# Submission to Review of the Medication Safety Standard

December 2024

## Introduction

Formerly known as the Society of Hospital Pharmacists of Australia (SHPA), Advanced Pharmacy Australia (AdPha) is the progressive voice of Australian pharmacists and technicians, built on 80 years of hospital innovation that puts people and patients first. AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice clinics to realise their full potential. We are the peak body committed to forging stronger connections in health care by extending advanced pharmacy expertise from hospitals to everywhere medicines are used.

AdPha convenes a Medication Safety Specialty Practice Group, comprising of a network of over 1,000 AdPha members who have an interest in medication safety and how it contributes to safe patient care in their specialty including those working in dedicated medication safety roles within a health service, a hospital network, or at a state or national level.

Medicines are the most common intervention in healthcare[1]. While appropriate use of medicines contribute to significant health improvement, inappropriate use or errors can cause harm. In 2019, the Council of Australian Governments (COAG) Health Council recognised the importance of this risk: Quality Use of Medicines (QUM) and Medicines Safety became Australia's 10th National Health Priority.[2]

Medication safety encompasses all aspects of the medication management cycle and is a collaborative approach involving interprofessional senior leaders, clinicians, clinical support personnel, and consumers is required to reduce the risk of medication errors and preventable harm caused by medicines. Medication safety is a shared responsibility amongst all healthcare staff who are responsible for medicines management.

Pharmacists, as medication management experts, are integral and uniquely equipped to lead and support effective medication safety programs. Their knowledge of medicines and consumer safety principles, safe handling, storage and supply of medicines; and medicines regulations, legislation and standards in Australia, further qualify them for this role.

AdPha has recently released its Clinical Pharmacy Standards[3], which is a comprehensive update of Australia's foremost standards for clinical pharmacy practice defined by 22 new



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Quality Statements, focus on person-centred care throughout the patient journey, and ensuring equitable access to high quality pharmacy care for Australians across all care settings. AdPha is currently updating its Standards of Practice for Medication Safety, which aims to describe current best practice for pharmacist-led medication safety programs, and the strategy and oversight of evidence-informed systems that support medication management.

Transitions of care are a high-risk part of the healthcare journey for patients as outlined in the Commission's report on Safety Issues at Transitions of Care.[4] Patients at transitions of care are vulnerable to potential problems in the medication management process, for instance unintended discrepancies, medication errors, adverse medicine events, and non-adherence. Medication-related adverse events have been estimated to occur in approximately 20% of patients following discharge, with two-thirds of these considered preventable.[5] It is therefore imperative that the Medication Safety Standard addresses transitions of care, referencing the Department of Health and Aged Care's Guiding principles to achieve continuity in medication management.[6]

AdPha has also recently published its Standard of practice for pharmacy services specialising in transitions of care[7], describing the current best practice for the provision of pharmacy services specialising in transitions of care. Safely transitioning from primary to acute care, and back to primary care following a significant health event, relies on clear, accurate and timely communication between healthcare providers in both sectors, and with the patient and/or carer. AdPha has collaborated with the RACGP to produce a medicines management at transitions of care resource toolkit for consumers and health care professionals (*yet to be published*), which can be referred to as a supporting resource. These documents clearly define the role of the hospital pharmacist, general practice pharmacist (GPP), and the general practitioner (GP) in delivering safe and quality medication management services to their patients transitioning between acute and primary care.

The principles described in AdPha's standards, and the Medication Safety Standard are integral to medication safety pharmacists and pharmacist-led medication safety programs. AdPha therefore welcomes the opportunity to provide feedback to the Medication Safety Standard (the Standard).

If you have any queries or would like to discuss our submission further, please contact Jerry Yik, Head of Policy and Advocacy at jyik@adpha.au.

## Review of the Medication Safety Standard: response to survey questions

### General

1. **Do you find the content and actions within the existing Standard clear and easy to follow?**

No

2. **What improvements, if any, would you suggest for the next edition of the Standard to enhance clarity and ease of understanding?**

AdPha believes that some criteria from the Medication Safety Standard cross over with other standards such as Communicating for Safety and Clinical Governance standards. For this reason, it is challenging to ascertain the specific actions required to meet accreditation for a particular standard.

