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and Aged Care**

Role of a Medication Advisory Committee

USER GUIDE

National quality use of medicines





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Introduction

Guiding Principles

This *User Guide: Role of a Medication Advisory Committee (User Guide)* is a 'supplement' to the *Guiding Principles for Medication Management in Residential Aged Care Facilities*.

It aims to assist residential aged care facilities (RACFs) to either implement a medication advisory committee (MAC) or optimise an existing MAC. This User Guide also provides best-practice guidance and suggests several key tasks, strategies and resources that a RACF needs to consider when forming or reviewing its MAC. The RACF should select improvement strategies that suit its own local context, and ensure they are meaningful and relevant to the organisation's governance framework, structure, location, workforce, and individual care recipients.

Related publications

Users of the User Guide should be aware of these other closely related publications, and refer to them as needed:

- *Guiding Principles for Medication Management in Residential Aged Care Facilities*
- *Guiding Principles to Achieve Continuity in Medication Management*
- *Guiding Principles for Medication Management in the Community*
- *Glossary for the Guiding Principles and User Guide*.



Governance of medication management

Priority area for action (see Figure 3)

Assign the governance of medication management to a relevant committee within the RACF's governance framework – for instance, a medication advisory committee or a clinical advisory committee according to Guidelines for forming or reviewing a MAC.

Draw upon a multidisciplinary range of healthcare professionals to contribute their expertise to optimise care, medication management and outcomes for people receiving care.

It is best practice for a medicines governance group to be established for governance of medication management. The title of this group may vary.

Research findings suggest that opportunities often exist to improve the composition and structure of MACs.¹ Additional areas of improvement related to MACs may include:

- ▶ Proactive identification and response to emerging issues
- ▶ Improved systems to enable identification of risks by the RACF workforce.

The Final Report of the Royal Commission into Aged Care Quality and Safety² outlines that: 'Effective governance of the aged care system requires ongoing guidance and direction, steering the system towards long-term policy outcomes, monitoring performance, addressing emerging issues and holding players in the system accountable for performance.'

Given research findings and recommendations outlined by the Royal Commission² relating to governance, opportunities exist to strengthen the governance, composition, operation and effectiveness of existing MACs in overseeing medication management in RACFs.

Guiding Principle 3: Governance of medication management, of the Guiding Principles for Medication Management in Residential Aged Care Facilities (RACFs) addresses this. It outlines the need for the establishment and empowerment of a multidisciplinary group to support the safe and effective management, and quality use, of medicines within RACFs. Most RACFs have established, or have access to, a medication advisory committee (MAC) for this purpose.

Once established, the role of a MAC is to:

1. Develop and endorse policies, procedures and guidelines, and advise on legislation and standards
2. Advise on risk-management systems associated with medication management
3. Identify education and training needs for medication management
4. Monitor effectiveness and performance as well as implement quality improvement strategies for medication management.

These roles are addressed in The role of a medication advisory committee.

Case study 1: Building and strengthening governance of medication management

Who are we?

We are a small regional not-for-profit residential aged care facility providing government-funded residential aged care services to 100 individuals in our care.

What is your role and what is important for you?

I am Chair of the facility's Board of Management and have recently reviewed our regular quarterly reports from our Executive and Clinical Governance Committee. I have a healthcare professional background and believe in sound governance and a person-centred approach to medicines use within our facility. A summary paragraph in the quarterly report highlighted that the MAC, one of our 'operational committees', had conducted an audit of its role and function. A series of recommendations, accompanied by a comprehensive action plan, were put forward and unanimously supported by the Board. Justification included the 2020/21 **Royal Commission into Aged Care Quality and Safety**², the need for a heightened focus on medication management, and release of the 2022 ***Guiding Principles for Medication Management in Residential Aged Care Facilities***. The number one priority in the action plan was to review our MAC's terms of reference. It was disclosed that they were years out of date.

What action did we take?

We reviewed our MAC's Terms of Reference (ToR) to reflect a more consultative approach to policy development. This was accomplished by expanding the membership to a consumer representative, who offered valuable insights into the individual care recipient's perspective. This independent voice provided much needed expertise on how our services could be more person-centred. To ensure they remain contemporary, the MAC's ToR will also have a biennial review date.



Establishing and implementing medication management governance

A MAC, or its equivalent, is a multidisciplinary committee that provides overarching governance of medication management within a RACF to ensure the judicious, appropriate, safe and quality use of medicines.³

Best-practice governance for medication management

The MAC needs to have formalised structures in place that are articulated in the organisational chart or the organisation's governance framework. The RACF's Board of Management and Executive need to be aware of where and how the MAC fits into its governance structure or framework. The Australian Commission on Safety and Quality in Health Care's National Model Clinical Governance Framework⁴ provides a national framework for clinical governance that applies to all healthcare settings.

The governance framework needs to outline the MAC's reporting relationships. Typically, this will be a direct reporting relationship to the RACF management. When appropriate, the RACF's Board of Management may refer medicines-related issues to:

- ▶ Its committees, such as MAC and/or governance committee
- ▶ The RACF's Executive, which may include a clinical governance manager (or equivalent); the MAC needs to work with the RACF's Executive to oversee organisation-wide safe and quality use of medicines.

Use of an effective clinical governance model can help achieve stronger medicines governance by:

- ▶ Identifying models of care or service delivery that promote individual and organisational accountability for achieving health outcomes
- ▶ Capturing and evaluating indicators relating to medication management, for instance, under the National Aged Care Mandatory Quality Indicator Program⁵ to compare professional service provision against defined health outcomes and indicators
- ▶ Identifying risks and issues through communication and complaints mechanisms (formal and informal) and incident management systems
- ▶ Developing, implementing, and evaluating mechanisms to address these risks and issues.

The MAC's position within the organisational structure needs to enable the assignment of responsibility for implementing the MAC's decisions and recommendations throughout the organisation. The responsibility for implementing and monitoring the decisions of the MAC (which is usually delegated to a senior RACF healthcare professional, for instance, an RN, or a pharmacist) needs to be clearly outlined within the MAC's terms of reference (ToR) (Appendix B).

Forming a medication advisory committee

Under the **Aged Care Quality Standards⁶**, the RACF's Board of Management (or governing body) is accountable for the delivery of safe and quality care and services. The MAC is to be assigned as the lead group for medicines governance, which advises and reports to the RACF's Board of Management (or governing body) and Executive. The MAC needs to be embedded into the RACF's governance framework to ensure appropriate oversight, alignment and potential escalation of medicines-related issues.

The RACF's Board of Management and Executive need to:

- ▶ Establish and use (or have direct access to) a MAC to assist and advise in the development, endorsement, promotion, monitoring, review and evaluation of medication management policies, procedures and guidelines
- ▶ Consider practical ways in which to attract and retain the involvement and input of external healthcare professionals. Most importantly, this relates to general practitioners (GPs), whose capacity to be directly involved in medicines governance activities may be limited.

A large aged care organisation, group or provider (for instance, a parent organisation or head office) may have an overarching MAC for the group of RACFs. There is a risk that issues specific to individual facilities and their individual care recipients may not have any priority within the larger governance system. The parent organisation needs to provide guidance to the smaller aged care facility to ensure standardised policies, procedures and guidelines are in place and that there is consistency in decision-making across all facilities. Centralised MACs need to enable individual facility medicines-related issues to be clearly identified, prioritised and addressed at the local level.

A MAC can assist the RACF Board of Management and Executive by enhancing the facility's links and connectedness across the healthcare system – for instance, at transitions of care. This can be achieved through development of partnerships, representation and alignment with local health networks (LHNs) and primary health networks (PHNs).



Guidelines for forming or reviewing a MAC

The following guidelines should be considered when forming or reviewing a MAC.

Membership

1. In addition to senior residential aged care or management staff, the MAC membership needs to include at least one or more of the following (also refer to [Appendix A](#)):
 - a. **General practitioner (GP)** – this can include a contracted GP responsible for delivering care within the RACF or an external independent GP. It is recommended that an independent GP be appointed for the purposes of clinical governance, accountability and transparency.
 - b. **Nurse practitioner (NP)** – as an advanced practice nurse, an NP is required to demonstrate leadership, research, education, systems management and clinical care. NPs are well placed to participate on a MAC.
 - c. **Pharmacist(s)** – ideally, all three roles listed below should be included. Whilst one pharmacist may be able to cover all three functions or roles, it may be best to consider each separately, especially if an external non-community pharmacy service provider is engaged:
 - **Community pharmacist** – this can be a pharmacist from the medication supply pharmacy contracted by the RACF
 - **Quality Use of Medicines (QUM) pharmacist**⁷ – this can be an independent accredited pharmacist or one that is employed by an external non-community pharmacy service provider
 - **Accredited Residential Medication Management Review**⁸ (RMMR) pharmacist – this can be an independent accredited consultant pharmacist or one that is employed by an external non-community pharmacy service provider.
 - d. **Registered nurse (RN)** – involved in direct care of people within the RACF. An RN responsible for medication management from another RACF could also be considered.
 - e. **A care recipient or advocate** – as a representative for those receiving care within the RACF to ensure everyone's rights, concerns and priorities are proactively addressed. This could be a relative of a person receiving care.
 - f. **Administrator or secretariat** – to support the functions and responsibilities of the MAC. A MAC needs to be adequately resourced by the RACF.
2. MAC membership needs to reflect the size of the organisation and the services provided. At a minimum the roles outlined above should be included, and the quorum required for decision-making purposes.
3. Where necessary, the MAC also needs to consider obtaining the advice of other health professionals (for example, geriatricians, clinical pharmacologists, old age psychiatrists, physiotherapists, dieticians and other allied health professionals) with expertise relevant to specific issues. Examples include the use of psychotropic medicines, opioid analgesics and other high-risk medicines, complementary medicines, swallowing difficulties and non-pharmacological management of health conditions.

