

NACCHO



National Aboriginal Community
Controlled Health Organisation

www.naccho.org.au



ACCHO Medicines Management Guidelines

A guide for ordering, stocking,
prescribing and administering medicines

V1.0

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The report may contain images of Aboriginal and Torres Strait Islander peoples that have passed away

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NACCHO acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of country

throughout Australia and their continuing connection to both their lands and seas. In the spirit of respect, NACCHO recognises the Aboriginal and Torres Strait Islander peoples' past, present and future cultural, spiritual, physical and emotional connection with their land and seas. NACCHO honours and pays respect to all Elders, both past and present and all generations of Aboriginal and Torres Strait Islander peoples now and into the future

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Introduction

- Which medicines are stocked at your ACCHO?
- How do clients access medicines that are not in stock?
- How do you decide what medicines to stock?
- What processes govern the way that medicines are used?
- How do you make sure medicines are used safely and effectively, both in and out of the ACCHO?

These guidelines are a practical guide to help Aboriginal Community Controlled Health Organisations (ACCHOs) take steps to strengthen the way they manage medicines throughout the organisation. Medicines are an essential part of health care,¹ and their management extends into many areas of each ACCHO's models of care, including storage, ordering, supply, and administration, as well as prescribing guidelines and medicines competency of staff. Medicines are used in a very wide range of health conditions. They can offer a huge health benefit to the community and can save lives. However, medicines can also be associated with harm,² their use may be complex, and they need to be used safely and appropriately.

Strong oversight and management of the use of medicines at ACCHO clinics, including the development of standard medicines lists, can have a big impact on the health of clients and the community. When good governance and quality improvement of medicines is supported, the chance of medicines errors and risk of client harm can be reduced.

This can also significantly improve the workflow and communication for staff and can result in substantial savings for both ACCHOs and

clients. Strengthening medicines management is an important part of Continuous Quality Improvement (CQI) for ACCHOs and can support accreditation.

From a management perspective, clearly articulated policies can also improve clarity around decision making (saving time), help in dispute resolution both internally and with clients, decrease overhead costs, and reduce day-to-day staff stress caused by uncertainty or ambiguity.



Jailena Craig at the Pharmacy section in Galambila Aboriginal Health Service, Coffs Harbour

“The Danila Dilba Medicines Guidelines have been instrumental in improving the quality use of medicines and in reducing medicine costs for Danila Dilba Health Service. The Medicines Review Committee ensures these guidelines are kept up to date and that decisions about medication supply and subsidy are evidence-based and best practice.”

Olga Havnen, CEO Danila Dilba Health Service, Oct 2020

Why is managing medicines in ACCHOs important?

CASE STUDY

When medicines aren't managed well

An ACCHO had three unorganised cupboards overflowing with small packs of medication samples sent by drug companies in an ad hoc manner. These were rarely used, yet they often ran out of important items, like salbutamol inhalers and paracetamol liquid for children, which then had to be purchased at significant cost to the ACCHO. They had no medication management processes apart from a time-consuming monthly check of expiry dates.

A medication management team was formed with the clinic nurse, GP and visiting pharmacist to develop a standard medicines list. They now keep only a small number of essential items which are stored in two organised cupboards and ordered monthly, and there is a policy about accepting and using sample medicines. This has saved staff time and costs to the clinic. They plan to review the list annually or when new prescribers join the practice. They continue to look at the most cost-effective ways to order items such as using the PBS Prescribers Bag and accessing medicines from the local hospital.

Setting up a governance framework including a medicines committee, documenting processes and developing a standard medicines list may take time and effort, and may be challenging for some staff. However, there are many potential benefits when medicines are managed well at ACCHOs.

Possible benefits for your ACCHO

Improve client health, medicines use and safety

- Improve the safe, consistent and appropriate use of medicines e.g. treatment guidelines are available and followed, and the recommended first line treatment is available to clients.
- Better reporting of medicines events e.g. adverse medicines reactions.
- Improved stewardship of medicines such as antibiotics and opioids.

Improve ACCHO clinical and organisational governance

- Ensure policies governing the use of medicines are documented.
- Improve communication with staff and clients about policies, laws, and expectations around management of medicines.
- Ensure appropriate storage of medicines including refrigerated and high-risk medicines.
- Oversee and manage medicine-related costs.
- Improve adherence to ACCHO and accreditation standards.

Strengthen workforce

- Improve consistency of new staff orientation.
- Enhance the scope of practice of staff members.
- Enhance efficiency in workflow, especially in coordination of multidisciplinary and disparately located teams.
- Provide guidance to clinical staff in prescribing, supplying and administering medicines.

How to use this guide & the five principles of medicines management at ACCHOs

These guidelines outline five key principles to guide how you might manage medicines at your ACCHO, including the steps your ACCHO can take to address each of them. These all contribute to the core aim of improving

Quality Use of Medicines (QUM) for clients and communities. QUM is the safe and effective use of medicines when they are considered an appropriate treatment.³



PRINCIPLE 1

Medicines management group



PRINCIPLE 2

Documented medicines management processes



PRINCIPLE 3

Standard medicines lists (formularies)



PRINCIPLE 4

Information sharing



PRINCIPLE 5

Pharmacists and pharmacy services

The steps for implementing each key principle are described in three stages: foundation, intermediate and advanced. We suggest that you assess your ACCHO's current medicines management stage for each principle using Appendix 1: *ACCHO self-assessment audit tool to assess implementation stage and plan quality improvements*. These stages are flexible,

and you may be at a different point for each of the principles. ACCHOs may use this tool to identify their current practices and the steps they can take to improve medicines management at their organisation. Note that the activities for each step are not designed specifically to achieve accreditation but may be used or altered to help meet accreditation standards.