A range of non-clinicians e.g. software vendors for Electronic Health Records (EHR), may refer to the Standard, therefore it is vital that the language used is explicitly clear to show what actions are required for each item.

3. **Are there any new or emerging issues/risks in medication safety that should be considered in the next edition of the Standard?**

Yes

4. **Please provide examples of new or emerging issues/risks in medication safety that should be considered in the next edition of the Standard**

**Antimicrobial Stewardship**

Given emerging antibiotic resistance globally, it is vital that patients have accurately documented allergy status, particular in regard to penicillin antibiotics. The risk can be mitigated through accurate information gathering to ascertain a true allergy to a medicine and increased uptake of antimicrobial stewardship programs.

**Partnered Pharmacist Medication Prescribing (PPMP)**

PPMP allows hospital pharmacists to prescribe a patient's regular medication with the doctor's authorisation, following a best possible medication history (BPMH).

With increasing emergency department presentations and hospitalisations across the country, the flow of patients through hospital must not only be efficient but must also consider patient safety across their entire journey through hospital. PPMC addresses system wide capacity issues within emergency departments, bed access and flow, and elective surgery waitlists. Given the recent '*Unleashing the Potential of our Health Workforce: Scope of Practice Review*', PPMP is expected to expand across more healthcare organisations and therefore should be considered in this Standard.

5. **How can the issue/risk be mitigated? What evidence is there of effective intervention?**

See previous answer.

6. **What work has already been done in this space? Consider if your state/territory is pursuing work in this or related area**

No comment.

7. **The Commission is looking to future-proof the next edition of the Standard. Are there any advancements in medication management or safety practices that should be considered for inclusion in the next edition of the Standard?**
   **E.g., innovations like artificial intelligence or digital health.**

Yes

8. **Please provide examples of advancements in medication management or safety practices that should be considered for inclusion in the next edition of the Standard**

**Digital Health**

Digitisation of the health sector, including pharmacy and medicines management processes, are already well adopted throughout Australian health care. Most jurisdictions have implemented, or are preparing to implement, electronic medical records. Digital workflows bring significant change to organisations and a greater reliance on technology; this creates exciting opportunities for delivery of patient care and more efficient workflows, but also creates new risks that need to be considered and planned for.

It is unclear if software vendors utilise or refer to the Standard, with differing programs between and within jurisdictions. The lack of interoperability of systems remains a medication safety risk, especially at transitions of care, but as well as for inpatient care. There have been various major medication-related adverse events in hospitals, including a fatality, where the inappropriate use, lack of training and integration have been implicated in investigation reports.

Healthcare technology evolves rapidly, therefore the Standard must be a dynamic document, regularly updated to reflect the changing digital health landscape.

**Automation**

Several Australian hospitals and health services have implemented a range of Automated Pharmacy Distribution Systems (APDS) to gain safety and efficiency benefits in the preparation, distribution and supply of medicines for inpatients and on discharge. APDS are pivotal in the movement towards closed-loop medication management systems, which can reduce dispensing and medication administration errors, facilitate reduced medication turnaround time, and facilitate a reduction in the time taken to administer a medication.[8]

In terms of medication safety, in pharmacy settings, automation has been demonstrated to improve the accuracy of the dispensing process by reducing dispensing errors.[9] Automation can also support management of expiry date and batch information to support medication recall processes and ensure they are actioned in a timely manner. Ward based automation such as Automated Dispensing Cabinets (ADC) have also demonstrated patient safety benefits. These benefits can include reduced selection error through interfaced ADCs with EHRs, barcode scanning verification of medications for administration, reduction in omissions


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of medications and reduced delays for medication administration.[10,11]

However, automation does not provide a failsafe for all medication errors and should be used in accordance with safe use guidelines such as the *Institute for Safe Medication Practices (ISMP) Guidance on the Interdisciplinary Safe Use of Automated Dispensing Cabinets*.[3]

AdPha has produced a pharmacy practice update outlining considerations when implementing APDS in hospitals that may be referenced in the Standard.[12]

**Personalised medicines**

Increasing personalisation of medicines means that new medicines are more specialised, may require compounding prior to administration, and may only be relevant for a small population and therefore require extra approvals and paperwork that is unique for each patient.

