SHPA's response to the consultation on National Quality Use of Medicines Publication: Guiding principles to achieve continuity in medication management – via online survey

Proposed Themes:

Collaboration and care-coordination within the health system

1. Recommendation - That collaboration and coordinated care have a heightened focus across the 10 principles by incorporating the outlined elements across the 10 principles

   Agree

Person-centred care

2. Recommendation - That person-centred care as outlined above has a heightened focus across the 10 guiding principles to ensure clinicians and members of the healthcare team involve patients in every step of their transition of care

   Agree

Proposed Additional Guiding Principle:

Patient Safety and Quality Systems

3. Recommendation 1: That a new GP titled Patient Safety and Quality Systems be added to the Guiding Principles publication

   Agree

4. Recommendation 2: That the new GP outlines the need for systems that are used to support and promote safe and effective transitions of care via the development of:

   - policies and procedures
   - measurement and quality improvement strategies
   - risk management strategies
   - incident and feedback and complaints management
   - the identification of high-risk patient populations and social determinants of health the management of healthcare records

     Agree

Guiding Principle 1 - Leadership for Medication Management

5. GP 1 - Recommendation 1 - Alter the focus of GP 1 to Clinical governance, leadership and organisational culture

   Agree

6. GP 1 - Recommendation 2 - That GP 1 have a broader more contemporary alignment with the concepts of clinical governance, leadership, and culture.

   Agree

7. GP 1 - Recommendation 3 - That GP 1 incorporates coordinated governance and leadership between hospitals (public and private), the community (general practitioner, pharmacist, and other health care providers), residential aged care facilities and patients/carers.

Agree

Guiding Principle 2 (GP 2) - Responsibility for medication management

8. Recommendation 1: That professional responsibility be retained in GP 2

Agree

9. Recommendation 2: That the updated GP 2 differentiates between organisational and professional responsibility to ensure there are systems and mechanisms to:
a. identify and allocate resources, both in workforce and Information Technology
b. responsibility for the implementation of routine use of validated measures of medication management services (e.g. quality indicators)
c. regular measurement of culture (e.g. validated measures of organisational culture) and an approach to quality improvement, which applies both within and across sectors.
d. develop mechanisms for education and training for health care professionals in quality processes and the use of digital technology

Agree

Guiding Principle 3 (GP 3) - Accountability for medication management

10. Recommendation 1: That GP 3 be combined with GP 2 - Responsibility for medication management

Agree

11. Recommendation 2: That the content in GP 3 be retained and broadened to include organisational accountability

Agree

Guiding Principle 4 (GP 4) - Accurate medication history

12. Recommendation 1: That the intent of GP 4 be retained and be renamed Medication Reconciliation

Agree

13. Recommendation 2: That the updated GP 4 have a heightened focus on the two elements of medication reconciliation, a BPMH and reconciling the BPMH
Agree

14. Recommendation 3: That GP 4 incorporates a person-centred care approach with a greater focus on coordinated care

Agree

15. Recommendation 4: That GP 4 highlights the role of digital technology in supporting medication reconciliation

Agree

16. Recommendation 5: That GP 4 incorporates evidence-based interventions to further facilitate medication reconciliation

Agree

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17. Recommendation 6: That GP 4 outlines strategies for prioritising patients for medication reconciliation if it cannot be completed for all patients

   Agree

18. Recommendation 7: That GP 4 addresses medication management outside of 'standard operating hours', in 'emergency situations' and in regional and remote areas

   Agree

Guiding Principle 5 (GP 5) - Assessment of current medication management

19. Recommendation 1: That the intent of GP 5 be retained and be renamed Medication Review to reflect contemporary terminology

   Agree

20. Recommendation 2: That GP 5 reflects contemporary practice standards and guidelines

   Agree

21. Recommendation 3: That GP 5 is broadened to be inclusive of the different types of transitions of care and the different high-risk populations

   Agree

22. Recommendation 4: That GP 5 has a heightened focus on the use of digital health strategies

   Agree

Guiding Principle 6 (GP 6) - Medication Action Plan

23. Recommendation 1: That the intent of GP 6 be retained and be renamed Medication Management Plan to reflect contemporary terminology

   Agree

24. Recommendation 2: That elements of the existing GP 6 outlined below are retained:

- it be developed with the consumer and relevant health care professionals as early as possible in the episode of care
- form an integral part of care planning with the consumer
- be reviewed during the episode of care and before transfer
- actual and potential medication management issues (problems and needs, including risk assessment) identified during assessment (GP 5)
- medication management goals
- actions/strategies in line with best evidence that are required to address the issues and achieve the medication management goals

   Agree

25. Recommendation 3: That GP 6 adopts a stronger patient-centred focus

   Agree

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26. Recommendation 4: That GP 6 be broadened to integrate principles of a medication management plan in the community and hospital sector and reflect contemporary practice standards and guidelines

Agree

Guiding Principle 7 (GP 7) - Supply of medicines information to consumers

27. Recommendation 1: That GP 7 is retained and renamed 'Share medicines information with consumer'

Agree, however would suggest that the act of counselling consumers on their medicines is also reflected by GP7. Counselling consumers on their medicines at each interaction or transition of care, is integral to achieving continuity in medication management, however this is not sufficiently reflected in the discussion paper or the original Guiding Principles.