PRINCIPLE 1

Medicines management group

Supporting a group of people to be responsible for medicines may have a significant impact on improving medicines management in the ACCHO. There is good evidence that a medicines management group – sometimes be called a *Drug and Therapeutics Committee* or *DTC* – is an effective way to oversee the way medicines are managed in a health service.⁴ The scale and scope of the group may vary a lot depending on an ACCHO's needs and size.

Some ACCHOs may already have a clinical governance group, or similar, that fills some roles of the medicines management group. The scope of the clinical governance group may be expanded to better cover medicines, or a medicines management group may be a separate team. In small services this may be done as a regional group or in collaboration with larger services or state-run services.

NACCHO TIP

Pharmacists are medicines experts; they may play a valuable role in all five medicines management principles. ACCHOs should consider working with a pharmacist/s to consider and implement strategies related to these principles. NACCHO also has a medicines team, medicines support resources and a medicines network that can help in implementing these five principles.



Gidgee Healing Pharmacists Ellen Jones and Tayla Stevenson

The medicines management group is an overarching principle, and the group should generally be responsible for the governance of the other four principles. ACCHOs may determine which features in the following table are relevant for their medicines management group.



Possible features of a medicines management group

Feature	Description
Identify medicines champions	ACCHOs should nominate one or two staff with primary responsibility for overseeing medicines management at each clinic, or who have taken a particular interest in medicines management. These officers or 'champions' may also take responsibility for coordinating the medicines management group.
Have a clear role	The group should have Terms of Reference (TOR) and a clear reporting structure to define its role and how it is run. This may include reviewing medicines on a standard list.
Meet regularly	The group should have meetings at defined intervals that suit the ACCHO's needs (e.g. quarterly).
Support group diversity	The group should be made up of staff members with experience and knowledge in a range of different areas, such as clinical skills, finance and logistics. In a smaller ACCHO, this may consist of a few people who perform multiple roles. In a larger ACCHO, this may be a larger, more diverse group.
Align with ACCHO's clinical governance	It is vital that the group is integrated and empowered within the ACCHO's organisational structure. The clinical governance group may include the roles of the medicines management group or form a sub-group for medicines management.
Communicate within the ACCHO	The group (or a nominated officer) should communicate its medicines policies to ACCHO management and staff. The medicines champion can act as a resource and contact point for staff and be delegated to implement all medicines policies. This may be a pharmacist if one is employed or works regularly at the ACCHO, or it may be another staff member with an interest and training in medicines.
Guide clinical teams	The group may provide guidance to the ACCHO's clinical teams to improve the consistency and appropriateness of medicines stocked, supplied and prescribed as well as education and reference resources available to clinicians.
Focus on quality use of medicines	The group should have an overarching objective of Quality Use of Medicines for the ACCHO's clients, and to ensure the most effective and appropriate treatments are accessible.
Communicate with clients and community	The group may provide advice on communication to clients and the community on relevant outcomes and measures taken by the group, such as removing or adding medicines to a standard list, quality reviews of safety and adherence to best practice.
Liaison and engagement with external organisations and resources	The group should seek continuous improvement by two-way sharing of learnings from other ACCHOs in both formal (e.g. regional groups) and informal engagements. The group may also be responsible for ensuring the ACCHO remains up-to-date with current evidence-based practices and could take responsibility for Continuing Education of clinical staff around QUM.

It is important to include a range of clinical staff in your medicines management group. You could consider these people:

- Aboriginal and Torres Strait Islander Health Practitioner and/or Worker
- General Practitioner
- Clinical Lead
- Nurse
- Pharmacist
- Practice Manager
- Other specialists as required (e.g. paediatricians or cardiologists)
- Consumer (this may not be appropriate in some settings)

When considering a medicines management group, ACCHOs may wish to refer to the *National Model of Clinical Governance Framework*, which describes the roles and responsibilities of consumers, clinicians, health service organisations and managers in supporting safe, high-quality care through an effective clinical governance framework.

CASE STUDY

Congress' Pharmacy Working Group

Central Australian Aboriginal Congress have a team that manages the medicines that are used across their facilities, called the Pharmacy Working Group. This group is made up of the Medical Director, Deputy Medical Director, Pharmacist, Remote Practice Manager, Remote Doctor, Urban Practice Manager, Urban Doctor and visiting specialists who are called on when required. The Group has Terms of Reference (TOR) and meet monthly to develop policies on the safe and effective use of medicines, and to decide what medicines are on their standard medicines list. Members of the ACCHO can apply for medicines to be added to the standard medicines list and the Pharmacy Working Group makes evidence-based decisions to assess these applications.

Medicines management group

Implementation steps

Foundation		✓
Put together a medicines management group that suits your needs.		
Medicines management group meets to assess the current status of medicines management at your ACCHO according to these guidelines (using <i>Appendix 1: ACCHO self-assessment audit tool to assess implementation stage and plan quality improvements</i>).		
Intermediate		✓
Medicines management group meets regularly (e.g. every quarter).		
Medicines management group documents its Terms of Reference (TOR), which may include some or all of the features in the <i>Possible features of a medicines management group</i> table.		
Advanced		✓
Medicines management group meets regularly and fulfils roles outlined in the Terms of Reference (TOR).		
Where appropriate, establish subcommittees to manage specific tasks such as medicine safety, antimicrobial stewardship and drug use evaluation.		

