Trail

Priority: Routine Appointment Type: New

To Be Counselling By: Remarks:

Ordered By: Ordered Date/Time: 07/10/2019 11:55

Status: Scheduled

Target INR Range: Date Warfarin Started: 01/10/2019

Warfarin Indication: Arterial Embolism Anticipated Duration:

Bleeding Risk Factor: Low Risk 0 Calculate Score Time in Therapeutic Range (TTR): test for new enhancement v2.2

Figure 3.2.2.10-1- MTAC Order-Warfarin

SPECIFIC DETAILS

Subjective Information

Signs of bleeding Yes No

Signs of thrombosis Yes No

Correct Dose Taken

Monday Yes No mg

Tuesday Yes No mg

Wednesday Yes No mg

Thursday Yes No mg

Friday Yes No mg

Saturday Yes No mg

Sunday Yes No mg

Missed doses in past 1 week Yes No

Medication changes Yes No

Changes in Medical Status/Illness Yes No

Other complaint/patient plans Yes No

Change in Physical Activity Yes No

Diet/Herbal/Supplement Change Yes No

Target INR Range:

Warfarin Indication: Arterial Embolism

Bleeding Risk Factor: Low Risk

Date Warfarin Started: 2019-10-01

Warfarin Dose Recommended

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="text"/> mg						

2

Figure 3.2.2.10-2 Specific Details - Warfarin

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Warfarin.

STEP 1

For **Subjective Information**, select 'Yes' or 'No' radio buttons for below:

- **Signs of bleeding**
- **Correct Dose Taken**
- **Signs of thrombosis**
- **Missed doses in past 1 week**
- **Medication changes**
- **Changes in Medical Status/Illness**
- **Other complaint/patient plans**
- **Change in Physical Activity**

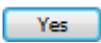
Note

- Enter remark (if available) and dosage for **Correct Dose Taken** at the blank field provided
- **Total weekly dose, Target INR Range, Warfarin Indication, Bleeding Risk Factor, Date Warfarin Started and Anticipated Duration** will be automatically displayed based on what user key in in MTAC order details
- User is allowed to fill in the recommended warfarin dose per day in the column below as shown in Figure 3.2.2.10-2.

STEP 2

Click on the  button to save and continue with reporting section

STEP 3

Click on the  button to confirm save record

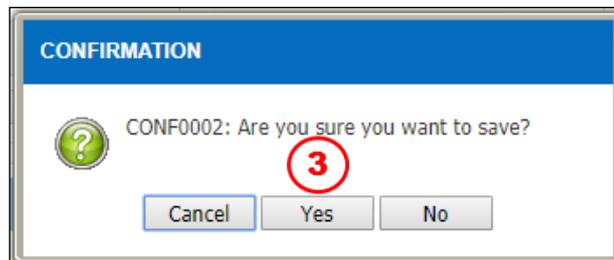
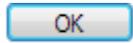


Figure 3.2.3.10-3 Confirmation Alert Message

STEP 4

Click on the  button to confirm record

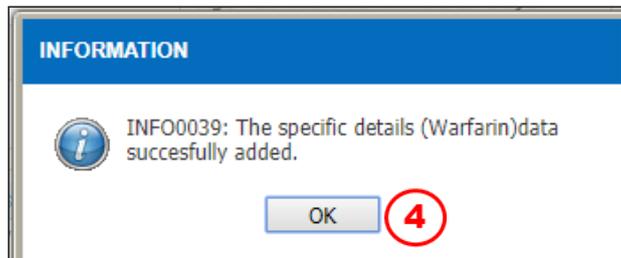


Figure 3.2.3.10-4 Information Alert Message

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.11 Cardiovascular Care Bundle

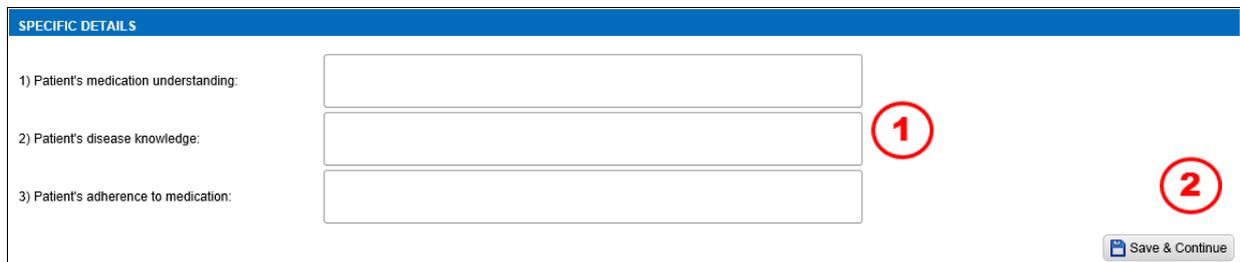


Figure 3.2.2.11-1 Specific Details – Cardiovascular Care bundle

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Cardiovascular Care Bundle

STEP 1

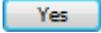
For **Subjective Information**, user need to fill up the patient specific detail based on:

- **Patient medication understanding**
- **Patient disease knowledge**
- **Patient adherence to medication**