Terms of reference

4. The MAC needs to operate under a terms of reference (ToR) ([Appendix B](#)) that has been approved by the RACF's Board of Management, and is formally linked to the governance, management and continuing quality assurance structures and processes of the RACF. The local environment needs to be considered when defining the MAC's functions.

Support, scope and function

5. The RACF's Board of Management and Executive needs to provide sufficient resourcing to enable the MAC to be effective and functional, and meet regularly to perform its functions. It is suggested that the MAC meet at least on a quarterly basis, or more regularly, with consideration to operational requirements. The ToR should also outline a mechanism to consider or escalate urgent medicines-related issues that may arise outside of the scheduled meetings. The ToR should also include the option for subcommittees or time-limited working groups to be established, if necessary, to manage specific tasks.

6. The MAC should have standing agenda items and sufficient time allocated for aged care specific QUM and medicines safety issues.

Depending upon the size of the aged care provider, it may be impractical for a small RACF to have its own MAC. In such cases, it may be represented at and function under the medicines governance group of a larger or parent organisation. When this is the case, it will be important for standardisation or consistency with decision-making and policy or guidance to be implemented across the group of facilities, whilst ensuring local medicines-related issues can be addressed at the local level. Representation from the small aged care facility needs to be included – for instance, an RN and pharmacist.

Meetings, decision-making and communication

7. Flexible meeting times and format (for example, in-person, virtual or hybrid) need to be considered to maximise participation. The MAC meeting dates are to be set well in advance to ensure attendance by all, or at least a quorum of committee members. Meeting times need to be set to coincide with all members' availability to facilitate their participation and involvement.
8. An agenda (**Appendix C**) needs to be prepared and circulated to all members of the MAC prior to meetings. All members of the MAC need to be able to contribute to the agenda and to raise new business without notice.
9. Minutes must be taken, and a copy of the minutes distributed to MAC attendees and appropriate staff. A written record of the minutes must be retained by the RACF and be readily retrievable. The Department of Health Victoria has **exemplar minutes**⁹ that can be used to guide MACs. All decisions need to be clearly documented and include the process and rationale for the decision and any action required. Decisions must be transparent and documentation regarding the final decision, how the decision was reached, discussion of evidence, consultation, voting/consensus mechanisms, and the rationale for all policy decisions or recommendations should be evident. MAC findings need to be disseminated to all healthcare professionals involved in the care of individuals living within the RACF – for instance, community healthcare providers such as GPs, NPs, pharmacists and allied health professionals.

Evaluation

10. The MAC is to use the audit tool and checklist (**Appendix D**) to evaluate the performance of the MAC in overseeing medication management within the RACF.

The role of a medication advisory committee

This section provides additional details, including best-practice guidelines on the role of the MAC, and a series of resources for RACFs to refer to and consider.

The role of a MAC is to:

1. Develop and endorse policies, procedures and guidelines, and advise on legislation and standards
2. Advise on risk-management systems associated with medication management
3. Identify education and training needs for medication management
4. Monitor effectiveness and performance as well as implement quality improvement strategies for medication management.

These roles are considered across the following four sections.



1. Develop and endorse policies, procedures and guidelines, and advise on legislation and standards

Priority area for action (see Figure 3)

Develop tools and provide support including:

- › A suitable set of MAC-approved policies, procedures and guidelines for medication management
- › Standardised processes and templates
- › Digital solutions and technology that are fit for purpose.

Policies, procedures, and guidelines for medication management need to be informed by the **National Medicines Policy**¹⁰, **Guiding Principles for Medication Management in Residential Aged Care Facilities**, and the **Aged Care Quality Standards**.⁶ They must be in line with the **Charter of Aged Care Rights**.¹¹

Best-practice guidelines

The MAC needs to:

- › Ensure policies, procedures and guidelines support and promote a safe interdisciplinary medication management system
- › Draw upon a multidisciplinary range of healthcare professionals to contribute their expertise to optimise care, medication management and outcomes for people receiving care.

Policies, procedures and guidelines must be:

- › Developed, implemented, evaluated, and updated in accordance with evidence-based practices and, if there are none, in accordance with locally approved practices
- › Comprehensive and comply with existing legislation, regulations and relevant standards covering the topics under **Suggested policies, procedures and guidelines**
- › Written to ensure that peoples' rights, including consent and privacy are considered in medication management practice.

Policies, procedures and guidelines also need to:

- › Be written in a standardised format/template
- › Be dated to ensure version control, and a review schedule determined by MAC members (for example, annual or quarterly or as needed, for instance, as a result of a legislative change)
- › Have an author and approver with oversight of the review and update process
- › Be developed, reviewed, updated and approved during MAC meetings
- › Prior to approval and publication, be shared with other relevant members of the RACF's interdisciplinary healthcare team seeking their feedback.

The RACF needs to:

- Maintain a written record or log of all policy, procedure and guideline updates, including changes or additions to superseded documents
- Ensure outdated and superseded policies, procedures and guidelines are archived
- Have a process in place to maintain version control of current documents.

Once endorsed by the MAC, policies, procedures and guidelines need to:

- Reflect the necessary steps to support the RACF healthcare professional team and external healthcare providers in operationalising a process or practice consistently
- Be readily accessible to the RACF interdisciplinary healthcare professional team with updates or changes clearly and actively communicated in a timely manner
- Be shared with all contracted and visiting healthcare professionals and an acknowledgement of receipt recorded.

Suggested policies, procedures and guidelines

Suggested topics of RACF policies, procedures and guidelines for the MAC to review and endorse are summarised below (refer to [Appendix E](#) for tools and resources to support their development):

- Antimicrobial stewardship and infection control
- Authorised initiation of medicines
- Avoiding use of unsafe terms and abbreviations
- Complementary and self-selected non-prescription medicines
- Continuity of medicines supply
- Emergency stock of medicines
- Guidelines for supporting individuals who administer their own medicines (self-administration)
- Incident management, including 'near misses'
- Keeping individuals safe (safeguarding)
- Managing acute exacerbations of a person's chronic illness – 'sick days'

- Management and reporting of medication incidents and suspected adverse reactions to medicines
- Managing and sharing information about an individual's medicines amongst the interdisciplinary healthcare professional team, including when they transfer between care settings
- Managing deprescribing and the use of 'deprescribing guides'
- Managing high-risk medicines (for example, psychotropics, opioid analgesics, anticoagulants and insulin)
- Medication reconciliation
- Medication review
- **National Mandatory Aged Care Quality Indicator⁵ and Serious Incident Response Scheme¹² (SIRS) reporting**
- Prescribing, receiving, dispensing and administration of medicines
- Procurement, supply, storage, security, handling and disposal of medicines
- Provision of information about medicines to individuals and their carers, including during day leave or family leave
- Safe implementation, use, and optimisation of electronic medication management (electronic NRMC)
- Use of standard forms such as the National Residential Medication Chart (NRMC).



2. Advise on risk-management systems associated with medication management

Priority area for action (see Figure 3)

Analyse information from:

- The **National Aged Care Mandatory Quality Indicator Program (QI Program)**⁵
- Internal audit and quality improvement strategies
- Incidents reported through the **Serious Incident Response Scheme (SIRS)**¹²
- Adverse events
- Clinical outcomes
- Experiences of individuals receiving care.

Conduct incident analysis at an individual and aggregated level to:

- Establish patterns or trends
- Examine relevant data external to the organisation, where possible (for example, if there are emerging medicines-related risks at other RACFs).

In accordance with Standard 8 of the **Aged Care and Quality Standards**⁶, the organisation's risk-management strategy must identify and evaluate incidents (including complaints) and 'near misses' (both clinical incidents and incidents in delivering care and services). A focus on medicine incident management is important; however, risk management is also about providing leadership to embed the culture, processes and structures that realise potential improvement opportunities whilst managing and mitigating adverse events.

The Australian Commission on Safety and Quality in Health Care's **Incident Management Guide**¹³ includes best-practice principles of incident management. They are applicable to clinical (including medication) incidents that occur in all healthcare settings and outline the usual phases of incident management – from incident identification to lessons learnt.

