



Australian
Commission on
Safety and Quality
in Health Care

Medication Management at Transitions of Care Stewardship Framework

Overview

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Executive summary

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed the *Medication Management at Transitions of Care Stewardship Framework* (the Framework) as part of its commitment to lead and coordinate national initiatives to reduce harm associated with transitions of care.

The Framework describes a stewardship approach to medication management at transitions of care (TOC) and is designed to be incorporated into existing systems, processes and clinical practice. It aims to:

- Establish a stewardship approach to medication management at TOC
- Support coordinated governance of medication management at TOC
- Promote and optimise safe and high-quality medication management at TOC
- Reduce medication-related harm and hospital readmission rates due to errors and miscommunication
- Improve communication between hospitals and primary and aged care to enable timely discharge planning and post-discharge medication management follow-up
- Ensure continuous improvement.

This Framework focuses on TOC that occur between hospital settings and primary and aged care settings, a period known to be especially high risk. The principles and elements of the Framework may be transferrable, with appropriate modification, to other TOC settings and pathways that occur within the primary and community care sector, and to other patient cohorts, such as people with disabilities.

Implementation of the Framework will be effective when it is tailored to the hospital's local context and incorporated into existing safety and quality frameworks. Clinicians and health managers are encouraged to customise the stewardship approach to suit their local resources and needs across the hospital, primary and aged care sectors. Implementation of quality improvement based on the Framework is intended to be incremental based on these local needs and priority areas.

The guidance provided in this publication should complement clinical judgement in accordance with the circumstances of the individual, their family and/or carer.

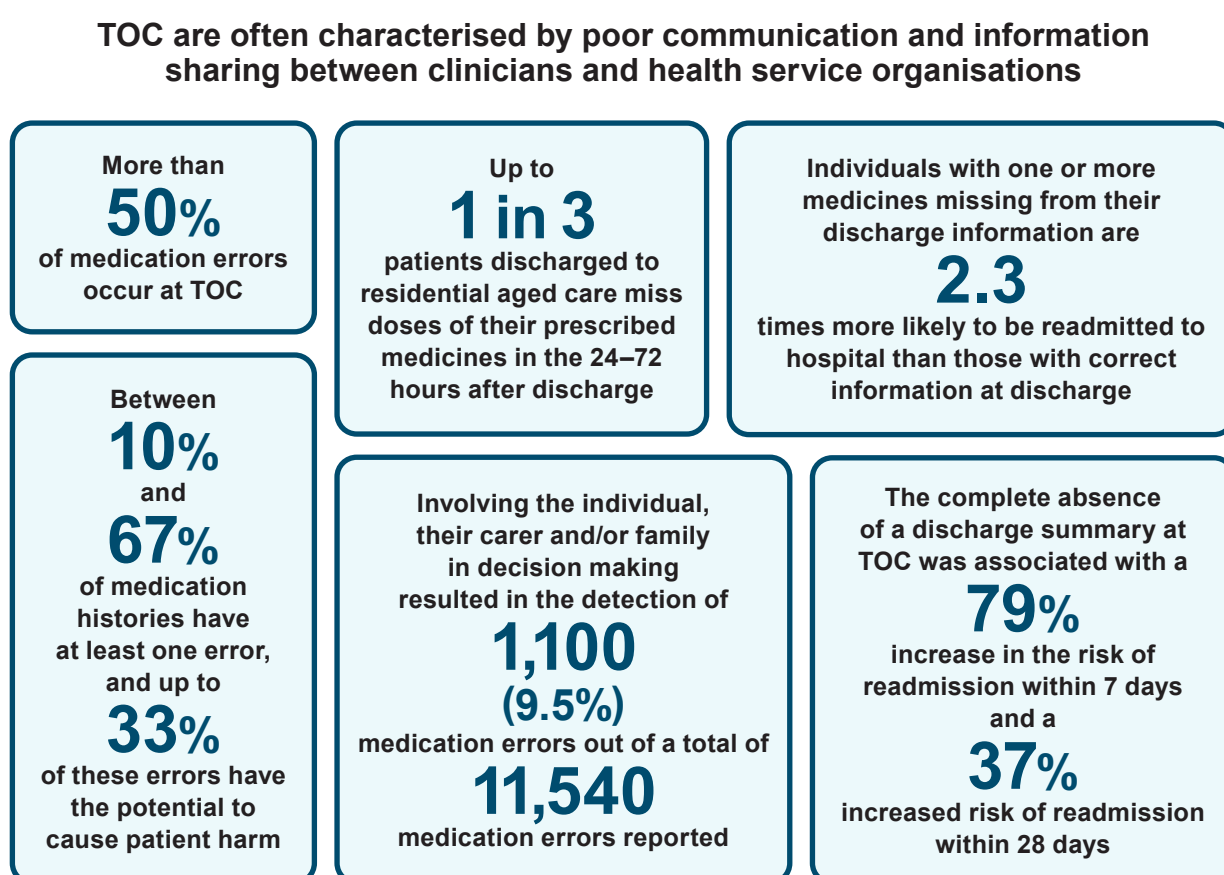
This overview of the Framework has been developed as a summary of the full Framework. For more information on any of the material contained below, and for the complete references list, please refer to the full *Medication Management at Transitions of Care Stewardship Framework*.