STEP 2

Click on the  button to save and continue with reporting section

STEP 3

Click on the  button to confirm save record

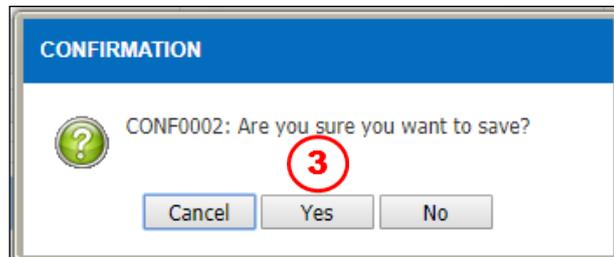


Figure 3.2.2.11-2 Confirmation Alert Message

STEP 4

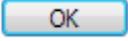
Click on the  button to confirm record



Figure 3.2.2.11-3 Information Alert Message

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.12 Hemophilia

Bleeding patterns or frequency in the past **week(s) :**

1) Frequency of bleedings : times in a : week month

2) Type of bleed : Spontaneous Traumatic

3) Site of bleed (state all location)& frequency :

4) Time from bleed to infusion of factors : mins hrs

5) Time to alleviate pain/stop bleed : mins hrs

6) No. of infusions required to stop each bleeding incident :

7) No. of days off work/school : days

8) Prophylaxis dose (if applicable) :

History of serious bleed : No Yes 1

Intracranial bleed; Date :

Iliopsoas bleed; Date :

Others :

Date :

Target joints :

Deformities :

Education topics done : Visit 1 (C:1-7) Visit 2 (C:8-12) Visit 3 (C:13-16) Visit 4 (C:17-18)

Factor Concentrates Infusion Plan 2

On Demand Therapy

For bleeding in joint and/or muscles :-

% Target : Infuse vials of units factor concentrates when neccessary.

Repeat after hours if necessary.

For bleeding in head, throat, GI and/or Iliopsoas :-

% Target : Infuse vials of units factor concentrates immediately and go to nearest haemophilia center.

Prophylaxis Therapy

% Target : Infuse vials of units factor concentrates and when necessary.

and when necessary.

3

Figure 3.2.2.12-1 Specific Details – Haemophilia

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Haemophilia

STEP 1

For Specific details, user need to fill up the patient specific detail based on:

- **Bleeding patterns or frequency in the past**
- **History of serious bleed**
- **Target joints**
- **Deformities**
- **Education topics done**

STEP 2

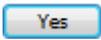
For Factor Concentrates Infusion Plan, user need to fill up the patient specific detail based on:

- **On Demand Therapy**
- **Prophylaxis Therapy**

STEP 3

Click on the  button to save and continue with reporting section

STEP 4

Click on the  button to confirm save record

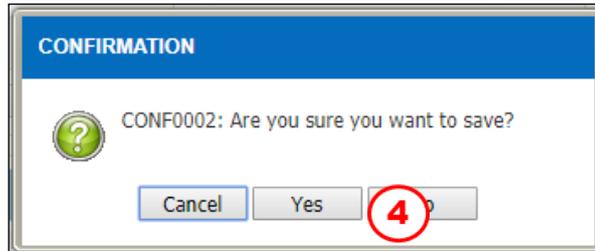


Figure 3.2.2.12-2 Confirmation Alert Message

STEP 5

Click on the  button to confirm record

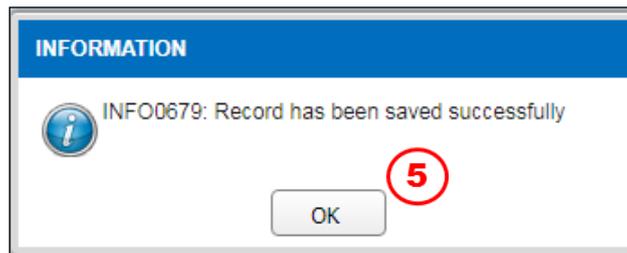
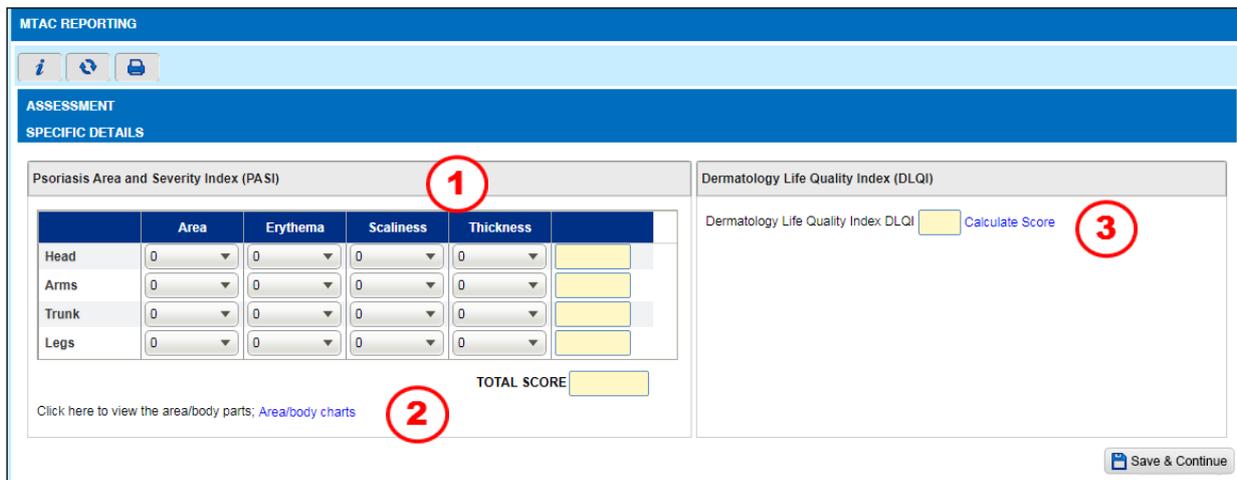