Streamlining processes for paperwork and preparation for medicines in these categories could improve the sustainability of their use within hospital pharmacy departments by reducing the workforce requirements and time associated with their supply. This is especially important, given the likelihood that medicines will become increasingly personalised.

**9. How can the issue/risk be mitigated? What evidence is there of effective intervention?**

See previous answer.

**10. What work has already been done in this space? Consider if your state/territory is pursuing work in this area or related area**

No comment.

**11. What modifications, if any, are required for measuring accreditation outcomes?**

No comment.

**12. Sustainability is a critical issue for the next version of the NSQHS Standards. What actions need to be considered for the Medication Safety Standard to address this issue?**

**Virtual care**

Current trends indicate that virtual care improves access and quality of care, especially for remote and underserved populations. It aligns well with patient preferences by offering convenience, timely access, personalised care, and a comfortable setting for discussing sensitive health issues. Additionally, virtual care facilitates ongoing monitoring and support with easier follow-up scheduling.

Digital enhancements over the last five years have enabled virtual models of care, the integration of new technologies into virtual care supporting more direct and flexible workforce approaches, and enabled pharmacists to deliver more personalised and focused care. Considering the alignment of virtual care with policy guidelines, patient preferences, and workforce needs, it is highly likely that, by 2029, pharmacists will be providing regular virtual care to patients in Australia[13]. For this reason, the Commission must consider how the Standard can apply to settings outside the traditional walls of a hospital.

## Medication shortages

Sustainability of medicines supply is a safety issue as supply disruptions can impact patient care and endanger patient health. Shortages and discontinuations have increased in the last decade making it essential that systems for coordinating the communication of and response to these supply issues are addressed to improve sustainability in this essential area of the health system.

Management of medicine stock supplies is a key role of pharmacists and pharmacies as they care for patients. Although this work has become streamlined over the past decades with digitisation of ordering, inventory and storage systems – national shortages and discontinuations continue to disrupt patient care. Australia does not currently have a coordinated strategy for communicating about and effectively responding to these disruptions.

Currently, there is limited pre-warning about discontinuations and shortages, and since there is no centralised national response strategy, labour associated with these shortages is duplicated across institutions for tasks like finding alternative products, sourcing them, and acquiring appropriate approvals. Additionally, the immediate requirements for alternative products can cause secondary shortages which exacerbate the supply issues and labour requirements for managing them. Medicines shortages therefore remain a key risk in maintaining medication safety standards and should be considered in any associated actions.

## Environmental

The immediate problems within pharmacies are that many medicines are provided individually, and that each item requires individual packing. The packaging crisis is exacerbated by factors like items with inner and outer packaging (e.g. oral antibiotic powders for reconstitution), and inclusion of unsuitable dosing aids such as teaspoons, many of which are disposed of immediately in hospitals. These items may or may not be recycled, depending on the dispensary bin options and layout.

The pressure of service provision within a hospital pharmacy means that staff are often focused on speed of provision to ensure appropriate patient care and, while this is an important focus, it doesn't consider the environmental impact of the waste produced. This is also true for waste management across wards and departments within hospitals. Moves toward fully closed loop medicines management mean Australian hospitals will be considering unit dosing for patients.

Unit dosing robots produce a large amount of plastic non-biodegradable waste and this should be considered when assessing the move towards unit dose packaging. At a minimum, dispensary workflows and bin placement should be reviewed to improve recycling during the dispensing process.

Hospitals could also work with suppliers to discuss reducing the unnecessary packaging being supplied. One example that could likely occur to address this topic within the next five years could be changing workflows to encourage reuse of boxes where possible and developing creative policies to repurpose old equipment as other measures to reduce waste.

The impact of metered dose inhalers should also be considered in reviewing the

environmental sustainability of local medicines management practices, as these are both disposable and contain propellants which are potent greenhouse gases.[14] Use of nitrous oxide, which has a significant environmental impact, and the distribution and use of gases within the hospital like desflurane and CO2.[15,16] With the potential for a significant impact given the volume of medicines processed and used within hospitals, sustainable medicines disposal represents an area to be addressed in the Standard.

**Criteria: Clinical governance and quality improvement to support medication management**

**Actions 4.01-4.04**

**13. Are there any new actions that should be added to the next edition of the Standard?**

No comment.

