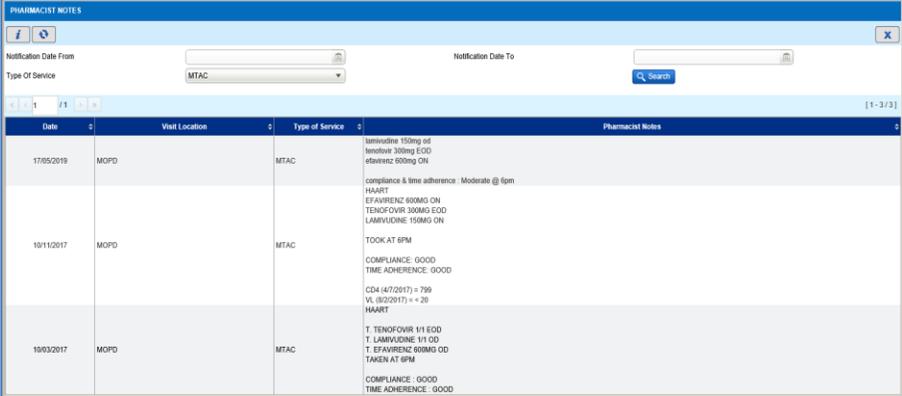
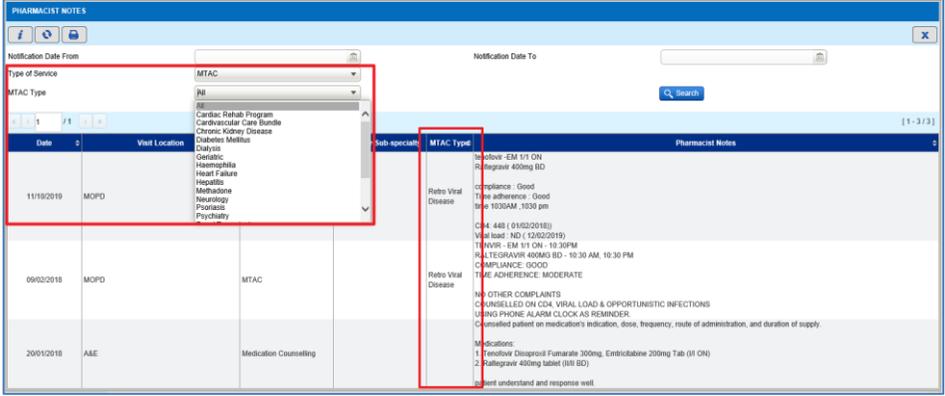
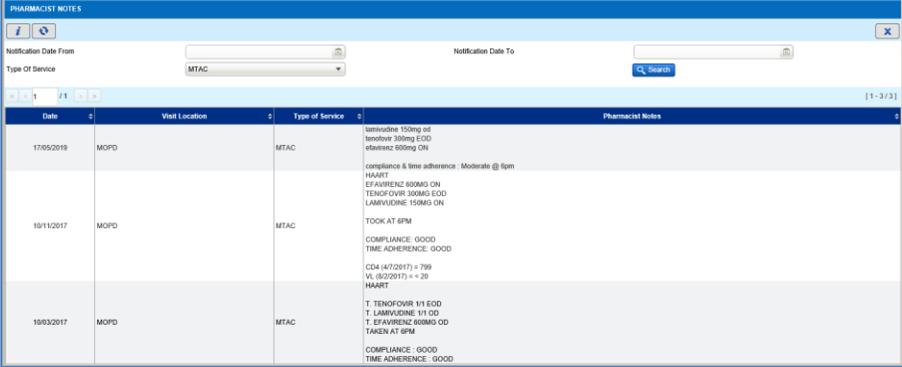
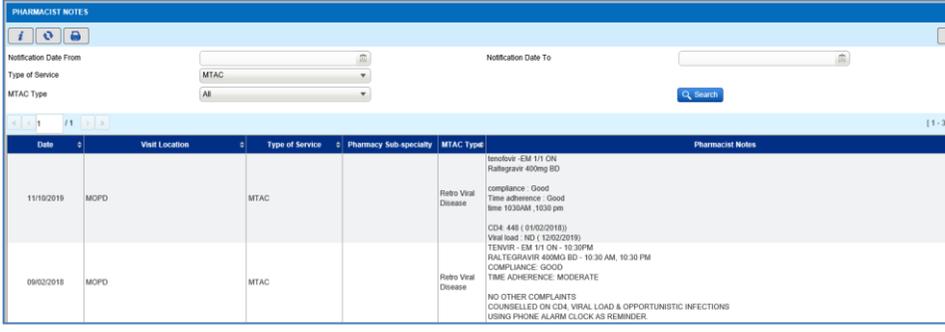
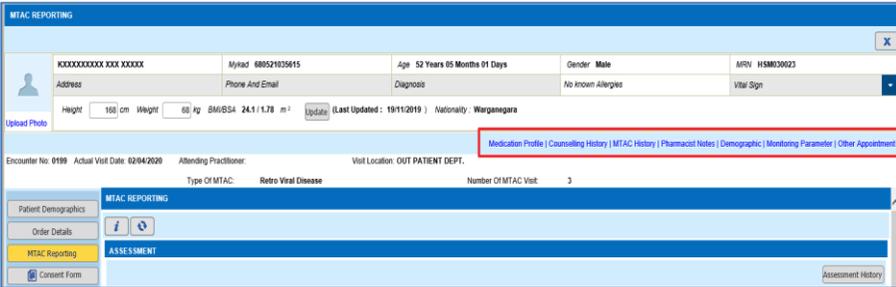
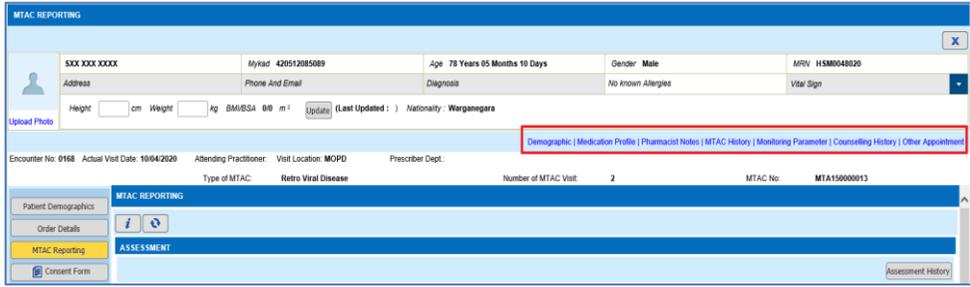
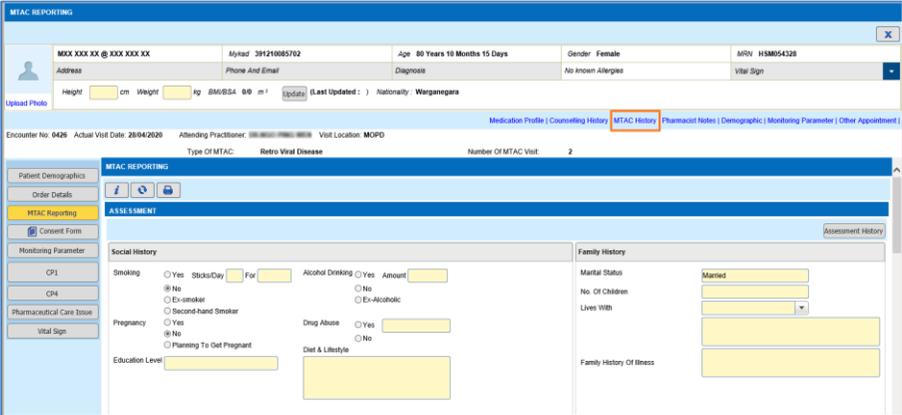
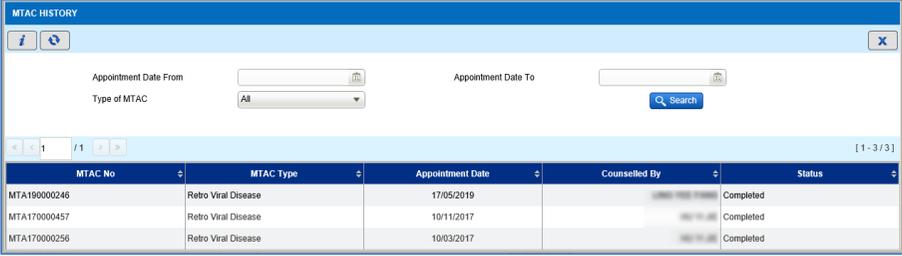
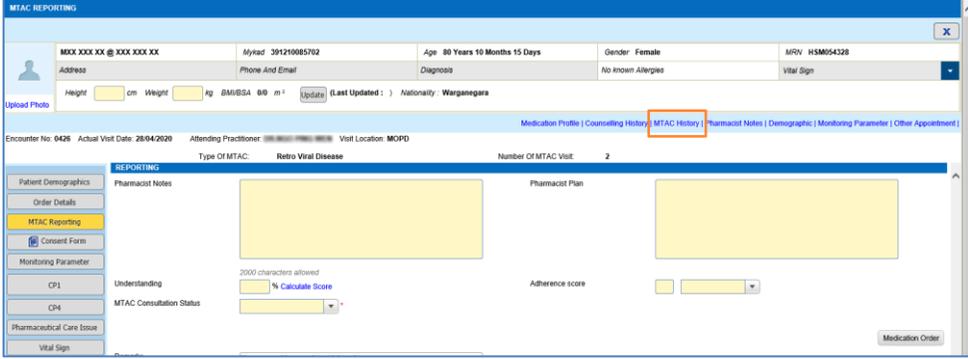
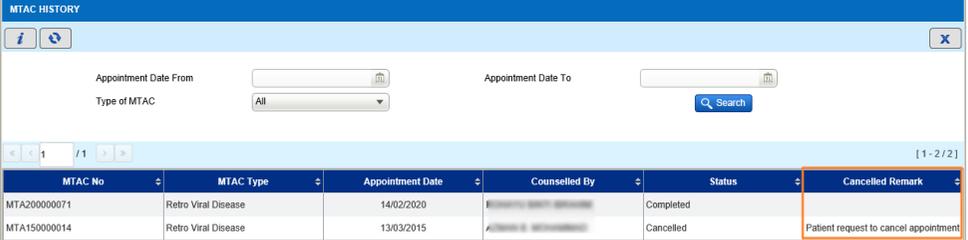


Summary of Ticket Number and Request for MTAC Screen

No.	Ticket #	Description	Requests	Solution
1.	I-PhIS0129 64015S	User request to add filtration for MTAC Type Step: Click Patient Name Click Pharmacist Note Appear Data visit location Select Type of service: MTAC will appear all Pharmacist note For 4 visit got 4 date. Currently user do for MTAC diabetes n warfarin, takes time to filter one by one. User request filtration for type of MTAC.	User request to add filtration for MTAC Type Step Click Patient Name Click Pharmacist Note Appear Data visit location Select Type of service: MTAC will appear all Pharmacist note For 4 visit got 4 date. Currently user do for MTAC diabetes n warfarin, takes time to filter one by one. User request filtration for type of MTAC.	<u>Pharmacist Note</u> To add filtration by MTAC type <u>Hyperlinks</u> To rearrange the hyperlink - Demographic - Medication Profile - Pharmacist Note - MTAC History - Lab Parameter - CP2 History - Counselling History - Other Appointment - Drug Database <u>MTAC History Section</u> To display History list in added column 'cancel remark'
2.	I-PhIS0173 67916S	To rearrange the hyperlink - Demographic - Medication Profile - Pharmacist Note - MTAC History - Lab Parameter - CP2 History - Counselling History - Other Appointment - Drug Database	To rearrange the hyperlink - Demographic - Medication Profile - Pharmacist Note - MTAC History - Lab Parameter - CP2 History - Counselling History - Other Appointment - Drug Database	
3.	I-PhIS0325 37118S	MTAC History Section: Request to display History list in added column 'cancel remark'	MTAC History Section: Request to display History list in added column 'cancel remark'	