USEFUL RESOURCES

CATAG (2013). "Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australian public hospitals."
<http://www.catag.org.au/resources/#guidance>

National Model of Clinical Governance Framework
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-model-clinical-governance-framework> published by the ACSQHC in 2017

World Health Organization. (2003). "Drug and therapeutics committees: a practical guide".
Authors: Kathleen Holloway (editor), Terry Green. World Health Organization.
<https://apps.who.int/iris/handle/10665/68553>



PRINCIPLE 2

Documented medicines management processes

Ensuring that processes and policies for medicines management are consistent, documented and understood by all relevant staff members can improve safety for clients and make managing and supplying medicines easier for staff. Documentation can also contribute to the overall demonstration of quality for accreditation purposes and can reduce ACCHO's medicines costs. When reviewing processes and policies, ACCHOs should consider the legal requirements for their state or territory as these vary across the country.

Recommended medicines documents may include, but are not limited to:

- Terms of Reference (TOR) for the medicines management group, including who is in the group and how often they meet
- References and best practice guidelines to guide prescribing
- Treatment protocols for non-medical staff to follow, with consideration of legal requirements of the state or territory
- Dispensing and administration procedures, including labelling of medicines
- Process for the maintenance of the formulary (see Principle 3: *Standard medicines lists (formularies) for more information*)
- Ordering and stock control processes
- Process for reporting errors or potential errors
- Special procedures for high-risk medicines e.g. the **APINCHS**⁶ medicines
- Storage and accountability requirements (including cold chain, recalls, S8 controlled drugs)
- Processes for funding or subsidising medicines from within the clinic and at pharmacies, including special requests process for subsidising individual clients' medicines
- Management of samples and donated stock
- Transitioning and handover of client's medication needs between care providers

CASE STUDY

No consistent policy between clinics

An ACCHO operates three clinics across a town in regional Australia. Currently, each clinic manages medicines independently and there is no documented or coordinated way that medicines are ordered or supplied. For example, one clinic offers certain over-the-counter products for free to clients, while the other two clinics generally request that clients get these medicines by buying them at their local pharmacy. Because of this, clients more commonly present to the clinic where the medicines are subsidised, which puts an increasing burden on that clinic's staff.



Wathaurong's medicines documentation

Wathaurong Aboriginal Co-operative identified significant barriers for their clients accessing medications through usual pathways. A pharmacist began working in the ACCHO and identified under Victorian legislation they were eligible for a health services permit to supply medication on site. They wrote a Standard Operating Procedure and now have a process to give appropriately labelled medication (supplied from a local community pharmacy) directly to clients after a GP consult. This allows free CTG PBS medication to be given to clients in a culturally safe way from Wathaurong, where clients feel comfortable and medication education can be provided by well-educated staff they know and trust.



Pene Wood, Pharmacist, Wathaurong Aboriginal Co-operative Health Services
and Alice Nugent, Pharmacist Advisor, NACCHO.

Documented medicines management processes

Implementation steps

Foundation		✓
Write down the processes that are followed to manage medicines at your ACCHO e.g. How is the list of medicines maintained, how are medicines currently ordered and purchased, prescribed and supplied?		
Identify what policies and procedures currently exist for management of medicines at your ACCHO and compare with existing templates or guidelines ⁷ to identify any gaps.		
Intermediate		✓
Create a set of standard medicines guidelines or operating procedures, including forms for staff.		
Incorporate training on the medicines management policies, processes and using forms into ACCHO staff education processes (e.g. in-services) and orientation.		
Review existing regional or national guidelines and operating procedures, and consider if these can be adapted to your ACCHO's needs.		
Advanced		✓
Regularly (e.g. annually) review the current procedures and update them, ensure they align to any updates in relevant state or territory guidelines and accreditation standards.		
As required and if relevant in your region, discuss and share your documents and resources with other ACCHOs and other relevant bodies (e.g. state government) to provide support and collaboration.		

USEFUL RESOURCES

CATAG (2013). "Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australian public hospitals."
<http://www.catag.org.au/resources/#guidance>

Australian Commission on Safety and Quality in Health Care website has many potentially useful standards and resources related to medicines and Aboriginal and Torres Strait Islander health that may be used or adapted for ACCHOs
<https://www.safetyandquality.gov.au/our-work/medication-safety>

The Commission's dispensing guidelines
<https://www.safetyandquality.gov.au/our-work/healthcare-variation/medicines-dispensing>



PRINCIPLE 3

Standard medicines lists (formularies)

A standard medicines list (or formulary) is a list of medicines that are kept at and/or prescribed from your ACCHO. It is also sometimes referred to as a *Standard Drugs List*, or *SDL*. A formulary can support consistent supply of appropriate and evidence-based medicines for clients across clinics and regions. Having a formulary can improve stock management, save time and money, and improve medicines safety. If there are not clear formulary processes however, changes can be made by individual staff without reasonable oversight or coordination.

This can be confusing for staff and clients, can have budget implications, and may lead to poor outcomes for clients.

Many ACCHOs and their respective clinics have a standard list of items that they stock, but these may not be documented. A formulary can include Prescribers Bag items, other emergency medicines, over-the-counter or unscheduled medicines, and prescription medicines such as antibiotics or medicines for chronic conditions. An ACCHO may have multiple formularies for different clinics and care settings.

CASE STUDY

Kimberley Standard Drug List

Kimberley Standard Drug List is a collaboration between Kimberley Aboriginal Medical Services and WA Country Health Service. The strong information-sharing between these groups has resulted in better care for clients across the Kimberley with the same treatment available in whichever health facility the highly mobile client population presents in. The drug list is governed by a steering committee that is made up of representatives across different health services. The strong information-sharing network in the Kimberley has strengthened medicines management across the region.

