

O-391-16

TRADE MARKS ACT 1994

IN THE MATTER OF APPLICATION NUMBER 3143727

BY AVERROES GROUP

TO REGISTER THE FOLLOWING TRADE MARK IN CLASSES 05, 09, 10, 16, 41, 42 & 44:

e-mar

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e-mar

Background

1. On 10 January 2016, Averroes Group ('the applicant') applied to register trade mark application number 3143727 consisting of the expression 'e-mar' for the following goods and services:

Class 5: Medicine cases, portable, filled.

Class 9: Software drivers; software for processing images, graphics and text; software for the operational management of portable magnetic and electronic cards; software for tablet computers; software development kit [SDK]; software and applications for mobile devices; software (Computer-), recorded; pharmacy related software for care homes; software used to help compliance and administration for patients in care, hospital, specialised centres or self-dependent; software designed to accurately record medication administration.

Class 10: Medicine administering spoons.

Class 16: Software programmes and data processing programmes in printed form; software programmes in printed form,

Class 41: Medical education services.

Class 42: Software (updating of computer-); software design (computer-); software (rental of computer-); software (rental of computer-); software (updating of computer-); software creation; software design (computer-); software design and development; software authoring; software consultancy services; software consulting services; software customisation services; software design; software design for others; software development; software development services; software engineering; software installation; software maintenance services; software research; software as a service; software as a service [SaaS].

Class 44: Pharmacy advisory services; pharmacy advice; healthcare services; healthcare; pharmacy advisory services; pharmacy advice; medical advice for individuals with disabilities; medical assistance services; medical assistance; medical information (provision of-); medical care; medical services; medical care services; medical advisory services; medical information services.

2. The examination report issued on 21 January 2016 indicated that there were a number of classification issues which would need to be addressed before the mark could be accepted for publication. The report did *not* present any absolute grounds objections under section 3(1) of the UK Trade Marks Act 1994 ('the Act').
3. The aforementioned classification issues were subsequently resolved following receipt of proposals presented in the applicant's letter of 21 January 2016. The application was then accepted, and published for opposition purposes on 29 January 2016.
4. On 8 March 2016, and after the mark had been published, third party observations under section 38(3) of the Act were received from Mr Chris Gledhill of Graphix Asset Ltd. In his observations, Mr Gledhill alleged that the expressions 'e-mar' and 'emar' are both descriptive and in common usage by third parties. More specifically, he alleged that the three-letter sequence 'MAR' is recognised as being an abbreviation for 'Medical Administration Record sheet', and that around 300,000 paper 'MAR' sheets are processed by care homes in the UK each month. He added that, much the same as the single letter 'e' can be added to the word 'learning' to create the widely understood expression 'e-learning' (meaning 'learning provided via electronic means'), adding the single letter 'e' to the abbreviation 'MAR' resulted in a sign that is obvious, descriptive, and in common use. Attached to his letter were a selection of other third parties' use of the term 'e-mar'. These examples, along with Mr Gledhill's own letter of observation are reproduced at Annex A.
5. As can be seen from Annex A the examples of use sent in by the observer comprise the partial results of a GOOGLE search on the word 'e-mar', along with more focussed hits, taken from various individual websites, including www.electronicmar.co.uk, which is understood to be the website of the third party observer. There was no reason to suggest that the GOOGLE search and the individual hits were not taken contemporaneously by the observer. The GOOGLE search results include potentially relevant hits at:

www.hcsinc.net/products/hcs-emar.html, described as, "Using HCS eMAR, clinicians can document medication administrations, vital signs, and other observations. Alerts are displayed immediately if clinical actions....."

www.caremeds.co.uk/emar-for-carehomes.html described as, "Are you considering an electronic MARs solution for your home? Electronic Medication Management, EMM, Electronic MAR Charts, eMAR whatever you want to"

www.icarehealth.co.uk/blog/tag/emar/ described as, "iCareHealth have been shortlisted for our Electronic Management Solution (eMAR), and how it is used to capture information and manage workflows....."

www.fdbhealth.com/solutions/emar/ described as, "FDB creates information flow from the prescriber to the pharmacist to the nurse, promoting accurate electronic medication administration records (EMAR)....."

