Medication Systems and Management Policy

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 Approval

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Revision History

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Purpose

• To provide policy on the key elements of effective medication management within Tasmanian Health Organisation facilities and services (THO services). Implementation of this policy will ensure practice is compliant with legal and regulatory requirements relevant to management of medications, as well as implementing medication safety strategies proven to minimise medication related risk of harm to the consumer. The policy should be used to direct the development of detailed individual procedures and guidelines around medication handling for Tasmanian public hospitals and inpatient healthcare facilities in order to satisfy National Safety and Quality Health Service Standard 4 in Medication Safety.

Mandatory Requirements

• This is a statewide policy and must not be re-interpreted so that subordinate policies exist. Should discreet operational differences exist, these should be expressed in the form of an operating procedure or protocol.

• Failure to comply with this policy, without providing a good reason for doing so, may lead to disciplinary action.

• Medication management refers to the prescribing, dispensing, storage, distribution, purchase, manufacturing, supply and administration of medications. Medication management practices must adhere to relevant state and federal legislation, codes of practice and regulatory requirements and should be designed, provided and evaluated in accordance with current NSQHS Medication Safety standards.

• This policy should be read in conjunction with other DHHS policies pertaining to medication safety, as indicated throughout this policy. For a list of statewide medication safety policies, refer to the Related Documents/Useful Resources section of this document.

Key Definitions

• The Department of Health and Human Services (DHHS) refers to:
  o Departmental Groups that are responsible for the provision of support for policy, planning, funding performance monitoring and improvements across the service groups; interface with government. The DHHS Departmental Groups comprise Strategic Control, Workforce and Regulation and System Purchasing and Performance.
  o Service Groups deliver services to the public. The DHHS Service Groups include Ambulance Tasmania, Children and Youth Services, Disability, Housing and Community Services and Population Health.

• The Tasmanian Health Organisations (THO) refers to THO North, THO North West and THO South. The THO are responsible for delivering high quality, efficient and integrated healthcare services in their area, through the public hospital system and primary and community health services.

• National Safety and Quality Health Service Standards (NSQHS): The NSQHS Standards have been developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC)
to drive the implementation of safety and quality systems and improve the quality in health care in Australia. Standard 4 relates to Medication Safety.¹

- **Pharmaceutical Reform**: Pharmaceutical Reform is an agreement between the Commonwealth and Tasmanian State Government to facilitate improvement in medication management across the continuum of care and access to the Pharmaceutical Benefits Scheme (PBS) for eligible patients within public hospitals.

- **Medication**: includes prescription, non-prescription and complementary medicines given with the intention of preventing, controlling, curing or alleviating disease, or otherwise improving the physical or mental welfare of people, irrespective of the administration route.¹ The term ‘medicine’ is used interchangeably.

- **Prescriber**: includes a medical practitioner, dentist, endorsed optometrist, endorsed eligible midwife, or authorised nurse practitioner within their context of practice.

- **Nurse in charge**: the nurse/midwife assigned to manage the operations of a discrete patient care area or service. During normal work hours, this is typically a Nurse Unit Manager (NUM) or Assistant Director of Nursing (ADON) of a specific ward or community based team, or a Director of Nursing (DON) in a rural hospital or multipurpose centre. After hours, this is the registered nurse/midwife identified as “in-charge” for a shift. Responsibilities typically include staffing / resource allocation, coordination of admissions and discharge, and supervision of activities in the delivery of patient care.

- **Formulary**: refers to the Tasmanian Medicines Formulary – the list of approved medications with an approved scope of use. The Formulary applies to all prescribing in acute public hospitals and their clinics, district hospitals, community based publicly funded renal units and mental health units.

- **Adverse drug reaction**: A drug response that is harmful and unintended, and which occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease.¹

- **Medication event**: adverse event or near miss due to errors or system failures associated with the preparation, prescribing, dispensing, distribution or administration of medicines. A near miss is an event that did not cause harm but had the potential to do so.¹

**Principles**

**Medication procurement, storage and distribution**

- The Pharmacy Department must oversee all medication procurement for THO services. When evaluating medicines for procurement, risks relating to packaging, labelling, storage and continuity of supply must be assessed.

- All purchasing must occur in accordance with the Treasurer’s procurement Instructions. Medications that are included on the Tasmanian Pharmaceutical Contracts must be purchased in accordance with the Contract requirements.

- The use of medication sample packs must be in accordance with the [CATAG Guiding Principles for Managing Use of Medication Samples in Australian Public Hospitals](#) and all medication samples must
be received directly through the hospital pharmacy and dispensed via the pharmacy service. Samples are not to be kept in clinical areas for direct distribution to patients.

