

## **SHPA's response to the National Quality Use of Medicines Publication: Guiding Principles for medication management in the community**

### **Updating the Guiding principles for medication management in the community (GPC)**

#### **Guiding Principle 1 (GPC 1): Information Resources**

##### **1. Recommendation 1:**

Agree.

SHPA members believe it is important to appreciate the benefits of a personal approach rather than relying on the use of technological solutions alone, to ensure care and information provided is patient-centred and attuned to the patient's health literacy.

##### **2. Recommendation 2a:**

Agree.

##### **3. Recommendation 2b:**

Agree.

SHPA members believe that multilingual resources should also be readily available for consumers.

#### **Guiding Principle 2 (GPC 2): Self-administration**

##### **4. Recommendation 1:**

Agree.

##### **5. Recommendation 2:**

Agree.

SHPA members note that information provided to consumers who are self-administering their medications, on how to stop and restart medications during periods of acute illness or "sick days", must be personalised, specific to each medication and only detailed by the prescriber.

SHPA also recommends that there should be greater emphasis and more information provided to consumers on the need to see their pharmacist or general practitioner when it is unsafe for them to continue using a certain formulation of a medication e.g., in the case of a hypersensitivity reaction when using a transdermal preparation.

#### **Guiding Principle 3 (GPC 3): Dose Administration Aids**

##### **6. Recommendation 1a:**

Agree.

In addition to this recommendation, SHPA members believe there should be further labelling requirements included in GPC 3. Labelling of DAAs must be legible should and include mandatory listing of generic drug names, brand names, and a picture to allow for easy identification by consumers and/or community clinicians administering medicines from DAAs. These additional labelling requirements may result in a need for a review to occur with each DAA packing, as generics used may change frequently pending on availability.

##### **7. Recommendation 1b:**

Agree.

**8. Recommendation 1c:**

Agree.

**9. Recommendation 2:**

Agree.

**Guiding Principle 4 (GPC 4): Administration of Medicines in the Community**

**10. Recommendation 1:**

Agree.

In addition to this recommendation, SHPA members believe that there needs to be an emphasis on facilitating provision of flexible medication administration support to allow people to remain at home as long as possible. Examples of these services include continuous daily community nursing support for medication administration, or periodic community nursing follow up at home. These services should be supported by a clinical pharmacist to ensure the safe and quality use of medications being administered by nurses in the community.

SHPA also recommends that upon discharge, patients are provided with a short-term transitional medication chart to facilitate the seamless medication administration by patients, carers and community clinicians. The provision of an up-to-date medicines chart or medicines list is embedded into hospital pharmacy discharge processes.

**Guiding Principle 5 (GPC 5): Medication Lists**

**11. Recommendation 1:**

Agree.

In addition to this recommendation, SHPA members believe that there should be a requirement for hospital electronic medical record (EMR) systems to provide a patient medication list upon discharge rather than information being transcribed from the hospital EMR system to the pharmacy dispensing software which then produces the medication list. This process increases the rate of errors and reduces the percentage of patients receiving medication lists. The provision of an up-to-date medicines chart or medicines list is embedded into hospital pharmacy discharge processes.

SHPA also recommends that these medication lists undergo a periodic assessment to ensure their continued accuracy. There is a strong role here for EMR systems to be interoperable with the My Health Record platform, as the Pharmacist Shared Medicines List will soon be online to allow not just PDF records, but also atomic data to enable real-time updated medicines lists.

**Guiding Principle 6 (GPC 6): Medication Review**

**12. Recommendation 1:**

Agree.

**13. Recommendation 2:**

Agree.

SHPA would like to ensure that hospital-initiated medication reviews are highlighted as important elements of the medication review landscape in Australia, supporting patients being discharged from hospital (or outpatient clinic patients). Clinical pharmacists play a key role in identifying patients at risk of medication-related harm, whether in emergency departments, as inpatients or as outpatients, and in advising the patient of the need for a medication review and obtaining consent for the process to proceed.



### **Guiding Principle 7 (GPC 7): Alteration of Oral Dose Forms**

**14. Recommendation 1a:**

Agree.

**15. Recommendation 1b:**

Agree.

**16. Recommendation 2:**

Agree.

### **Guiding Principle 8 (GPC 8): Storage of Medicines**

**17. Recommendation 1:**

Disagree.

The storage of medicines (GPC 8) and the disposal of medicines (GPC 9) are different conversations to be had with consumers and healthcare professionals. SHPA does not recommend combining these two topics in the *Guiding principles for medication management in the community* document.

### **Guiding Principle 9 (GPC 9): Disposal of Medicines**

**18. Recommendation 1:**

Disagree.

The storage of medicines (GPC 8) and the disposal of medicines (GPC 9) are different conversations to be had with consumers and healthcare professionals. SHPA does not recommend combining these two topics in the *Guiding principles for medication management in the community* document.

SHPA recommends that the disposal of medications be linked to the National Return and Disposal of Unwanted Medicines, known as the RUM program. SHPA also recommends that the safe disposal of schedule 8 (S8) medications is addressed in this GPC.

### **Guiding Principle 10 (GPC 10): Nurse-initiated non-prescription medicines**

**19. Recommendation 1:**

Agree.

**20. Recommendation 2:**

Agree.

**21. Recommendation 3:**

Agree.

### **Guiding Principle 11 (GPC 11): Standing Orders**

**22. Recommendation 1:**

Agree.

**23. Recommendation 2:**

Agree.

### **Guiding Principle 12 (GPC 12): Risk Management in the Administration and Use of Medicines in the Community**

**24. Recommendation 1:**

Agree.



SHPA recommends that the information and resources relevant to GPC 12 relating to inappropriate polypharmacy and deprescribing, refers to the need for an annual (or, where appropriate, more frequent) medication review.

SHPA also recommends that information and resources are updated to reflect current programs for reducing risk during transitions of care such as, the Hospital Admission Risk Programs (HARP), and Geriatric Evaluation and Management at Home (GEM@Home) services.

### Proposed New Guiding Principles

#### New GPC focused on person-centred care

**25. Recommendation 1:**

Agree.

#### New GPC focused on communication

**26. Recommendation 1:**

Agree.

### Purpose and Scope

**27. Please include your comments on whether the current purpose and scope of the Guiding principles for medication management in the community need to alter in any way, why and what change(s) you would suggest:**

The *Guiding principles for medication management in the community* should be targeted at and accessible to everyone in the community, not only referred to by those supporting older persons, or people with disabilities or chronic disease. SHPA recommends that these principles are referred to and used by health professionals and individual care workers, as well as health and community care service providers who support anyone taking medications in the community, to minimise harm and facilitate the safe and quality use of medications in the community.

### Additional Questions

**28. Are all the current guiding principles still relevant to medication management within the existing Guiding principles for medication management in the community?**

Yes.

**29. Are there any gaps or additional GPs that should be included in the updated Guiding principles for medication management in the community?**

No.

**30. Apart from those already identified, could some of the other GPs on similar topics be 'grouped together' when updating Guiding principles for medication management in the community?**

No.

**31. Are you satisfied that the areas of importance or increased emphasis in medication management that have been identified, will be incorporated into the GPs as proposed, in updating Guiding principles for medication management in the community, in a way that meets your needs?**

Nil.

**32. Please provide details of any resource(s) or guidance materials that should be referred to or included when updating the Guiding principles for medication management in the community. (This could be in the form of resource titles; reference; website links; case studies; tools; exemplar/new models of practice/care.)**

Nil.



**33. Does the format of the existing Guiding principles for medication management in the community meets your needs?**

Yes.



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