Figure 1 illustrates the usual phases of incident management, and includes some reflective questions for the RACF to consider when setting up or reviewing its risk management systems.

Best-practice guidelines

To inform and update risk assessments and the RACF's incident management system, the MAC needs to analyse information from:

- The **National Aged Care Mandatory Quality Indicator Program (QI Program)**⁵
- Internal audit and quality improvement strategies
- Incidents reported through the **Serious Incident Response Scheme (SIRS)**¹²
- Adverse events
- Clinical outcomes
- The experiences of the person receiving care.

Early intervention in the medication management pathway can prevent adverse events occurring later in the pathway.

The analysis needs to be performed at an individual and aggregated level to:

- Establish patterns or trends
- Examine relevant data external to the organisation, where possible (for example, if there are emerging medicines-related risks at other RACFs).

The MAC needs to collaboratively develop strategies to reduce or remove the risks in a timeframe that matches the level of risk. It can do this by investigating:

- Whether the incident could have been predicted and prevented
- What, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their harm
- How well the incident was managed and resolved, including open disclosure where applicable
- What, if any, actions could be taken to improve both the healthcare service provider's and the facility's management and resolution of similar incidents

- Whether other persons or bodies need to be notified of the incident, such as
 - the care recipient (and/or their carer or family or substitute where appropriate and with any requisite consent) in accordance with the **Aged Care Open Disclosure Framework and Guidance**¹⁴
 - the prescriber and/or pharmacist and/or nurse involved
 - Australian Health Practitioner Regulation Agency (Ahpra)
 - **Serious Incident Response Scheme (SIRS)**¹²
 - Coroner or police
 - Workcover (for example, if an incident occurred due to a facility or environmental issue).

The MAC and management must provide feedback to the reporting person and/or healthcare professional. The MAC also needs to have the incident patterns or trends converted into formative 'lessons learnt' for use in professional development, competency-based training and continuing professional learning and development sessions.

The MAC also needs to consider the workforce's education and training needs, to:

- Effectively use incident management and investigation systems to inform risk management
- Promote a continuous improvement culture among RACF healthcare professionals, with a focus on reporting, learning and improving, as well as identifying potential opportunities for improvement
- Cultivate a culture of welcoming communication, free from fear of blame or reprisal, that actively encourages individuals and carers to report concerns or risks they have seen involving medicines administration, medication incidents and 'near misses'
- Support individuals, their families, representatives and RACF healthcare professionals appropriately if and when an incident occurs
- Predict, identify and prevent incidents from occurring.

Figure 1: Phases of incident management

Incident management generally includes the following phases. For each RACF, the order may be slightly different or different terms may

be used. Importantly, the phases should support the implementation of the best-practice principles of incident management.



Adapted from the Australian Commission on Safety and Quality in Health Care *Incident management guide*¹³ 'Phases of incident management'.

3. Identify education and training needs for medication management

Priority area for action (see Figure 3)

Support the provision of and access to education and training for the healthcare workforce on medication management – based on the specific needs of the facility, those receiving care and the healthcare professional workforce.

The MAC must support the provision of and access to education and training for the healthcare workforce on medication management. This needs to be based on the specific needs of the facility, those receiving care and the healthcare professional workforce, and should include medicines-related information and decision support tools.

Best-practice guidelines

- ▶ The RACF needs to consider engaging an 'accredited pharmacist' or 'registered pharmacist' under the RACF Quality Use of Medicines Program⁶ to support educational strategies that have been identified and recommended by the MAC
- ▶ Workforce education and training is required to equip all RACF healthcare professionals and healthcare providers working in the RACF with the knowledge and skills to provide safe and quality medication management
- ▶ The role of RACF care workers does not include medication management or administration; however, there is an opportunity to provide training on observing for the effects of medicines typically used by individuals in RACFs, and how to escalate issues to a registered nurse
- ▶ The RACF, with the support of the MAC, needs to set up an internal and/or external learning and development program so that nurses and care workers (however titled) can gain the necessary skills to identify and escalate medicines-related issues; for nurses, the program needs to meet the requirements of the national regulatory peak body, for instance, Nursing and Midwifery Board of Australia (NMBA), the individuals being cared for, and the training needs of other care workers (however titled) within the parameters of their role
- ▶ The RACF needs to access tailored aged care education such as those provided by the Older Persons Advocacy Network for health professionals¹⁵, care workers (however titled) and other members of the RACF workforce; end-of-life ESSENTIALS¹⁶ hosted by Flinders University and funded by the Australian Government Department of Health and Aged Care.

In addition, the MAC needs to implement processes to:

- Assess the competency and training needs of the RACF's workforce
- Perform a risk assessment to inform the education training needs and priorities for care workers (however titled) and continuing professional development (CPD) for healthcare professionals
- Develop or provide access to education and training resources to meet the needs of the RACF healthcare professionals regarding medication management
- Report on the training undertaken by the care workers (however titled) relevant to their role
- Use ongoing education programs to supplement existing knowledge and skills to inform healthcare professionals (for instance, RNs, GPs, NPs, pharmacists and allied health professionals) about
 - medication safety risks identified from incident monitoring, risk assessments, or national, state or territory medication safety directives, alerts and information
 - strategies to reduce the risks.

Ongoing education and training needs to cover medication safety issues and risk mitigation strategies. Examples include:

- Where an eNRMC system (or other digital health initiative) is to be implemented, implemented; the MAC should be involved in the development and endorsement of education materials used to support digital system training prior to implementation, as well as for 'business as usual' training
- Managing high-risk medicines (for example, psychotropic medicines, opioid analgesics, anticoagulants, insulin, and medicines with a high anticholinergic burden)
- Checking procedures (for example, when and how to apply an independent double-check; checking Schedule 8 medicines)
- Guidance to care workers (however titled) on how to escalate concerns to registered nurses and enrolled nurses to improve medication management and ensure person-centred care.

Increasing the knowledge and uptake of evidence-based non-pharmacological management of behaviours expressed by people with dementia, such as behavioural and psychological symptoms of dementia (BPSD).^{17,18} This may include the introduction of a **Responsive behaviour standardised care process**¹⁹, for example.

Ongoing education and training also needs to include topics such as:

- Infection control and antimicrobial stewardship
- Inappropriate polypharmacy and deprescribing
- Incident management and Serious Incident Response Scheme (SIRS) reporting
- Consent to medicines and medication review
- Pain management
- Palliative and end-of-life care
- Authorisation of verbal medicine orders.

4. Monitor effectiveness and performance as well as implement quality improvement strategies for medication management

Priority area for action (see Figure 3)

Report to and use information from the National Aged Care Mandatory Quality Indicator Program (QI Program)⁵ and internal quality improvement strategies, any Serious Incident Response Scheme (SIRS)¹² reportable incidents, the facility's incident management system, adverse events, complaints, clinical outcomes and reported care experiences, to inform and update risk assessments and the risk-management system.

Develop internal quality improvement strategies to address issues identified in the data analysis and which aim at improving healthcare delivery and outcomes for those receiving care.

The MAC must develop policy, procedures and guidelines for the systematic evaluation of medication management. It also needs to support the actions outlined in the Aged Care Quality Standards.⁶

Best-practice guidelines

- Evaluation processes need to include routine evaluation activities; medicines-related incident and error review; follow-up actions such as process redesign or education and training; and review of the effectiveness of those follow-up actions
- Evaluation of medication management needs to be a standard component of the RACF's risk-management strategy and built into continuous quality improvement/assurance activities
- Evaluation also needs to consider how medication management relates to other service functions or providers – such as pharmacy

services, purchasing and supply arrangements, facility records management and information technology systems

- Separate from funded medication management reviews, the MAC can access pharmacists (either via a community pharmacy or as an independent service provider) to provide a QUM Service²⁰ that encompasses some of the points raised above. This includes
 - advising members of the RACF's healthcare professional team on a range of medication management issues to meet the healthcare needs of individuals in their care
 - providing medicines-related information and education to individuals, carers and other healthcare providers involved in an individual's care.

Strategies to develop an action plan for quality improvement in medications management

The MAC needs to be both proactive and responsive to medicines-related issues that arise and develop an action plan (or annual work plan) accordingly to improve the safe and quality use of medicines. Suggested strategies are listed below and additional information and guidance can be found within

Guiding Principle 4: Evaluation and quality improvement in medication management of the *Guiding Principles for Medication Management in Residential Aged Care Facilities.*

1. Reviewing medicine utilisation trends and usage patterns in the RACF

The supply pharmacy or the RACF's electronic medication management (eMM) system needs to produce statistical reports on medication utilisation in the RACF including the use of any medicine or combination of medicines. These should include utilisation of high-risk medicines such as psychotropic medicines (including antipsychotics and benzodiazepines), opioids and anticoagulants.

These statistical reports and results of audit activities are to be used by the MAC for trending, benchmarking and reviewing clinical decision making to optimise therapeutic outcomes for each person receiving care.

Report findings and trends are to be used to:

- Identify areas for improvement or intervention
- Implement additional risk management and continuous quality improvement initiatives.