- **Storage of medications should comply with Tasmanian Poisons Legislation and SPP-MSR: The Storage of Medicines Policy.**

**Drug manufacturing**

- Refer to SPP-MSR: *Policy for Compounding of Medicines within Tasmanian Public Hospital Pharmacy Departments*, and SPP-MSR: *Preparation and Handling of Cytotoxic, Hazardous and Potentially Hazardous Medicines Policy.*

**Formulary**

- Prescribing within acute public hospitals and their clinics, district hospitals, community based publicly funded renal units and mental health units, must comply with the Tasmanian Medicines Formulary (link).

**Medication Management Cycle during Episodes of Care**

- All Tasmanian public inpatient facilities must implement the Australian Pharmaceutical Advisory Council’s (APAC) Guiding Principles to achieve continuity in medication management. These principles clearly establish the individual steps of the medication management cycle which should direct processes around medication management relevant to the individual patient’s transition between hospital and community based care.

**Medication Management Cycle:**

- The medication management cycle refers to the following nine steps, as defined in the Australian Pharmaceutical Advisory Council’s (APAC) Guiding principles to achieve continuity in medication management which should be incorporated into each episode of care.
  1. Decision of appropriate treatment and decision to prescribe medicine.
  2. Record of medicine order/prescription.
  3. Review of medicine order/prescription.
  4. Issue of medicine.
  5. Provision of medicine information.
  6. Distribution and storage.
  7. Administration of medicine.
  8. Monitor for response.

**Patient identification:** in all patient-associated tasks in the medication management cycle staff are required to comply with the Statewide Patient/Client Identification and Procedure Matching Policy. This policy mandates that all patients/clients receiving THO healthcare must be formally and correctly identified using at least three THO approved identifiers and matched to any proposed care, therapy or other services.

- Family and given names
- Date of birth
- Unique identifier

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Quality Use of Medicines

- Medication management within the organisation should be managed to ensure Quality Use of Medicines principles are applied to any aspect of the health care delivery service which involves medication and medication handling. These principles include:
  1. Selecting management options wisely
  2. Choosing best available medicines if a medicine is considered necessary
  3. Using medicines safely and effectively to get the best possible results.

High risk medicines are defined by SPP-MSR: High Risk Medication Management Policy. All organisations must have procedures, protocols or guidelines in place to manage the use of medicines in accordance with the aforementioned policy.

Scope of practice and medication prescribing authorities

- Refer to SPP-MSR: Authority to Prescribe Medications Policy.

Legal and statutory requirements:

- Healthcare organisations and individuals must comply with the following Tasmanian and National legislation in their practice:
  - Poisons Act 1971
  - Poisons Regulations 2008
  - Poisons List Order 2001
  - Personal Information Protection Act 2004
  - National Health Act 1953
  - In addition, individual healthcare professionals must also comply with any specific legislative and/or professional standards released by their professional bodies or under the auspices of the Australian Health Practitioner Regulation Agency (AHPRA).

Implementation/Policy in Operation

Governance regarding medication related issues

- The Statewide Therapeutic Drug Committee (STDC) is a multidisciplinary committee that considers the quality and cost effective use of high cost medications within THOs and Ambulance Services. The STDC develops and maintains the Tasmanian Medicines Formulary.
- In addition, all major hospitals must have a local multidisciplinary committee which is responsible for implementing and evaluating site compliance with medication safety directives, identifying and evaluating local medication safety risks and providing strategy and response to medication safety

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issues (a Medication Safety and Improvement Committee (MSIC)). Primary Health sites should have a multidisciplinary collaborative to perform this function of medication safety support and review.

- Each MSIC must include representation from pharmacy, medicine and nursing disciplines (or access to a Tasmanian Health Organisation committee) to provide governance regarding medication related issues and medication safety. MSICs should report to hospital (THO) executive/management to ensure that their recommendations are supported and applied.

- Functions of MSICs should include:
  - Consideration of local medication issues in both a proactive and reactive fashion, and development of strategies and tools to address these issues
  - Analysis of medication related events reports and development of strategies to reduce medication error
  - Development, implementation and regular review of standards, policies and procedures that support medication management
  - Support the implementation of guidelines and directives from the STDC
  - Development and maintenance of a medication management risk register and quality improvement plan
  - Regular assessment of the medication management system through the use of key performance indicators, audit and self assessment tools

**Implementation of PBS prescribing and dispensing:**

- The Pharmaceutical Benefits Scheme Business Process Manual for PBS Prescribing and Dispensing outlines the business rules and processes for implementation of this principle. All THO pharmacy departments and prescribers are required to comply with these processes [link].

