Standard 4: Medication Safety

Clinical leaders and senior managers of a health service organisation implement systems to reduce the occurrence of medication incidents, and improve the safety and quality of medicine use. Clinicians and other members of the workforce use the systems to safely manage medicines.

The intention of this Standard is to:

Ensure competent clinicians safely prescribe, dispense and administer appropriate medicines to informed patients and carers.

Context

It is expected that this Standard will be applied in conjunction with Standard 1 ‘Governance for Safety and Quality in Health Service Organisations’ and Standard 2 ‘Partnering with Consumers’.

Criteria to achieve the Medication Safety Standard:

Governance and systems for medication safety
Documentation of patient information
Medication management processes
Continuity of medication management

Criterion: Governance and systems for medication safety

Health service organisations have mechanisms for the safe prescribing, dispensing, supplying, administering, storing, manufacturing, compounding and monitoring of the effects of medicines.

C/D	This criterion will be achieved by:	Actions required	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	4.1 Developing and implementing governance arrangements and organisational policies, procedures and/or protocols for medication safety, which are consistent with national and jurisdictional legislative requirements, policies and guidelines	4.1.1 Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems	• Policies, protocols, procedures and/or guidelines for safe management and quality use of medicines. • Agenda papers, meeting minutes and/or reports of relevant committees such as drug and therapeutics committee, clinical governance committee or senior executive committee • Strategic and operational plans detaining the development, implementation and maintenance of organisational wide medication safety systems • Documents that detail responsibilities for organisation wide medication safety systems at all levels of the organisation including board members or owners, senior executive or senior managers, unit or facility managers and clinicians • Information identifying patient safety and quality medication risks • Quality improvement plans that outline designated responsibilities and timeframes for completion of improvement actions • Orientation and ongoing training resources for the workforce on their roles and responsibilities for the medication management system • Records of attendance at training by the workforce on medication safety systems • A mechanism for dissemination of medication safety alerts • Observational audit of workforce access to online and hard copy resources such as MIMS, therapeutic guidelines, pharmacy manual and injectable guidelines • Position descriptions, staff duty statements and/or employment contracts that outline roles, responsibilities and accountabilities for clinical and organisational medication management activities	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			Link to Standards 1.1.1	
C		4.1.2 Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines	• Policies, procedures, protocols and/or guidelines related to safe management and quality use of medicines • Policies, procedures, protocols, and/or guidelines accessible to the clinical workforce, managers and the senior executive • Actions taken to implement policies, procedures and/or protocols throughout the organisation such as distribution list for policies, procedures and/or protocols • Observational audit of the accessibility and use of policy documents by the workforce • Audit of compliance with medication management policies	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

C/D	This criterion will be achieved by:	Actions required	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
			Link to Standards 1.1.1, 1.3.1 and 1.3.2 **(i)** The policy framework for medication management should apply across the whole organisation and cover the steps and process and medication management cycles outlined in *Guiding Principles for Medication Management in the Community*. Examples of subject areas could include (but are not limited to): • governance arrangements for the medication management systems including the evaluation and introduction of new medicines • roles, responsibilities and accountabilities for clinical and organisational medication management activities • procedures for safe prescribing, dispensing, supplying, administering, storing, manufacturing, compounding and monitoring of the effects of medicines • procedures for managing high risk medicines including a list of high risk or alert medicines • procedures for labelling injectable medicines, fluids and lines • list of approved abbreviations use in prescribing and administering of medicines • list of medicine approved for use in the facility • procedure for procuring medicines • procedures for reporting medication incidents and adverse drug reactions • orientation and ongoing training requirements for all of the clinical workforce on the medication management system and medication safety • evaluation, audit and feedback	