Figure 3.2.2.12-3 Information Alert Message

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.13 Psoriasis



MTAC REPORTING

ASSESSMENT

SPECIFIC DETAILS

Psoriasis Area and Severity Index (PASI)

	Area	Erythema	Scaliness	Thickness	
Head	0	0	0	0	
Arms	0	0	0	0	
Trunk	0	0	0	0	
Legs	0	0	0	0	

TOTAL SCORE

[Click here to view the area/body parts; Area/body charts](#)

Dermatology Life Quality Index (DLQI)

Dermatology Life Quality Index DLQI [Calculate Score](#)

[Save & Continue](#)

Figure 3.2.2.13-1 Specific Details – Psoriasis

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Psoriasis

Psoriasis Area Severity Index (PASI)

STEP 1

Select the score from drop down value for Area, Erythema, Scaliness and Thickness for:

- **Head**
- **Arms**
- **Trunk**
- **Legs**

Details calculation for the Psoriasis Area and Severity Index (PASI) is as below:

No.	Name	Description
1.	Head (Area)	User can select from Drop down menu value = (0 – 6)
2.	Head (Erythema)	User can select from Drop down menu value = (0 – 6)
3.	Head (Scaliness)	User can select from Drop down menu value = (0 – 6)
4.	Head (Thickness)	User can select from Drop down menu value = (0 – 6)
5.	Head (Total)	Auto calculated based on below: 0.1 x Head Area x (Head Erythema + Head Scaliness + Head Thickness)
6.	Arms (Area)	User can select from Drop down menu value = (0 – 4)
7.	Arms (Erythema)	User can select from Drop down menu value = (0 – 4)
8.	Arms (Scaliness)	User can select from Drop down menu value = (0 – 4)
9.	Arms (Thickness)	User can select from Drop down menu value = (0 – 4)
10.	Arms (Total)	Auto calculated based on below: 0.2 x Arms Area x (Arms Erythema + Arms Scaliness + Arms Thickness)
11.	Trunk (Area)	User can select from Drop down menu value = (0 – 4)
12.	Trunk (Erythema)	User can select from Drop down menu value = (0 – 4)
13.	Trunk (Scaliness)	User can select from Drop down menu value = (0 – 4)
14.	Trunk (Thickness)	User can select from Drop down menu value = (0 – 4)
15.	Trunk (Total)	Auto calculated based on below: 0.3 x Trunk Area x (Trunk Erythema + Trunk Scaliness + Trunk Thickness)
16.	Legs (Area)	User can select from Drop down menu value = (0 – 4)

17.	Legs (Erythema)	User can select from Drop down menu value = (0 – 4)
18.	Legs (Scaliness)	User can select from Drop down menu value = (0 – 4)
19.	Legs (Thickness)	User can select from Drop down menu value = (0 – 4)
20.	Legs (Total)	Auto calculated based on below: 0.4 x Legs Area x (Legs Erythema + Legs Scaliness + Legs Trunk Thickness)
21.	Total Score	Auto calculated based on below: Head Total + Arms Total + Trunk Total + Legs Total

Table 3.2.2.13-1 Specific Details – Psoriasis

STEP 2

Click on the [Area/body charts](#) hyperlink to view the area/body parts :

MTAC PSORIASIS

Nama : EXXXX XXXXXXXX XXXXXXXXXX MRN : HKL000441 IC :
 Tarikh : 09/08/2019 MTAC Visit : 1

Sila rujuk kepada warna atau nama ubat untuk memastikan ubat disapu pada bahagian badan yang betul

PSORIASIS AREA AND SEVERITY INDEX (PASI) : ASSESSMENT

E.g. 0.1 x Head Area x (Head Erythema + Head Scaliness + Head Thickness)

Head	: 0.1 x	<input type="text" value="1"/>	x (<input type="text" value="2"/>	+	<input type="text" value="0"/>	+	<input type="text" value="2"/>) =	<input type="text" value="0.4"/>
Arms	: 0.2 x	<input type="text" value="3"/>	x (<input type="text" value="4"/>	+	<input type="text" value="4"/>	+	<input type="text" value="3"/>) =	<input type="text" value="6.6"/>
Trunks	: 0.3 x	<input type="text" value="1"/>	x (<input type="text" value="3"/>	+	<input type="text" value="2"/>	+	<input type="text" value="1"/>) =	<input type="text" value="1.8"/>
Legs	: 0.4 x	<input type="text" value="0"/>	x (<input type="text" value="2"/>	+	<input type="text" value="2"/>	+	<input type="text" value="1"/>) =	<input type="text" value="0"/>
TOTAL SCORE										<input type="text" value="8.8"/>

Figure 3.2.2.13-2 Specific Details – Area Body Chart

Dermatology Life Quality Index (DLQI)