<https://www.technopedia.com/.../electronic-medication-administration-rec...> described as, "Electronic medication administration records (eMar) enlist bar coding

technology to submit and fill prescriptions with hand-held scanners that read bar codes...”

6. As far as the individual website hits are concerned, these show prima facie evidence that e-MAR (including variants) is, indeed, an acronym for ‘electronic medication administration record’. One of the examples of individual website usage, provided with the observations is shown below:

HCS eMAR



HCS eMAR is an electronic medication administration record solution proven to improve patient safety and drastically reduce the amount of time spent on documentation. Hospitals using HCS eMAR have documented a 33% reduction in medication administration errors and a reduction of 45% in documentation time.

Using HCS eMAR, clinicians can document medication administrations, vital signs, and other observations. Alerts are displayed immediately if clinical actions need to be taken. These can be displayed on the eMAR screen, transmitted via email or pager, recorded in reports, or shown on the integrated Status Board. The Status Board, which is displayed on a monitor at the nursing stations, shows a list of rooms where patients have due or overdue medications, medication response evaluation needs, and/or a need for vital signs to be taken. By allowing nurses to see quickly whether patient actions are needed—without having to log into a computer—the Status Board eases strain and helps eliminate missed administrations and other patient care omissions.

HCS eMAR streamlines medication administration by scanning unit dose barcode labels and reconciling that information within patient's medication record. HCS eMAR supports the “Five Rights of Medication Administration” (Right Patient, Right Drug, Right Dose, Right Route, Right Time), while also saving time for clinicians.

Key Features

- Nurse designed user interface
- 1D barcode scanning technology
- Wired and Wireless Media
- Flexible clinical screening and documentation functions

7. On the face of it, the above uses of ‘e-mar’, along with minor variants such as ‘eMAR’ or ‘EMAR’, by apparently *different* undertakings, *and* such uses being in a descriptive manner, required at the very least, an explanation from the applicant. Thus, on 14 March 2016, and in accordance with section 40 of the Act, the Registrar raised a late objection under sections 3(1)(b) and (c) in respect of classes 9, 16, 41, 42 and 44 only. In raising the objection, the Registrar provided the applicant with a copy of the observer’s letter and examples of third party use as at Annex A and referred to above. A period up to 29 March 2016 was provided in which the applicant could respond.
8. Although late objections were raised against classes 9, 16, 41, 42 and 44, the application was deemed to be acceptable in classes 5 and 10. I will deal more fully with the scope of the objection below in the main body of my statement of grounds.

9. The applicant did not respond to the late objection, and so on 12 April 2016, following expiry of the opposition period, the application was formally refused. In accordance with standard practice, the applicant was provided with a period of one month in which to request a full written statement of grounds via submission of a form TM5.
10. On 10 May 2016 a form TM5 was received from Mr Tariq Umer on behalf of the applicant.
11. Under section 76 and rule 69 of the Act and rules respectively, I am now asked to state in writing the grounds of my decision and the materials used in arriving at it. No formal evidence of use has been put before me for the purposes of demonstrating acquired distinctiveness. Therefore, in respect of the services listed at paragraph 1 above, I have only the *prima facie* case to consider.

The *prima facie* case for objection

12. Section 3(1) of the Act reads as follows:

“3.-(1) The following shall not be registered -

(a) ...

(b) trade marks which are devoid of any distinctive character,

(c) trade marks which consist exclusively of signs or indications which may serve, in trade, to designate the kind, quality, quantity, intended purpose, value, geographical origin, the time of production of goods or of rendering of services, or other characteristics of goods or services,

(d) ...

Provided that, a trade mark shall not be refused registration by virtue of paragraph (b), (c) or (d) above if, before the date of application for registration, it has in fact acquired a distinctive character as a result of the use made of it.”

The above provisions mirror Articles 3(1)(b) and (c) of First Council Directive 89/104 of 21 December 1988. The proviso to Section 3 is based on the equivalent provision of Article 3(3).