Rationale for medication management at transitions of care stewardship

A transition of care (TOC) is when all, or part, of an individual's health care is transferred between care providers. This may involve transfer of responsibility for some aspects of a person's health care, or for all their health care.

Medication management at TOC is a period of high risk for medication errors and miscommunication, which can lead to harm ([Figure 1](#)).

Figure 1 Why medication management at TOC stewardship matters – key statistics



In response, the Commission has developed this Framework. The Commission defines stewardship as the careful and responsible management of something entrusted to one's care. Medicines stewardship uses a strategic approach to support governance, interventions and tools that guide and optimise practice. It refers to programs aimed at improving prescribing and medication management at individual and population levels to reduce unwarranted clinical variation, ensure safe use of medicines, ensure efficient use of resources, and improve health outcomes.

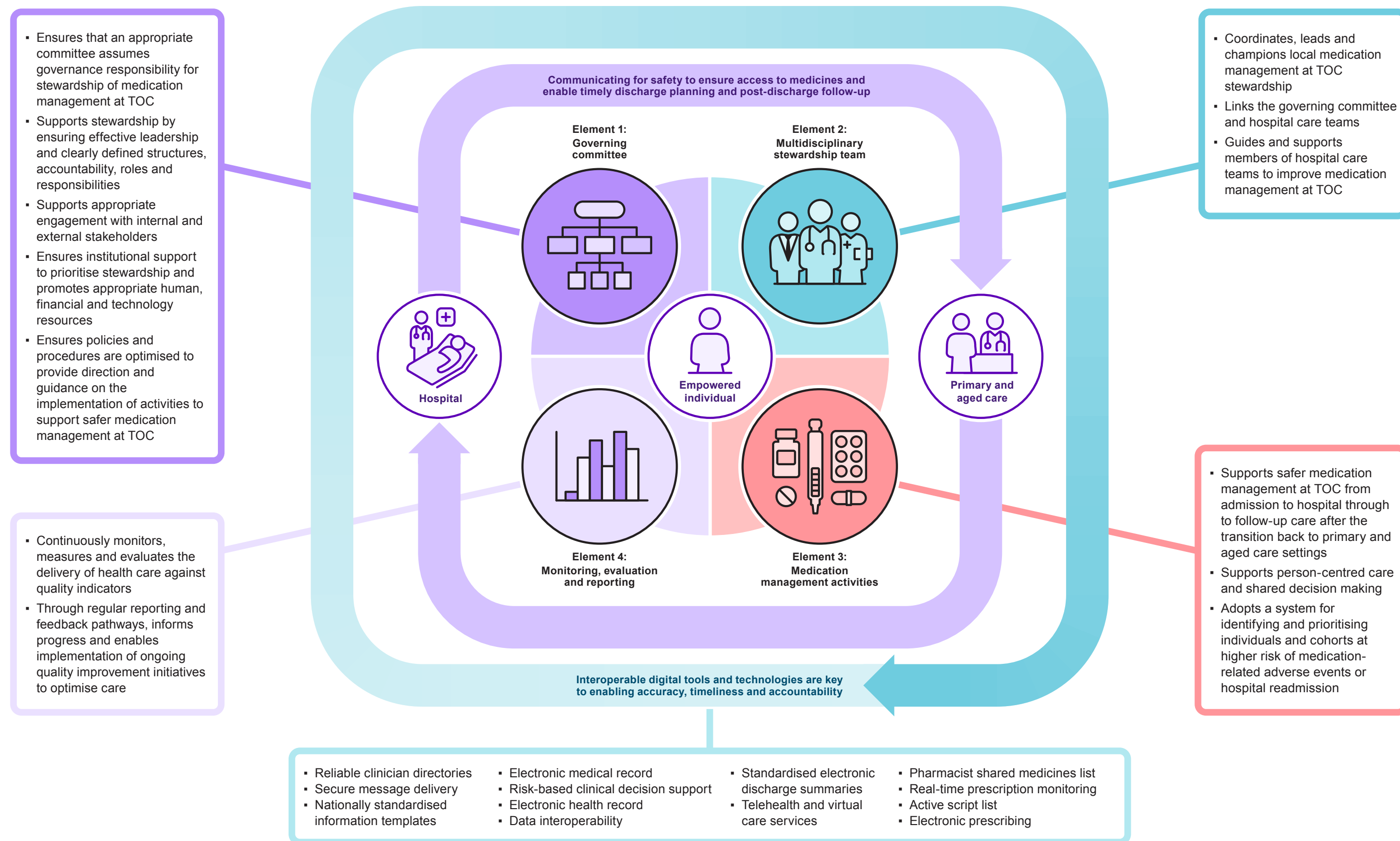
Framework overview