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3
<p>1. Pharmacist Note</p>	<p>Pharmacy → Clinical → MTAC Reporting → Pharmacist Note Hyperlink</p> <p>In version 2.2, there is no filtration by 'MTAC Type' in Pharmacist Note history</p> 	<p>Pharmacy → Clinical → MTAC Reporting → Pharmacist Note Hyperlink</p> <p>In new version 2.3, there is new column and filtration function for 'MTAC Type' in Pharmacist Note history</p>  <ul style="list-style-type: none"> - Select 'Type of service' – MTAC, another drop down field will appear for 'MTAC Type' - User can choose to filter record by MTAC Type
	<p>Pharmacy → Clinical → MTAC Reporting → Pharmacist Note Hyperlink → Print Pharmacist Note</p> <p>In version 2.2, print Pharmacist Note function is not available</p> 	<p>Pharmacy → Clinical → MTAC Reporting → Pharmacist Note Hyperlink → Print Pharmacist Note</p> <p>In new version 2.3, user can print Pharmacist Note history by click on the print button</p> 

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3																														
		<p>- System will generate report in PDF format as below:</p> <div data-bbox="1205 284 2175 790" style="border: 1px solid black; padding: 5px;">  <p style="text-align: center;">KEMENTERIAN KESIHATAN MALAYSIA Hospital Seri Manjung Pharmacist Note</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Patient Name : TXXX XXXX XXX</td> <td style="width: 33%;">IC No/Other Identification : 460718085080</td> <td style="width: 33%;">Age : 74yrs 3mnrths</td> </tr> <tr> <td>MRN No : HSM0047271</td> <td>Weight / Height :</td> <td>Gender : Female</td> </tr> </table> <p>Pharmacist Note</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Visit Location</th> <th>Type of Service</th> <th>Pharmacy Sub-specialty</th> <th>MTAC Type</th> <th>Pharmacist Note</th> </tr> </thead> <tbody> <tr> <td>11/10/2019</td> <td>MOPD</td> <td>MTAC</td> <td></td> <td>Retro Viral Disease</td> <td> tenofovir-EM 1/1 ON Raltegravir 400mg BD compliance : Good Time adherence : Good time 1030AM ,1030 pm CD4 : 448 (01/02/2019) Viral Load : ND (12/02/2019) </td> </tr> <tr> <td>09/02/2018</td> <td>MOPD</td> <td>MTAC</td> <td></td> <td>Retro Viral Disease</td> <td> TENVIR - EM 1/1 ON - 10:30PM RALTEGRAVIR 400MG BD - 10:30 AM, 10:30 PM COMPLIANCE: GOOD TIME ADHERENCE: MODERATE NO OTHER COMPLAINTS COUNSELLED ON CD4, VIRAL LOAD & OPPORTUNISTIC INFECTIONS USING PHONE ALARM CLOCK AS REMINDER Counseled patient on medication's indication, dose, frequency, route of administration, and duration of supply. </td> </tr> <tr> <td>20/01/2018</td> <td>A&E</td> <td>Medication Counselling</td> <td></td> <td></td> <td> Medications: 1. Tenofovir Disoproxil Fumarate 300mg, Emtricitabine 200mg Tab (U/I ON) 2. Raltegravir 400mg tablet (U/I BD) patient understand and response well. </td> </tr> </tbody> </table> </div>	Patient Name : TXXX XXXX XXX	IC No/Other Identification : 460718085080	Age : 74yrs 3mnrths	MRN No : HSM0047271	Weight / Height :	Gender : Female	Date	Visit Location	Type of Service	Pharmacy Sub-specialty	MTAC Type	Pharmacist Note	11/10/2019	MOPD	MTAC		Retro Viral Disease	tenofovir-EM 1/1 ON Raltegravir 400mg BD compliance : Good Time adherence : Good time 1030AM ,1030 pm CD4 : 448 (01/02/2019) Viral Load : ND (12/02/2019)	09/02/2018	MOPD	MTAC		Retro Viral Disease	TENVIR - EM 1/1 ON - 10:30PM RALTEGRAVIR 400MG BD - 10:30 AM, 10:30 PM COMPLIANCE: GOOD TIME ADHERENCE: MODERATE NO OTHER COMPLAINTS COUNSELLED ON CD4, VIRAL LOAD & OPPORTUNISTIC INFECTIONS USING PHONE ALARM CLOCK AS REMINDER Counseled patient on medication's indication, dose, frequency, route of administration, and duration of supply.	20/01/2018	A&E	Medication Counselling			Medications: 1. Tenofovir Disoproxil Fumarate 300mg, Emtricitabine 200mg Tab (U/I ON) 2. Raltegravir 400mg tablet (U/I BD) patient understand and response well.
Patient Name : TXXX XXXX XXX	IC No/Other Identification : 460718085080	Age : 74yrs 3mnrths																														
MRN No : HSM0047271	Weight / Height :	Gender : Female																														
Date	Visit Location	Type of Service	Pharmacy Sub-specialty	MTAC Type	Pharmacist Note																											
11/10/2019	MOPD	MTAC		Retro Viral Disease	tenofovir-EM 1/1 ON Raltegravir 400mg BD compliance : Good Time adherence : Good time 1030AM ,1030 pm CD4 : 448 (01/02/2019) Viral Load : ND (12/02/2019)																											
09/02/2018	MOPD	MTAC		Retro Viral Disease	TENVIR - EM 1/1 ON - 10:30PM RALTEGRAVIR 400MG BD - 10:30 AM, 10:30 PM COMPLIANCE: GOOD TIME ADHERENCE: MODERATE NO OTHER COMPLAINTS COUNSELLED ON CD4, VIRAL LOAD & OPPORTUNISTIC INFECTIONS USING PHONE ALARM CLOCK AS REMINDER Counseled patient on medication's indication, dose, frequency, route of administration, and duration of supply.																											
20/01/2018	A&E	Medication Counselling			Medications: 1. Tenofovir Disoproxil Fumarate 300mg, Emtricitabine 200mg Tab (U/I ON) 2. Raltegravir 400mg tablet (U/I BD) patient understand and response well.																											
<p>2. Hyperlinks</p>	<p>Pharmacy → Clinical → MTAC Reporting → Hyperlinks In version 2.2, hyperlinks at the patient banner is as below: Medication Profile – Counselling History – MTAC History – Pharmacist Notes – Demographic – Monitoring Parameter – Other Appointment</p> 	<p>Pharmacy → Clinical → MTAC Reporting → Hyperlinks In new version 2.3, hyperlinks have been rearranged as below: Demographic - Medication Profile – Pharmacist Notes – MTAC History – Monitoring Parameter – Counselling History – Other Appointment</p> 																														