Relevant authorities - general considerations

13. The Court of Justice of the European Union ('CJEU') has repeatedly emphasised the need to interpret the grounds for refusal of registration listed in Article 3(1) and Article 7(1), the equivalent provision in Council Regulation 40/94 of 20 December 1993 (subsequently codified as Council Regulation (EC) No 207/2009 of 26 February 2009) on the Community Trade Mark (the Regulation), in the light of the general interest

underlying each of them (*Bio ID v OHIM*, C-37/03P, paragraph 59 and the case law cited there and, more recently, *Celltech R&D Ltd v OHIM*, C-273/05P).

14. The general interest to be taken into account in each case must reflect different considerations according to the ground for refusal in question. For example, in the case of the registration of colours *per se* not spatially delimited, the Court has ruled that the public interest is aimed at the need not to restrict unduly the availability of colours for other traders in goods or services of the same type. Also, in relation to section 3(1)(b) (and the equivalent provisions referred to above) the Court has held that “...*the public interest... is, manifestly, indissociable from the essential function of a trade mark*” (*Satelliten Fernsehen GmbH v OHIM* C329/02 (SAT.1)). The essential function thus referred to is that of guaranteeing the identity of the origin of the goods or services offered under the mark to the consumer or end-user by enabling him, without any possibility of confusion, to distinguish the product or service from others which have another origin (see paragraph 23 of the above mentioned judgment).

Section 3(1)(c)

15. There are a number of CJEU judgments which deal with the scope of Article 3(1)(c) of the Directive and Article 7(1)(c) of the Regulation, whose provisions correspond to section 3(1)(c) of the UK Act. I derive the following main guiding principles from the cases noted below:

- Subject to any claim in relation to acquired distinctive character, signs and indications which may serve in trade to designate the characteristics of goods or services are deemed incapable of fulfilling the indication of origin function of a trade mark (*Wm Wrigley Jr & Company v OHIM*, C-191/01P (*Doublemint*), paragraph 30);
- Article 7(1)(c) (section 3(1)(c)) pursues an aim which is in the public interest that descriptive signs or indications may be freely used by all (*Doublemint*, paragraph 31);
- It is not necessary that such a sign be in use at the time of application in a way that is descriptive of the goods or services in question. It is sufficient that it could be used for such purposes (*Doublemint*, paragraph 32);
- It is irrelevant whether there are other, more usual signs or indications designating the same characteristics of the goods or services. The word ‘exclusively’ in paragraph (c) is not to be interpreted as meaning that the sign or indication should be the only way of designating the characteristic(s) in question (*Koninklijke KPN Nederland NV v Benelux Merkenbureau*, C-363/99 (*Postkantoor*), paragraph 57);
- An otherwise descriptive combination may not be descriptive within the meaning of Article 3(1)(c) of the Directive provided that it creates an impression which is sufficiently far removed from that produced by the simple combination of those elements. In the case of a word trade mark, which is intended to be heard as much as to be read, that condition must be satisfied as regards both the aural and the visual impression produced by the mark (*Postkantoor*, paragraph 99).

16. In *Matratzen Concord AG v Hukla Germany SA*, C-421/04, the CJEU further stated that:

"...to assess whether a national trade mark is devoid of distinctive character or is descriptive of the goods or services in respect of which its registration is sought, it is necessary to take into account the perception of the relevant parties, that is to say in trade and or amongst average consumers of the said goods or services, who are reasonably well informed and reasonably observant and circumspect, in the territory in respect of which registration is applied..."

I am also mindful of the decision of the General Court (formerly the Court of First Instance) in *Ford Motor Co v OHIM*, T-67/07 where it was stated that:

"...there must be a sufficiently direct and specific relationship between the sign and the goods and services in question to enable the public concerned immediately to perceive, without further thought, a description of the category of goods and services in question or one of their characteristics"

17. It is clear from the aforementioned case law that I must determine whether or not the mark applied for will be perceived by the relevant consumer as a means of directly designating characteristics of the goods and services being provided. I must therefore assess who I consider the relevant consumer to be. In view of the range of goods/services covered by the application, which include obviously *medical* goods/services for use by, presumably, a medical or healthcare professional (including e.g. a care home provider or professional involved in such care), and various *general* software goods/services, the relevant consumer will differ.