NACCHO TIP

If an ACCHO doesn't currently have a documented formulary, they may start the process by making a list of all medicines that are currently in stock at each clinic and the reasons why they are stocked. The list/s can then be reviewed by the medicines management group. When an ACCHO is reviewing the formulary or starting from scratch, they may like to adapt it from an existing list that is appropriate for their needs. This may include engaging with another ACCHO or organisation (e.g. a local government run clinic or hospital) that is willing to provide support and share its list. Examples are provided in the resources section of this chapter.

The Formulary Cycle (Adapted from the SHPA Medicines Management Pathway Cycle)⁸



1. **Selection** of which medicines to keep in stock. Medicines should be chosen according to their evidence-base for clinical effectiveness, safety, the needs of the community (including cultural needs) and cost-effectiveness.
2. **Ordering** a sufficient quantity of the medicines on the formulary. All items that are regularly ordered should be on the formulary and recommended stock levels developed. Where there are multiple suppliers, clear directions on how to order should be available for staff. The 'Ordering' step includes careful financing and budget management to ensure affordability.
3. **Stock management** of the medicines in your facility. Ensure that enough stock is available and that it is stored appropriately, rotated and in-date.
4. **Rational use** of medicines according to relevant treatment guidelines.
5. **Regular review** of the formulary including adding, removing and changing medicines to ensure that the most appropriate choice of medicines are on the list.

Formulary management processes that may be documented include:

- Principles of what is eligible for the formulary e.g. evidence-based, cost to ACCHO vs. cost to client, community needs and priorities
- Process for review of the formulary and quantities stocked
- Application to add a medicine to the formulary
- Application to remove a medicine from the formulary
- Application to fund non-formulary medicines for a specific client



Standard medicines lists (formularies)

Implementation steps

Foundation		✓
Make a list of what medicines are currently kept at your ACCHO (or in each clinic) and why these are kept.		
Medicines management group review the list and justify why each item is on the list according to clinical guidelines.		
Intermediate		✓
Review the full list annually and make updates according to current evidence, medicines scheduling, and guidelines, and review applications to add and remove items from the list.		
Perform an assessment of appropriate stock levels based on past usage.		
As appropriate and if required, communicate and collaborate with other ACCHOs (or state- or territory-run clinics) in your region to share formulary information and where possible introduce some consistency in your list.		
Advanced		✓
Regularly (e.g. annually) review the current procedures and update them, ensure they align to any updates in relevant state or territory guidelines and accreditation standards.		
Consider working with other ACCHOs and health services in your region to make a regional medicines formulary to improve consistency of care and client safety in your region (see Principle 4: <i>Information sharing</i> for more information).		

USEFUL RESOURCES

World Health Organization (2021). "WHO Model Lists of Essential Medicines." from <https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists>

Kimberley Aboriginal Health Planning Forum (2018). "Kimberley Standard Drug List (KSDL)." from <https://kahpf.org.au/kimberley-standard-drug-list>

Remote Primary Health Care Manuals (2017). Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners. Alice Springs, NT, Centre for Remote Health. <https://docs.remotephcmanuals.com.au/review/g/manuals2017-manuals/d/20353.html?page=1>



PRINCIPLE 4

Information sharing

Sharing information with other health services can improve client care. It may help to provide consistency between services and improve safety for clients and staff moving between services or facilities.

For example, if all facilities in a region stock the same medicines for high blood pressure, clients moving between those facilities can obtain the same medicine each time, rather than switching or possibly stopping the medicines.

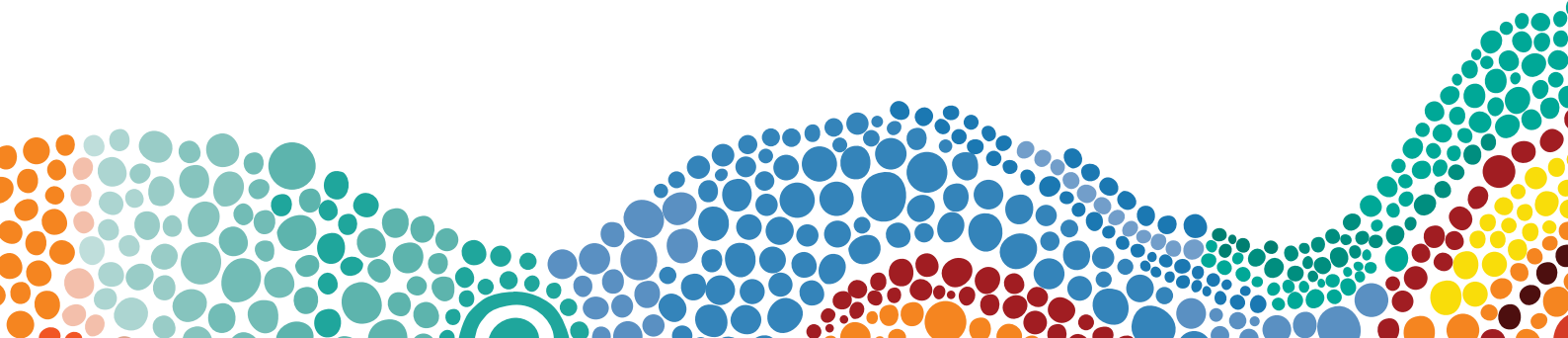
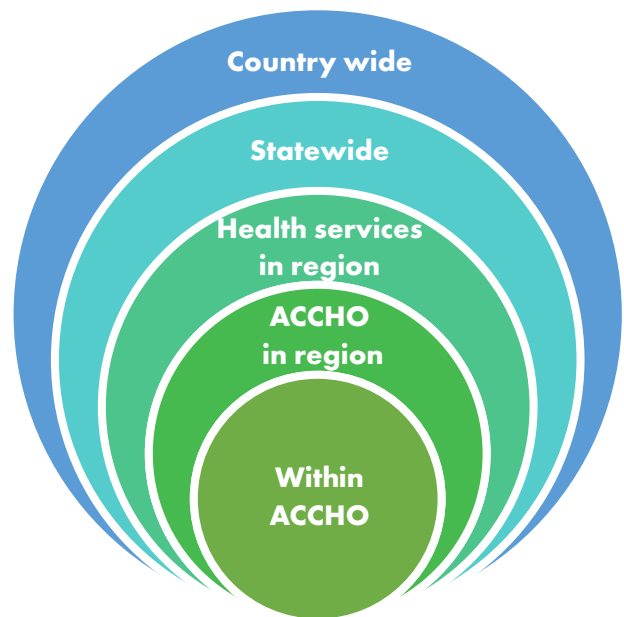
Also, if local hospitals and specialist prescribers are engaged with what medicines are prescribed and stocked by ACCHOs across the region, then the client is more likely to be able to obtain the same medicines consistently across different care settings, such as moving from hospital discharge to the community.