**Implementation of APAC guiding principles:**

- In accordance with the agreement between the state and Commonwealth governments, all Tasmanian public hospitals participating in Pharmaceutical Reform must implement the Australian Pharmaceutical Advisory Council’s (APAC) Guiding Principles as outlined below to achieve continuity in medication management. In the interest of satisfying the National Safety and Quality in Health Care Standard 4, all other THO services must also implement the APAC guiding principles as the framework of medication safety in patient care.

1. **Decision of appropriate treatment and decision to prescribe medicine**
   Prescribers must operate within their dedicated scope of practice. Prescribers must make the decision to prescribe by drawing upon current individual patient clinical information, best available evidence, and organisational rules. Prescribers should engage with the consumer/patient to formulate a treatment plan.
   
   Selection of medication must comply with any restrictions that may exist within the Formulary and with reference to any relevant clinical protocols or guidelines that may exist within the organisation and published on the intranet.

2. **Medication history on admission**
Medication history verification and documentation of a best possible medication history (BPMH) must be completed as early as possible upon admission. A BPMH is defined as a list of all medicines a patient is taking prior to admission (including prescribed, over the counter and complementary medicines), and is obtained by interviewing the patient and/or carer where possible, and confirmed using a number of sources of information. A BPMH is essential for informed therapeutic decision-making, continuity of care, and identifying medication-related problems.

Where available, a clinical pharmacist is the preferred health professional to perform this task. Where a clinical pharmacist is not available, the BPMH must be obtained by another clinician or staff member who has been specifically trained in taking medication histories. THO services should develop local procedures to support this task.

Ongoing assessment and review of medication should be performed at intervals appropriate to a patient’s clinical need in order to develop the medication action/treatment plan in conjunction with the patient.

3. **Record of medicine order/prescription**
   All orders for medication need to clearly convey the prescribers’ intention to others involved in the supply and administration of the order. The order needs to be legible, unambiguous and contain enough information to support the use of the medicine as intended.

   **Inpatient medication orders** are to be recorded on the National Inpatient Medication Chart (NIMC), or approved ancillary chart, and comply with the ACSQHC document: *National terminology, abbreviations and symbols to be used in the prescribing and administering of medicines in Australian hospitals*

   Refer to SPP-MSR: *The use of the National Inpatient Medication Chart Policy.*

   **Discharge and outpatient prescriptions**, whether handwritten or electronically-generated, are to be recorded on the health organisation’s Medicare-approved stationery. Prescribers must comply with poisons regulations, formulary requirements and PBS requirements, which may apply to the prescribing of individual medications. Prescribers must clearly document their name, signature, contact or pager number and prescriber number on all copies of the prescription.

   Medication reconciliation is defined as the process of obtaining, verifying and documenting an accurate list of a patient’s current medications on admission and comparing this list to the admission, inpatient, transfer and/or discharge medication orders to identify and resolve discrepancies. At the end of the episode of care the verified information is transferred to the next care provider.

   Medication reconciliation ensures that all medications taken by the patient, and any changes to medication, are accounted for and communicated to health professionals across all healthcare settings. It should be performed in a systematic and timely manner, using a structured approach which is in accordance with local and Agency policy and protocols.

   Critical review of medication orders should be performed in order to minimise medication related problems and optimise therapeutic outcomes. This should include a review of all prescribed, over-the-counter and complementary medications the patient may be taking by an appropriately skilled health care professional and be in accordance with local and agency policy and protocols.

   Responsibility for review of orders and prescriptions is shared between prescribers, nurses/midwives and pharmacists.
Prior to prescribing or issuing the medication, the order or prescription should be reviewed for:

- Compliance with any legislative, formulary, or regulatory requirements
- Optimal use of the medicines prescribed
- Verification and confirmation of the intention of the medicine prescribed and expected outcomes
- Clinical appropriateness of the medicine – e.g. interactions with other medicines.

Staff responsible for medication administration (e.g. authorised nursing staff) should consider patient observation data, and any other relevant information, prior to medication administration – e.g. blood pressure or drug allergy history.

If any questions arise, clarification should be sought from the prescriber and the patient and any proposed changes should be discussed and documented.

Ongoing assessment and review of medication should be performed at intervals appropriate to a patient’s clinical need in order to develop the medication action/treatment plan in conjunction with the patient.

Discharge prescriptions should be reviewed by a pharmacist (or credentialed other) to ensure reconciliation of medication changes during admission, return and reconciliation of Patient’s Own Medications and to perform clinical checks.