18. The services of classes 41 and 44 are plainly all medical in nature, along with certain software of class 9, whereas other software in class 9, the software in class 16 and the services of class 42 are not specific to medical application. For the goods/services that are clearly aimed at the medical sector the level of attention paid by the consumer in purchasing is likely to be higher than that given by the general public. However, for the non-medical goods or services the level of attention may be lower (as these are sold to the general public), but this is not to suggest that such a consumer would be anything less than reasonably circumspect in their purchases. In any event, I would not say the identification of different types of consumer, or differing levels of attention, has any impact upon my overall finding in this case – see e.g. CJEU Case C-311/11P *Smart Technologies ULC v. OHIM* (ECLI:EU:C:2012:460), at paragraph 48, as follows:

"the fact that the relevant public is a specialist one cannot have a decisive influence on the legal criteria used to assess the distinctive character of a sign. Although it is true that the degree of attention of the relevant specialist public is, by definition, higher than that of the average consumer, it does not necessarily follow that a weaker distinctive character of a sign is sufficient where the relevant public is specialist."

19. The next part of my analysis takes in the nature of the goods and services. Refusal is only justified in relation to those goods or services in respect of which a characteristic would be designated. I am not required to justify refusal in relation to each and every item of

goods or services specified, and instead I can give general reasoning but only up to the point that goods or services can be said to be 'homogeneous'. In Case C-239/05, *BVBA* [2007] E.C.R. I-1455; [2007] E.T.M.R. 35, the CJEU said:

"34 ... an examination of the grounds for refusal listed in Art.3 of the Directive must be carried out in relation to each of the goods and services for which trade mark registration is sought and, secondly, that the decision of the competent authority refusing registration of a trade mark must, in principle, state reasons in respect of each of those goods or services.

35 That conclusion cannot be any different where an application to the competent authority for a range of goods or services does not contain a subsidiary application for registration of the mark concerned for specific classes of goods or services or for goods and services considered separately.

36 The duty upon the competent authority to state reasons for refusing to register a trade mark in relation to each of the goods or services for which such registration is sought also arises from the essential requirement for any decision of a national authority refusing the benefit of a right conferred by Community law to be subject to judicial review which is designed to secure effective protection for that right and which, accordingly, must cover the legality of the reasons for the decision ...

37 However, where the same ground of refusal is given for a category or group of goods or services, the competent authority may use only general reasoning for all of the goods and services concerned."

20. Based on the above, I think the goods of classes 9 and 16 can be treated homogeneously, in the sense that they are software itself, including drivers and kits. As such, and based on the internet hits provided by the observer, the mark would, in the *prima facie*, describe a 'type' or 'kind' of software, i.e. for use in relation to medical administration records that are provided electronically, or in relation to goods likely to be used in conjunction with such software.

21. The services listed in classes 41 and 44, specifically, relate to the medical/healthcare field and as such the mark could describe a feature of those services or how they might be performed, i.e. services that utilise electronic medical administration records or that, in the case of class 41, training or education in the use of electronic medical administration records.

22. The services claimed in class 42 have not been limited to the medical field and include software services at large. That said, it is clear that such services would include within their scope the development of electronic medical administration records. As such, it seems to me that it is legitimate to treat such services in a homogeneous manner and that the mark would be meaningful (albeit in a niche way) in relation to those, broadly claimed, services.

23. The above is, of course, predicated on fact that the evidence provided by the observer represented *prima facie* proof, at least, that 'e-MAR' is meaningful in the field, so to speak.

Naturally, I have carefully reviewed the observer's material and I think it is a reasonable *prima facie* conclusion at which to arrive. The material shows, firstly, 'e-MAR', plus minor variants, as operating as an acronym for the elongated, 'electronic medication (or medical) administration record'. Secondly, it shows that a number of apparently different undertakings use the term and that they are not obviously economically linked, or that the term is obviously controlled in some proprietorial manner by any one of those undertakings or someone else. Thirdly, it shows that the term is being used in a descriptive, rather than trade mark, manner by those undertakings, and to describe a type or kind of software. Fourthly, at least some of the undertakings are based in the UK. Fifthly, the hits give some idea about the nature of the product and its potential applications, that is to say, the software is used in the management of medicines and has certain claimed advantages (including time saving and safety) over traditional paper based records.