Information sharing can take place at different levels. It can be within the ACCHO (especially when new staff start), with other ACCHOs or health services in your region, state-wide or country-wide.

Sharing information can save time when reviewing the latest evidence if ACCHOs work together to review their medicines lists: rather than all spending time to review every item on their lists each year, they can inform each other of any changes they make and why.

The NACCHO Formulary Network will help to keep ACCHOs up to date on changes to evidence and guidelines and provide a place for ACCHOs to share information.

It will provide regular emails with links to updated guidelines, references and tools for medicines management.



Information sharing

Implementation steps

Foundation ✓	
Identify any standard lists, policies and procedures that could be adopted for your ACCHO and seek consent to use or adapt them if appropriate.	
Sign up to the NACCHO Formulary Network and medicine management newsletter.	
Identify what staff and client education is currently available (e.g. written medicines information, medicines counselling by the pharmacist, Home Medicines Reviews).	
Intermediate ✓	
Engage with ACCHOs and/or AHSs in your region to understand how they manage medicines e.g. what is stocked within their clinics, share your formulary or medicines management procedures. This may bring some consensus and commonalities to improve medicine consistency and safety for clients and staff moving between facilities.	
Educate clients and community members on the way different types of medicines are accessed through your ACCHO and the reasons for this.	
Engage local pharmacies on the way medicines are managed at your ACCHO and the role they can play in ensuring medicines are available in a culturally appropriate way and strengthening the system.	
Regular medicines management and Quality Use of Medicines education sessions for your ACCHO staff (this may be run in conjunction with other ACCHOs). For example, a session on the latest evidence for effective head lice treatments and therefore what treatment could be stocked consistently across clinics.	
Advanced ✓	
Meet regularly with medicines management groups at nearby services and engage in mentoring smaller ACCHOs that are in the early stages of setting up a formulary and medicines management processes.	
Consider sharing your resources and experiences with ACCHOs across Australia so they can learn from your practice.	

USEFUL RESOURCES

NACCHO Medicines Management Network and Resources
<https://www.naccho.org.au/medicines-management-network-and-resources>
 NPS Medicinewise – *Professional education resources*



PRINCIPLE 5

Pharmacists and pharmacy services

Pharmacists are specialists in managing medicines. Where available, accessing pharmacists' input into medicines management may be very effective. ACCHOs may access pharmacist services in a range of ways. Pharmacists may be employed directly by an ACCHO, or work through a contracted community pharmacy to supply the medicines and provide some clinical and medicines management services. Hospital pharmacists may also work with ACCHOs to support medicines management.

If a facility enters into a service agreement with a contracted pharmacy for medicines supply and other services, it may be valuable to have these arrangements under the supervision of the medicines management group, who could consider:

- Appropriate safety and accountability considerations. For example, what are the important medicines safety and quality measures for the ACCHO? How will outcomes of pharmacy services be measured?
- Any requirements in relation to cold-chain and other temperature or special storage and transport requirements.
- Participation in medicines governance. This could involve direct participation and/or coordination of the medicines management group, or liaison on medicines issues as required.

There may be many possible roles for pharmacists within your ACCHO, particularly those related to medicines management. They could include:

- Contributing to clinical governance (including medicines management)
- Educating health care providers about Quality Use of Medicines and medicines management
- Educating clients about their medicines
- Conducting medicines reviews with clients, for example at their home or in the clinic
- Managing the ordering and stocking of medicines
- Dispensing medicines
- Managing the formulary
- Facilitating and improving access to medicines for all clients
- Advising health care providers about procuring medicines e.g. PBS, legislative restrictions etc.
- Conducting Quality Use of Medicines activities such as antibiotic use audits



CASE STUDY

Embedded pharmacists at Victorian Aboriginal Health Service

Victorian Aboriginal Health Service has two pharmacists working on-site. These pharmacists contribute to a wide range of services. As specialists in medicines, they advise other clinical staff on the safe and effective use of medicines, contribute to the development of medicines management procedures, manage the list of medicines that are kept on-site and liaise with community pharmacies. They organise medicines for clients to be dispensed either on-site or off-site and liaise with local hospital pharmacies to ensure medicines are available before clients are discharged, and that these transitions of care are managed smoothly. Pharmacists sit down with clients either at the health facility or in their homes to conduct medicines reviews, teach clients about their medicines and optimise their therapy. They help the health service to save money by managing medicines that are kept on-site, reducing wastage, optimising PBS and CTG prescribing and dispensing, and conducting audits of medicines use.