**Issue of medicine**

- The issuing of medicines includes the processes of manufacturing, dispensing and supply of medicines to the consumer. On receipt of an outpatient or discharge prescription, it is the responsibility of pharmacy staff to ensure that the correct medication is manufactured or selected and labelled, in line with legislative requirements, with full and clear instructions to assist the consumer understand the prescriber’s intent. The medication should have an expiry and quality check by the pharmacy staff prior to issuing.

- A record of medicines issued by the pharmacy department on individual medication orders, discharge or outpatient prescriptions are kept in the Pharmacy dispensing software.

**Prepacks** - pre-packaged medications manufactured by the Pharmacy department and/or medications with pre-labelled instructions produced by the Pharmacy department, exist in a limited number of settings. In this case, the responsibility lies with the medical officer, or authorised registered nurse/midwife, issuing the medication to ensure that medication is labelled with the consumer’s name, the directions are appropriate for the individual consumer, and appropriate consumer-specific information is provided at the time of issuing.

**Imprest and ward stock** – issuing of medications on requisition from pharmacy to ward (or rural or community facility) imprests is the responsibility of the relevant pharmacy store manager, under delegation of the Pharmacy Site Manager. NB. Imprest/ward stock cannot be supplied to patients by medical or nursing staff, except for administration to the patient whilst they are on the premises.

**Manufactured and cytotoxic medication** - Refer to SPP-MSR: Policy for the compounding of Medicines in Tasmanian Public Hospital Pharmacy Departments.

**Provision of medicine information**

- Provision of patient information leaflets to assist the consumer and/or carers should be considered and supplied where required. Prescribers, nurses/midwives and pharmacy staff can access consumer information regarding medications from MIMS online which is available on all DHHS computers. Consumer medication information leaflets should be provided to consumers for newly-prescribed medications.

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• Extra information/education, which may include consumer specific medication profiles may be given by pharmacy staff to selected individuals, for example
  • to consumers on discharge from an inpatient admission with significant changes to medications
  • complex medication delivery systems
  • high-risk medications eg. Warfarin

**Distribution and storage**

• Medications are distributed from the Pharmacy patient treatment areas (and other THO services) for storage dependent on regulatory, safety, policy and stability requirements. The Pharmacy department should ensure that all medication distributed from the Pharmacy is in date and of good quality prior to leaving the department.

• Systems must be in place to direct and monitor disposal of medications in accordance with legislative and other financial and auditing compliance issues as per the Financial Management and Audit Act 2004, and in accordance with SPP-MSR: Management and Disposal of Unwanted Medicines Policy.

• Staff (or volunteers) responsible for medication distribution must ensure they are familiar with any local procedures and protocols for the collection and delivery of medicines to patient treatment areas in their area of practice. In particular, the transport and storage of cytotoxic medication requires procedures consistent with published guidelines.\(^7\)

• Medications must be stored in accordance with SPP-MSR: Storage of Medicines Policy.

• Schedule 4D and Schedule 8 substances have extra restrictions regarding their storage and handling. Refer to SPP-MSR: Schedule 8 and Declared Schedule 4 Medicines Management Policy.

**Administration of medicine**

• Medication must be given accurately and in accordance with legal guidelines, relevant DHHS and THO policies and procedures and contemporary standards of practice. Prior to administration, the staff member should be satisfied that the prescriber’s instructions are clear and safe.

• Once administered, a record of the administration must be completed immediately on the medication order (e.g. the National Inpatient Medication Chart (NIMC) or other approved ancillary chart).

• Health professional staff should only administer medication within their scope of practice and within their own experience and competence. Staff must maintain competency in medication administration and local institutions should have appropriate systems to document and track staff competency records.

• THO services should develop guidelines and procedures to support safe medication administration practices, including cytotoxic and other high risk medications.

**Monitor for response, including Adverse Drug Reaction and Incident Reporting**

• Monitoring for response is a shared responsibility between treating clinicians, nursing staff and pharmacists. All health care providers should engage with the patient to share joint responsibility and accountability for the continuous process of monitoring and documenting the patient’s response to a medication. The response may be positive or negative.

• Staff should comply with any standards for the documentation of patient observation that exist within the service.

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**Adverse Drug Reaction Reporting**
Refer to SPP-MSR: Allergy and Adverse Drug Reaction Management Policy.

**Medication event reporting**
Medicine events must be reported via the Safety and Learning Reporting System (SRLS). THO services must be by compliant with the agency-wide event management system and the DHHS Incident Reporting and Management Policy.