The Framework has four elements and provides a systematic and person-centred approach for a hospital to coordinate interventions, to optimise medication management at TOC. Hospitals may use the Framework to guide the improvement of local medication management at TOC stewardship. Guidance on each element of the Framework and the enabling role of person-centred care, communicating for safety and digital tools and technologies across each element are summarised in [Figure 2](#).

Scope

This Framework focuses on TOC that occur between hospital inpatient settings and primary and aged care settings; a period known to be especially high risk. That is, TOC that occur as part of an individual's hospital journey from admission, throughout the hospital stay, to discharge into primary or aged care settings, for effective follow-up care. However, the principles and elements of the Framework may be transferrable, with appropriate modification, to other TOC settings and pathways such as TOCs that occur within the primary and community care sector, and to other patient cohorts.

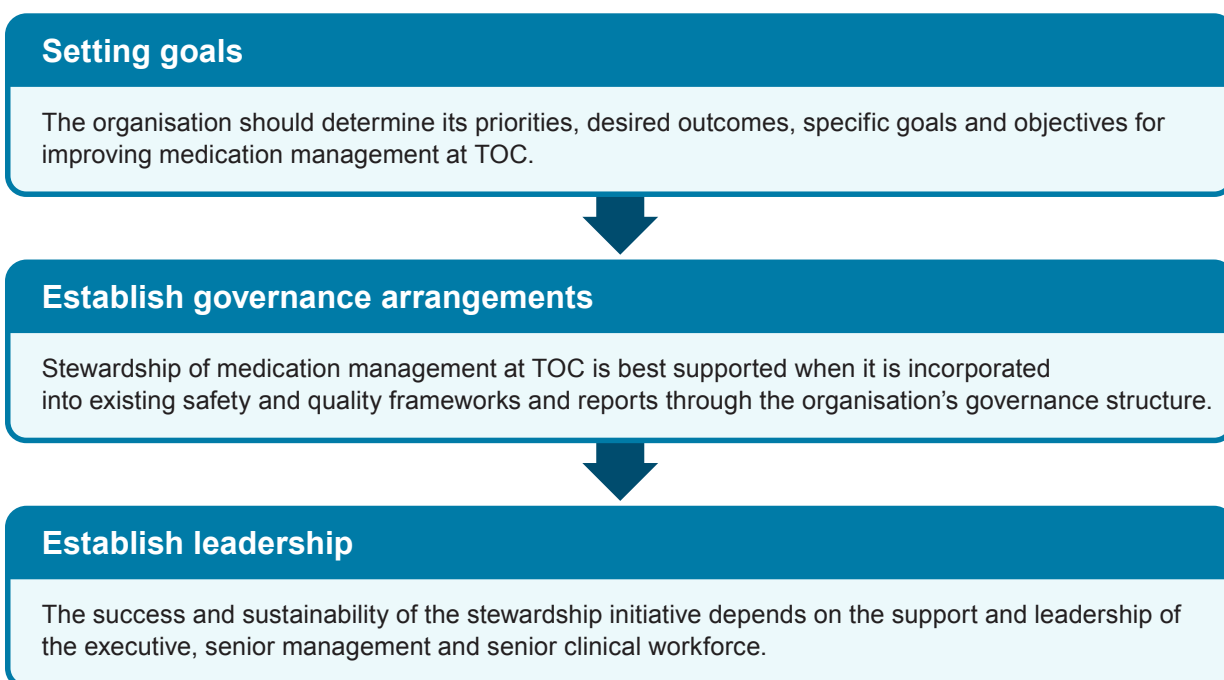
Figure 2 Guidance on the Framework elements