Where necessary, indicators should be assigned to certain members of the Executive or senior management team, for accountability and reporting to the RACF's Board of Management.

Quality indicators for the RACF need to be utilised and monitored by the healthcare professional team with the common goal of optimising therapeutic outcomes for each individual – for example, the **National Aged Care Mandatory Quality Indicator Program (QI Program)**.⁵ Other quality indicators also need to be identified and monitored according to the identified level of risk and priority for evaluation and/or quality improvement in the RACF's medication management systems or processes.

The evaluation of high-risk medicines use needs to be added as a standing agenda item to MAC meetings. For example, the percentage of care recipients⁵ who received antipsychotic medications.

One of the pharmacist representatives on the MAC needs to identify and present the quality use of medicines (QUM) issues that have occurred in the previous quarter. This might include any relevant findings or concerns from QUM activities and/or RMMRs (for example, number of RMMRs conducted and review of uptake of RMMR recommendations).

The MAC's action plan needs to clearly identify the agreed planned changes to medication management or practices, those responsible and associated timelines – for instance, details of the change, an explanation of why it is required, and the implementation process, the staff member responsible and the expected date for completion. Priorities should also be assigned.

2. Measuring and improving an individual's experience with medication management

Nurses responsible for providing care are able to provide time-critical feedback on medicines-related measures of safety and quality. This feedback can avoid near-misses or potential risks becoming safety incidents and can help inform the medication management system. Characteristics of measuring and improving a person's experience include:

- Asking individuals (or their carers/families or substitute decision makers) about their experiences of care and empowering them to provide feedback that will help improve their care; for example, asking about their understanding of their medicines, their involvement in decision making or choice of medicines, and/or how they felt about the informed consent process
- Using feedback, including stories and complaints, to learn about and understand individual experience with medication management, and inform ongoing improvements in service design and delivery
- Use patient-reported experience measures (PREMs).

3. Planning and driving QUM and medication safety initiatives or strategies

Risks associated with medicines need to be managed within a risk management framework. This includes applying a continuous quality improvement (CQI) or cyclical approach to improving processes and outcomes that involves structured problem solving, participation, a focus on individuals and the need for open disclosure, and collaboration when designing and implementing improvement strategies.

In March 2022, the *National baseline report on Quality Use of Medicines and Medicines Safety Phase 1: Residential aged care*²¹ was released.

This report highlights a number of 'priority actions' which may impact or influence RACF quality improvement plans and activities.

Based on performance evaluation, benchmarking, and changes within the medication safety environment, the MAC needs to collaboratively work with the RACF's Board of Management and Executive to implement quality improvement plans and activities, similar to the examples listed here:

- Quality improvement plans that include a cycle of audit, intervention, re-audit, and ongoing monitoring; this can be done using a Plan-Do-Study-Act strategy, medicines utilisation or audit (or drug use evaluation), or other quality improvement processes
- Whilst developing these quality improvement plans, prioritise activities listed in the MAC's action plan so that progress can be monitored
- Examples of tools to assist with quality improvement strategies are listed in **Table 1**
- Use a systems approach to assess and determine the strength and/or effectiveness of improvement strategies. Depending upon the results of this assessment, more powerful strategies may be needed to further enhance QUM and medication safety (see **Figure 2**).

Ideally an action plan (paper-based or electronic) would include:

- Well-defined action(s)
- All the steps or tasks involved
- What resources are required
- Who is responsible – both overall and for each step or task
- Assignment of priority and timeframe for completion
- Status or indicator of progress (on schedule; behind schedule; complete)
- Additional information (or commentary) to assist the MAC and RACF to monitor progress.

The RACF's action plan needs to be dynamic and accessible for information and status updates, and in a format that allows presentation or tabling at the MAC and other governance group meetings, including Executive or Board of Management.

Resources that RACFs may find useful when developing an action plan include:

- Australian Commission on Safety and Quality in Health Care: A sample **Implementation action plan template**²² is available, along with other tools which are included in an **Implementation toolkit for clinical handover improvement**²³
- The Agency for Healthcare Research and Quality (AHRQ) in the US provides guidance (including an action plan template) on what to consider when developing an action plan: **Action Planning Tool for the AHRQ Surveys on Patient Safety Culture**²⁴
- Electronic project management tools, which can be sourced via an Internet search, may also provide a useful mechanism to develop, maintain and monitor the RACF's implementation of selected risk reduction strategies.

Figure 2: Hierarchy (power or strength) of risk-reduction strategies

In developing this guidance the risk-reduction strategies detailed in Figure 2 of the Australian Commission on Safety and Quality in Health Care’s *Principles for the safe*

*selection and storage of medicines – Guidance on the principles and survey tool*²⁵ have been adapted for use in RACFs. Lower leverage solutions may be used at first.

However, these will often need to be supplemented by other higher leverage strategies that focus on system as well as human factor issues to improve QUM and medication safety.²⁵