'Supply of medicines information' could be interpreted as simply printing and handing over a CMI leaflet to a patient without appropriate consumer-centred counselling and education, which often occurs in certain pharmacy settings. Given the varying levels of health literacy, cultural and linguistic diversity, consumer-centred counselling on medicines is just as important as sharing medicines information.

28. Recommendation 2: Ensure information within GP 7 continues to align with all relevant professional practice standards and that the resource list in GP 7 are updated

Agree

29. Recommendation 3: Adapt content within the Medication Safety Standard relevant to the provision of medicines information and medicines information resources to address transitions of care

Agree

30. Recommendation 4: Multimedia and multi-lingual resources are co-designed with consumers to be available to cater the needs of individualised groups

Agree

Guiding Principle 8 (GP 8) - Ongoing access to medicines

31. Recommendation 1: GP 8 have a heightened focus on the communication with consumers for medication access:
    a. when they are prescribed a new medicine or have an urgent change
    b. during stock shortages
    c. for regional/remote areas

    Agree, GP 8 also needs heightened focus on access to medicines during transitions to aged care and community residential units, as these transitions have additional complexities. Also communication with other health providers (e.g. community nurses, RACF nurses) in addition to consumers.

32. Recommendation 2: For regional/remote areas, strategies and tools to support uninterrupted medication supply on transfer to a RACF such as the IMAC

    Disagree that this issue is limited to just regional and remote areas. Uninterrupted medication supply occurs on transfer to RACF occurs between metropolitan hospitals and metropolitan RACFs regularly.

33. Recommendation 3: A greater emphasis on the use of digital technology to improve access and continuity of care

Agree, but note that digital technology is unlikely to avoid the need for IRCMACs to ensure continuity of medication administration for people discharged from hospitals to aged care. Inter-operability between hospital and community/aged care electronic medication management systems is not imminent, so paper IRMACs will continue to be an important tool for continuity of medication administration. Even once inter-operability does become a reality, for medico-legal and safety reasons, there is likely to be a need for time-limited electronic IRCMACs, rather than having hospital discharge medications populate a long-term care medication chart.

34. .Recommendation 4: Information under appropriate labelled medicines in GP 8, be moved to provision of medicines information under GP 9

    Agree

35. Recommendation 5: That GP 8 has greater emphasis and more information on:
    a. the need for medication reconciliation prior to DAA packing for the first time, and after changes to medicines or hospital admission
    b. resources for accessing medications for complex conditions such as, Special Access Scheme, depots, S100

    Agree

Guiding Principle 9 (GP 9) - Communicating medicines information

36. Recommendation 1: That the content of GP 9 is retained and broadened to include the various types of transitions of care

    Agree

37. Recommendation 2: That GP 9 outlines strategies to facilitate the sharing of information including:
    a. digital technology
    b. the IMAC
    c. national on-screen presentation of discharge summaries

    Agree

Guiding Principle 10 (GP 10) - Evaluation of medication management

38. Recommendation 1: That GP 10:
    a. be renamed as 'Evaluation and quality improvement'
    b. have a heighted quality improvement focus

    Agree

39. Recommendation 2: As it relates to organisational governance, it be moved up after GP 3

    Agree

40. Recommendation 2: That the existing 'evaluation' questions be adapted and incorporated as 'reflective questions' where relevant within each guiding principle

    Agree

Additional questions on the Guiding Principles to achieve continuity in medication management

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41. Are all the current guiding principles still relevant to medication management within the existing Guiding principles to achieve continuity in medication management?

    Yes

42. Are there any gaps or additional GPs that should be included in the updated Guiding principles to achieve continuity in medication management?

    As mentioned in SHPA's response to Question 27, the current GPs do not mention counselling consumers on their medicines, nor is it in the discussion paper. We suggest this could be reflected in GP7 alongside sharing medicines information with consumers. Counselling consumers on their medicines at each interaction or transitions of care, is integral to achieving continuity in medication management, however this is not sufficiently reflected in the discussion paper or the original Guiding Principles.

    'Supply of medicines information' could be interpreted as simply printing and handing over a CMI leaflet to a patient without appropriate consumer-centred counselling and education, which often occurs in certain pharmacy settings. Given the varying levels of health literacy, cultural and linguistic diversity, consumer-centred counselling on medicines is just as important as sharing medicines information.

43. Apart from those already identified, could some of the other GPs on similar topics be 'grouped together' when updating Guiding principles to achieve continuity in medication management?

    No

44. 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 to achieve continuity in medication management?

    Yes

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

    Resource names or links:

    The Society of Hospital Pharmacists of Australia's Standards of Practice Series
    https://www.shpa.org.au/standards-of-practice

    The Society of Hospital Pharmacists of Australia, 2021, Position Statement: Geriatric Medicine and Aged Care Clinical Pharmacy Services
    https://www.shpa.org.au/sites/default/files/uploaded-content/website-content/Fact-sheets-position-statements/shpa_geriatric_medicine_and_aged_care_clinical_pharmacy_services_jul2021.pdf

    The Society of Hospital Pharmacists of Australia, 2020, Position Statement: Medication Safety
    https://www.shpa.org.au/sites/default/files/uploaded-content/website-content/Fact-sheets-position-statements/shpa_medication_safety_position_statement_sep2020.pdf