Preparing to implement the Framework

The Framework provides a systematic approach to adopting stewardship of medication management at TOC by incorporating the approach into existing structures, policies and processes. This section outlines the key factors to consider when preparing to incorporate the Framework elements. Further detail can be found in the full Framework. Phase 1 is considered pre-planning while phase 2 is the planning stage.

Phase 1: Pre-planning



Phase 2: Planning

Initial assessment

An initial assessment of:

- Current performance of medication management at TOC processes
- Human, financial and information technology resources available or accessible
- Organisational culture.

This will establish baseline performance, inform a needs analysis, and enable progress to be measured.



Enabling performance

A needs analysis compares current performance with desired performance and helps identify and prioritise what changes will enable improvement.

The assessment of current performance will be informed by data related to medication management at TOC, such as data on medication misadventure and hospital readmissions.

After future goals are defined, the organisation can determine what processes, resources and behavioural changes are required to achieve the objectives.



Structures and processes required

A needs analysis based on the initial assessment will determine what (new or improved) structures and processes are required.



Organisational readiness

Assessing organisational readiness will help identify perceived barriers or resistance to staff engagement and implementation.

This will enable measures to be planned and implemented to overcome these obstacles.



Priority areas

Once the priority areas and objectives have been determined, the plan to implement priority stewardship activities should be developed and documented.

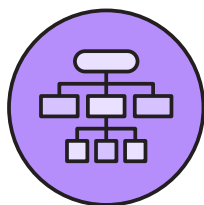


Risk assessment

Action 1.10 of the National Safety and Quality Health Service Clinical Governance Standard requires health service organisations to identify and manage risks effectively.

Hospitals should use a risk management approach (informed by *Australian/New Zealand Standard AS/NZS ISO 31000:2018 Risk Management*) to mitigate risks that arise from local stewardship.