**Transfer of verified information**
- Transfer of verified information is crucial when the patient’s care is shared between health care workers and across the continuum of care. It is important that high quality, accurate information is transferred when the patient is discharged or transferred to another health care environment. Information regarding medication should be comprehensive, complete and accurate and should be transmitted in a secure and timely manner and comply with agency and local policy and protocols.
- This should include:
  - The current treatment regimen, with a complete and accurate list of ALL medicines including the medicine, route, dosage, dose form, reason for use and intended duration of therapy
  - A description of changes to the therapy during the episode of care
  - Medications that were supplied at transfer and intended source for further supply
- Quality assurance steps should be in place to ensure the accuracy, completeness and timeliness of information provided.
- The patient should also be engaged to ensure there is a shared understanding of the medication plan and the communication of the plan to the next provider.
- This is a statewide policy and must not be re-interpreted so that subordinate policies exist. Should discreet operational differences exist, these should be expressed in the form of an operating procedure or protocol. Please refer to the Development and Management of Agency Policy Documents for the relevant approval process.

**Roles and Responsibilities/Delegations**
- Health organisation staff have individual responsibility for adhering to local protocols regarding medication management and handling.
- Service managers have operational responsibility to ensure that staff are aware of and able to appropriately and competently undertake their role and responsibility in relation to medication management.
- Executive managers are responsible for facilitating implementation and oversight of the policy through governance arrangements and ensuring the provision of adequate and sustainable resources.

**Risk Implications**
- Medicines are a common treatment used in healthcare, and are associated with a high incidence of errors and adverse events. Many of these errors and adverse events are avoidable if well designed medication management systems are utilised.
- Common causes of medication error in the acute care setting occur during routine prescribing, dispensing or drug administration. Whilst knowledge based errors occur, communication and lack of access to information have also been cited as contributors^8^. Australian research indicates that over half of the hospital errors occur at the point of care. ^9^
• There are wide reaching implications for ineffective medication management systems. For example, patients with medications omitted from a discharge summary are two or three times more likely to be readmitted to hospital. ⁸

• Standardisation of processes, improved communication, use of technology and access to patient information and clinical decision making are recognised solutions for reducing common causes of medication error¹. More specifically, evidence based strategies have been included.¹⁰

• Use of computerised decision support systems in prescribing; computerised ADR alerts;
• Individual patient medication supply;
• Improved information transfer between hospital and community settings;
• Clinical pharmacy services providing patient and staff education, monitoring and medication chart review; and
• Discharge medication management services including discharge and medication summaries to patients and health care providers.

• The Australian Commission on Safety and Quality in Healthcare National Safety and Quality Health Service Standard 4 requires that health service organisations have mechanisms in place to guide safe medication management practice with the overall rationale of improving the quality and safety of the Australian health care system.¹

Outcomes
• The policy should be used to direct the development of detailed individual procedures and guidelines around medication handling for Tasmanian public hospitals and inpatient healthcare facilities in order to meet regulatory requirements and satisfy NSQHS Standard 4 in Medication Safety.

• The policy should underpin a statewide consistent approach to medication management practices.

Training
• All staff involved in the medicine management process must be trained and made aware of this policy.

Audit
• This policy will be included in the work program of the DHHS Internal Audit function. This work program is approved by the Audit and Risk Committee and will assess underlying systems and procedures for compliance with the requirements of this policy. The overall focus of this assessment will be one of continuous improvement to DHHS activities.

• This policy will be audited periodically in segments which may include reference to or use of the following:

  • Medication Safety Self Assessment for Australian Hospitals (NSW Tag)
  • Quality Use of Medicines Indicators for Australian Hospitals (NSW Tag)
  • National Inpatient Medication Chart audit (ACSQHC)
  • Audit of compliance with Australian Pharmaceutical Advisory Council Guiding principles to achieve continuity in medication management (APAC)

• Individual professions must also comply with any specific legislative requirements and/or professional standards released by their professional bodies, locally and nationally, including AHPRA.
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Appendix 1 – Governance Structure

National Safety and Quality Health Service Standards
Standard 4 - Medication Safety

Medication Management Policy

Compliance audited externally by:
Medication Strategy and Reform

Key Indicators used to measure compliance:
National Inpatient Medication Chart Audit
Australian Pharmaceutical Advisory Council Audit

Compliance audited internally by:
Statewide Pharmacy

Key Indicators used to measure compliance:
Medication Safety Self Assessment
Selected NSW TAG QUM Indicators
Outcomes reported via Medication Safety Risk Register

Medication Safety and Improvement Committee
(See over for Governance Structure.)

Statewide Hospital Pharmacy Governance Board

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