C	4.2 Undertaking a regular, comprehensive assessment of medication use systems to identify risks to patient safety and implementing system changes to address the identified risks	4.2.1 The medication management system is regularly assessed	• Completed risk assessments of :
			  ○ systems for managing medicines in the organisation
			  ○ processes for handling high risk medicines and action plans
			• Separate risk assessments, registers and/or action plans completed for each unit or service area
			• Audit of compliance with policies on medication management systems
			• Risk register or log that includes actions to address identified risks
			• Data from the incidence reporting system
			• Clinical pharmacy review reports that identify medication related risks
			• Agenda papers, meeting minutes and/or reports of relevant committees such as drug and therapeutics committee, clinical governance committee or senior executive committee that include medication incident reports
			• Safety and quality presentations delivered to the senior executive and/or relevant management committees
			• Reports on the implementation of recommendations from medication safety alerts
				□ MM
				□ SM
				□ NM → add to action plan

C/D	This criterion will be achieved by:	Actions required	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
			Link to Standards 5 and 6 and 4.4.1 **(i)** Failure mode effect and analysis technique can be used to identify risks when implementing practice changes and system redesign. Further information can be found at: www.IHI.com **(i)** Risk assessment tools may include: • self assessment tools such as the *Self Assessment of Medication Safety in Australian Hospitals, Self Assessment of Antithrombotic Therapy in Australian Hospitals* • Failure Mode Effect and Analysis procedure to identify risks when implementing practice changes, systems redesign • audits in areas where there is a risk to patient safety such as: prescribing, dispensing and administration of chemotherapy and other high risk medications	
C		4.2.2 Action is taken to reduce the risks identified in the medication management system	• Risk register or log that includes actions to address identified risks • Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken • Quality improvement plan includes actions to address issues identified • Examples of improvement activities that have been implemented and evaluated • Communication material developed for the workforce and/or patients	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C	4.3 Authorising the relevant clinical workforce to prescribe, dispense and administer medications	4.3.1 A system is in place to verify that the clinical workforce have medication authorities appropriate to their scope of practice	• Delegations detailing clinical positions that have the authority to prescribe dispense or administer medicines • A list that specifies individual workforce members with authority to prescribe medicines • Position descriptions, staff duty statements and/or employment contracts detailing responsibilities, accountabilities and scope of practice of the workforce in medication management • Orientation and ongoing training resources for the clinical workforce who prescribe, dispense and administer medications • Records of attendance at training by the workforce	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Policies, procedures and/or protocols on authority to prescribe, dispense or administer medicines could include: ○ prescribing policy ○ medicines that enrolled nurses may administer and conditions on their practice ○ standing orders for registered nurses to administer medicines ○ list of nurse initiated medicines	

C/D	This criterion will be achieved by:	Actions required	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C		4.3.2 The use of the medication authorisation system is regularly monitored	• Audits verifying the authorisation of practitioners prescribing, supplying and administering medicines • Regular audits of Schedule 8 registers • Agenda papers, meeting minutes and/or reports of relevant committees reporting on the analysis of medication incidents	**□ MM** **□ SM** **□ NM → add to action plan**
C		4.3.3 Action is taken to increase the effectiveness of the medication authority system	• Same evidence options as 4.2.2	**□ MM** **□ SM** **□ NM → add to action plan**
C	4.4 Using a robust organisation-wide system of reporting, investigating and managing change to respond to medication incidents	4.4.1 Medication incidents are regularly monitored, reported and investigated	• Policies, procedures and/or protocols for reporting and managing medicines incidents and adverse drug reactions • Incident reporting management system, such as a register or log, that document analysis and review of medication incidents • Records of adverse drug reaction reports sent to Therapeutic Goods Administration • Agenda papers, meetings minutes and/or reports of relevant committees that demonstrate adverse medication incidents are routinely reviewed • Documented adverse medication incidents investigations • Data from adverse drug reactions and the medicines incident reporting system are analysed • Root cause analysis of breaches of policies, procedures and/or protocols resulting in a serious breach or sentinel event • Audit of patient clinical records and case notes that demonstrate reporting and investigation of adverse medication incidents, for example using trigger tools to identify adverse medicines events • Audit of compliance with policies, procedures and/or protocols	**□ MM** **□ SM** **□ NM → add to action plan**
C		4.4.2 Action is taken to reduce the risk of adverse medication incidents	• Same evidence options as 4.2.2	**□ MM** **□ SM** **□ NM → add to action plan**