The Framework



Element 1: Governing committee

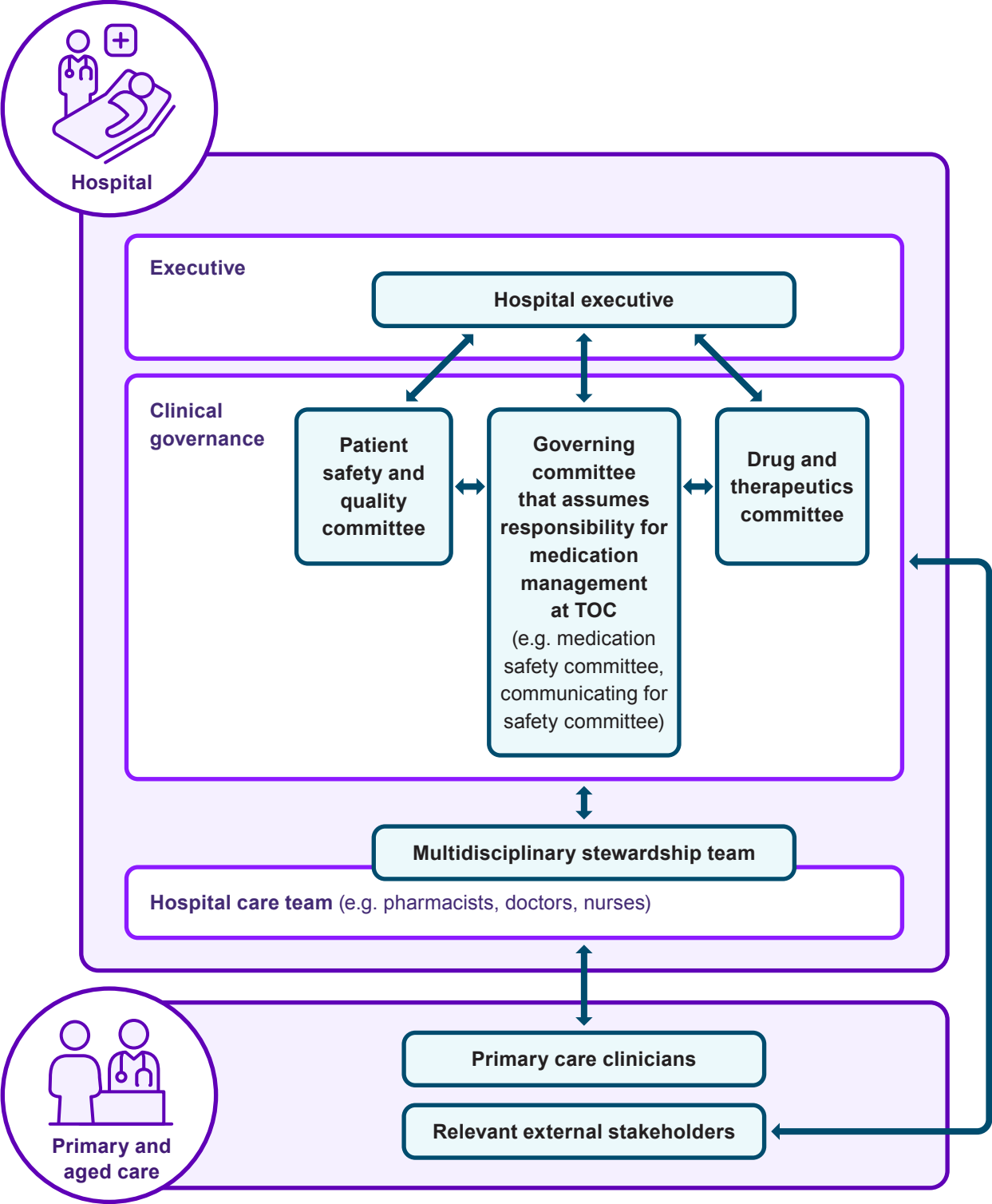
Element 1 ensures there is effective leadership and clearly defined structures, accountability, roles and responsibilities. Operationalising the Framework requires clear governance roles and responsibilities, which are aligned to the most appropriate committee within the hospital's governance structure ([Figure 3](#)). In this Framework, the committee that assumes responsibility for stewardship of medication management at TOC is referred to as the 'governing committee'. An assessment of the composition of the governing committee should be made based on the required roles and responsibilities and need for stakeholder engagement (discussed in the following two sections). For the governing committee, it may be desirable or necessary to introduce new skillsets or stakeholders to represent broader perspectives and interests. This ensures there is appropriate engagement with internal and external stakeholders and that policies and procedures are fit for purpose.

The governing committee is responsible for the implementation and ongoing oversight of stewardship of medication management at TOC, including to review and advise on the effective and efficient management of available resources and risks.

In general, the governing committee is responsible for:

- Reviewing and updating the committee's terms of reference to reflect a focus on adopting a stewardship approach to drive improvements in the organisation's medication management at TOC
- Overseeing ongoing stewardship implementation
- Regularly reviewing local datasets to identify outcomes, trends and opportunities for improvement
- Identifying target areas and priority actions to improve stewardship activities
- Reviewing and developing relevant policies and guidelines
- Reviewing committee membership to ensure appropriate internal and external stakeholder engagement
- Establishing or using existing formal communication and engagement channels with relevant external stakeholders from primary and aged care
- Evaluating and reporting on the progress and effectiveness of implementation, including achieving defined outcomes, against the committee's terms of reference
- Monitoring medication-related incidents and potential risks and taking any necessary management actions in response.

Figure 3 Exemplar of a hospital governance structure, incorporating medication management at TOC stewardship





Element 2: Multidisciplinary stewardship team

Element 2 of the Framework establishes:

- The multidisciplinary team and their roles and responsibilities
- Resources for consideration when establishing stewardship activities
- A communication and education plan.

Element 2 outlines the importance of a multidisciplinary team of clinicians to coordinate, lead and champion local medication management at TOC stewardship. They act as the link between the governing committee and hospital care teams, and support these teams to improve medication management at TOC. Membership may overlap with membership of the governing committee and suggested positions are outlined in Element 2 of the full *Medication Management at Transitions of Care Stewardship Framework*.