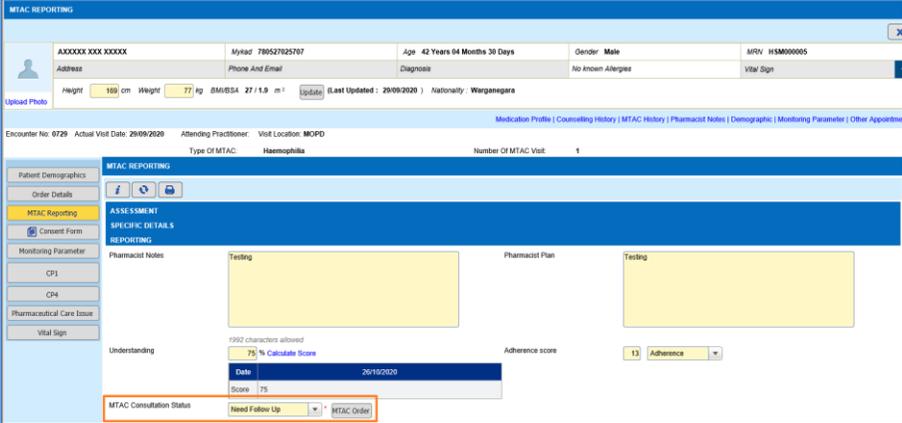
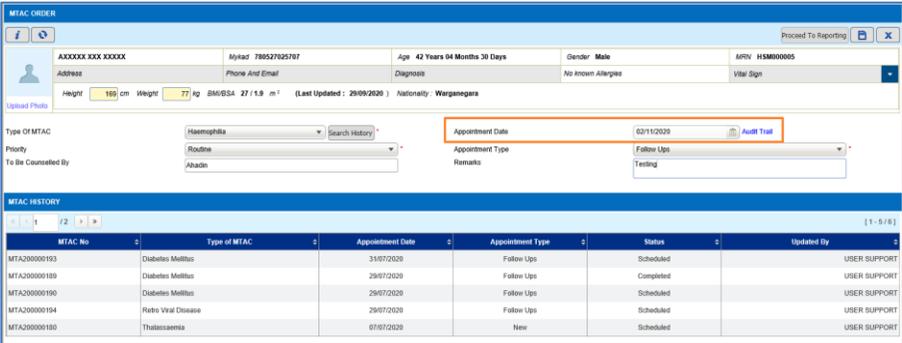
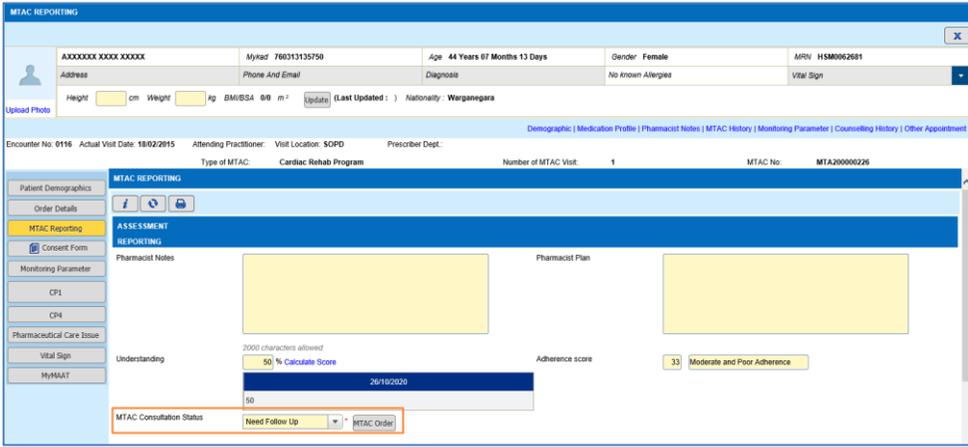
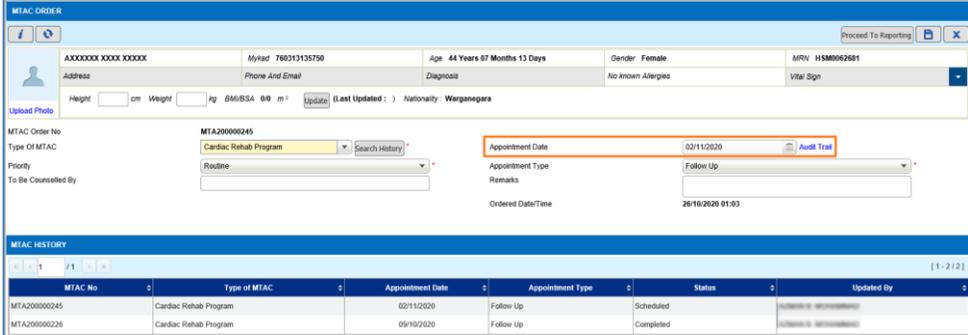
Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3																																						
<p>3. MTAC History</p>	<p>Pharmacy → Clinical → MTAC Reporting → MTAC History hyperlink</p> <p>In version 2.2, MTAC History do not have 'cancel remarks' column</p> <ul style="list-style-type: none"> - Open MTAC Reporting screen, click on 'MTAC History' hyperlink below patient banner  <ul style="list-style-type: none"> - MTAC History listing screen will be display as below:  <table border="1" data-bbox="280 1045 1182 1141"> <thead> <tr> <th>MTAC No</th> <th>MTAC Type</th> <th>Appointment Date</th> <th>Counselled By</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>MTA190000246</td> <td>Retro Viral Disease</td> <td>17/05/2019</td> <td>[Name]</td> <td>Completed</td> </tr> <tr> <td>MTA170000457</td> <td>Retro Viral Disease</td> <td>10/11/2017</td> <td>[Name]</td> <td>Completed</td> </tr> <tr> <td>MTA170000256</td> <td>Retro Viral Disease</td> <td>10/03/2017</td> <td>[Name]</td> <td>Completed</td> </tr> </tbody> </table>	MTAC No	MTAC Type	Appointment Date	Counselled By	Status	MTA190000246	Retro Viral Disease	17/05/2019	[Name]	Completed	MTA170000457	Retro Viral Disease	10/11/2017	[Name]	Completed	MTA170000256	Retro Viral Disease	10/03/2017	[Name]	Completed	<p>Pharmacy → Clinical → MTAC Reporting → MTAC History hyperlink</p> <p>In new version 2.3, 'Cancel Remarks' column has been added to display cancel's remark</p> <ul style="list-style-type: none"> - Open MTAC Reporting screen, click on 'MTAC History' hyperlink below patient banner  <ul style="list-style-type: none"> - MTAC History listing screen will be display with 'Cancel Remarks' column as below:  <table border="1" data-bbox="1207 1077 2175 1141"> <thead> <tr> <th>MTAC No</th> <th>MTAC Type</th> <th>Appointment Date</th> <th>Counselled By</th> <th>Status</th> <th>Cancelled Remark</th> </tr> </thead> <tbody> <tr> <td>MTA200000071</td> <td>Retro Viral Disease</td> <td>14/02/2020</td> <td>[Name]</td> <td>Completed</td> <td></td> </tr> <tr> <td>MTA150000014</td> <td>Retro Viral Disease</td> <td>13/03/2015</td> <td>[Name]</td> <td>Cancelled</td> <td>Patient request to cancel appointment</td> </tr> </tbody> </table> <p>Note:</p> <ul style="list-style-type: none"> Cancelled remarks can be filled at 'Remarks' column after click on 'Cancel' button at Medication Counselling reporting screen 	MTAC No	MTAC Type	Appointment Date	Counselled By	Status	Cancelled Remark	MTA200000071	Retro Viral Disease	14/02/2020	[Name]	Completed		MTA150000014	Retro Viral Disease	13/03/2015	[Name]	Cancelled	Patient request to cancel appointment
MTAC No	MTAC Type	Appointment Date	Counselled By	Status																																				
MTA190000246	Retro Viral Disease	17/05/2019	[Name]	Completed																																				
MTA170000457	Retro Viral Disease	10/11/2017	[Name]	Completed																																				
MTA170000256	Retro Viral Disease	10/03/2017	[Name]	Completed																																				
MTAC No	MTAC Type	Appointment Date	Counselled By	Status	Cancelled Remark																																			
MTA200000071	Retro Viral Disease	14/02/2020	[Name]	Completed																																				
MTA150000014	Retro Viral Disease	13/03/2015	[Name]	Cancelled	Patient request to cancel appointment																																			

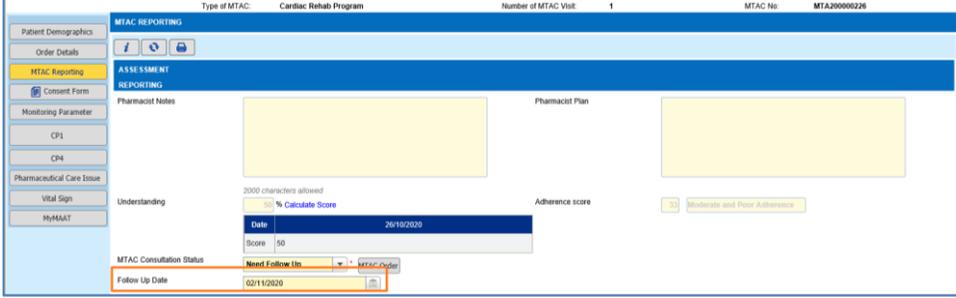
Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3

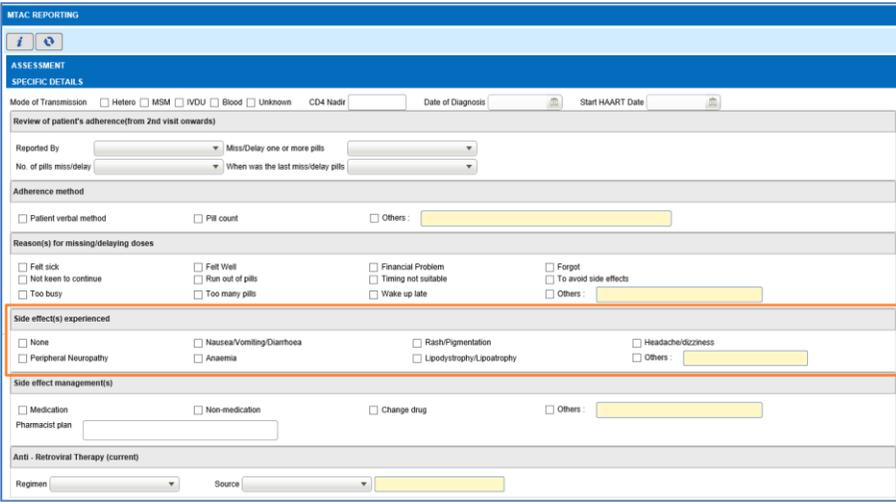
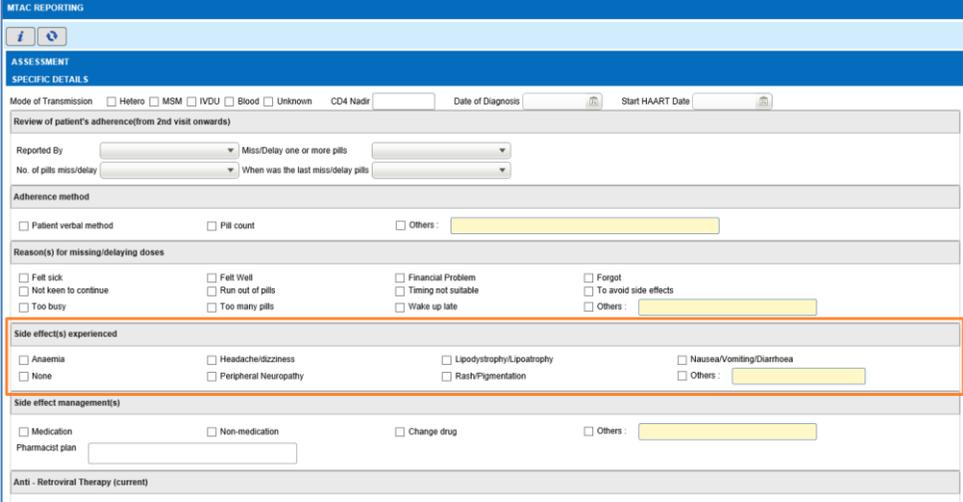
Summary of Ticket Number and Request for MTAC Screen