**14. Are there any existing actions that need to be modified for the next edition of the Standard?**

Action 4.04 should also include the process of deprescribing. The Australian Deprescribing Network defines deprescribing as:

*'Deprescribing is the planned and supervised process of stopping (or dose reduction) of medication that is causing harm, or no longer of benefit. Deprescribing is part of good prescribing – reducing when doses are too high, or stopping medications that are no longer needed. Deprescribing involves patients, their family and/or carer, doctors, pharmacists and other healthcare professionals.'*[17]

Considering the expanded scope of practice for many healthcare professionals over the last few years, this area is of particular relevance to the Standard. The health organisation should have provisions to allow for pharmacy technicians and assistants to work to their full scope of practice, for example, carrying out BPMH.

For pharmacists, this would include interdisciplinary collaboration in the form of PPMP, as outlined above.

If all healthcare professionals are enabled to work to their full scope of practice, this will increase medication safety across the healthcare continuum.

**15. Are there any actions in the current edition of the Standard that should be removed or are no longer relevant?**

No comment.

**Criteria: Documentation of patient information**

**Actions 4.05-4.09**

**16. Are there any new actions that should be added to the next edition of the Standard?**

No comment.

**17. Are there any existing actions that need to be modified for the next edition of the Standard?**

AdPha's Clinical Pharmacy Standards[3] outline in *Quality element 18.3: Pharmacists, with the support of pharmacy technicians or assistants where possible, develop or review MMPs and reconcile medicines at all transitions of care.*

AdPha believes the language of action point 4.05 should be inclusive to acknowledge the increased scope of practice of non-clinical staff in aspects of medication management.

In regard to action 4.06, it should be acknowledged that medicines reconciliation in practice, is prioritised for patients most likely to benefit and should be performed for all patients as soon as possible at each transition of care, for example, on:

- presentation or admission to a health service organisation
- transfer between wards and care settings within a health service organisation•
- discharge or transfer from the health service organisation to the community or other organisations
- transfer between community-based providers

**18. Are there any actions in the current edition of the Standard that should be removed or are no longer relevant?**

No comment.

**19. The Commission proposes merging Actions 4.07, 4.08 and 4.09 into a single Action. Do you support this proposal?**

Yes.

**Criteria: Continuity of medication management**

**Actions 4.10-4.12**

**20. Are there any new actions that should be added to the next edition of the Standard?**

No comment.

**21. Are there any existing actions that need to be modified for the next edition of the Standard?**

In regard to Action 4.12, at each transition of care, it is vital that for each medication prescribed, clear indication and duration of treatment are communicated clearly. This will enable GPs to continue treatment plans with confidence and allow deprescribing where appropriate.

**22. Are there any actions in the current edition of the Standard that should be removed or are no longer relevant?**

No comment.

**Actions 4.13-4.15**

**23. Are there any actions in the current edition of the Standard that should be removed or are no longer relevant?**

No comment.

**24. Are there any new actions that should be added to the next edition of the Standard?**

No comment.

**25. Are there any existing actions that need to be modified for the next edition of the Standard?**

No comment.

**26. Are there any actions in the current edition of the Standard that should be removed or are no longer relevant?**

No comment.

### Implementation resources

**27. Have you used any of the Commission's implementation resources on the Standard?**

No comment.

**28. Are there any resources that would support your organisation to implement the next edition of the Standard?**

AdPha suggests audit tools that outline expectations, evidence required, definitions and clear ways to demonstrate level of performance.

To future proof and account for technological advancements, there should be requirements and action point considerations for software vendors incorporated into the Standard.

As mentioned in the introduction, AdPha recommends referencing the Medication Management at Transitions of Care Resource Kit developed in collaboration with the RACGP, to support clinicians in identifying their roles and responsibilities in this space.

### Other comments

**29. Is there any other feedback you would like to provide regarding the existing Standard or the next edition?**

Medication administration is absent across the Standards. Medication safety should be considered at every stage of medication management.

Finally, it is important for the Standard to acknowledge that risk may occur which are outside of the organisation immediate control such as medicines shortages – which impacts medication administration – unexpected product changes and discontinuation, new technologies, unexpected changes to external clinical resources and sustainability of the workforce. In such cases, guidance should be provided in how to mitigate these risks.

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