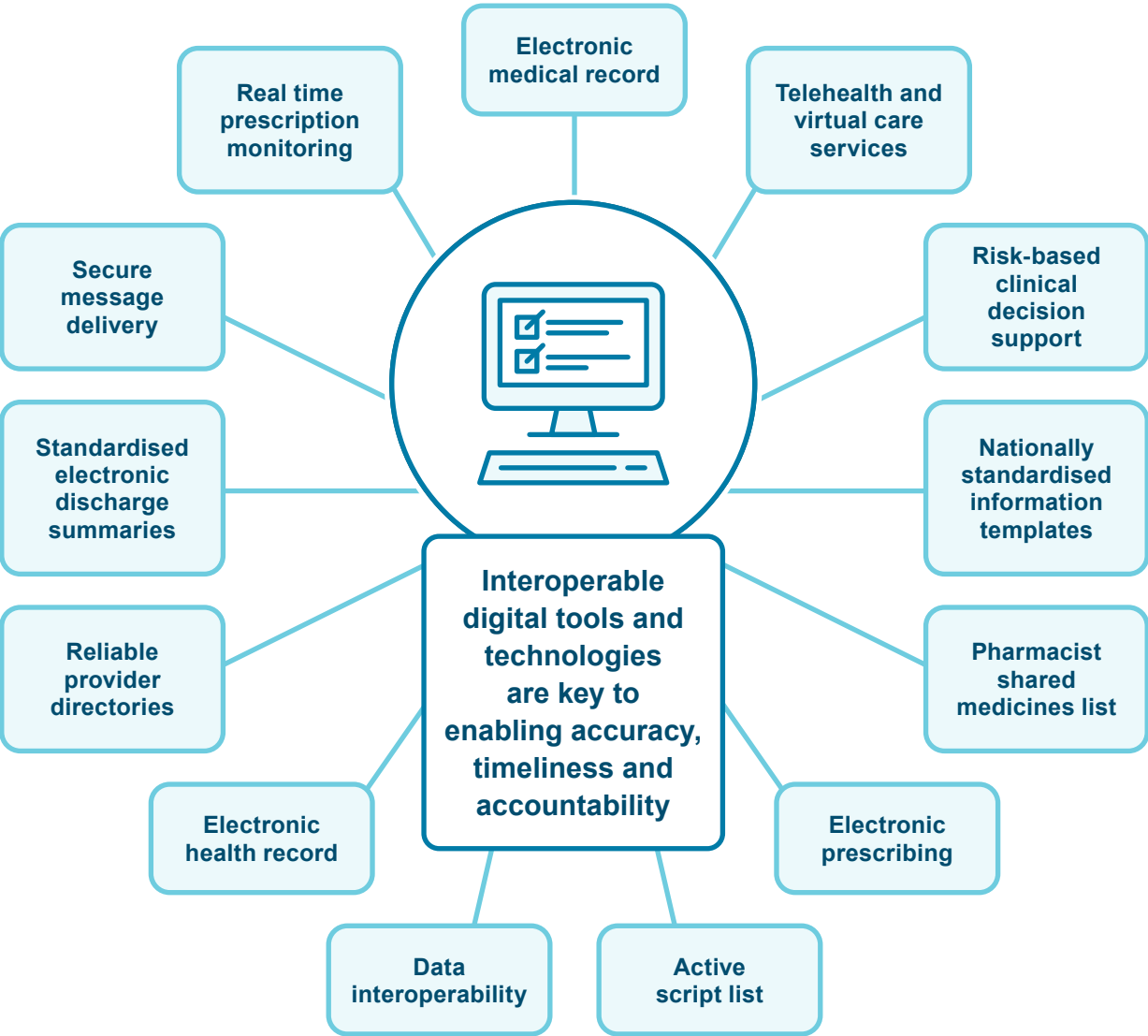
Roles, responsibilities and accountabilities of stewardship team members should be clearly defined and may extend in scope beyond the local organisation. Suggested responsibilities include:

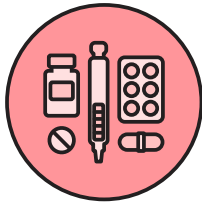
- Work with the governing committee to plan and adopt stewardship of medication management at TOC, establish goals, and optimise existing and new policies, procedures and guidelines, including systems and workflows for out of hours and weekends
- Facilitate awareness, education and training for hospital clinicians and other staff and, if appropriate, primary care clinicians
- Advocate for medication management at TOC stewardship
- Monitor, evaluate and report performance against defined indicators for quality and safety
- Provide direct feedback to clinical areas and support improvement
- Regularly monitor and maintain appropriate risk stratification processes and escalate concerns or risks to the governing committee.