24. With all the above in mind, it was for the applicant to engage with the objections raised, by dispelling doubt and offering an explanation for, or contesting in some way the observer's material. This did not happen and I must draw my own conclusions and inferences from that. In the circumstances, I believe a *prima facie* case for refusal has been out that the public interest is served by refusal of this application in relation to the classes objected to following the observer's material.

Conclusion

25. Taking into account guidance set out in relevant case law and the documents and material filed, I consider that the average consumer of the relevant goods and services will not perceive the sign as indicating the trade origin of the goods and services. The mark is therefore excluded from acceptance because it fails to qualify under sections 3(1)(b) and (c) of the Act.

26. I should at this point say that since an objection has been made under section 3(1)(c), this automatically engages section 3(1)(b). Having found that to be the case, it effectively ends the matter. I would just add that the objection under section 3(1)(b) is taken solely on the basis that the mark 'designates a characteristic' of the goods or services *and for no other reason*. Therefore I do not need to undertake any separate consideration of section 3(1)(b); the two sections of the Act are, in effect, co-extensive in this case.

27. The application is refused under section 40(1) in relation to classes: 9, 16, 41, 42 and 44. The application is accepted in relation to classes 5 and 10 as the goods of these classes are not obviously related to software of the type or kind spoken of in my statement of grounds.

Dated this 12th day of August 2016

**Edward Smith
For the Registrar
The Comptroller-General**

Annex A

Observations received from Chris Gledhill on 8th March 2016

Third Party Use

Pages 13-15 "I care health.co.uk"

Pages 16-17 "CareMeds"

Pages 18-22 "Health care systems"

From: Chris Gledhill [chris@graphixasset.com]
Sent: 08 March 2016 16:48
To: Trademark.Examination
Subject: 3rd party observation ref UK00003143727 e-mar FAO Mark Studley

Importance: High

FAO Mark Studley

Dear Mark,

Thank you for your time on the phone this afternoon. Further to our conversation please find below our 3rd party observation (and belief it should not be granted by the IPO) to the trade mark publication 'e-mar' reference: UK00003143727 on the grounds that e-mar / emar is already in common use, and is descriptive.

Background: MAR is short for Medical Administration Record sheet, about 300,000 paper MAR sheets are processed by care homes in the UK each month, I would suggest (as above) that adding 'e' to the commonly used acronym MAR is therefore descriptive, obvious, and already in common use. (In the same way that adding 'e' to 'learning' to make 'e-learning' is widely accepted as a generic term.)

Please confirm receipt of this email by return, and let me know how best to monitor the progress of this observation.

Please find the below a selection of prior uses of the

objected term 'e-mar'. Best regards, Chris Gledhill

e-mar Examples:

https://www.google.co.uk/search?q=e-mar&ie=utf-8&oe=utf-8&gws_rd=cr&ei=-PveVtjMF4S8swH1xKDIDQ



https://www.google.co.uk/search?q=e-mar&ie=utf-8&oe=utf-8&gws_rd=cr&ei=-PveVtjMF4S8swH1xKDI



e-mar



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About 543,000,000 results (0.53 seconds)

HCS eMAR - Health Care Systems

www.hcsinc.net/products/hcs-e-mar.html

Using HCS eMAR, clinicians can document medication administrations, vital signs, and other observations. Alerts are displayed immediately if clinical actions ...

eMAR - CareMeds

www.caremeds.co.uk/emar-for-carehomes.html

Are you considering an electronic MARs solution for your home? Electronic Medication Management, EMM, Electronic MAR Charts, eMAR whatever you want to ...

CareMeds Ltd

www.caremeds.co.uk/

eMAR system for care homes and Nursing Homes from CareMeds Medication Management.

Hotel Sol e Mar (Albufeira, Algarve, Portugal) - Hotel ...

www.tripadvisor.co.uk ... Faro District › Albufeira › Albufeira Hotels

★ ★ ★ ★ Rating: 4 - 967 reviews - Price range: £59 - £146 (Based on Average Rates for a Standard Room)

Hotel Class: 4 star — Hotel Sol e Mar 4* Number of rooms: 74. Also Known As: Sol e Mar Hotel Hotel Sol e Mar Albufeira, Algarve, Portugal. #25 On the Beach Hotel in Albufeira.