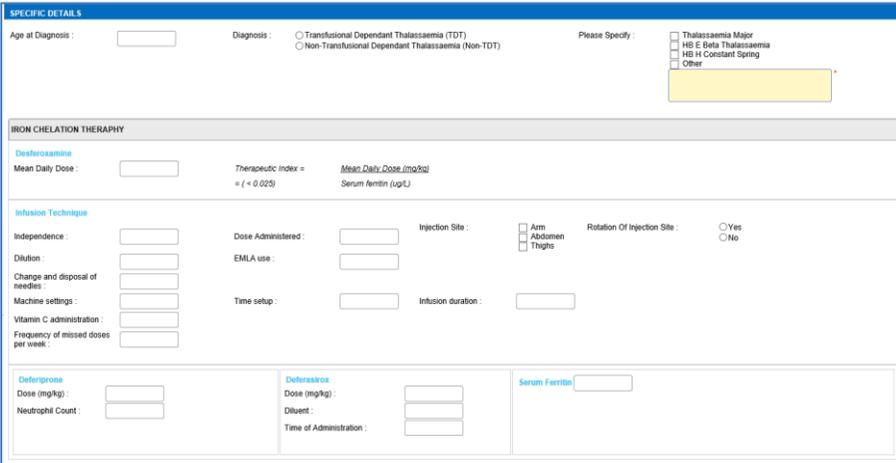
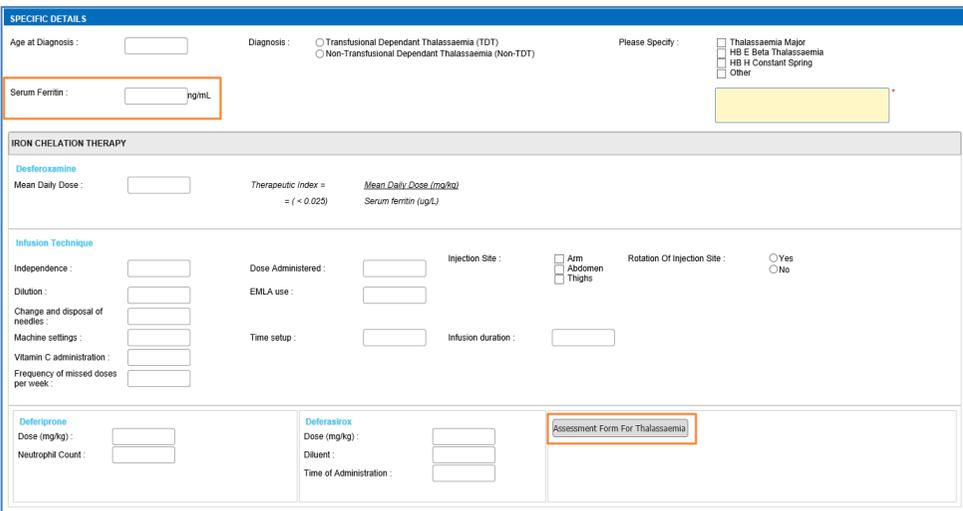
No.	Ticket #	Description	Requests	Solution
1.	I-PhIS055595719S	MTAC Haemophilia - Report printing -To add Follow up date	MTAC Haemophilia - to add follow up date in report printing	<u>MTAC Haemophilia</u> Report printing - To add Follow up date <u>MTAC RVD</u> 1. Report printing - To add Follow up date 2. Rearrange alphabetical order and position in 'Side effect(s) experienced' <u>MTAC Thalassemia specific details</u> 1. Serum Ferritin Display at position on top before Iron Chelation Therapy 2. Reposition Serum Ferritin on top of Desferoxamine 3. MTAC Thalassemia - report printing: <ul style="list-style-type: none"> To add Follow up date To add thalassemia Knowledge Assessment <u>MTAC Respiratory - Specific Details</u> 1. Spirometry: <ul style="list-style-type: none"> To rename labels: <ul style="list-style-type: none"> FEV1 (L) FVC (L) FEV1 /FVC (%) To removed fields: <ul style="list-style-type: none"> FeNO (ppb) IgE (units/mL) 2. PEFR & Spirometry - To add Baseline column.
2.	I-PhIS055591319S	To add Follow up date	To add Follow up date	
3.	I-PhIS055593419S	Rearrange alphabetical order and position in 'Side effect(s) experienced	Rearrange alphabetical order and position in 'Side effect(s) experienced	
4.	I-PhIS055593319S	1. To add Follow up date 2. To add thalassemia Knowledge Assessment	1. To add Follow up date 2. To add Thalassemia Knowledge Assessment	
5.	I-PhIS055593119S	Serum Ferritin Display at position on top before Iron Chelation Therapy	Serum Ferritin Display at position on top before Iron Chelation Therapy	
6.	I-PhIS055593219S	Reposition Serum ferritin on top of Desferoxamine	Reposition Serum ferritin on top of Desferoxamine	
7.	I-PhIS055591819S	1. Possible Asthma Trigger - Others to be at the last 2. Spirometry - To rename labels: FEV1 (L) FVC (L) FEV1 /FVC (%) - To removed fields: FeNO (ppb) IgE (units/mL) 3. PEFR & Spirometry - To add Baseline column.	1. Possible Asthma Trigger - Others to be at the last 2. Spirometry - To rename labels: FEV1 (L) FVC (L) FEV1 /FVC (%) - To removed fields: FeNO (ppb) IgE (units/mL) 3. PEFR & Spirometry - To add Baseline column.	
8.	I-PhIS055605319S	To add Follow up date	To add Follow up date	
9.	I-PhIS055619119S	1. To add Psoriasis Severity: Mild: BSA<10%, PASI<10 Moderate: BSA= 10-20%, PSA = 10-20 Severe: BSA>20%, PASI>20 2. To add Nota Tambahan below severity index (PASI): Assessment	1. To add Psoriasis Severity: Mild: BSA<10%, PASI<10 Moderate: BSA= 10-20%, PSA = 10-20 Severe: BSA>20%, PASI>20 2. To add Nota Tambahan below severity index (PASI): Assessment	

No.	Ticket #	Description	Requests	Solution
10.	I-PhIS055619219S	<p>1. To add scoring of each category eg: Very much (3) A lot (2) A little (1) Not At all (0) Not relevant (0) and for Question 7 : Yes(3)</p>	<p>1. To add scoring of each category eg: Very much (3) A lot (2) A little (1) Not At all (0) Not relevant (0) and for Question 7 : Yes(3)</p>	<p><u>MTAC Psoriasis</u></p> <ol style="list-style-type: none"> MTAC Report printing - To add Follow up date To add Psoriasis Severity : Mild: BSA<10%, PASI<10 Moderate: BSA= 10-20%, PSA = 10-20 Severe: BSA>20%, PASI>20 To add 'Nota Tambahan' below severity index (PASI): Assessment To add scoring of each category eg: Very much (3) A lot (2) A little (1) Not At all (0) Not relevant (0) and for Question 7 : Yes(3)
11.	I-PhIS055645119S	<ol style="list-style-type: none"> To add title 'MTAC Psoriasis' To add MRN: To add MTAC Visit No: To add IC No: To add Nota Tambahan below severity index (PASI): Assessment 	<ol style="list-style-type: none"> To add title 'MTAC Psoriasis' To add MRN: To add MTAC Visit No: To add IC No: To add Nota Tambahan below severity index (PASI): Assessment 	<p><u>MTAC Psoriasis Report printing</u></p> <ol style="list-style-type: none"> To add Nota Tambahan below severity index (PASI): Assessment
12.	I-PhIS055645319S	<p>To add value for</p> <ol style="list-style-type: none"> Area (0-6) Erythema (0-4) Scaling (0-4) Thickness (0-4) To add Nota Tamabahan below severity index (PASI): Assessment 	<p>To add value for</p> <ol style="list-style-type: none"> Area (0-6) Erythema (0-4) Scaling (0-4) Thickness (0-4) To add Nota Tamabahan below severity index (PASI): Assessment 	

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3
<p>1. MTAC – Follow Up Date</p>	<p>Pharmacy → Clinical → MTAC Reporting → Report printing</p> <p>In version 2.2, MTAC report printing did not display 'Follow Up' date</p> <ol style="list-style-type: none"> 1) Open MTAC Reporting Screen 2) At reporting section, select 'MTAC Consultation Status' = 'Need Follow Up' and then click on 'Confirm' button 3) Click on 'MTAC Order' button to place follow up appointment  <ol style="list-style-type: none"> 4) MTAC Follow Up appointment ordered as below:  <ol style="list-style-type: none"> 5) Open back previous MTAC reporting to view the 'Follow Up' date 	<p>Pharmacy → Clinical → MTAC Reporting → Report printing</p> <p>In new version 2.3, MTAC report printing is display 'Follow Up' date at the report printing</p> <ol style="list-style-type: none"> 1) Open MTAC Reporting Screen 2) At reporting section, select 'MTAC Consultation Status' = 'Need Follow Up' and then click on 'Confirm' button 3) Click on 'MTAC Order' button to place follow up appointment  <ol style="list-style-type: none"> 4) MTAC Follow Up appointment ordered as below:  <ol style="list-style-type: none"> 5) Open back previous MTAC reporting to view the 'Follow Up' date

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3																																																																																																																					
	 <p>6) Click on 'Print' button to print MTAC reporting report 7) Report will be display in pdf format as below:</p> <p>Report:</p> <p>MTAC Consultation Status: Need Follow Up</p> <p>Pharmaceutical Care Issues:</p> <p>Prescribed Medication Related Issues:</p> <table border="1" data-bbox="295 726 1167 790"> <thead> <tr> <th>No.</th> <th>Intervention Date</th> <th>Prescription Start Date</th> <th>Original Rx No.</th> <th>Drug Name</th> <th>Order Details</th> <th>Modified Order Details</th> <th>Intervention Remarks</th> <th colspan="2">Intervention Details</th> <th>Prescriber Review</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th>Types</th> <th>Description</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="11">No Prescribed Medication Related Issues</td> </tr> </tbody> </table> <p>Other Issue:</p> <table border="1" data-bbox="295 885 1167 949"> <thead> <tr> <th>No.</th> <th>Intervention Date</th> <th colspan="2">Intervention Details</th> <th>Pharmaceutical Care Issues</th> <th>Pharmacist Recommendation</th> <th>Outcome</th> <th>Prescriber Review</th> </tr> <tr> <th colspan="2"></th> <th>Types</th> <th>Description</th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="8">No Other Issue</td> </tr> </tbody> </table> <p>Patient Understanding (medication) DFIT : 75%</p> <p>Patient Adherence Score : 13 - Adherence</p> <p>Pharmacist Notes : Testing</p> <p>Pharmacist Plan : Testing</p>	No.	Intervention Date	Prescription Start Date	Original Rx No.	Drug Name	Order Details	Modified Order Details	Intervention Remarks	Intervention Details		Prescriber Review									Types	Description		No Prescribed Medication Related Issues											No.	Intervention Date	Intervention Details		Pharmaceutical Care Issues	Pharmacist Recommendation	Outcome	Prescriber Review			Types	Description					No Other Issue								 <p>6) Click on 'Print' button to print MTAC reporting report 7) Report will be display in pdf format with 'Follow Up' date been display</p> <p>Report:</p> <p>MTAC Consultation Status: Need Follow Up</p> <p>Pharmaceutical Care Issues:</p> <p>Prescribed Medication Related Issues:</p> <table border="1" data-bbox="1223 774 2163 837"> <thead> <tr> <th>No.</th> <th>Intervention Date</th> <th>Prescription Start Date</th> <th>Original Rx No.</th> <th>Drug Name</th> <th>Order Details</th> <th>Modified Order Details</th> <th>Intervention Remarks</th> <th colspan="2">Intervention Details</th> <th>Prescriber Review</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th>Types</th> <th>Description</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="11">No Prescribed Medication Related Issues</td> </tr> </tbody> </table> <p>Other Issue:</p> <table border="1" data-bbox="1223 949 2163 1013"> <thead> <tr> <th>No.</th> <th>Intervention Date</th> <th colspan="2">Intervention Details</th> <th>Pharmaceutical Care Issues</th> <th>Pharmacist Recommendation</th> <th>Outcome</th> <th>Follow-up</th> <th>Prescriber Review</th> </tr> <tr> <th colspan="2"></th> <th>Types</th> <th>Description</th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="9">No Other Issue</td> </tr> </tbody> </table> <p>Patient Understanding (medication) DFIT : 50%</p> <p>Patient Adherence Score : 33 - Moderate and Poor Adherence</p> <p>Pharmacist Notes :</p> <p>Pharmacist Plan :</p> <p>Follow up Date : 02/11/2020</p>	No.	Intervention Date	Prescription Start Date	Original Rx No.	Drug Name	Order Details	Modified Order Details	Intervention Remarks	Intervention Details		Prescriber Review									Types	Description		No Prescribed Medication Related Issues											No.	Intervention Date	Intervention Details		Pharmaceutical Care Issues	Pharmacist Recommendation	Outcome	Follow-up	Prescriber Review			Types	Description						No Other Issue								
No.	Intervention Date	Prescription Start Date	Original Rx No.	Drug Name	Order Details	Modified Order Details	Intervention Remarks	Intervention Details		Prescriber Review																																																																																																													
								Types	Description																																																																																																														
No Prescribed Medication Related Issues																																																																																																																							
No.	Intervention Date	Intervention Details		Pharmaceutical Care Issues	Pharmacist Recommendation	Outcome	Prescriber Review																																																																																																																
		Types	Description																																																																																																																				
No Other Issue																																																																																																																							
No.	Intervention Date	Prescription Start Date	Original Rx No.	Drug Name	Order Details	Modified Order Details	Intervention Remarks	Intervention Details		Prescriber Review																																																																																																													
								Types	Description																																																																																																														
No Prescribed Medication Related Issues																																																																																																																							
No.	Intervention Date	Intervention Details		Pharmaceutical Care Issues	Pharmacist Recommendation	Outcome	Follow-up	Prescriber Review																																																																																																															
		Types	Description																																																																																																																				
No Other Issue																																																																																																																							