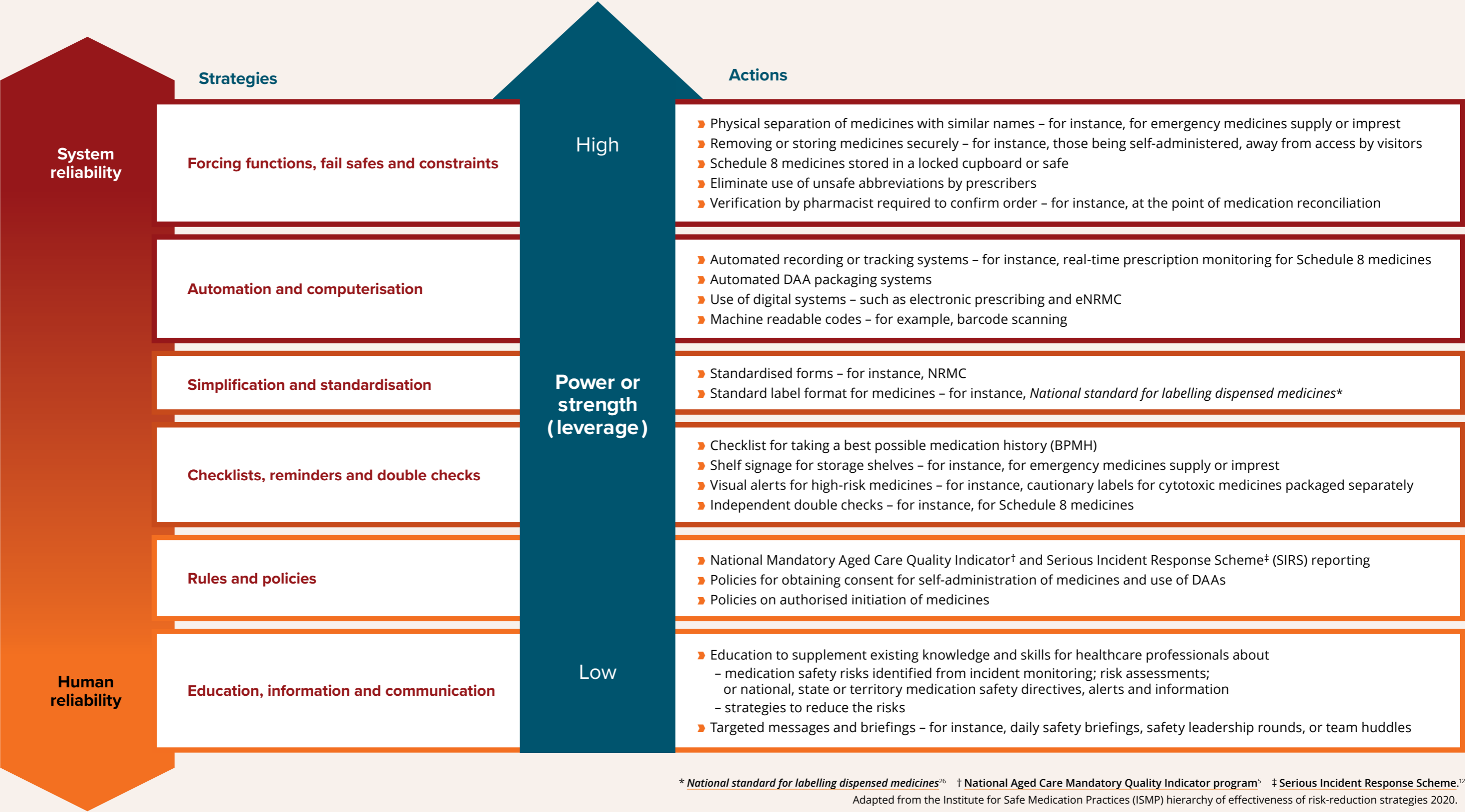


Table 1: Tools to assist with quality improvement strategies

Proposed intervention	Elements of proposed interventions	Available support tools or suggested measurement strategies
Pharmacist-led medication review (and reconciliation) service for new admissions	<ul style="list-style-type: none">➤ Target those newly admitted to RACFs with a specific focus on polypharmacy reduction and regimen simplification➤ In addition to compiling and reconciling an accurate medication history, determine indications for each medication and provide recommendations for regimen simplification➤ Use standardised approach to medication management review (MMR) reports	<ul style="list-style-type: none">➤ An extension of the currently remunerated collaborative medication review service in RACFs (RMMRs)²⁷➤ Currently under the 7th Community Pharmacy Agreement, criteria-based funding is available for collaborative Residential Medication Management Reviews or RMMRs (in-person or by telehealth)➤ The person’s general practitioner may request a subsequent RMMR if deemed clinically necessary and according to various criteria, including (but not limited to)<ul style="list-style-type: none">– discharge from hospital after an unplanned admission in the previous four weeks– significant change to the medicines regimen in the past three months– change in medical condition or abilities➤ NPS MedicineWise: <i>Medication Management Review Reports: Best practice recommendations</i>²⁸ provides a standardised approach for MMR reports
Transition of care interventions to reduce risk of medication errors or medicines-related discrepancies (for example, omissions) when clients are being transferred between RACFs and hospitals	Use tools to help reduce medication errors on transfer from hospital back to a RACF	<ul style="list-style-type: none">➤ <i>Guiding Principles to Achieve Continuity in Medication Management</i>➤ Various states and territory health service organisations have implemented local strategies to reduce medication errors at transitions of care➤ The Victorian Interim Residential Care Medication Administration Chart (IRCMAC)²⁹ was developed as a strategy to address continuity of medicines supply and reduce omissions of critical medicines and potential for readmission to hospital➤ The SA Health <i>Standard Interim Medication Administration Chart (IMAC)</i>³⁰ is used for people transferring from SA hospitals to RACFs and the SA Prison Health Service➤ Queensland’s (Qld) IMAR is used and valid for up to five days post-discharge from Qld hospitals until a long-term RACF medication chart can be updated by the person’s primary care practitioner➤ Access to an individual’s <i>My Health Record</i>³¹ for discharge summaries➤ Implementation of electronic medication management systems which link residential aged-care facilities with prescribers and pharmacists, improve clarity and accuracy, provide efficiency and enhance safety³²
Deprescribing support tools for prescribers	<ul style="list-style-type: none">➤ Source and introduce existing and validated support tools such as ‘deprescribing guides’➤ Carry out goal-directed medication review for older patients with or without dementia – for example, G-MEDSS	<ul style="list-style-type: none">➤ NSW Therapeutic Advisory Group (TAG) <i>Deprescribing guides</i>³³➤ Primary Health Tasmania <i>Deprescribing resources</i>³⁴➤ Canadian Deprescribing Network <i>Deprescribing algorithms</i>³⁵➤ <i>Medication Regimen Simplification Guide for Residential Aged Care (MRS GRACE) implicit tool</i>³⁶➤ University of South Australia <i>Reducing harms from medicines in aged-care: findings from the ReMInDAR trial</i>³⁷➤ <i>Simplification of Medications Prescribed to Long-term care Residents (SIMPLER) Cluster Randomized Controlled Trial</i>³⁸➤ NPS MedicineWise: <i>Anticholinergic burden: the unintended consequences for older people and Clinical resources and tools</i>³⁹➤ <i>Welcome to the Goal-directed Medication review Electronic Decision Support System (G-MEDSS)</i>⁴⁰

Proposed intervention	Elements of proposed interventions	Available support tools or suggested measurement strategies
Support and encourage the safe implementation of electronic health records, clinical information records, and electronic medication management and/or administration systems	<p>Use the following:</p> <ul style="list-style-type: none">➤ Electronic medication management and administration recording systems➤ Clinical information systems with or without clinical decision support capability➤ Active ingredient prescribing➤ My Health Record➤ Telehealth	<ul style="list-style-type: none">➤ Apart from electronic prescribing⁴¹, other national digital health strategies include active ingredient prescribing⁴², electronic health records (including My Health Record⁴³), electronic National Residential Medication Chart (eNRM) systems (including administration records), computerised clinical decision support and telehealth⁴⁴➤ Legislation⁴⁵ is in place to support a trial of the eNRM⁴⁶➤ Australian Commission on Safety and Quality in Health Care resources⁴⁷ to support the safe and effective implementation of the eNRM
Targeted interventions related to high-risk medicines (HRMs)	<ul style="list-style-type: none">➤ Identify HRMs within medication management policies➤ Review and benchmark facility-level HRM utilisation and audit data to identify and target improvement strategies including education➤ Use feedback on HRM usage and audit to RACF healthcare professionals, for instance, to identify inappropriate polypharmacy or inappropriate restrictive practices using medicines➤ Review informed consent practices when prescribing HRMs, for example, documentation of informed consent when making the decision to prescribe risperidone for the treatment of behavioural and psychological symptoms of dementia (BPSD)	<ul style="list-style-type: none">➤ Incorporation of a ‘traffic light system’* to assist healthcare professionals to identify HRMs and encourage medication review➤ Development of a HRM list to support awareness of RACF nurses and external healthcare professionals➤ Review the facility’s National Aged Care Mandatory Quality Indicator Program data on<ul style="list-style-type: none">– percentage of care recipients who were prescribed nine or more medications– percentage of care recipients who received antipsychotic medications➤ Use of Clinical Information Systems to produce real-time data reports on variation in polypharmacy, hyper-polypharmacy and antipsychotic use across facilities⁴⁸➤ Australian Commission on Safety and Quality in Health Care: HRM resources⁴⁹➤ NSW TAG: Polypharmacy QUM Indicators and resources⁵⁰ includes a Resource Kit for Measuring Strategies to Reduce Harm from Polypharmacy in Australian Hospitals: Quality Use of Medicines (QUM) Indicators, Patient Reported Experience Measures (PREMs) and Risk Stratification Tools⁵¹ and whilst designed for the hospital sector, this resource kit includes tools that are applicable to a RACF➤ Australian Government Department of Health: Six steps for safe prescribing of antipsychotics and benzodiazepines in residential aged care⁵²➤ Management of informed consent⁵³➤ Registry of Senior Australians (ROSA) published their outcome monitoring system, which defines 12 quality and safety indicators for aged care.⁵⁴ The indicators were developed for routine monitoring within existing aged care and health data collections, providing a tool which allows rapid, large-scale monitoring of the quality and safety of residential care in Australia. Of these indicators, there are five that relate specifically to medication management. These include<ul style="list-style-type: none">– high sedative load– antipsychotic use– chronic opioid use– antibiotic use– medicines-related adverse events➤ Promote completion of HRM eLearning modules, where available, for early-career healthcare professionals
Instilling a safe and quality use of medicines research culture within RACFs	<p>Foster a research culture within RACFs to improve the quality use of medicines</p>	<ul style="list-style-type: none">➤ Improvement on current practice

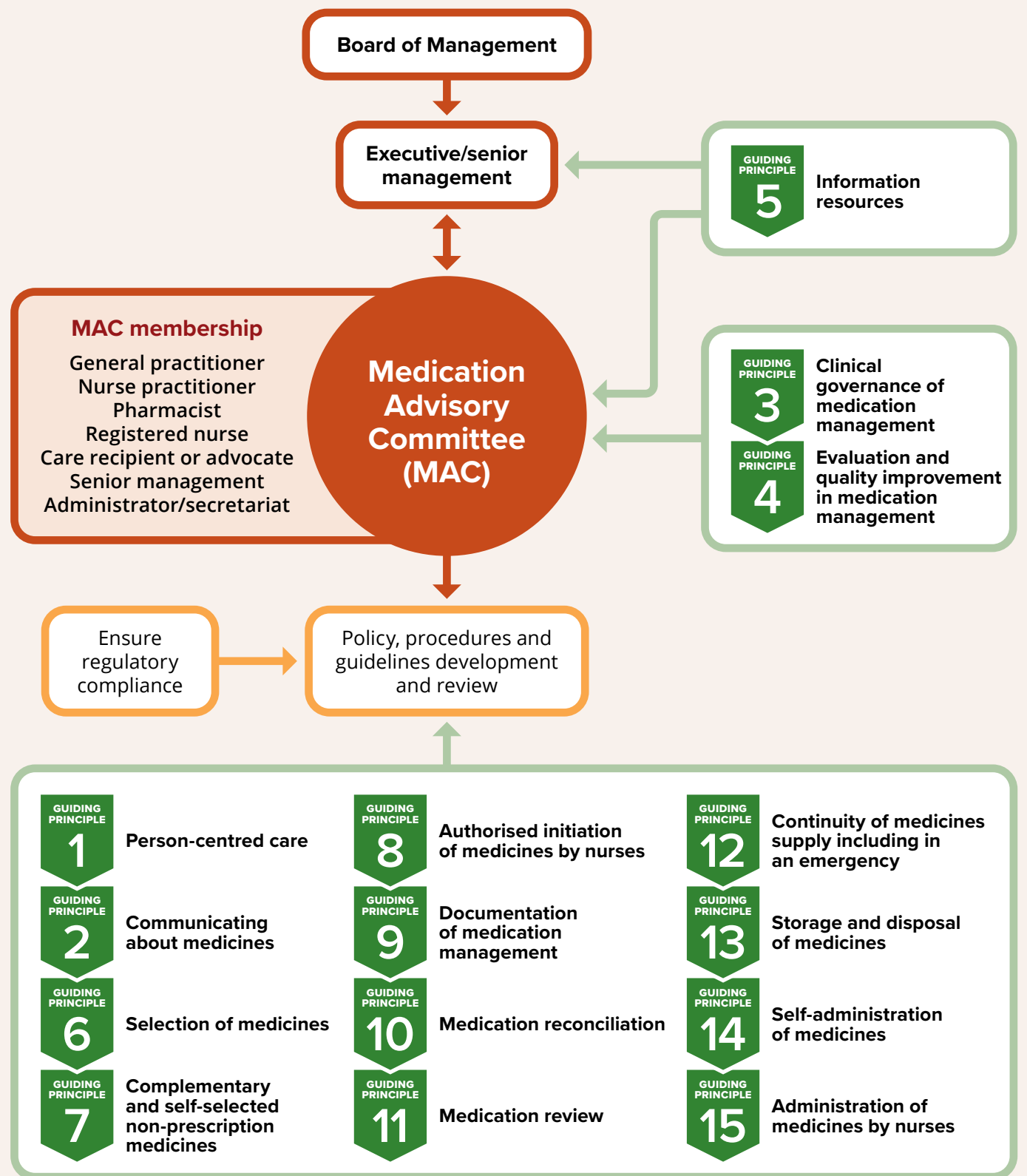
* ‘Traffic light systems’ are most often applied to antimicrobials for instance, for antimicrobials to assign levels of restriction. For example, the **NSW Clinical Excellence Commission (CEC) resource**.⁵⁵