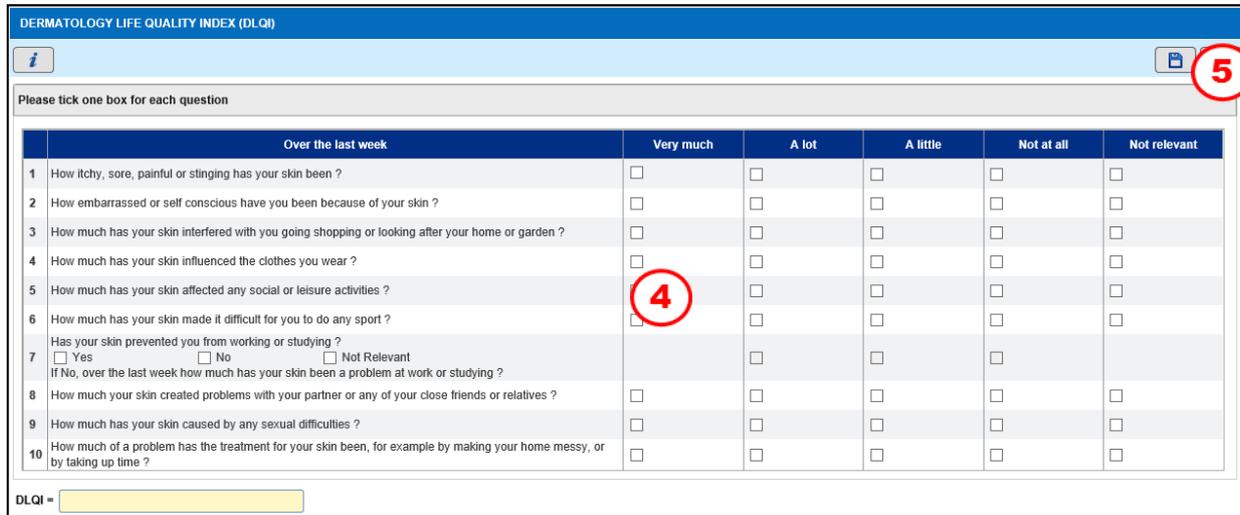
Dermatology Life Quality Index (DLQI)

Dermatology Life Quality Index DLQI [Calculate Score](#)

Figure 3.2.2.13-3 Specific Details –DLQI

STEP 3

Click on the 'Calculate Score' hyperlink shall display assessment screen as below:



DERMATOLOGY LIFE QUALITY INDEX (DLQI)

Please tick one box for each question

Over the last week	Very much	A lot	A little	Not at all	Not relevant
1 How itchy, sore, painful or stinging has your skin been ?	<input type="checkbox"/>				
2 How embarrassed or self conscious have you been because of your skin ?	<input type="checkbox"/>				
3 How much has your skin interfered with you going shopping or looking after your home or garden ?	<input type="checkbox"/>				
4 How much has your skin influenced the clothes you wear ?	<input type="checkbox"/>				
5 How much has your skin affected any social or leisure activities ?	<input type="checkbox"/>				
6 How much has your skin made it difficult for you to do any sport ?	<input type="checkbox"/>				
7 Has your skin prevented you from working or studying ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Relevant If No, over the last week how much has your skin been a problem at work or studying ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 How much your skin created problems with your partner or any of your close friends or relatives ?	<input type="checkbox"/>				
9 How much has your skin caused by any sexual difficulties ?	<input type="checkbox"/>				
10 How much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time ?	<input type="checkbox"/>				

DLQI =

Figure 3.2.2.13-4 Specific Details –DLQI Questionnaire

STEP 4

Tick on the answers check box for each question

Details of the score description as below:

No.	Name	Description
1.	How itchy, sore, painful or stinging has your skin been? <i>Setakat manakah kulit anda berasa gatal atau sakit?</i>	User shall need to tick one of below answer: a) Very Much: 3 b) A lot: 2 c) A little: 1 d) Not at all: 0
2.	How embarrassed or self conscious have you been because of your skin? <i>Setakat manakah anda berasa malu atau segan, disebabkan oleh kulit anda?</i>	User shall need to tick one of below answer: a) Very Much: 3 b) A lot: 2 c) A little: 1 d) Not at all: 0
3.	How much has your skin interfered with you going shopping or looking after your home or garden? <i>Setakat manakah kulit anda mengganggu anda daripada pergi membeli-belah atau menjaga rumah atau berkebun?</i>	User shall need to tick one of below answer: a) Very Much: 3 b) A lot: 2 c) A little: 1 d) Not at all: 0 e) Not relevant: 0
4.	How much has your skin influenced the clothes you wear? <i>Setakat manakah kulit anda mempengaruhi pakaian yang anda pakai?</i>	User shall need to tick one of below answer: a) Very Much: 3 b) A lot: 2 c) A little: 1 d) Not at all: 0 e) Not relevant: 0
5.	How much has your skin affected any social or leisure activities? <i>Setakat manakah kulit anda mengganggu aktiviti-aktiviti sosial atau masa lapang anda?</i>	User shall need to tick one of below answer: a) Very Much: 3 b) A lot: 2 c) A little: 1 d) Not at all: 0 e) Not relevant: 0