Emar - Wikipedia, the free encyclopedia

<https://en.wikipedia.org/wiki/Emar>

Emar (modern Tell Meskene, Aleppo Governorate, Syria) was an ancient Amorite city on the great bend in the mid-Euphrates in northeastern Syria, now on the ...

Region: Lake Assad shoreline

Location: Near Maskanah, Aleppo Gove...

Excavation dates: 1972—1976; 1996—...

Cultures: Amorite

Images for e-mar

Report images



More images for e-mar

Electronic Medication Management | iCareHealth's Social ...

www.icarehealth.co.uk/.../electronic-medication-management-software/

The extensive benefits of eMAR functionality contribute to a significant reduction in errors, increasing compliance, as well as the time taken by staff to complete ...

eMAR Archives - iCareHealth

www.icarehealth.co.uk/blog/tag/emar/

iCareHealth have been shortlisted for our Electronic Medication Management solution (eMAR), and how it is used to capture information and manage workflows ...

https://www.google.co.uk/search?q=emar&ie=utf-8&oe=utf-8&gws_rd=cr&ei=3fneVtHhNsuwsQGCgr7IDQ#



emar



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About 689,000 results (0.49 seconds)

eMAR - CareMeds

www.caremeds.co.uk/emar-for-carehomes.html

Are you considering an electronic MARs solution for your home? Electronic Medication Management, EMM, Electronic MAR Charts, eMAR whatever you want to ...

HCS eMAR - Health Care Systems

www.hcsinc.net/products/hcs-emar.html

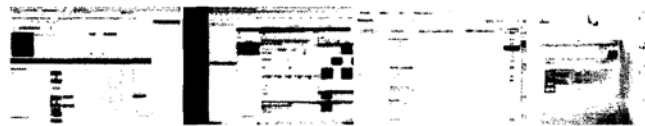
HCS eMAR is an electronic medication administration record solution proven to improve patient safety and drastically reduce the amount of time spent on ...

See results about

Emar
Emar was an ancient Amorite
mid-Euphrates in northeast

Images for emar

Report images



More images for emar

Emar - Wikipedia, the free encyclopedia

<https://en.wikipedia.org/wiki/Emar>

Emar (modern Tell Meskene, Aleppo Governorate, Syria) was an ancient Amorite city on the great bend in the mid-Euphrates in northeastern Syria, now on the ...

Region: Lake Assad shoreline Location: Near Maskanah, Aleppo Gove...
Excavation dates: 1972–1976; 1996—... Cultures: Amorite

Electronic Medication Administration Record | EMAR ...

www.fdbhealth.com/solutions/emar/

FDB creates information flow from the prescriber to the pharmacist to the nurse, promoting accurate electronic medication administration records (EMAR) ...

eMAR and eMM – What is the difference? | iCareHealth Blog

www.icarehealth.co.uk/blog/difference-between-emar-emm/

27 Feb 2014 - Firstly, let's take a closer look at electronic medication administration records (eMAR). It seems that no two definitions of eMAR are the same ...

What are Electronic Medication Administration Records ...

<https://www.techopedia.com/.../electronic-medication-administration-rec...>

Electronic medication administration records (eMar) enlist bar coding technology to submit and fill prescriptions with hand-held scanners that read bar codes ...

People also ask

- What is an electronic medication administration record? ▾
- What is your understanding of a medication administration record? ▾

Electronic Medication Management

With the aim of improving the safety of residents while reducing errors and compliance risks, Electronic Medication Management software enables medications to be recorded, administered, tracked and audited – all within a single system.

[See the software in action \(/contact-icarehealth/\)](#)



Features of Electronic Medication Management

eMAR charts that accurately record medication administration to help mitigate compliance risks.

Electronic Medication Management software enables complete electronic records of each medication that is administered to residents. Using electronic medication management, care staff can easily document medication administration, along with other observations that are logged in a clear and accurate audit trail. The software produces an eMAR that ensures that medications are not missed, as an alert prompts the user if a medication hasn't been administered and a reason must be entered to prevent gaps on the MAR sheet.