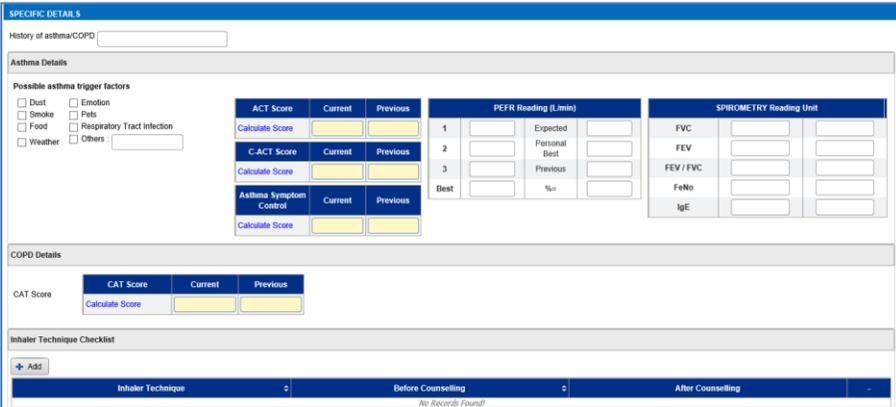
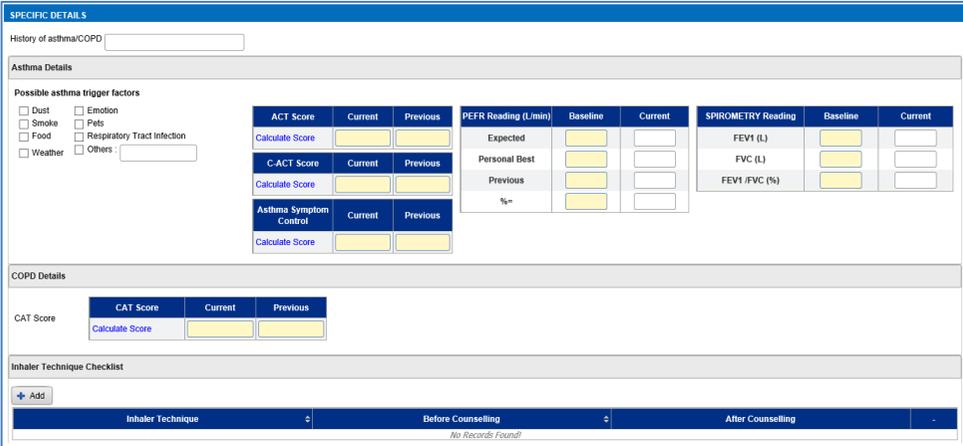
Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3
<p>2. MTAC – Retro Viral Disease</p>	<p>Pharmacy → Clinical → MTAC Reporting (Retro Viral Disease) → Specific Details</p> <p>In version 2.2, Specific details screen for MTAC – Retro Viral Disease is as below:</p> 	<p>Pharmacy → Clinical → MTAC Reporting (Retro Viral Disease) → Specific Details</p> <p>In new version 2.3, Specific details screen for MTAC – Retro Viral Disease has been rearranged in alphabetical order for 'Side effect(s) experienced' section as below:</p> 

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3
<p>3. MTAC – Thalassaemia</p>	<p>Pharmacy → Clinical → MTAC Reporting (Thalassaemia) → Specific Details</p> <p>In version 2.2, Specific details screen for MTAC – Thalassaemia is as below:</p> 	<p>Pharmacy → Clinical → MTAC Reporting (Thalassaemia) → Specific Details</p> <p>In new version 2.3, Specific details screen for MTAC – Thalassaemia has been changed as below:</p> <ol style="list-style-type: none"> 'Serum Ferritin' has been rearranged to be on top of 'Iron Chelation Therapy' 'Thalassaemia Knowledge Assessment' has been added <ul style="list-style-type: none"> Click on the 'Thalassaemia Knowledge Assessment' button to open Thalassaemia Knowledge Assessment screen as below: 

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3																
		<div data-bbox="1205 245 2172 622"> <p>THALASSAEMIA KNOWLEDGE ASSESSMENT</p> <p>Part 1: Knowledge about Thalassaemia</p> <p>1. What is your Thalassaemia Type ?</p> <p><input type="radio"/> Beta Thalassaemia Major</p> <p><input type="radio"/> Hb E Beta Thalassaemia</p> <p><input type="radio"/> Beta Thalassaemia Intermediate</p> <p><input type="radio"/> Hb H Constant Spring</p> <p><input type="radio"/> Others: <input type="text"/></p> <p>2. Thalassaemia is a genetic blood disorder. <input type="radio"/> Yes <input type="radio"/> No</p> <p>3. Thalassaemia is inherited from both parents who carry thalassaemia gene. <input type="radio"/> Yes <input type="radio"/> No</p> <p>4. Thalassaemia can be prevented by doing premarital screening and avoid marriage between two carriers. <input type="radio"/> Yes <input type="radio"/> No</p> <p>5. Blood transfusion, iron chelation therapy and bone marrow transplant are among the thalassaemia treatments. <input type="radio"/> Yes <input type="radio"/> No</p> <p>Part 2: General Knowledge</p> <p>6. Regular blood transfusion is the main cause of iron overload in thalassaemia patients. <input type="radio"/> Yes <input type="radio"/> No</p> <p>7. Iron removal in thalassaemia patient can be done through injection, oral pills and surgery. <input type="radio"/> Yes <input type="radio"/> No</p> <p>8. Splenomegaly is defined as enlargement of the spleen caused by inadequate blood transfusion. <input type="radio"/> Yes <input type="radio"/> No</p> <p>9. Thalassaemia patient has to practice high iron diet. <input type="radio"/> Yes <input type="radio"/> No</p> <p>Part 3: Treatment</p> <p>10. What is your hemoglobin level when you are getting your transfusion ? (before transfusion)</p> <p><input type="text"/></p> <p>11. I am currently using these iron chelators:</p> <table border="1"> <thead> <tr> <th>Chelator</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>Deferasirox</td> <td><input type="text"/></td> </tr> <tr> <td>Deferoxamine</td> <td><input type="text"/></td> </tr> <tr> <td>Deferiprone</td> <td><input type="text"/></td> </tr> </tbody> </table> <p>12. I know the side effects of the iron chelators I am taking. Please mention</p> <p><input type="text"/></p> <p>Part 4: Complications</p> <p>13. Iron overload will be harmful to the internal organs such as liver, heart, thyroid gland and sex organs. <input type="radio"/> Yes <input type="radio"/> No</p> <p>14. Patient with spleen removed are prone for infections and advised to receive necessary vaccinations as advised by your doctor. <input type="radio"/> Yes <input type="radio"/> No</p> <p>Part 5: Psychosocial Support</p> <p>15. Do emotional distress need help ? <input type="radio"/> Yes <input type="radio"/> No</p> <p>16. I can get emotional support by sharing problems with family/ close friends or meeting with Psychologist/ counsellors. <input type="radio"/> Yes <input type="radio"/> No</p> </div> <ul style="list-style-type: none"> • By default, assessment will be displayed in English • Click on 'Malay' button to open assessment in 'Malay' as below: <div data-bbox="1205 718 2172 1101"> <p>THALASSAEMIA KNOWLEDGE ASSESSMENT</p> <p>Bahagian 1: Pengetahuan tentang Talasemia</p> <p>1. Apakah jenis penyakit Talasemia anda ?</p> <p><input type="radio"/> Beta Thalassaemia Major</p> <p><input type="radio"/> Hb E Beta Thalassaemia</p> <p><input type="radio"/> Beta Thalassaemia Intermediate</p> <p><input type="radio"/> Hb H Constant Spring</p> <p><input type="radio"/> Others: <input type="text"/></p> <p>2. Talasemia ialah kecacatan darah disebabkan genetik. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>3. Penyakit Talasemia diwaris daripada ibu dan bapa yang merupakan pembawa gen Talasemia. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>4. Penyakit Talasemia boleh dicegah dengan menjalani ujian saringan darah pra perkahwinan dan mengelakkan perkahwinan antara pembawa Talasemia. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>5. Transfusi darah, penyingkiran zat besi dan pemindahan sumsum tulang adalah antara rawatan Talasemia. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>Bahagian 2: Pengetahuan Am</p> <p>6. Pemindahan darah secara kerap merupakan sebahagian utama rawatan zat besi dalam pesakit Talasemia. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>7. Pengumpulan besi untuk pesakit Talasemia boleh dilakukan melalui suntikan, makan ubat dan pembedahan. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>8. Splenomegali bermaksud pembesaran limpa disebabkan rawatan transfusi yang tidak mencukupi. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>9. Pesakit Talasemia perlu mengamalkan diet tinggi zat besi. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>Bahagian 3: Rawatan</p> <p>10. Apakah tahap hemoglobin anda pada hari menerima transfusi darah ? (sebelum transfusi)</p> <p><input type="text"/></p> <p>11. Pengeliat besi yang saya gunakan sekarang adalah seperti berikut:</p> <table border="1"> <thead> <tr> <th>Chelator</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>Deferasirox</td> <td><input type="text"/></td> </tr> <tr> <td>Deferoxamine</td> <td><input type="text"/></td> </tr> <tr> <td>Deferiprone</td> <td><input type="text"/></td> </tr> </tbody> </table> <p>12. Saya tahu kesan sampingan pengeliat besi yang saya ambil. Sila nyatakan:</p> <p><input type="text"/></p> <p>Bahagian 4: Komplikasi</p> <p>13. Pengumpulan besi dalam badan boleh menyebabkan kerosakan organ-organ dalam badan seperti hati, jantung, kelenjar endokrin dan organ seksual. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>14. Sekiranya limpa anda dibesarkan, anda lebih cenderung untuk mendapat jangkitan dan dinasihatkan untuk menerima vaksin seperti yang disarankan oleh doktor anda. <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>Bahagian 5: Sokongan Psikososial</p> <p>15. Adakah tekanan emosi memerlukan bantuan ? <input type="radio"/> Ya <input type="radio"/> Tidak</p> <p>16. Saya boleh mendapat sokongan emosi dengan berunding masalah dengan keluarga/kawan-kawan rapat saya atau berjumpa pegawai Psikologi/kahasiswa. <input type="radio"/> Ya <input type="radio"/> Tidak</p> </div> <ul style="list-style-type: none"> • Click on 'Print' button, Thalassaemia Knowledge Assessment report will be displayed in pdf format with language selected 	Chelator	Dose	Deferasirox	<input type="text"/>	Deferoxamine	<input type="text"/>	Deferiprone	<input type="text"/>	Chelator	Dose	Deferasirox	<input type="text"/>	Deferoxamine	<input type="text"/>	Deferiprone	<input type="text"/>
Chelator	Dose																	
Deferasirox	<input type="text"/>																	
Deferoxamine	<input type="text"/>																	
Deferiprone	<input type="text"/>																	
Chelator	Dose																	
Deferasirox	<input type="text"/>																	
Deferoxamine	<input type="text"/>																	
Deferiprone	<input type="text"/>																	