Once the governing committee and stewardship committee have been established, the resources required to successfully carry out stewardship activities require careful consideration. The needs analysis conducted in the planning stage will compare the available or accessible resources to the resources required. Relevant resources include the capacity of the workforce to participate in medication management at TOC stewardship activities, supporting policies and guidelines, audits and data collection processes, and digital infrastructure.

While implementation of the Framework does not depend on the availability of digital solutions, digital maturity is considered a key factor in realising its full benefits. Health service organisations are encouraged to adopt digital tools and technologies to strengthen effective communication across clinical disciplines and improve medication management at TOC. [Figure 4](#) demonstrates digital health initiatives that enable seamless information exchange. Further information on leveraging digitally enabled care as a resource can be found in Element 2 of the full Framework.

Figure 4 Digital health initiatives that enable seamless information exchange





Element 3: Medication management activities

Element 3 of the Framework establishes:

- Communicating for safety strategies
- A systematic risk-based approach to prioritise interventions
- Activities to support safe and high-quality medication management at TOC, from admission to hospital through to post-discharge follow-up.

All activities are underpinned by safe and high-quality communication. Before any targeted medication management at TOC activities are undertaken, the governing committee should advise on the most appropriate verbal and written communication and documentation processes for all stages of Element 3.

All medication management at TOC activities should be person-centred – determined by the individual's needs and preferences – and support shared decision making.

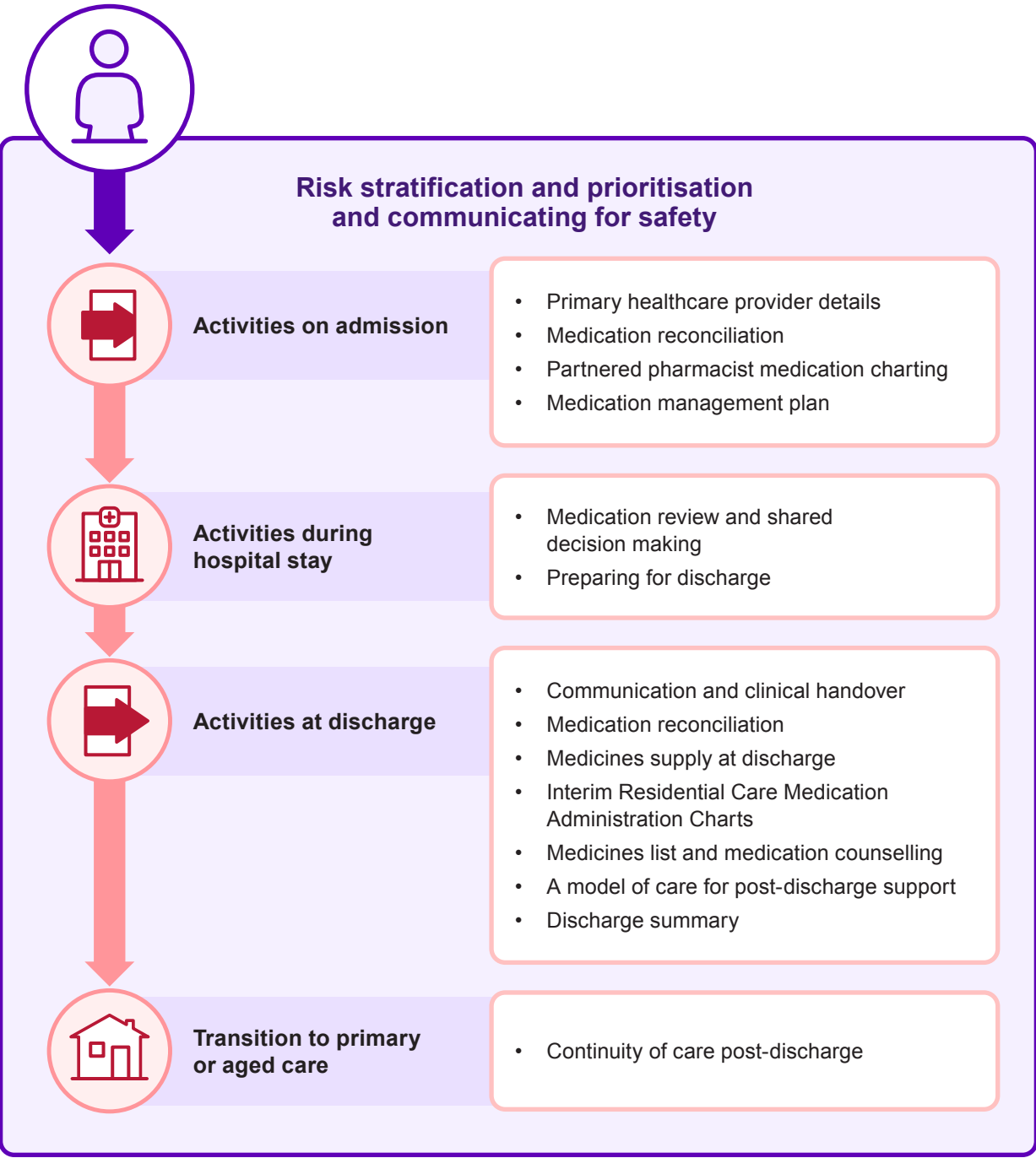
Element 3, as outlined in [Figure 5](#), adopts a systematic approach to identify individuals and cohorts who are at higher risk of medication-related adverse events or hospital readmission and/or have complex medication needs. This supports appropriate prioritisation of medication management activities, alongside clinical judgement.