The extensive benefits of eMAR functionality contribute to a significant reduction in errors, increasing compliance, as well as the time taken by staff to complete medication rounds.

iCareHealth Electronic Medication Management software can either be implemented as a stand-alone module, or as an integral part of iCareHealth's Care, Clinical and Medication Management solution.

Electronic Medication Management is just one part of iCareHealth's complete social care software.

RELATED PRODUCTS

Staff and Home
(<http://www.icarehealth.co.uk/product/staff-and-home-software/>)

Designed to help care home managers and care staff to help significantly streamline documentation, administration and data entry.

Care and Clinical
(<http://www.icarehealth.co.uk/product/care-and-clinical-software/>)

iCareHealth's flagship care home software helps facilities to manage and deliver care service more easily, quickly and effectively.

Let us show you how Electronic Medication Management can help you.



Are you considering an electronic **MARs** solution for your home?

Electronic Medication Management, EMM, Electronic **MAR** Charts, eMAR whatever you want to call it, the use of technology is going to change the way we prepare for and record outcomes of a medication round in residential and community managed care settings.

CareMeds **MAR** Charts are currently in use in over 500 Nursing and Care home providers via a growing network of independent pharmacy owners. We recognise the difficulties you face in caring for your residents needs whilst also complying with the regulations.

As an innovator in the health and care sector CareMeds continue to lead the way with technology aimed at reducing errors and improving patient outcomes.

This is achieved by having the patient at the heart of everything we do,

We call it a Patient Centric approach. We believe if our products can reach the patient bedside, then together with our users we can improve patient outcomes.

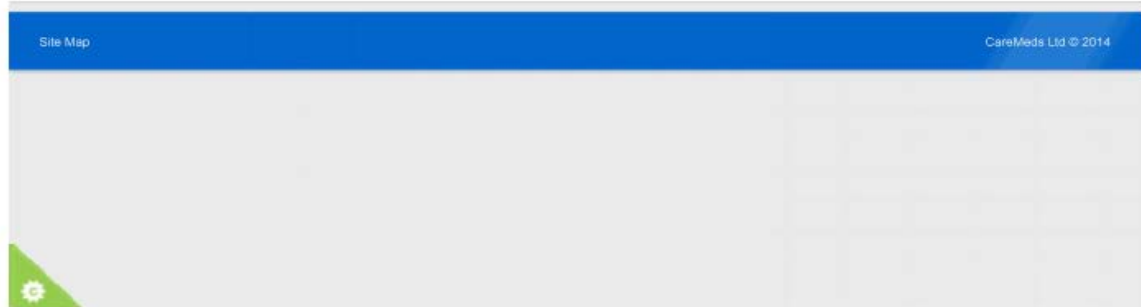
CareMeds Features include

- Android and Web Based Application
- Intuitive User Interface
- User Logins for each Nurse/Carer
- Stock Management
- Med Profiles
- Colour Coded Drug Rounds

<http://www.caremeds.co.uk/emar-for-carehomes.html>

14/03/2016

- Colour Coded labelling for boxes & blisters
- PRN Section
- Notes for PRN Admin
- INR Results Management
- Body Patch Management
- Controlled Drug Witness
- General Notes Section
- Clinical Warnings at point of admin
- Live Charts Print back up
- Web Interface for Reporting Features
- Online Medication Re-ordering
- GP Re-order Charts





HCS eMAR

HCS eMAR is an electronic medication administration record solution proven to improve patient safety and drastically reduce the amount of time spent on documentation. Hospitals using HCS eMAR have documented a 33% reduction in medication administration errors and a reduction of 45% in documentation time.

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Request A Demo

Please call (334) 279-9711 or click below to send us an email and we will happily arrange a demonstration of any HCS solution

Contact Us

(/request-demo.html)

Testimonial

There are so many vendors out there feeding us the "we want to be a partner with you" and "you are a very important client to us" lines. Very few, if any, back it up the way you guys did.

HCS eMAR streamlines medication administration by scanning unit dose barcode labels and reconciling that information within patient's medication record. HCS eMAR supports the "Five Rights of Medication Administration" (Right Patient, Right Drug, Right Dose, Right Route, Right Time), while also saving time for clinicians.