C/D	This criterion will be achieved by:	Actions required	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	4.5 Undertaking quality improvement activities to improve the safety of medicines use	4.5.1 The performance of the medication management system is regularly assessed	• Results of activities such as monitoring quality use of medicines indicators and other performance measures of medication safety • Regular (annual) auditing of the National Inpatient Medication Chart to monitor standard of documentation of prescribing and administering of medicines • Agenda papers, meeting minutes and/or reports of relevant committees that detail audit reports or results	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Performance measures for monitoring safety and quality use of medicines could include: o drug use evaluation studies o indicators such as the *Clinical Indicators for Quality Use of Medicines in Australian Hospitals* o audit of National Inpatient Medication Chart using national audit tool	
C		4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use	• Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken • Quality improvement plan that includes actions to address issues identified • Examples of improvement activities that have been implemented and evaluated • Communication material developed for the workforce and/or patients regarding changes implemented as result of medication safety audit	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

Criterion: Documentation of patient information

The clinical workforce accurately records a patient's medication history and this history is available throughout the episode of care.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	4.6 The clinical workforce taking an accurate medication history when a patient presents to a health service organisation, or as early as possible in the episode of care, which is then available at the point of care	4.6.1 A best possible medication history is documented for each patient	• Policies, procedures and/or protocols for obtaining and documenting a best possible medication history including prescription, over the counter and complementary medicines • Admission form includes section for medication history • Medication management plan or equivalent kept with medication chart • Patient clinical records include medication history documentation and a record of current medicines (including prescription, over the counter and complementary medicines)	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Policy for obtaining and documenting a best possible medication history could include: ○ when the patient's history is taken such as pre-admission clinic, emergency department ○ the use of several sources of information to verify the history such as patient's own medicines, medicines lists from patient or carer, general practitioner, community pharmacy, residential care facility or information from previous admission ○ medication risk assessment ○ documentation of the medication history, including content, how and where to document for example on the medication management plan ○ documentation of previous adverse drug reactions ○ keeping the history (medication management plan) with the current National Inpatient Medication Chart	
C		4.6.2 The medication history and current clinical information is available at the point of care	• Policies, procedures and/or protocols for accessing clinical information at the point of care • Observation of patient clinical records accessible at point of patient care • Medication management plan or equivalent available with the patient clinical record at the point of care • Discharge plan includes medication reconciliation and notification to general practitioner post discharge	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			Link to Standard 1.9.1	