Element 3 advocates for early and ongoing collaboration with primary care. It highlights the benefits of targeted medication management activities such as those outlined in [Figure 5](#), underpinned by the use of standardised and structured information templates such as templates for best possible medication histories, medication reconciliation, medication management plans and discharge summaries.

Planning for discharge should begin as soon as an individual enters the hospital's care. Several factors beyond those outlined in [Figure 5](#) should be considered:

- Health information at discharge should be person-centred, transferred in real time, accurate and complete. It should encompass a combination of interpersonal communication and electronic information transfer.
- Hospitals should have or be working towards the use of a secure and reliable electronic system to exchange information with the primary healthcare provider and other providers as well as the My Health Record.
- Hospital clinicians should consider the most appropriate post-discharge medication management review services, such as Home Medicines Reviews, and include recommendations in the discharge summary, to facilitate continuity of medication management for 'high-risk' individuals. Refer to the full Framework for a comprehensive list of services that support post-discharge medication management.

Figure 5 Element 3 – Medication management activities





Element 4: Monitoring, evaluation and reporting

Element 4 of the Framework promotes continuous monitoring, measuring and evaluation of care against locally determined quality indicators.

Routine monitoring, evaluation and reporting against predetermined quality indicators and outcomes is essential to measure and manage performance and promote continuous quality improvement. The governing committee should determine objectives and performance measures as part of planning for adopting the Framework.

Safety cannot be measured directly, so a range of measures are used as quality indicators. These measures can be built into the hospital's performance framework and reported against the National Safety and Quality Health Service Medication Safety Standard and Communicating for Safety Standard criteria. The necessary data collection should be an integral component of implementation from the outset.

The quality of health care across organisations can be assessed using the six domains of healthcare quality (safety, timeliness and accessibility, effectiveness and appropriateness, patient-centred care, efficiency and equity). Further types of measures include structure, process and outcome measures along with balancing measures. Specific measures – based on the literature – that may be relevant to safe medication management at TOC are listed in Element 4 of the full Framework.

Reporting of performance supports continuous improvement and the sustainability of stewardship. Feedback pathways for reporting to executives, stewardship sponsors and governing committee(s) may include:

- At least quarterly reporting of performance against locally determined quality indicators and outcomes
- Publication of an annual report that summarises stewardship performance and quality improvement initiatives.

The following feedback pathways are recommended for communicating performance outcomes with clinicians:

- Regular and direct feedback to individual clinicians and clinician leads on stewardship implementation outcomes
- The use of various modes of communication, such as presentations to staff during grand rounds, case studies and dissemination of formal reports.

Identification of areas requiring improvement should guide clinician education and training. Refined stewardship activities should be incorporated into local policies and procedures to embed them into usual practice.



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