Key Features

- Nurse designed user interface
- 1D barcode scanning technology
- Wired and Wireless Media
- Flexible clinical screening and documentation functions
 - First dose response documentation
 - Pain scale and pain scale follow-up
 - Problem lists Core Measures alerts and documentation
 - Prep mode for nurse-prepared therapies
- Interfaces with other clinical information systems
- Reduces errors of omission and late administration
- Provides witness capabilities for nurse-entered orders
- Supports RNs, LPNs, student nurses, etc. with flexible user authorization settings

For more information about HCS eMAR, contact us (</contact.html>).

Additional Benefits

- Look and feel of printed MAR
- Touch screen capabilities
- Flexible access options
 - COW
 - Handheld devices

• LifeCare

Latest News

- Pharm2Pharm
[\(/about/news/pharm2pharm.html\)](/about/news/pharm2pharm.html)
- Welcome Glen Oaks
[\(/about/news/welcomeglenoaks.html\)](/about/news/welcomeglenoaks.html)
- Better Care With Transitional Med Management
[\(/about/news/reduce-readmissions-transitional-care.html\)](/about/news/reduce-readmissions-transitional-care.html)
- HCS Complete EHR Certification
[\(/about/news/ehr-certification.html\)](/about/news/ehr-certification.html)
- Rideout Health System Improves Medication Reconciliation Accuracy and Health Outcomes
[\(/about/news/rideout-health-system-improves-medication-reconciliation-accuracy-and-health-outcomes.html\)](/about/news/rideout-health-system-improves-medication-reconciliation-accuracy-and-health-outcomes.html)
- Reduce Readmissions Caused by Medication Non-adherence
[\(/about/news/reduce-readmissions-caused-by-medication-non-adherence.html\)](/about/news/reduce-readmissions-caused-by-medication-non-adherence.html)

- Stationary computers
- User-defined rules
- Alerts Integrated status board
- Preparation phase support with ingredient checking
- Shift workload management
- Charge on administration
- Management reports
- Omission and near miss notifications and reporting

Frequently Asked Questions

Will HCS eMAR create alerts for nurses to monitor and document specific vital signs that should be documented when a particular medication is administered (for example, Digoxin and heartrate)?

Yes, HCS eMAR includes a powerful rules engine that allows each hospital to customize alerts to their specific needs. Alerts can be built based on almost any factor, include drug class, individual drug, height, weight, sex, age, etc.

Can HCS eMAR document administrations using barcodes?

Yes, documentation can be completed with a quick scan of a barcode, using the barcode reader of the hospital's choice

Can we implement HCS eMAR with manual electronic documentation only?

Yes, HCS eMAR can be implemented in phases. Documenting medication administrations electronically is often the first phase of an implementation.

HCS Enables Integration between Micromedex and Siemens at Brookhaven
(/about/news/brookhaven-integration-with-micromedex-and-siemens-enabled-through-hcs.html)

Piedmont Healthcare of Georgia signs for HCS Medication Reconciliation
(/about/news/piedmont-medication-reconciliation.html)

AnMed Health Signs for HCS
(/about/news/anmed-health-signs-for-hcs.html)

St. Joseph's/Candler Health System Partners with HCS for Medication Reconciliation
(/about/news/st-josephscandler-health-system-partners-with-hcs-for-medication-reconciliation.html)

Can the Status Board show the room number of a patient that needs a medication administered?

Yes, the powerful rules engine behind the configuration and customization of alerts allows hospitals to determine the conditions that cause a patient's room number to appear on the Status Board. Common things to monitor with the Status Board include medications that are due, medications that are overdue, open clarifications, and responses that should be documented.

Can HCS eMAR charge on administration?

Yes, HCS eMAR can record charges as they occur. This is often a more efficient way of tracking charges than with a cartfill batch method. Additionally, charging on administration is an effective way to track tasks accomplished by specialists such as respiratory therapists or nursing assistants.

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develops and delivers integrated clinical software solutions for healthcare facilities, specializing in electronic health records for inpatient facilities. HCS solutions reduce costs and errors while improving patient care and access to information.

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