Pharmacists and pharmacy services

Implementation steps

Foundation		✓
Map the current client journey for accessing medicines through your ACCHO.		
Identify which possible pharmacists may be able to provide input into medicines management at your ACCHO e.g. local community pharmacists, hospital pharmacists, consultant pharmacists.		
Meet with your pharmacist about their role at your ACCHO and how you can work with them to improve medicines management.		
Intermediate		✓
Consider funding a pharmacist to work at the ACCHO. This could be visiting, part-time, or employed as part of the clinical team depending on the needs of your ACCHO.		
Clarify the role your pharmacist/s plays in medicines management (e.g. involvement in clinical governance, reviewing medicines stocked, medicines audit, staff or client education, home medicine reviews).		
Advanced		✓
Continue to work collaboratively on cycles of Quality Improvement to improve Quality Use of Medicines at your ACCHO.		

USEFUL RESOURCES

NACCHO *Pharmacist Services Needs Assessment* (under development)

Commonwealth of Australia (2002). *The National Strategy for Quality Use of Medicines*. Canberra.

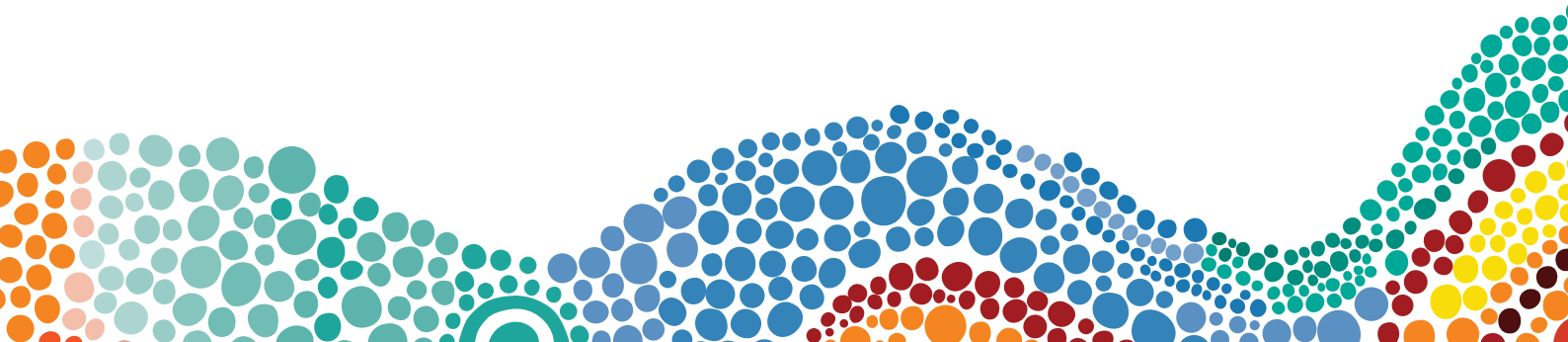
Appendix 1: ACCHO self-assessment audit tool to assess implementation stage and plan quality improvements

The following self-assessment tool has been provided as an *example* of a tool that can be incorporated into an ACCHO's CQI processes, and which could be used by the medicines management group to plan interventions to improve safety and quality in medicines management.

The items in the tool are recommendations only and do not accurately reflect accreditation standards or other published standards. The items in the tool may be adapted to suit the medicines framework of the ACCHO, the priorities for change and the requirements for accreditation.

To use this tool:

- Each year, self-assess your progress in each of the five core areas
- Select Yes or No or N/A for each point, which can then be used to identify the areas where you should focus your efforts
- Develop a plan for activities for the next year based on the progress in each area and the priorities of the medicines management group and ACCHO
- Compare progress each year against your plan and against last year's assessment