6.	How much has your skin made it difficult for you to do any sport? <i>Setakat manakah keadaan kulit anda menyebabkan anda tidak selesa semasa bersukan?</i>	User shall need to tick one of below answer: a) Very Much: 3 b) A lot: 2 c) A little: 1 d) Not at all: 0 e) Not relevant: 0
7.	Has your skin prevented you from working or studying? <i>Adakah kulit menyebabkan anda tidak dapat kerja atau belajar?</i> Yes/ya <input type="checkbox"/> No/Tidak <input type="checkbox"/> Not relevant/tidak <input type="checkbox"/> berkenaan <ul style="list-style-type: none"> If "No", over the last week how much has your skin been a problem at work or studying? <i>JIKA 'TIDAK', SETAKAT MANAKAH KULIT ANDA MENJADI MASALAH SEMASA KERJA ATAU BELAJAR?</i> 	User shall need to tick one of below answer: a) Yes: 3 b) No: If 'No' then allow user to choose: <ul style="list-style-type: none"> A lot: 2 A little: 1 Not at all: 0 c) NOT RELEVANT: 0
8.	How much has your skin created problems with your partner or any of your close friends or relatives? <i>Setakat manakah kulit anda menimbulkan masalah dengan teman, rakan baik atau saudara-mara anda?</i>	User shall need to tick one of below answer: a) Very Much: 3 b) A lot: 2 c) A little: 1 d) Not at all: 0 e) Not relevant: 0
9.	How much has your skin caused any sexual difficulties? <i>Setakat manakah kulit anda menyebabkan sebarang masalah hubungan seks?</i>	User shall need to tick one of below answer: a) Very Much: 3 b) A lot: 2 c) A little: 1 d) Not at all: 0 e) Not relevant: 0
10.	How much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time? <i>Setakat manakah rawatan kulit anda menimbulkan masalah seperti mengotori rumah anda atau mengambil masa anda?</i>	User shall need to tick one of below answer: a) Very Much: 3 b) A lot: 2 c) A little: 1 d) Not at all: 0 e) Not relevant: 0
11.	DLQI	Auto calculate as below: Total of the Score Question 1 to 10

Table 3.2.2.13-2 Specific Details – Psoriasis

STEP 5

Click on the  button to save the DLQI record

SPECIFIC DETAILS

Psoriasis Area and Severity Index (PASI)

	Area (0-6)	Erythema (0-4)	Scaliness (0-4)	Thickness (0-4)	
Head	0	0	0	0	0
Arms	0	0	0	0	0
Trunk	0	0	0	0	0
Legs	0	0	0	0	0
TOTAL SCORE					0

Additional Notes :

Click here to view the area/body parts: [Area/body charts](#)

Psoriasis Severity

Mild : BSA < 10%, PASI < 10
Moderate : BSA = 10-20%, PASI = 10-20
Severe : BSA > 20%, PASI > 20

Dermatology Life Quality Index (DLQI)

Dermatology Life Quality Index DLQI

6

Figure 3.2.2.13-5 Specific Details – Psoriasis

STEP 6

Click on the button to save and continue with reporting section

STEP 7

Click on the button to confirm save record

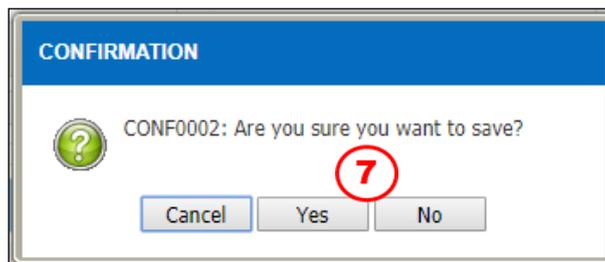


Figure 3.2.2.13-6 Confirmation Alert Message

STEP 8

Click on the button to confirm record

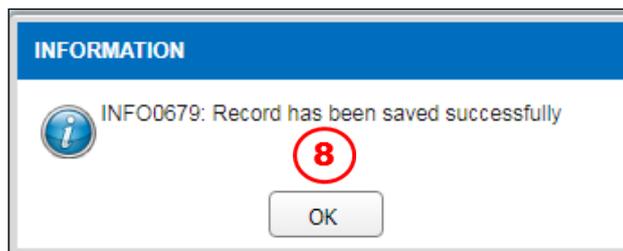


Figure 3.2.2.13-7 Information Alert Message

Note

For 'Reporting' section, repeat steps from **STEP 18 to 25** in [3.2.1 Create New MTAC Reporting with No Specific Details](#)

3.2.2.14 Thalassemia

SPECIFIC DETAILS

Age at Diagnosis : Diagnosis : Transfusional Dependant Thalassemia (TDT) Please Specify : Thalassemia Major
 Non-Transfusional Dependant Thalassemia (Non-TDT) HB E Beta Thalassemia
 HB H Constant Spring
 Other

Serum Ferritin : ng/mL *

IRON CHELATION THERAPY

Desferoxamine
Mean Daily Dose : Therapeutic Index = $\frac{\text{Mean Daily Dose (mg/kg)}}{\text{Serum ferritin (ug/L)}}$
= (< 0.025)

Infusion Technique
Independence : Dose Administered : Injection Site : Arm Rotation Of Injection Site : Yes
 Abdomen No
 Thighs
Dilution : EMLA use :
Change and disposal of needles :
Machine settings : Time setup : Infusion duration :
Vitamin C administration :
Frequency of missed doses per week :

Deferiprone
Dose (mg/kg) :
Neutrophil Count :

Deferasirox
Dose (mg/kg) :
Diluent :
Time of Administration :

Assessment Form For Thalassemia

3

Figure 3.2.2.14-1 Specific Details – Thalassemia

Note

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Thalassemia

STEP 1

Fill up the specific details for Thalassemia by the below categories:

- **Age at Diagnosis**
- **Diagnosis**
- **Please specify**
- **Serum Ferritin**

STEP 2

Fill up the **Iron Chelation Therapy** details as below:

- **Desferoxamine**
- **Infusion Technique**
- **Deferiprone**
- **Deferasirox**

STEP 3

Click on the  button to save and continue with reporting section

STEP 4

Click on the  button to confirm save record

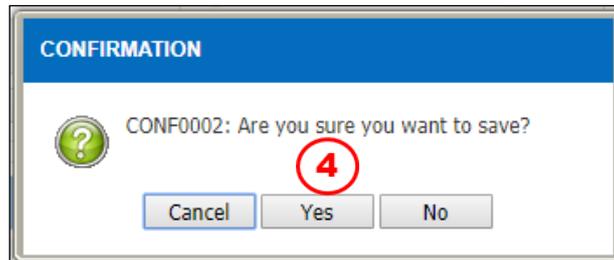
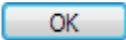


Figure 3.2.2.14-2 Confirmation Alert Message

STEP 5

Click on the  button to confirm record

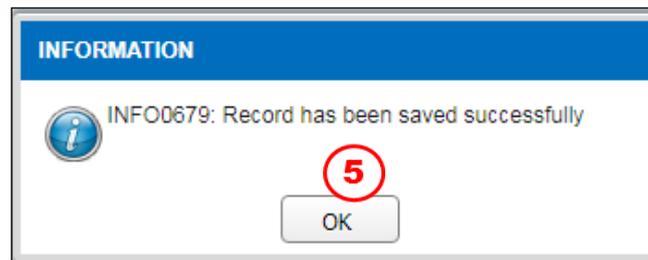
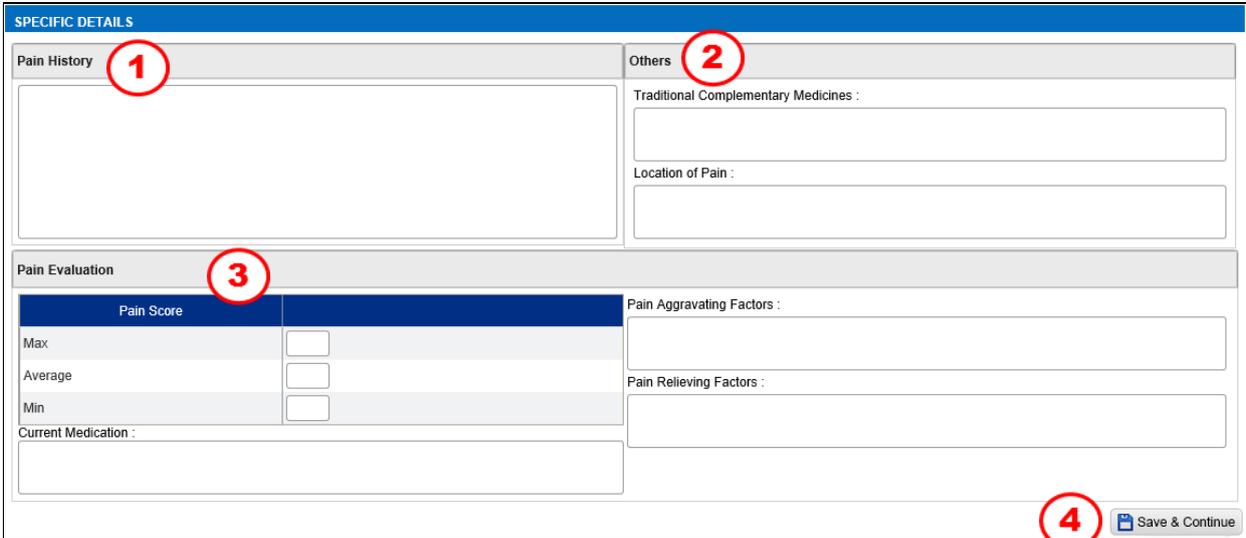


Figure 3.2.2.14-3 Information Alert Message

3.2.2.15 Pain



SPECIFIC DETAILS

Pain History (1)

Others (2)

Traditional Complementary Medicines :

Location of Pain :

Pain Evaluation (3)

Pain Score	
Max	<input type="text"/>
Average	<input type="text"/>
Min	<input type="text"/>

Current Medication :

Pain Aggravating Factors :

Pain Relieving Factors :

(4) Save & Continue

Figure 3.2.2.15-1 Specific Details – Pain

Note (5)

Repeat **STEP 5 to 17** in [3.2.1 Create New MTAC Reporting with No Specific Details](#) section before performing MTAC Reporting - Specific Details for Pain.

STEP 1

Enter **Pain History**

STEP 2

Enter **Others**:

- Traditional Complementary Medicines
- Location of Pain

STEP 3

Enter **Pain Evaluation**:

- Pain Score
- Current Medication
- Pain Aggravating Factors
- Pain Relieving Factors

STEP 4

Click on the  button to save and continue with reporting section

STEP 4

Click on the  button to confirm save record

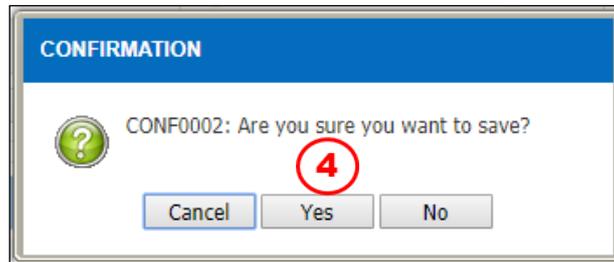
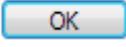