Proposed intervention	Elements of proposed interventions	Available support tools or suggested measurement strategies
Work with prescribers and other healthcare professionals to conduct medication reviews on all care recipients – and repeated when clinically indicated	<ul style="list-style-type: none">➤ Promote interdisciplinary involvement and referral for RMMRs to be conducted on all residents at least once during their RACF admission➤ Recommend pursuit of regulatory changes for RMMRs➤ Recommend reducing the timeframe for prescription duration on medication charts (paper-based or electronic) to prompt more frequent medication review by prescribers	<ul style="list-style-type: none">➤ Improvement on current practice, which was reported to be around 20% (in an analysis of RMMR data: 2012–2015⁵⁶) of all those receiving care within a RACF having their medicines reviewed at least once within three months of RACF entry➤ A potential indicator to measure improvement on includes<ul style="list-style-type: none">– percentage of care recipients who receive a medication review within the first month following admission or readmission (following discharge from hospital)
Monitoring additional medicines-related experience and/or outcome measures	Targeted use or development to measure change in medicines usage and/or patient experiences or outcomes	<ul style="list-style-type: none">➤ Australian Commission of Safety and Quality in Health Care resources for potential use or adaptation<ul style="list-style-type: none">– Australian hospital patient experience question set⁵⁷– patient-reported outcome measures⁵⁸➤ NSW TAG: Polypharmacy QUM Indicators and resources⁵⁰ includes patient reported experience measures on deprescribing and medication changes which could be adapted for residential aged care
Communication strategies focussed on quality improvement in medication management	Targeted medication safety messages and briefings	<ul style="list-style-type: none">➤ Utilise communication and clinical handover strategies and tools⁵⁶ that are commonly used within the hospital sector<ul style="list-style-type: none">– daily safety briefings– safety leadership rounds– team huddles– situation Background Assessment Recommendation (SBAR) tool for communicating critical information– institution of briefs and debriefs for medicines-related incidents– newsletters or bulletins



Appendices

Appendix A: Proposed structure of a MAC⁵⁹



Appendix B: Sample terms of reference for a MAC

- ▶ Example of terms of reference for a MAC.⁶⁰
- ▶ Example of terms of reference for a regional MAC.⁶¹

Appendix C: Sample agenda of a MAC meeting

Meeting agenda

1. Apologies
2. Confirmation of minutes for meeting on <DAY MONTH YEAR>
3. Declarations of conflict(s) of interest
4. Correspondence
5. Business/actions arising from previous minutes
 - 5.1 Issue – allocated staff
6. Standing Items
 - 6.1 Policies, procedures and guidelines – development and/or review
 - 6.2 Legislation, standards and processes
 - 6.3 Imprest review and evaluation
 - 6.3.1 Issue – allocated staff
 - 6.4 Quality improvement
 - 6.4.1 For example: clinical information system implementation; benchmarking of medicines usage and audit data; QUM issues for targeted quality improvement
 - 6.5 Education
 - 6.6 Incident reports, trends and analysis
 - 6.6.1 Medicines-related incidents and ‘near misses’
 - 6.6.2 Pharmacist Interventions
 - 6.7 Adverse medicine events reporting and alerts
 - 6.7.1 For example: adverse event reports; safety alerts; medicine recalls or shortages
 - 6.8 Action plan
 - 6.8.1 Update on allocated items
7. New business
8. Business without notice
9. Close and date for next meeting.

Appendix D: Audit tool and checklist for a MAC

This audit tool and checklist is based upon the content of the *User Guide: Role of a Medication Advisory Committee* (User Guide), on forming a MAC.

An electronic version of this audit tool and checklist can be downloaded from the Department of Health and Aged Care's [website](#).

Instructions

Use this audit tool and checklist to:

- Assess compliance with the User Guide's recommended best-practice guidance
- Evaluate the performance of the MAC in overseeing medication management within the RACF
- Develop an action plan.

Recommendation	Criteria	Yes	No	Action
Establish and implement medication management governance using a MAC or alternative committee	The MAC has membership that is representative and multidisciplinary	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC reports to the Executive (senior management) through to the Board of Management (or Board of Directors)	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC has an accountability framework	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC has an agreed and approved ToR which is reviewed at least annually	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC meets regularly, for example, quarterly	<input type="checkbox"/>	<input type="checkbox"/>	
1. Develop and endorse policies and procedures, and advise on legislation and standards	The MAC has developed and/or endorsed policies/procedures/guidelines representing all elements of medication management	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC has ensured policies/procedures/guidelines are accessible to all RACF healthcare professionals and external healthcare providers	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC has a communications strategy for new, revised, or updated policies/procedures guidelines	<input type="checkbox"/>	<input type="checkbox"/>	

Recommendation	Criteria	Yes	No	Action
2. Advise on risk-management systems and the management of risks associated with medication management	The MAC uses the <u>National Aged Care Mandatory Quality Indicator Program</u> ⁵ , internal audit and quality improvement strategies, <u>Serious Incident Response Scheme</u> ¹² adverse events, clinical outcomes and care recipient experiences to inform and update risk assessments and the risk management system	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC collaboratively develops strategies to control, reduce, or eliminate medicine-related risks	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC regularly reviews the need for RACF healthcare professional education and training on medication management and risk mitigation strategies	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC ensures adherence with the <u>Guiding Principles for Medication Management in Residential Aged Care Facilities</u>	<input type="checkbox"/>	<input type="checkbox"/>	



Recommendation	Criteria	Yes	No	Action
3. Identify education and training needs for medication management	The MAC supports the provision and access to education and training on medication management which is based on the specific needs of the RACF healthcare professionals, the facility and those receiving care	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC supports and provides input into an internal and/or external learning and development program	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC implements processes to:			
	<ul style="list-style-type: none"> Assess the competency and training needs of the RACF workforce 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Perform a risk assessment to inform the training needs and priorities for care workers consistent with their role of assisting with self-administration and CPD for healthcare professionals 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Develop or provide access to training and education resources to meet the needs of the healthcare professional workforce regarding medication management 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Use ongoing education programs to supplement existing knowledge and skills to inform the multidisciplinary workforce (including nurses, general practitioners, pharmacists and allied health professionals) 	<input type="checkbox"/>	<input type="checkbox"/>	

Recommendation	Criteria	Yes	No	Action
4. Monitor effectiveness and performance as well as the implementation of quality improvement strategies for medication management	The MAC develops policies, procedures and guidelines for the systematic evaluation of the quality use of medicines	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC evaluates existing QUM strategies	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC is both proactive and responsive to medication management issues and risks, and develops an action plan accordingly	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC utilises an accredited or registered pharmacist ⁶ to support QUM activities	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC reviews medicine utilisation trends and usage patterns	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC measures and improves individuals' experience with medication management	<input type="checkbox"/>	<input type="checkbox"/>	
	The MAC plans and drives QUM and medication safety initiatives/strategies	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix E: Development support tools and resources for a MAC's policies, procedures and guidelines

Administration of medicines

- ▶ Australian Nursing and Midwifery Federation (ANMF) *Nursing Guidelines: Management of Medicines in Aged Care*⁶² includes guidance around self-administration of medicines by people in aged care
- ▶ NPS MedicineWise *Australian Prescriber – Appropriate use of dose administration aids*⁶³
- ▶ Pharmaceutical Society of Australia (PSA)
 - *Medicine safety: Aged Care*⁶⁴ report
 - *Guidelines for pharmacists providing dose administration aid services*⁶⁵ Appendix 6 (2017)
- ▶ Pharmacy Board of Australia *Guidelines on dose administration aids and staged supply of medicines* – guidance for pharmacists⁶⁶
- ▶ WA Health *Six rights of safe medication administration*.⁶⁷

Alteration of oral dose forms

- ▶ *Australian Medicines Handbook* (AMH) *AMH Aged Care Companion*⁶⁸
- ▶ Pharmaceutical Society of Australia (PSA) *Australian Pharmaceutical Formulary and Handbook*⁶⁹
- ▶ The Society of Hospital Pharmacists of Australia (SHPA) *Don't Rush to Crush*⁷⁰ publication.