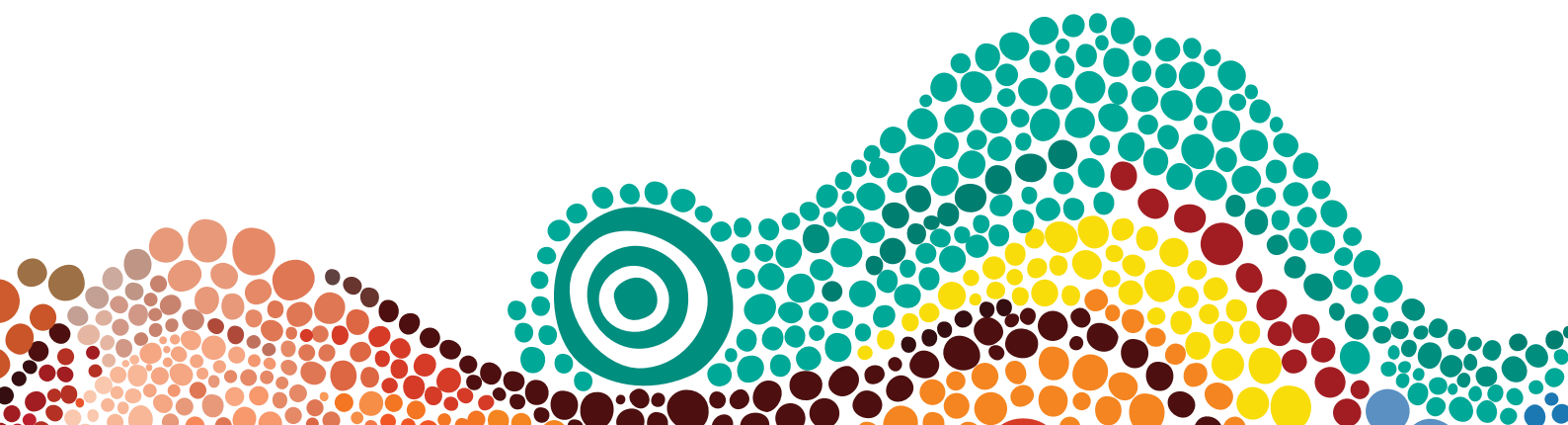




PRINCIPLE 1

Medicines management group

Foundation	Year 1	Year 2	Year3
Put together a medicines management group that suits your needs.	Y, N or N/A		
Medicines management group meets to review the current status of medicines management at your ACCHO according to these guidelines.			
Intermediate			
Medicines management group meets regularly (e.g. every quarter).			
Medicines management group documents its Terms of Reference (TOR), which may include some or all of the features in the <i>Possible features of a medicines management group</i> table included in these guidelines.			
Advanced			
Medicines management group meets regularly and fulfils roles outlined in the Terms of Reference (TOR).			
Where appropriate, establish subcommittees to manage specific tasks such as medicine safety, antimicrobial stewardship and drug use evaluation.			
Number of 'Yes' for this section			



PRINCIPLE 2

Documented medicines management processes

Foundation	Year 1	Year 2	Year3
Write down the processes that are followed to manage medicines at your ACCHO e.g. How is the list of medicines maintained, how are medicines currently ordered and purchased, prescribed and supplied?	Y, N or N/A		
Identify what policies and procedures currently exist for management of medicines at your ACCHO and compare with existing templates or guidelines to identify any gaps.			
Intermediate			
Create a set of standard medicines guidelines or operating procedures, including forms for staff.			
Incorporate training on the medicines management policies, processes and using forms into ACCHO staff education process (e.g. in-services) and orientation.			
Review existing regional or national guidelines and operating procedures, and consider if these can be adapted to your ACCHO's needs.			
Advanced			
Regularly (e.g. annually) review the current procedures and update them, ensure they align to any updates in relevant state or territory guidelines and accreditation standards.			
As required and if relevant in your region, discuss and share your documents and resources with other ACCHOs and other relevant bodies (e.g. state government) to provide support and collaboration.			
Number of 'Yes' for this section			



PRINCIPLE 3

Standard medicines lists (formularies)

Foundation	Year 1	Year 2	Year3
Make a list of what medicines are currently kept at your ACCHO (or in each clinic) and why these are kept.	Y, N or N/A		
Medicines management group review the list and justify why each item is on the list according to clinical guidelines.			
Intermediate			
Review the full list annually and make updates according to current evidence, medicines scheduling, and guidelines, and review applications to add and remove items from the list.			
Perform an assessment of appropriate stock levels based on past usage.			
As appropriate and if required, communicate and collaborate with other ACCHOs (or state or territory-run clinics) in your region to share formulary information and where possible introduce some consistency in your list.			
Advanced			
Consider working with other ACCHOs and health services in your region to make a regional medicines formulary to improve consistency of care and client safety in your region (see Principle 4: <i>Information sharing</i> for more information).			
Number of 'Yes' for this section			

PRINCIPLE 4

Information sharing

Foundation	Year 1	Year 2	Year3
Identify any standard lists, policies and procedures that could be adopted for your ACCHO and seek consent to use or adapt them if appropriate.	Y, N or N/A		
Sign up to the NACCHO Formulary Network and medicine management newsletter.			
Identify what staff and client education is currently available (e.g. written medicines information, medicines counselling by the pharmacist, Home Medicines Reviews).			
Intermediate			
Engage with ACCHOs and/or AHSs in your region to understand how they manage medicines e.g. what is stocked within their clinics, share your formulary or medicines management procedures. This may bring some consensus and commonalities to improve medicine consistency and safety for clients and staff moving between facilities.			
Educate clients and community members on the way different types of medicines are accessed through your ACCHO and the reasons for this.			
Engage local pharmacies on the way medicines are managed at your ACCHO and the role they can play in ensuring medicines are available in a culturally appropriate way and strengthening the system.			
Regular medicines management and Quality Use of Medicines education sessions for your ACCHO staff (this may be run in conjunction with other ACCHOs). For example, a session on the latest evidence for effective head lice treatments and therefore what treatment could be stocked consistently across clinics.			
Advanced			
Meet regularly with medicines management groups at nearby services and engage in mentoring smaller ACCHOs that are in the early stages of setting up a formulary and medicines management processes.			
Consider sharing your resources and experiences with ACCHOs across Australia so they can learn from your practice.			
Number of 'Yes' for this section			



PRINCIPLE 5

Pharmacist and pharmacy services

Foundation	Year 1	Year 2	Year3
Map the current client journey for accessing medicines through your ACCHO.	Y, N or N/A		
Identify which possible pharmacists may be able to provide input into medicines management at your ACCHO e.g. local community pharmacists, hospital pharmacists, consultant pharmacists.			
Meet with your pharmacist about their role at your ACCHO and how you can work with them to improve medicines management.			
Intermediate			
Consider funding a pharmacist to work at the ACCHO. This could be visiting, part-time, or employed as part of the clinical team depending on the needs of your ACCHO.			
Clarify the role your pharmacist/s plays in medicines management (e.g. involvement in clinical governance, reviewing medicines stocked, medicines audit, staff or client education, home medicine reviews).			
Advanced			
Continue to work collaboratively on cycles of Quality Improvement to improve Quality Use of Medicines in your ACCHO.			
Number of 'Yes' for this section			

Appendix 2: Glossary

Clinical Governance – The process of improving and maintaining high standards of clinical practice for clients. Organisations often have a clinical governance team that functions to monitor and improve practice. Clinical governance is an important component of meeting accreditation.