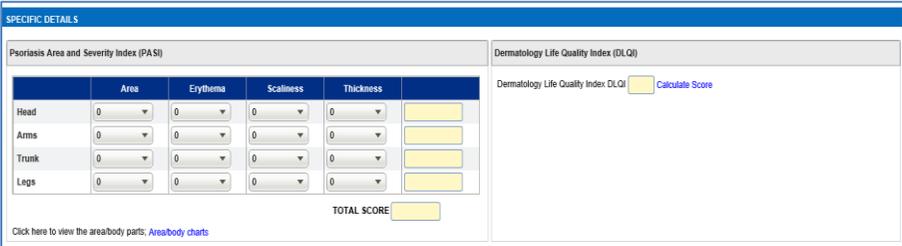
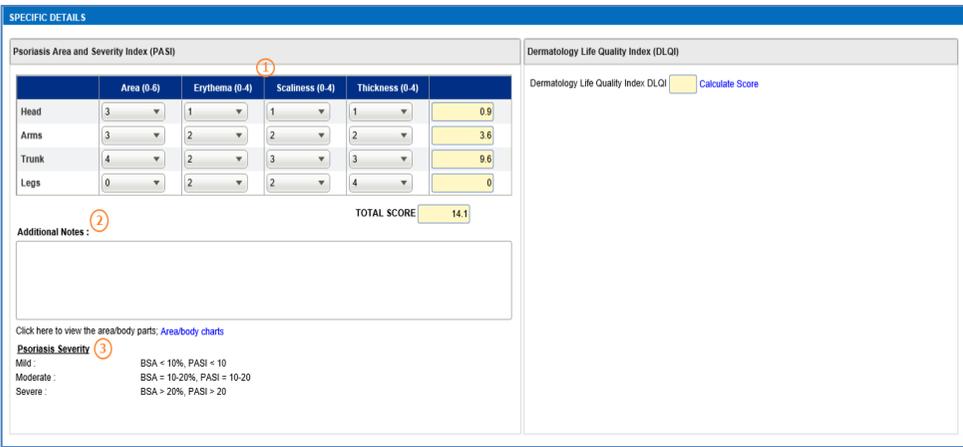
Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3								
		<p>- Thalassaemia Knowledge Assessment report in Malay</p> <div data-bbox="1205 288 1939 1350" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Thalassaemia Knowledge Assessment</p> <p>Name : MXX XXXX XXXXXXXX XXXXX XXXX Date : 27/10/2020</p> <p>Bahagian 1 : Pengetahuan tentang Talasemia</p> <p>1. Apakah jenis penyakit Talasemia anda ?</p> <p><input type="checkbox"/> beta Thalassaemia Major</p> <p><input type="checkbox"/> HB E Beta Thalassaemia</p> <p><input type="checkbox"/> Beta Thalassaemia Intermediate</p> <p><input type="checkbox"/> HB H Constant Spring</p> <p><input checked="" type="checkbox"/> Others : Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisi condimentum100</p> <p>2. Talasemia ialah kecacatan darah disebabkan genetik. Ya</p> <p>3. Penyakit Talasemia diwarisi daripada ibu dan bapa yang merupakan pembawa gen Talasemia. Tidak</p> <p>4. Penyakit Talasemia boleh dicegah dengan menjalani ujian saringan darah pra perkahwinan dan mengelakkan perkahwinan antara pembawa Talasemia. Ya</p> <p>5. Transfusi darah, penyingkiran zat besi dan pemindahan sumsum tulang adalah antara rawatan Talasemia. Tidak</p> <p>Bahagian 2 : Pengetahuan Am</p> <p>6. Pemindahan darah secara kerap merupakan sebab utama kelebihan zat besi dalam pesakit Talasemia. Ya</p> <p>7. Penyingkiran besi untuk pesakit Talasemia boleh dilakukan melalui suntikan, makan ubat dan pembedahan. Ya</p> <p>8. Splenomegaly bermaksud pembesaran limpa disebabkan rawatan transfusi yang tidak mencukupi. Ya</p> <p>9. Pesakit Talasemia perlu mengamalkan diet tinggi zat besi. Ya</p> <p>Bahagian 3 : Rawatan</p> <p>10. Apakah tahap hemoglobin anda pada hari menerima transfusi darah ? (sebelum transfusi)</p> <p style="border: 1px solid black; padding: 2px;">Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisi condimentum100</p> <p>11. Pengelut besi yang saya gunakan sekarang adalah seperti berikut :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Dose</th> </tr> </thead> <tbody> <tr> <td>Deferasirox</td> <td style="text-align: center;">4444444444.00</td> </tr> <tr> <td>Deferoxamine</td> <td style="text-align: center;">4444444444.00</td> </tr> <tr> <td>Deferiprone</td> <td style="text-align: center;">4444444444.00</td> </tr> </tbody> </table> <p>12. Saya tahu kesan sampingan pengelut besi yang saya ambil. Sila nyatakan :</p> <p style="border: 1px solid black; padding: 2px;">Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean convallis enim ut nisi condimentum100</p> <p>Bahagian 4 : Komplikasi</p> <p>13. Pengumpulan besi dalam badan boleh menyebabkan kerosakan organ-organ dalaman badan seperti hati, jantung, kelenjar endokrin dan organ seksual. Ya</p> <p>14. Sekiranya limpa anda dikeluarkan, anda lebih cenderung untuk mendapat jangkitan dan dinasihatkan untuk menerima vaksin seperti yang disarankan oleh doktor anda. Ya</p> <p>Bahagian 5 : Sokongan Psikososial</p> <p>15. Adakah tekanan emosi perlukan bantuan ? Ya</p> <p>16. Saya boleh mendapat sokongan emosi dengan berkongsi masalah dengan keluarga/kawan-kawan rapat atau berjumpa pegawai Psikologi/kounselor. Ya</p> <p style="text-align: right;">Score \16</p> </div>		Dose	Deferasirox	4444444444.00	Deferoxamine	4444444444.00	Deferiprone	4444444444.00
	Dose									
Deferasirox	4444444444.00									
Deferoxamine	4444444444.00									
Deferiprone	4444444444.00									

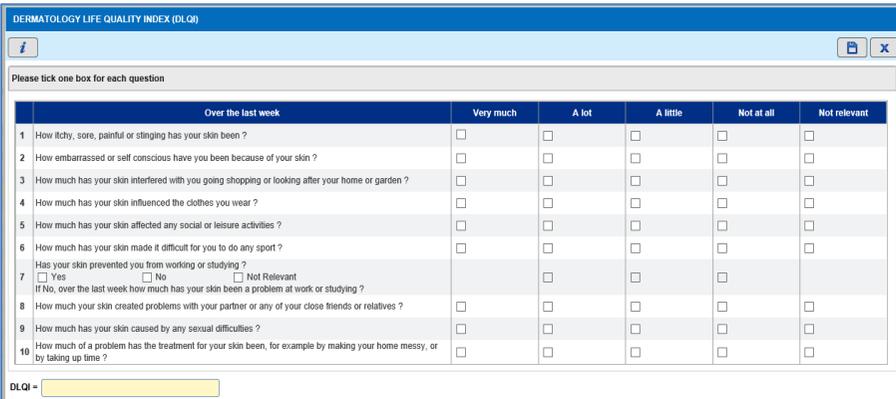
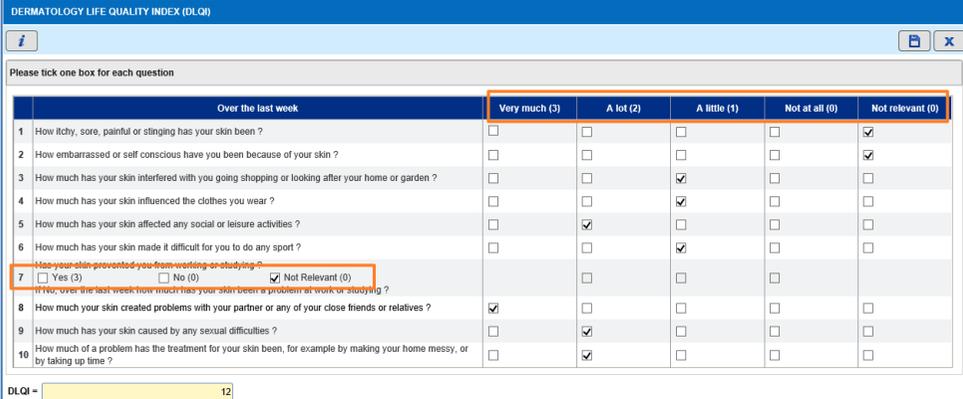
Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3																																																										
		<p>- Thalassaemia Knowledge Assessment report in English</p> <div data-bbox="1205 288 1951 1374" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Thalassaemia Knowledge Assessment</p> <p>Name : NXXXXXXXXXXXX XXXXX XXXXXX XXXX Date : 26/10/2020</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #e1eef6;">Part 1 : Knowledge Assessment</th> </tr> </thead> <tbody> <tr> <td colspan="2">1. What is your Thalassaemia Type ?</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> beta Thalassaemia Major <input type="checkbox"/> HB E Beta Thalassaemia <input type="checkbox"/> Beta Thalassaemia Intermediate <input type="checkbox"/> HB H Constant Spring <input type="checkbox"/> Others : </td> </tr> <tr> <td>2. Thalassaemia is a genetic blood disorder.</td> <td style="text-align: center;">No</td> </tr> <tr> <td>3. Thalassaemia is inherited from both parents who carry thalassaemia gene.</td> <td style="text-align: center;">No</td> </tr> <tr> <td>4. Thalassaemia can be prevented by doing premarital screening and avoid marriage between two carriers.</td> <td style="text-align: center;">No</td> </tr> <tr> <td>5. Blood transfusion, iron chelation therapy and bone marrow transplants are among the thalassaemia treatments.</td> <td style="text-align: center;">Yes</td> </tr> <tr> <th colspan="2" style="background-color: #e1eef6;">Part 2 : General Knowledge</th> </tr> <tr> <td>6. Regular blood transfusion is the main cause of iron overload in thalassaemia patients.</td> <td style="text-align: center;">No</td> </tr> <tr> <td>7. Iron removal in thalassaemia patient can be done through injection, oral pills and surgery.</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>8. Splenomegaly is defined as enlargement of the spleen caused by inadequate blood transfusion.</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>9. Thalassaemia patient has to practice high iron diet.</td> <td style="text-align: center;">Yes</td> </tr> <tr> <th colspan="2" style="background-color: #e1eef6;">Part 3 : Treatment</th> </tr> <tr> <td colspan="2">10. What is your hemoglobin level when you are getting your transfusion ? (before transfusion)</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td colspan="2">11. I am currently using these iron chelators :</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%;">Dose</th> </tr> </thead> <tbody> <tr> <td>Deferasirox</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Deferoxamine</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Deferiprone</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="2">12. I know the side effects of the iron chelators I am taking. Please mention :</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <th colspan="2" style="background-color: #e1eef6;">Part 4 : Complications</th> </tr> <tr> <td>13. Iron overload will be harmful to the internal organs such as liver, heart, thyroid gland and sex organs.</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>14. Patient with spleen removed are prone for infections and advised to receive necessary vaccinations as advised by your doctor.</td> <td style="text-align: center;">No</td> </tr> <tr> <th colspan="2" style="background-color: #e1eef6;">Part 5 : Psychosocial Support</th> </tr> <tr> <td>15. Do emotional stresses need help ?</td> <td style="text-align: center;">No</td> </tr> <tr> <td>16. I can get emotional support by sharing problems with family/ close friends or meeting with Psychologist/ counselors.</td> <td style="text-align: center;">Yes</td> </tr> </tbody> </table> </div>	Part 1 : Knowledge Assessment		1. What is your Thalassaemia Type ?		<input type="checkbox"/> beta Thalassaemia Major <input type="checkbox"/> HB E Beta Thalassaemia <input type="checkbox"/> Beta Thalassaemia Intermediate <input type="checkbox"/> HB H Constant Spring <input type="checkbox"/> Others :		2. Thalassaemia is a genetic blood disorder.	No	3. Thalassaemia is inherited from both parents who carry thalassaemia gene.	No	4. Thalassaemia can be prevented by doing premarital screening and avoid marriage between two carriers.	No	5. Blood transfusion, iron chelation therapy and bone marrow transplants are among the thalassaemia treatments.	Yes	Part 2 : General Knowledge		6. Regular blood transfusion is the main cause of iron overload in thalassaemia patients.	No	7. Iron removal in thalassaemia patient can be done through injection, oral pills and surgery.	Yes	8. Splenomegaly is defined as enlargement of the spleen caused by inadequate blood transfusion.	Yes	9. Thalassaemia patient has to practice high iron diet.	Yes	Part 3 : Treatment		10. What is your hemoglobin level when you are getting your transfusion ? (before transfusion)		<input style="width: 100%;" type="text"/>		11. I am currently using these iron chelators :		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%;">Dose</th> </tr> </thead> <tbody> <tr> <td>Deferasirox</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Deferoxamine</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Deferiprone</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> </tbody> </table>			Dose	Deferasirox	<input style="width: 100%;" type="text"/>	Deferoxamine	<input style="width: 100%;" type="text"/>	Deferiprone	<input style="width: 100%;" type="text"/>	12. I know the side effects of the iron chelators I am taking. Please mention :		<input style="width: 100%;" type="text"/>		Part 4 : Complications		13. Iron overload will be harmful to the internal organs such as liver, heart, thyroid gland and sex organs.	Yes	14. Patient with spleen removed are prone for infections and advised to receive necessary vaccinations as advised by your doctor.	No	Part 5 : Psychosocial Support		15. Do emotional stresses need help ?	No	16. I can get emotional support by sharing problems with family/ close friends or meeting with Psychologist/ counselors.	Yes
Part 1 : Knowledge Assessment																																																												
1. What is your Thalassaemia Type ?																																																												
<input type="checkbox"/> beta Thalassaemia Major <input type="checkbox"/> HB E Beta Thalassaemia <input type="checkbox"/> Beta Thalassaemia Intermediate <input type="checkbox"/> HB H Constant Spring <input type="checkbox"/> Others :																																																												
2. Thalassaemia is a genetic blood disorder.	No																																																											
3. Thalassaemia is inherited from both parents who carry thalassaemia gene.	No																																																											
4. Thalassaemia can be prevented by doing premarital screening and avoid marriage between two carriers.	No																																																											
5. Blood transfusion, iron chelation therapy and bone marrow transplants are among the thalassaemia treatments.	Yes																																																											
Part 2 : General Knowledge																																																												
6. Regular blood transfusion is the main cause of iron overload in thalassaemia patients.	No																																																											
7. Iron removal in thalassaemia patient can be done through injection, oral pills and surgery.	Yes																																																											
8. Splenomegaly is defined as enlargement of the spleen caused by inadequate blood transfusion.	Yes																																																											
9. Thalassaemia patient has to practice high iron diet.	Yes																																																											
Part 3 : Treatment																																																												
10. What is your hemoglobin level when you are getting your transfusion ? (before transfusion)																																																												
<input style="width: 100%;" type="text"/>																																																												
11. I am currently using these iron chelators :																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%;">Dose</th> </tr> </thead> <tbody> <tr> <td>Deferasirox</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Deferoxamine</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Deferiprone</td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> </tbody> </table>			Dose	Deferasirox	<input style="width: 100%;" type="text"/>	Deferoxamine	<input style="width: 100%;" type="text"/>	Deferiprone	<input style="width: 100%;" type="text"/>																																																			
	Dose																																																											
Deferasirox	<input style="width: 100%;" type="text"/>																																																											
Deferoxamine	<input style="width: 100%;" type="text"/>																																																											
Deferiprone	<input style="width: 100%;" type="text"/>																																																											
12. I know the side effects of the iron chelators I am taking. Please mention :																																																												
<input style="width: 100%;" type="text"/>																																																												
Part 4 : Complications																																																												
13. Iron overload will be harmful to the internal organs such as liver, heart, thyroid gland and sex organs.	Yes																																																											
14. Patient with spleen removed are prone for infections and advised to receive necessary vaccinations as advised by your doctor.	No																																																											
Part 5 : Psychosocial Support																																																												
15. Do emotional stresses need help ?	No																																																											
16. I can get emotional support by sharing problems with family/ close friends or meeting with Psychologist/ counselors.	Yes																																																											