Antimicrobial stewardship

- ▶ Aged Care Quality and Safety Commission (ACQSC) *Aged Care Quality Standards*⁶ (personal care and clinical care)
- ▶ Australian Commission on Safety and Quality in Health Care
 - *Antimicrobial stewardship in Australian health care*⁷¹
 - *Antimicrobial stewardship in community and residential aged care*⁷²
- ▶ Australian *Therapeutic Guidelines: Antibiotic*.⁷³

Best possible medication histories, medication reconciliation and medication reviews

- ▶ Pharmaceutical Society of Australia (PSA) *Guidelines for comprehensive medication management reviews*⁷⁴
- ▶ The Society of Hospital Pharmacists of Australia (SHPA) *Standard of practice in geriatric medicine for pharmacy services*⁷⁵ (2020) include information on 'medication history and reconciliation' and 'medication review' as separate components of a geriatric pharmacy service.

Disposal and storage of medicines

- ▶ Australian Commission on Safety and Quality in Health Care *Principles for the safe selection and storage of medicines: Guidance on the principles and survey tool*²⁶
- ▶ Pharmaceutical Society of Australia (PSA) *Professional Practice Standard 3: Dispensing and Other Supply Arrangements*⁷⁶
- ▶ *Return Unwanted Medicines (RUM) Project*⁷⁷



Imprest and emergency medicines

(Also refer to the relevant state and territory legislation and resources.)

- Pharmaceutical Society of Australia (PSA) [Guidelines for Quality Use of Medicines \(QUM\) services](#)⁷⁸
- [Imprest Medication Systems for RACFs](#)⁷⁹ developed by the Southern Metro Region Palliative Care Consortium in Victoria and updated by Gippsland Region Palliative Care Consortium (April 2020)⁷⁹
- Victorian Government [resources relating to medicines storage and record keeping in RACFs](#)⁸⁰
- NSW Health
 - [Resources on urgent use medications in RACFs](#)⁸¹
 - [Information Bulletin 2003/10: Guide to the Handling of Medication in Nursing Homes in NSW](#).⁸²

Incident management

- Australian Commission on Safety and Quality in Health Care
 - [Incident Management Guide](#)¹³
 - [State and territory incident management resources](#)⁸³
 - [Australian Open Disclosure Framework](#)⁸⁴
 - [Open Disclosure resources for health service organisations](#)⁸⁵
 - [Open disclosure of things that don't go to plan in health care – A booklet for patients beginning an open disclosure process](#)⁸⁶ developed as a guide for patients
 - [National Model Clinical Governance Framework](#)⁴
- Institute for Safe Medication Practices (ISMP) Canada [Canadian Incident Analysis Framework](#)⁸⁷
- Aged Care Quality and Safety Commission [Aged Care Open Disclosure Framework and Guidance](#).¹⁴

Selection of medicines

- Australian Government Department of Health [Six steps for safe prescribing antipsychotics and benzodiazepines in residential aged care](#)⁵²
- [Choosing Wisely Australia](#)⁸⁸ recommendations and toolkits for health professionals, consumers and carers
- NSW Health [End of life and palliative care medication prescribing](#).⁸⁹

Self-administration of medicines

- Victorian Government Department of Health [Example of self-administration of medication assessment](#).⁹⁰

Safe implementation and use of National Residential Medication Chart systems

- Australian Commission on Safety and Quality in Health Care
 - [Electronic National Residential Medication Chart \(eNRMC\)](#)⁴⁷
 - [National Residential Medication Chart \(NRMC\)](#).⁹¹

Transitions of care

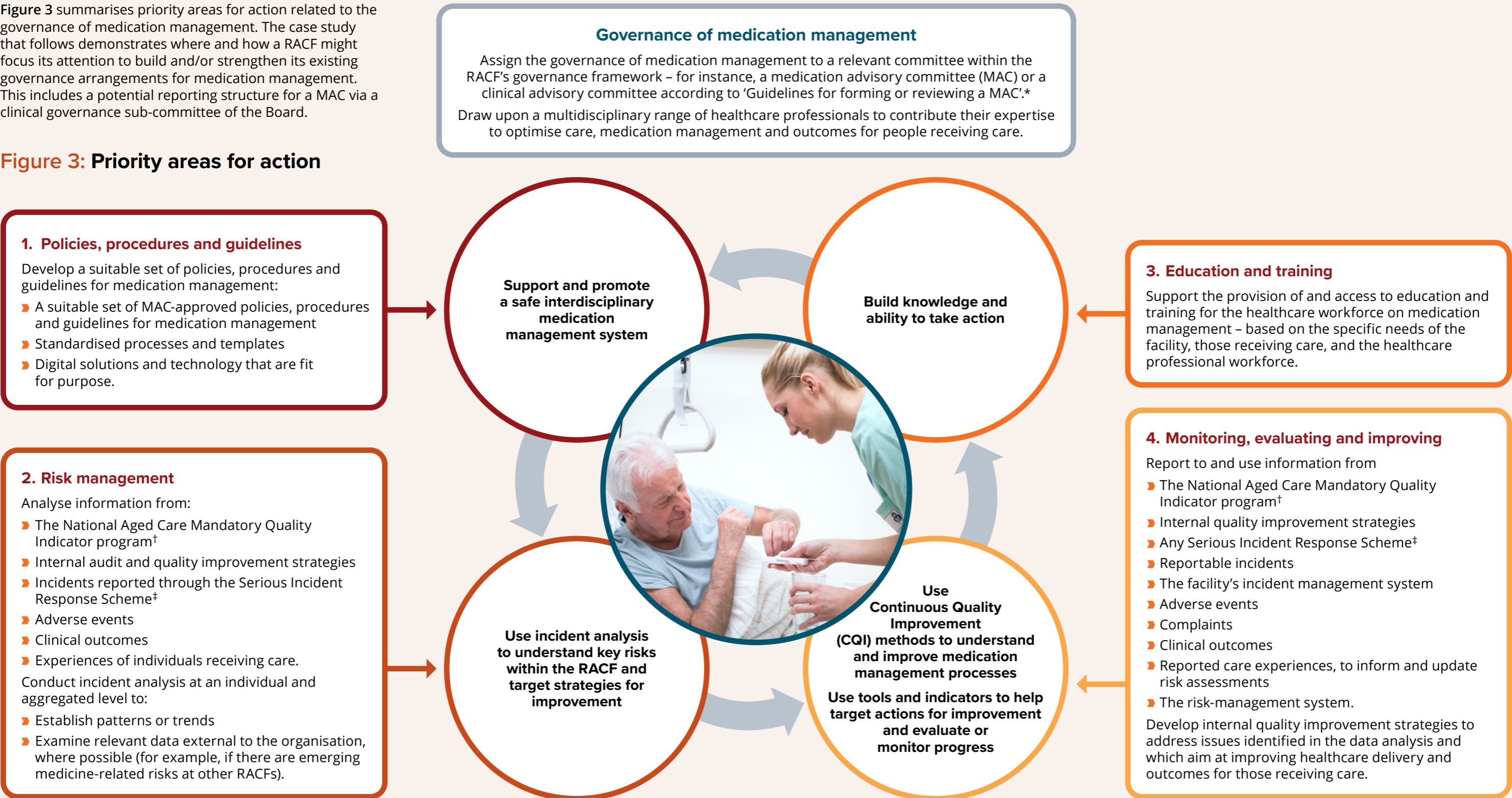
- Australian Government Department of Health [Guiding Principles to Achieve Continuity in Medication Management](#)
- SA Health [Standard Interim Medication Administration Chart \(IMAC\)](#)³⁰ for SA Health hospitals and health services.

Note: In addition to the resources listed above, also refer to the 'Resources' sections within the [Guiding Principles on Medication Management in Residential Aged Care Facilities](#).

Priority areas for action

Figure 3 summarises priority areas for action related to the governance of medication management. The case study that follows demonstrates where and how a RACF might focus its attention to build and/or strengthen its existing governance arrangements for medication management. This includes a potential reporting structure for a MAC via a clinical governance sub-committee of the Board.