CQI (Continuous Quality Improvement) – The process of progressive improvement in the way that services are structured and delivered, including the way medicines are managed, to best meet the needs of communities. We recommend referring to the *National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People*. Available from: <https://ahcsa.org.au/app/uploads/mp/files/resources/files/naccho0042-cqi-framework-final-accessible.pdf>

Medicines – Substances used to treat or prevent disease, including tablets, injections, creams, patches, implants and sprays. As well as prescription medicines, this includes traditional bush medicines and anything that you may give a client such as immunisations and products that may be available over-the-counter and complementary medicines such as vitamins and moisturisers. Governance of consumables and pathology supplies is not included in this document but you may find it helpful to manage them in the same way as medicines.

QUM (Quality Use of Medicines) – The safe and effective use of medicines. It includes:

- Selecting an appropriate management option, only choosing a medicine where necessary;
- Selecting the appropriate medicine-taking into account the individual that will be using the medicine; and
- Using medicines safely and effectively including monitoring adherence and effectiveness.

More information about QUM is available at: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>



Appendix 3: Medicines management resources

CATAG (2013). "Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australian public hospitals."

<http://www.catag.org.au/resources/#guidance>

Commonwealth of Australia (2002). The National Strategy for Quality Use of Medicines. Canberra.

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/EA5B39AA0A63F18CA257BF0001DAE08/\\$File/National-Strategy-for-Quality-Use-of-Medicines.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/EA5B39AA0A63F18CA257BF0001DAE08/$File/National-Strategy-for-Quality-Use-of-Medicines.pdf)

Kimberley Aboriginal Health Planning Forum (2018). "Kimberley Standard Drug List (KSDL)." from <https://kahpf.org.au/kimberley-standard-drug-list>

NACCHO Medicines Management Network and Resources

<https://www.naccho.org.au/medicines-management-network-and-resources>

NACCHO Pharmacist Services
Needs Assessment (in development)

NPS Medicinewise – Professional education resources

<https://www.nps.org.au/>

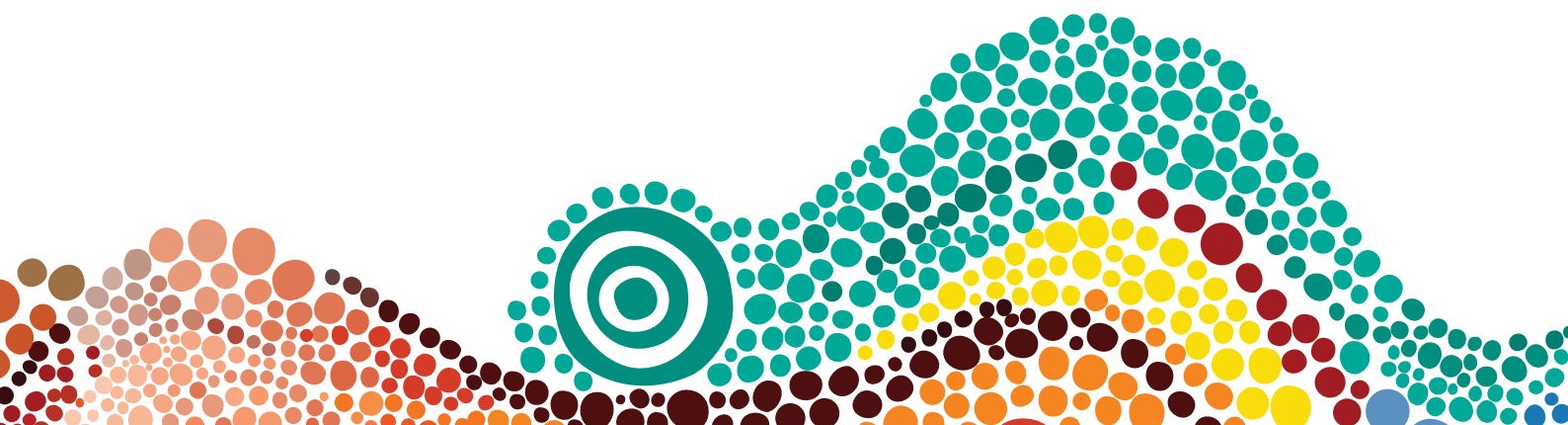
Remote Primary Health Care Manuals (2017). Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners. Alice Springs, NT, Centre for Remote Health.

<https://docs.remotephcmanuals.com.au/review/g/manuals2017-manuals/d/20353.html?page=1>

World Health Organisation (2021). "WHO Model Lists of Essential Medicines." from <https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists>

World Health Organization. (2003). "Drug and therapeutics committees: a practical guide". Authors: Kathleen Holloway (editor), Terry Green. World Health Organization.

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2. Roughead EE, Semple SJ, Rosenfeld E. Literature Review: Medication Safety in Australia [Internet]: Australian Commission on Safety and Quality in Health Care; 2013 Available from: <https://www.safetyandquality.gov.au/sites/default/files/migrated/Literature-Review-Medication-Safety-in-Australia-2013.pdf>
3. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/national-medicines-policy>
4. Weekes, L. M. and C. Brooks (1996). "Drug and Therapeutics Committees in Australia: expected and actual performance." Br J Clin Pharmacol 42(5): 551-557.
5. <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-model-clinical-governance-framework> published by the ACSQHC in 2017
6. <https://www.safetyandquality.gov.au/our-work/medication-safety/high-risk-medicines/apinchs-classification-high-risk-medicines>
7. CATAG (2013). "Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australian public hospitals." from <http://www.catag.org.au/resources/#guidance>
8. Stowasser, D., et al. (2004). "Understanding the Medicines Management Pathway." Journal of Pharmacy Practice and Research 34(4): 293-296.