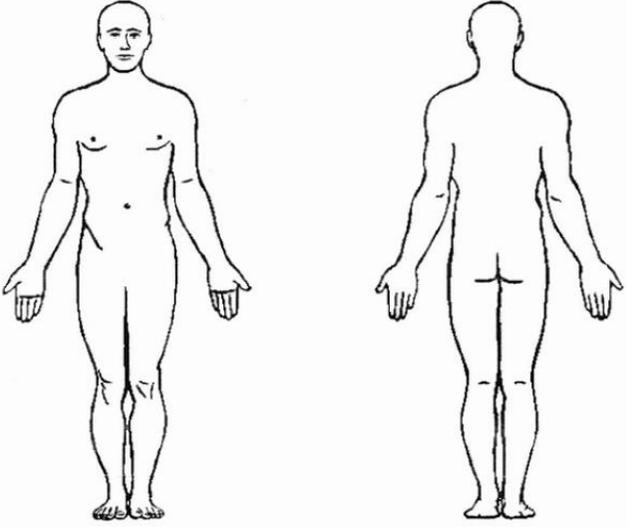
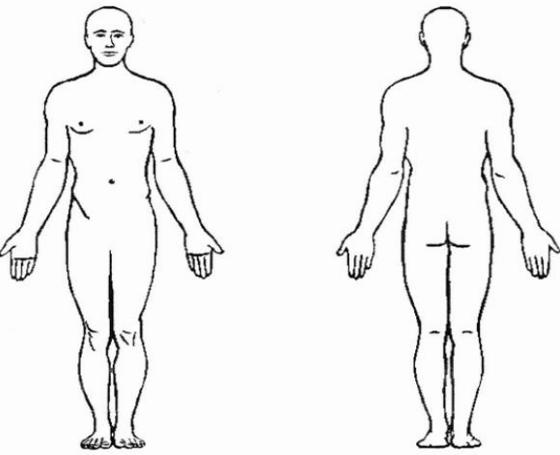
Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3												
<p>4. MTAC – Respiratory</p>	<p>Pharmacy → Clinical → MTAC Reporting (Respiratory) → Specific Details In version 2.2, Specific details screen for MTAC – Respiratory is as below:</p> 	<p>Pharmacy → Clinical → MTAC Reporting (Respiratory) → Specific Details In new version 2.3, Specific details screen for MTAC – Respiratory has been changed as below:</p>  <p>1) Spirometry Reading:</p> <ul style="list-style-type: none"> • Labels has been renamed as below: <ul style="list-style-type: none"> - FEV1 (L) - FVC (L) - FEV1 /FVC (%) • Below fields has been removed: <ul style="list-style-type: none"> - FeNO (ppb) - IgE (units/mL) <table border="1" data-bbox="1209 1141 1825 1364"> <thead> <tr> <th>SPIROMETRY Reading</th> <th>Baseline</th> <th>Current</th> </tr> </thead> <tbody> <tr> <td>FEV1 (L)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>FVC (L)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>FEV1 /FVC (%)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	SPIROMETRY Reading	Baseline	Current	FEV1 (L)	<input type="text"/>	<input type="text"/>	FVC (L)	<input type="text"/>	<input type="text"/>	FEV1 /FVC (%)	<input type="text"/>	<input type="text"/>
SPIROMETRY Reading	Baseline	Current												
FEV1 (L)	<input type="text"/>	<input type="text"/>												
FVC (L)	<input type="text"/>	<input type="text"/>												
FEV1 /FVC (%)	<input type="text"/>	<input type="text"/>												

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3																														
		<p>2) PEFR & Spirometry</p> <ul style="list-style-type: none"> • ‘Baseline’ column has been added <table border="1" data-bbox="1211 343 2163 549"> <thead> <tr> <th>PEFR Reading (L/min)</th> <th>Baseline</th> <th>Current</th> <th>SPIROMETRY Reading</th> <th>Baseline</th> <th>Current</th> </tr> </thead> <tbody> <tr> <td>Expected</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>FEV1 (L)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Personal Best</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>FVC (L)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Previous</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>FEV1 /FVC (%)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>%=</td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> • This ‘Baseline’ column is a read only fields which is to captured value from the first Spirometry reading created (User entered at ‘Current’ field) • Data captured at ‘Baseline’ field will be remain and will not be replaced until patient has been ‘Discharged’ from the MTAC respiratory visit • If during the first PEFR/ Spirometry reading record, some field is empty, system still captures it as a baseline record <p>Example for PEFR Reading:</p> <ul style="list-style-type: none"> • User only fill in Expected & Previous PEFR reading on the 1st visit • On the 2nd visit the baseline shall be have value for Expected & Previous fields only, where Personal Best and %= shall be empty • If the next visit user fills in those empty field it won’t change/ replace the baseline recorded <p>Example for Spirometry Reading:</p> <ul style="list-style-type: none"> • User only fill in FVC(L) and FEV1(L) Spirometry reading on the 1st visit • On the 2nd visit the baseline shall be have value for FVC(L) and FEV1(L) only, where FEV1 /FVC (%) shall be empty • If the next visit user fills in those empty field it won’t change/ replace the baseline recorded 	PEFR Reading (L/min)	Baseline	Current	SPIROMETRY Reading	Baseline	Current	Expected	<input type="text"/>	<input type="text"/>	FEV1 (L)	<input type="text"/>	<input type="text"/>	Personal Best	<input type="text"/>	<input type="text"/>	FVC (L)	<input type="text"/>	<input type="text"/>	Previous	<input type="text"/>	<input type="text"/>	FEV1 /FVC (%)	<input type="text"/>	<input type="text"/>	%=	<input type="text"/>	<input type="text"/>			
PEFR Reading (L/min)	Baseline	Current	SPIROMETRY Reading	Baseline	Current																											
Expected	<input type="text"/>	<input type="text"/>	FEV1 (L)	<input type="text"/>	<input type="text"/>																											
Personal Best	<input type="text"/>	<input type="text"/>	FVC (L)	<input type="text"/>	<input type="text"/>																											
Previous	<input type="text"/>	<input type="text"/>	FEV1 /FVC (%)	<input type="text"/>	<input type="text"/>																											
%=	<input type="text"/>	<input type="text"/>																														