Figure 3: Priority areas for action



^{*} Guidelines for forming or reviewing a MAC [†] National Aged Care Mandatory Quality Indicator program⁵ [‡] Serious Incident Response Scheme.¹²

Case study 2: Building and strengthening governance of medication management

Refer to Figure 3: Priority areas for action.

Background to the organisation

Who are we?

We are a not-for-profit stand-alone organisation providing government-funded residential aged care services to 300 individuals in our care. We also provide community aged/home care services for up to 1,000 people in the community.

What did we do?

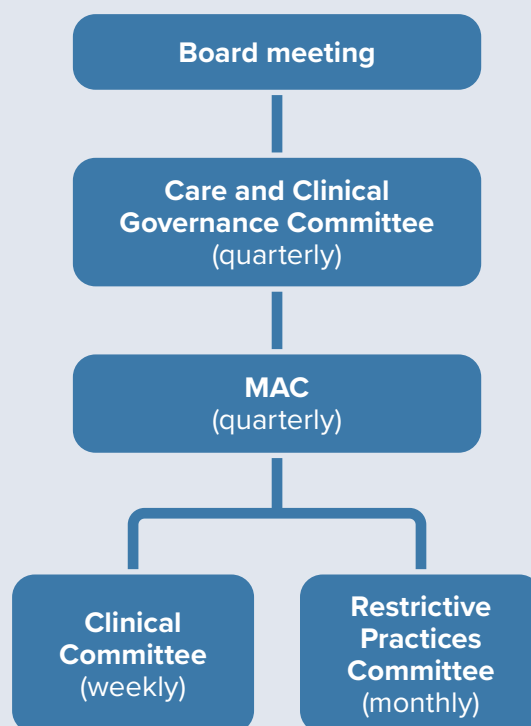
Nearly a decade ago we recognised that our number one priority was to strengthen the governance of medication management within the facility. Whilst we started by engaging a small number of health professionals – the GP, the local community pharmacist and the nursing director of the service, with support from our Board, we have a well-established and functioning MAC that meets quarterly. The MAC is an ‘operational committee’ within our governing body’s charter (illustrated in Figure 4), and reports through to the Board via the facility’s Executive Manager and, Care and Clinical Governance Committee which is chaired by a member of the Board. Our GP actively participates on our MAC and is paid sitting fees in recognition of their valuable professional input. We also rely on two other committees that report medicines-related issues through to our MAC.

The MAC is chaired by our embedded pharmacist and the terms of reference define its membership including the executive manager, care managers, community nurses, GPs, pharmacists and the quality manager who provides secretariat support. The MAC has a governance role for medication management across both our residential and community aged care services.

How will we use the *User Guide: Role of a Medication Advisory Committee*

One of our first priorities will be to evaluate our MAC against the assessment criteria [Appendix D](#).

Figure 4: The organisation’s governing body’s charter



1. Policies, procedures and guidelines

What are we going to do with our existing policies, procedures and guidelines?

The 2022 *Guiding Principles for Medication Management in Residential Aged Care Facilities*, the *Guiding Principles for Medication Management in the Community* and the *Guiding Principles to Achieve Continuity in Medication Management* has prompted a review of our existing policies, procedures and guidelines.

How will you approach this review?

Given the potential impact on our facility, the MAC will take the lead role in setting a priority for review. It is likely the MAC will complete a gap analysis and develop an action plan to ensure we review our existing policies, procedures and guidelines in a sensible, practical and controlled manner. The action plan will also outline education, training and information requirements – for both the healthcare workforce and those receiving care and their families.

Realistic timeframes will be needed and additional support for this task will be provided to the MAC by management. The MAC will be required to consult with relevant members of the healthcare workforce, including healthcare professionals within and external to the facility and our residential aged care community. To keep the facility's Board updated, the MAC will also provide quarterly updates to the Care and Clinical Committee on progress with the action plan. As each policy, procedure or guideline is finalised and endorsed by the MAC it will be tabled at the Board meeting and circulated via our internal communication channels and bulletins.

2. Risk management

How do you ensure risks associated with medicines are identified and managed?

We believe risk management goes hand in hand with quality improvement. Our incident reporting system is electronic. All members of our healthcare workforce are encouraged and supported to report medicines-related incidents – including 'near misses'. Trends are reported to our MAC each quarter and depending upon the findings and their seriousness, strategies aimed at reducing risk are proposed and an action plan developed. Serious or life-threatening issues are managed and reported immediately by one of our executive managers.

Are there any changes you are considering to your risk management systems for medicines?

The 2022 *Guiding Principles for Medication Management in Residential Aged Care Facilities* and the *User Guide: Role of a Medication Advisory Committee* provide some useful tips on incident management and includes a one-page tool on the 'phases of incident management' that we might adapt for local use. The reflective questions seem quite useful and will assist us to reinforce and train our healthcare workforce on incident management. In addition, a second tool that we believe will be useful provides a hierarchy of risk-reduction strategies for us to examine.

3. Education and training

What type of education and training is required?

With each review or update of our policies, procedures and guidelines it has been accompanied by an education and training plan.

What was a recent initiative that required an education and training plan?

When we implemented the eNRMC, we needed to have a comprehensive education and training plan for all members of the healthcare workforce. This was a significant project and change for our facility. Our embedded pharmacist led this project.

Once the eNRMC was implemented, education and follow-up with our healthcare workforce has been provided by the service provider.

How do you ensure the eNRMC is being used effectively?

Currently, we do a monthly training session to new staff; plus toolbox talks* are provided to our healthcare workers and prescribers when needed.

The ongoing operation of the eNRMC-system is overseen by the embedded pharmacist who looks after:

- Overall system maintenance
- Adding users and prescribers
- Ensuring timely updates to the electronic medication charts – for instance, review by the GP every three months
- Daily system administration tasks.

4. Monitoring, evaluating and improving

What quality improvement activities have you implemented?

We continually look for opportunities to improve our systems and processes for medication management. Whilst the MAC's annual calendar drives our mandatory indicator reporting requirements, we also respond to trends in incident reports, best-practice medicines utilisation, and ad-hoc medication safety concerns raised by our healthcare workforce, and those in our care and/or their family.

In 2020, we were one of the earliest residential aged care facilities to implement the eNRMC and we can see the benefits of it in communication, administration, reporting and governance of medication management. The eNRMC is integrated with our other digital systems and supports our facility's 'eight rights' of medication management. Since implementation we continue to monitor our eNRMC-related medication incidents, noting that we had a noticeable reduction immediately post-implementation in our medication incidents relating to documentation of medication management. Most notably shown as a reduction in documentation errors and missed doses of medicines.

In 2015, we participated in a government-funded program with the University of Tasmania aiming to address the relatively high rates of sedative prescribing (including antipsychotics and benzodiazepines) in RACFs. The program, referred to as RedUSE⁹², focused on interventions to ensure appropriate sedative prescribing involving key members of the healthcare workforce, namely nurses, GPs and pharmacists and those receiving care, along with their families. We were subject to three-monthly clinical audits, which we continue to complete as a one of our national mandatory indicator reports. The latest quarterly result, which has been reviewed (and also compared against the national result) by our Restrictive Practices Committee, indicates that only five (down from 13, six months ago) individuals in our facility are prescribed an antipsychotic. Our targeted interventions of feedback to our GPs as well as interdisciplinary case review will continue to ensure the appropriate use of antipsychotics and reduce their prescription even further. The eNRMC facilitates the reporting of our medicines-related mandatory indicators.

The MAC also reviews and uses the quarterly results for the national mandatory polypharmacy indicator to target medication reviews in collaboration with our GPs.

In response to concerns about misuse and/or diversion of accountable medicines, we changed over from a paper-based recording system to an electronic Schedule 8 register.

* A 'toolbox talk' is an informal group discussion used to focus on a particular medication safety issue(s). They are held routinely – for instance, daily, to promote our facility's safety culture – including promoting the identification and/or reporting of medicines-related incidents.

Acronyms and abbreviations

ACI	Agency for Clinical Innovation
ACSQHC	Australian Commission on Safety and Quality in Health Care
Ahpra	Australian Health Practitioner Regulation Authority
BPSD	behavioural and psychological symptoms of dementia
CQI	continuous quality improvement
eNRM	electronic national residential medication chart
G-MEDDS	Goal-directed Medication review Electronic Decision Support System
GP	general practitioner
HRM	high-risk medicine
LHN	local health network
MAC	medication advisory committee
NP	nurse practitioner
NSW	New South Wales
PREMs	patient-reported experience measures

PHN	primary health network
PROMs	patient-reported outcome measures
PSA	Pharmaceutical Society of Australia
Qld	Queensland
QUM	quality use of medicines
RACF	residential aged care facility
RN	registered nurse
RMMR	Residential Medication Management Review
SA	South Australia
SHPA	The Society of Hospital Pharmacists of Australia
SIRS	Serious Incident Response Scheme
TAG	Therapeutic Advisory Group
ToR	terms of reference
WA	Western Australia

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