Figure 3.2.2.15-2 Confirmation Alert Message

STEP 5

Click on the  button to confirm record

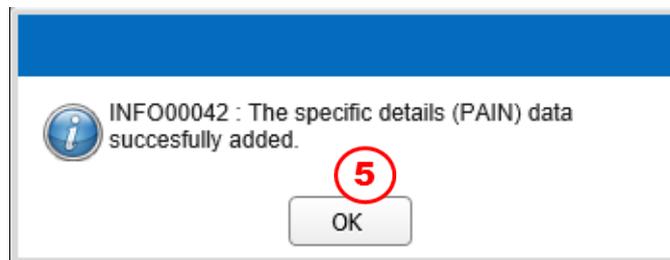


Figure 3.2.2.15-3 Information Alert Message

3.2.3 MyMAAT

This function allows user to record adherence level of patients based on provided assessment

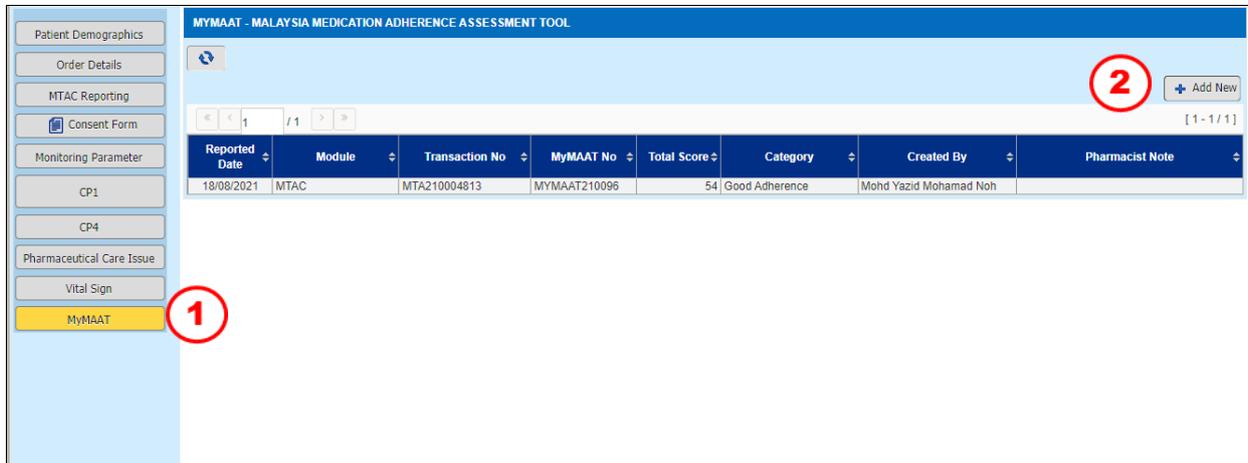


Figure 3.2.3-1 MTAC Reporting Screen

STEP 1

Click on the **MyMAAT** button to enter MyMAAT screen

STEP 2

Click on the **+ Add New** button to add new record and system will display as per Figure 3.2.3-2

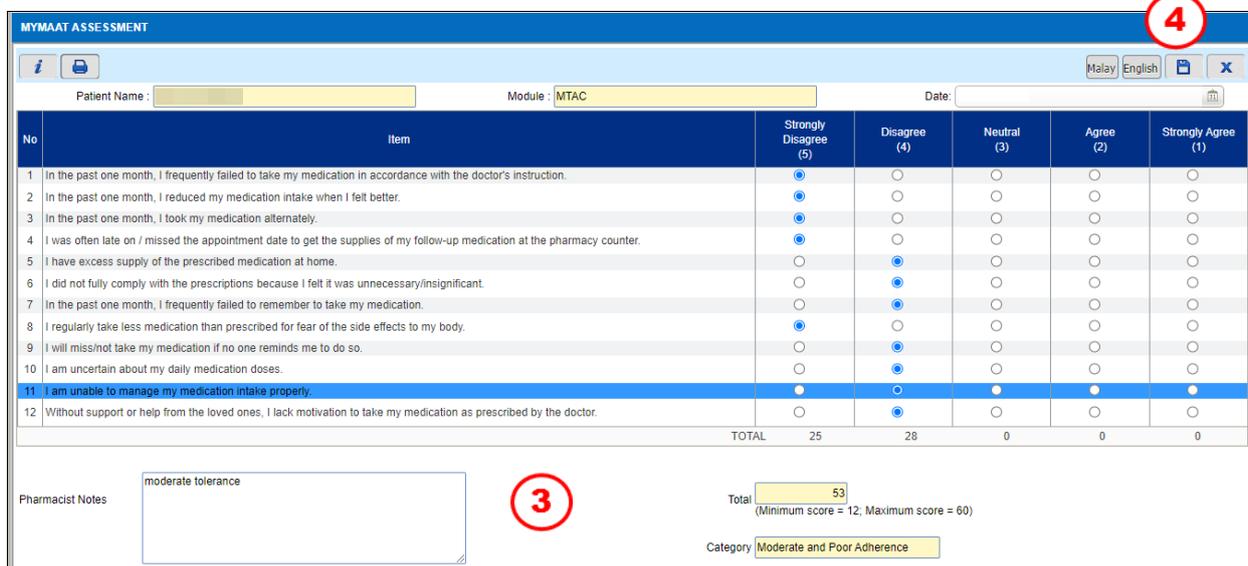


Figure 3.2.2.6-2 MYMAAT Assessment Screen

Note

Click on the **Malay** **English** button to view assessment in Malay Language or English language