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3																																																				
		<p>Note: PEFR & SPIROMETRY Readings records shall be treated as two different indicators, where baseline recorded shall be based on 1st entry for each PEFR & SPIROMETRY</p> <p>Example Scenario: 1st visit – User did not fill in for both PEFR & SPIROMETRY Readings 2nd visit, only PEFR reading been entered --> this record will be baseline for PEFR, but spirometry will remain empty 3rd visit, User fill in records for SPIROMETRY Reading, so this record will be the baseline for SPIROMETRY Reading</p> <ul style="list-style-type: none"> • ‘Baseline’ column also will be displayed at MTAC Respiratory report printing as below: <table border="1" data-bbox="1205 719 2175 1142"> <thead> <tr> <th colspan="4">Respiratory Assessment:</th> </tr> <tr> <td colspan="4">History of asthma/COPD :</td> </tr> </thead> <tbody> <tr> <td rowspan="4">Asthma details</td> <td rowspan="4">Possible asthma : trigger factors</td> <td rowspan="4">PEFR Readings</td> <td>Baseline</td> <td>Current</td> </tr> <tr> <td>Expected</td> <td>30</td> <td>40</td> </tr> <tr> <td>Personal Best</td> <td>20</td> <td>20</td> </tr> <tr> <td>Previous</td> <td>10</td> <td>20</td> </tr> <tr> <td colspan="2"></td> <td rowspan="4">Spirometry Readings</td> <td>Baseline</td> <td>Current</td> </tr> <tr> <td>ACT Score ; Current :</td> <td>Previous :</td> <td>FEV1(L)</td> <td>10</td> <td>20</td> </tr> <tr> <td>C-ACT Score ; Current :</td> <td>Previous :</td> <td>FVC(L)</td> <td>20</td> <td>30</td> </tr> <tr> <td>ASC Score ; Current :</td> <td>Previous :</td> <td>FEV1 / FVC (%)</td> <td>50</td> <td>66</td> </tr> <tr> <td>COPD details</td> <td>CAT Score ; Current : 0 Low Impact</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Previous :</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Respiratory Assessment:				History of asthma/COPD :				Asthma details	Possible asthma : trigger factors	PEFR Readings	Baseline	Current	Expected	30	40	Personal Best	20	20	Previous	10	20			Spirometry Readings	Baseline	Current	ACT Score ; Current :	Previous :	FEV1(L)	10	20	C-ACT Score ; Current :	Previous :	FVC(L)	20	30	ASC Score ; Current :	Previous :	FEV1 / FVC (%)	50	66	COPD details	CAT Score ; Current : 0 Low Impact					Previous :			
Respiratory Assessment:																																																						
History of asthma/COPD :																																																						
Asthma details	Possible asthma : trigger factors	PEFR Readings	Baseline	Current																																																		
			Expected	30	40																																																	
			Personal Best	20	20																																																	
			Previous	10	20																																																	
		Spirometry Readings	Baseline	Current																																																		
ACT Score ; Current :	Previous :		FEV1(L)	10	20																																																	
C-ACT Score ; Current :	Previous :		FVC(L)	20	30																																																	
ASC Score ; Current :	Previous :		FEV1 / FVC (%)	50	66																																																	
COPD details	CAT Score ; Current : 0 Low Impact																																																					
	Previous :																																																					

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3
5. MTAC – Psoriasis	<p>Pharmacy → Clinical → MTAC Reporting (Psoriasis) → Specific Details</p> <p>In version 2.2, Specific details screen for MTAC – Psoriasis is as below:</p> 	<p>Pharmacy → Clinical → MTAC Reporting (Psoriasis) → Specific Details</p> <p>In new version 2.3, Specific details screen for MTAC – Psoriasis has been changed as below:</p>  <p>Psoriasis Area and Severity Index (PASI)</p> <ol style="list-style-type: none"> 1) Displayed number to represent the value of the header as below: <ol style="list-style-type: none"> 1. Area (0-6) 2. Erythema (0-4) 3. Scaling (0-4) 4. Thickness (0-4) 2) Added new field for 'Additional Notes' below Psoriasis Area and Severity Index (PASI) 3) Displayed information on Psoriasis Severity at the specific details screen, information as below: <p>Psoriasis Severity</p> <p>Mild: BSA<10%, PASI<10</p> <p>Moderate: BSA= 10-20%, PSA = 10-20</p> <p>Severe: BSA>20%, PASI>20</p>

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3
	<p><u>Dermatology Life Quality Index (DLQI)</u></p> <p>In version 2.2, Dermatology Life Quality Index (DLQI) screen is as below: Click on ‘Calculate Score; Hyperlink to open the Dermatology Life Quality Index (DLQI) screen</p> 	<p><u>Dermatology Life Quality Index (DLQI)</u></p> <p>In new version 2.3, Dermatology Life Quality Index (DLQI) screen is as below: Click on ‘Calculate Score; Hyperlink to open the Dermatology Life Quality Index (DLQI) screen</p>  <p>1) ‘Answer’ for the ‘Question’ has been labelled with the score as below: Very much (3) A lot (2) A little (1) Not At all (0) Not relevant (0) and for Question 7 : Yes(3), No (0), Not Relevant (0)</p>

Function Flow	MTAC Screen in current Version 2.2	MTAC Screen in new Version 2.3																																																																																																																																		
	<p><u>MTAC Psoriasis report printing</u> In version 2.2, MTAC Psoriasis report printing is as below: MTAC Psoriasis specific details → Click on 'Area/body charts' hyperlink</p> <div data-bbox="309 355 1142 1361" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">MTAC PSORIASIS</p> <p>Nama : XXXXXXXX X/X XXXXXX MRN : HSM043998 ID No : 931010085868 Tarikh : 27/10/2020 MTAC Visit : 10</p> <p>Sila rujuk kepada warna atau nama ubat untuk memastikan ubat disapu pada bahagian badan yang betul</p>  <p style="text-align: center;">PSORIASIS AREA AND SEVERITY INDEX (PASI) : ASSESSMENT E.g. 0.1 x Head Area x (Head Erythema + Head Scaliness + Head Thickness)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Head</td> <td style="width: 10%;">: 0.1 x</td> <td style="width: 5%; border: 1px solid black; text-align: center;">0</td> <td style="width: 5%;">x</td> <td style="width: 5%;">(</td> <td style="width: 5%; border: 1px solid black; text-align: center;">1</td> <td style="width: 5%;">+</td> <td style="width: 5%; border: 1px solid black; text-align: center;">1</td> <td style="width: 5%;">+</td> <td style="width: 5%; border: 1px solid black; text-align: center;">1</td> <td style="width: 5%;">)</td> <td style="width: 5%;">=</td> <td style="width: 5%; border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Arms</td> <td>: 0.2 x</td> <td style="border: 1px solid black; text-align: center;">1</td> <td>x</td> <td>(</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">1</td> <td>)</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">1.4</td> </tr> <tr> <td>Trunks</td> <td>: 0.3 x</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>x</td> <td>(</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>)</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">6.3</td> </tr> <tr> <td>Legs</td> <td>: 0.4 x</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>x</td> <td>(</td> <td style="border: 1px solid black; text-align: center;">1</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">4</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">4</td> <td>)</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td colspan="12" style="text-align: right;">TOTAL SCORE</td> <td style="border: 1px solid black; text-align: center;">7.7</td> </tr> </table> </div>	Head	: 0.1 x	0	x	(1	+	1	+	1)	=	0	Arms	: 0.2 x	1	x	(3	+	3	+	1)	=	1.4	Trunks	: 0.3 x	3	x	(2	+	3	+	2)	=	6.3	Legs	: 0.4 x	0	x	(1	+	4	+	4)	=	0	TOTAL SCORE												7.7	<p><u>MTAC Psoriasis report printing</u> In new version 2.3, MTAC Psoriasis report printing has been changed as below: 1) Displayed information of Psoriasis Severity Index MTAC Psoriasis specific details → Click on 'Area/body charts' hyperlink</p> <div data-bbox="1310 427 2072 1383" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">MTAC PSORIASIS</p> <p>Nama : PXXXXX XXXXXXXX X/X MRN : HSM0068636 ID No : 880401085147 Tarikh : 27/10/2020 MTAC Visit : 1</p> <p>Sila rujuk kepada warna atau nama ubat untuk memastikan ubat disapu pada bahagian badan yang betul</p>  <div style="border: 2px solid red; padding: 5px; margin: 10px 0;"> <p>Psoriasis Severity : Mild : BSA < 10%, PASI < 10 Moderate : BSA = 10% - 20 %, PSA = 10 - 20 Severe : BSA > 20%, PASI > 20</p> </div> <p style="text-align: center;">PSORIASIS AREA AND SEVERITY INDEX (PASI) : ASSESSMENT E.g. 0.1 x Head Area x (Head Erythema + Head Scaliness + Head Thickness)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Head</td> <td style="width: 10%;">: 0.1 x</td> <td style="width: 5%; border: 1px solid black; text-align: center;">3</td> <td style="width: 5%;">x</td> <td style="width: 5%;">(</td> <td style="width: 5%; border: 1px solid black; text-align: center;">1</td> <td style="width: 5%;">+</td> <td style="width: 5%; border: 1px solid black; text-align: center;">1</td> <td style="width: 5%;">+</td> <td style="width: 5%; border: 1px solid black; text-align: center;">1</td> <td style="width: 5%;">)</td> <td style="width: 5%;">=</td> <td style="width: 5%; border: 1px solid black; text-align: center;">0.9</td> </tr> <tr> <td>Arms</td> <td>: 0.2 x</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>x</td> <td>(</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>)</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">3.6</td> </tr> <tr> <td>Trunks</td> <td>: 0.3 x</td> <td style="border: 1px solid black; text-align: center;">4</td> <td>x</td> <td>(</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>)</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">9.6</td> </tr> <tr> <td>Legs</td> <td>: 0.4 x</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>x</td> <td>(</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>+</td> <td style="border: 1px solid black; text-align: center;">4</td> <td>)</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td colspan="12" style="text-align: right;">TOTAL SCORE</td> <td style="border: 1px solid black; text-align: center;">14.1</td> </tr> </table> </div>	Head	: 0.1 x	3	x	(1	+	1	+	1)	=	0.9	Arms	: 0.2 x	3	x	(2	+	2	+	2)	=	3.6	Trunks	: 0.3 x	4	x	(2	+	3	+	3)	=	9.6	Legs	: 0.4 x	0	x	(2	+	2	+	4)	=	0	TOTAL SCORE												14.1
Head	: 0.1 x	0	x	(1	+	1	+	1)	=	0																																																																																																																								
Arms	: 0.2 x	1	x	(3	+	3	+	1)	=	1.4																																																																																																																								
Trunks	: 0.3 x	3	x	(2	+	3	+	2)	=	6.3																																																																																																																								
Legs	: 0.4 x	0	x	(1	+	4	+	4)	=	0																																																																																																																								
TOTAL SCORE												7.7																																																																																																																								
Head	: 0.1 x	3	x	(1	+	1	+	1)	=	0.9																																																																																																																								
Arms	: 0.2 x	3	x	(2	+	2	+	2)	=	3.6																																																																																																																								
Trunks	: 0.3 x	4	x	(2	+	3	+	3)	=	9.6																																																																																																																								
Legs	: 0.4 x	0	x	(2	+	2	+	4)	=	0																																																																																																																								
TOTAL SCORE												14.1																																																																																																																								