STEP 3

Fill up the assessment and **Pharmacist Notes** and system will generate the **Total score** and **Category**

STEP 4

Click on the  button to save the record

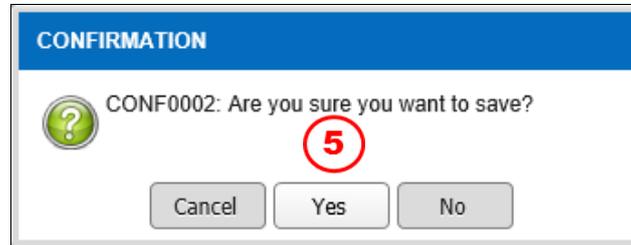
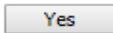


Figure 3.2.3-3 Confirmation Message

STEP 5

Click on the  button to confirm

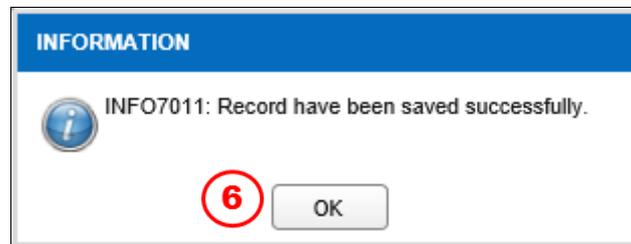
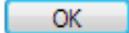


Figure 3.2.3-4 Information Message

STEP 6

Click on the  button to confirm record

Note

Click on the  button to print and system will display Bahagian 1 and Bahagian 2 as per Figure 3.2.3-4 and Figure 3.2.3-5



KEMENTERIAN KESIHATAN MALAYSIA
Hospital Seri Manjung
MALAYSIA MEDICATION ADHERENCE ASSESSMENT TOOL (MyMAAT)

Patient's Name	ABC	MRN	HSM00241777
		Date	20/12/2022
IC No/Other Identification	990103075133	Location	Outpatient Pharmacy

Part I: Perception on Patient's Adherence Towards Medication

No	Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
		5	4	3	2	1
1	In the past one month, I frequently failed to take my medication in accordance with the doctor's instruction.	✓				
2	In the past one month, I reduced my medication intake when I felt better.	✓				
3	In the past one month, I took my medication alternately.		✓			
4	I was often late on / missed the appointment date to get the supplies of my follow-up medication at the pharmacy counter.		✓			
5	I have excess supply of the prescribed medication at home.	✓				
6	I did not fully comply with the prescriptions because I felt it was unnecessary/insignificant.		✓			
7	In the past one month, I frequently failed to remember to take my medication.			✓		
8	I regularly take less medication than prescribed for fear of the side effects to my body.			✓		
9	I will miss/not take my medication if no one reminds me to do so.		✓			
10	I am uncertain about my daily medication doses.			✓		
11	I am unable to manage my medication intake properly.	✓				
12	Without support or help from the loved ones, I lack motivation to take my medication as prescribed by the doctor.		✓			
Total		20	20	9	0	0
(Minimum score = 12; Maximum score = 60)		49				

Figure 3.2.3-5 MyMAAT Report Part I



KEMENTERIAN KESIHATAN MALAYSIA
Hospital Seri Manjung
MALAYSIA MEDICATION ADHERENCE ASSESSMENT TOOL (MyMAAT)

Part II : Category of Patient's Adherence Towards Medication

Patient's adherence category based on total score as stated below:

Category	Total Score
Good adherence	>= 54
Moderate and poor adherence	< 54

Part III : Summary on Patient's Adherence Towards Medication

Total Score	40
Adherence Category	Moderate and Poor Adherence
Pharmacist's Note	

Pharmacist Name : TIONG WAN QIAN

Date : 20/12/2022

Module : MTAC

Figure 3.2.3-5 MyMAAT Report Part II

4.0 Acronyms

Abbreviation	Definition
PhIS	Pharmacy Information System
MOH	Ministry of Health
CPS	Clinical Pharmacy System
PM	Patient Management
eGL	Electronic Guarantee Letter
HRMIS	Human Resource Management System
MRN	Medical Record Number
MTAC	Medication Therapy Adherence Clinic

5.0 Links to Clinical Modules

No	Module	PDF Links	No	Module	PDF Links
1	<i>Inpatient</i>	Click Here	12	<i>CDR Dispensing</i>	Click Here
2	<i>CDR Order</i>	Click Here	13	<i>Methadone Dispensing</i>	Click Here
3	<i>TDM Order</i>	Click Here	14	<i>PN Dispensing</i>	Click Here
4	<i>PN Order</i>	Click Here	15	<i>Order Management</i>	Click Here
5	<i>IV Order</i>	Click Here	16	<i>Patient Management</i>	Click Here
6	<i>Prepacking</i>	Click Here	17	<i>Radiopharmaceutical</i>	Click Here
7	<i>Galenical</i>	Click Here	18	<i>Outpatient</i>	Click Here
8	<i>MTAC</i>	Click Here	19	<i>Special Drug Request</i>	Click Here
9	<i>ADR & DAC</i>	Click Here	20	<i>MAR</i>	Click Here
10	<i>Medication Counselling</i>	Click Here	21	<i>DICE</i>	Click Here
11	<i>Ward Pharmacy</i>	Click Here	22		