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	4.7 The clinical workforce documenting the patient's previously known adverse drug reactions on initial presentation and updating this if an adverse reaction to a medicine occurs during the episode of care	4.7.1 Known medication allergies and adverse drug reactions are documented in the patient clinical record	• Policies, procedures and/or protocols for documenting, managing and reporting adverse drug reactions • Policies, procedures and/or protocols for checking adverse drug reaction history prior to prescribing, dispensing or administering medicines • Audit of patient clinical records where known adverse drug reactions are documented on the current medication chart • Audit of patient clinical records shows information on new adverse drug reactions and allergies is included such as completed adverse drug reaction form, alert in record • Audit of medicines management systems, including electronic systems, for prescribing, dispensing and administering medicines include adverse drug reaction alert systems	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Examples of performance measures for this criteria may include: • Indicators from Clinical Indicators for Quality Use of Medicines in Australian Hospitals • Results form audit of the National Inpatient Medication Chart Audit, for examples, the number of patients administered a medication to which they have had an allergy or previous adverse drug reaction	
C		4.7.2 Action is taken to reduce the risk of adverse reactions	• Policies, procedures and/or protocols on documentation and reporting of adverse drug reactions • Record of the clinical workforce attending education on adverse drug reaction documentation and reporting • Audit of medicines management systems, including electronic systems, for prescribing, dispensing and administering include adverse drug reactions and alert systems • Audit of patient clinical records that identify patients who were administered a medication to which they have had an allergy or previous adverse drug reaction. • Audit of patient clinical records that confirms the adverse drug reaction information was given to patients with a new adverse drug reaction and that a copy communicated to the primary care clinician • Register of adverse drug reactions that includes actions to address the identified risks • Review of adverse drug reaction data such as Quality Use of Medicines information bulletin • Agenda papers, meeting minutes and/or reports of relevant committees includes reports on adverse drug reactions • Quality improvement plan that includes actions to address issues identified • Examples of improvement activities that have been implemented and evaluated such as change to policy or procedure, publication of Quality Use of Medicines information bulletin	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C		4.7.3 Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration	• Policies, procedures and/or protocols for documenting, managing and reporting adverse drug reactions within the organisations and to the Therapeutic Goods Administration • Agenda papers, meeting minutes and/or reports of relevant committees that include actions taken to address adverse drug reaction risks • Register of adverse drug reactions that includes actions to address the identified risks • Record of adverse drug reactions reports submitted to the Therapeutic Goods Administration • Actions that are implemented from the review of adverse drug reaction data such as change to policy and procedures, publication of Quality Use of Medicines information bulletin	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C	4.8 The clinical workforce reviewing the patient's current medication orders against their medication history and prescriber's plan, and reconciling any discrepancies	4.8.1 Current medicines are documented and reconciled at admission and transfer of care between healthcare settings	• Policies, procedures and/or protocols on reconciling the medication history on admission, transfer and discharge to another health setting • Audit of patient clinical records in relation to current medicines reconciliation on admission and/or transfer and/or discharge • Audit of patient clinical records note review of discharge prescriptions • Audit of patient clinical records with a completed medication management plan or equivalent (manual or electronic)	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			Link to Standard 4.2.2, 4.6.1 and 4.12.4 **(i)** Examples of performance measures for this action may include: • Indicators from Clinical Indicators for Quality Use of Medicines in Australian Hospitals	

Criterion: Medication management processes
The clinical workforce is supported for the prescribing, dispensing, administering, storing, manufacturing, compounding and monitoring of medicines.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	4.9 Ensuring that current and accurate medicines information and decision support tools are readily available to the clinical workforce when making clinical decisions related to medicines use	4.9.1 Information and decision support tools for medicines are available to the clinical workforce at the point of care	• Current medicines reference texts available in patient care areas (hard copy or electronic) • Records of pharmacy workforce and clinical workforce access to medicines information systems • Clinical decision support tools (manual and/or electronic) accessible by the workforce • Records of clinical workforce accessing a medicines information service	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Clinical decision support tools may include: o medicines information texts such as *Australian Medicines Handbook*, Therapeutic Guidelines, Intravenous Drug Administration Guidelines o facility protocols, guidelines, medicines information tools (such as dosing cards, pocket references). o inbuilt clinical decision support in electronic medication management systems including alerts for allergies, drug interactions, access to protocols, medicines information	
		4.9.2 The use of the information and decision support tools are regularly reviewed	• Risk assessment of medicines information system such as using the drug information domain in Medication Safety Self Assessment in Australian Hospitals • Agenda papers, meeting minutes and/or reports of relevant committees responsible for developing and maintaining information resources and decision support tools. • Observational audit of the use of decision support tools • Workforce feedback and suggestions on decision support tools • Patient's clinical records that detail screening for contraindications in medication orders	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Review the use of electronic decision support tools for prescribing, dispensing and administering medicines could include: o reports on functions used o acceptance of or bypassing of alerts for allergies, drug interactions, contraindications	
		4.9.3 Action is taken to improve the availability and effectiveness of information and decision support tools	• Same evidence options as 4.2.2	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	4.10 Ensuring that medicines are distributed and stored securely, safely and in accordance with the manufacturer's directions, legislation, jurisdictional orders and operational directives	4.10.1 Risks associated with secure storage and safe distribution of medicines are regularly reviewed	• Policies, procedures and/or protocols for safe distribution and storage of medicines • Completed risk assessment of system for distributing and storing medicines • Audit of compliance with policies, procedures, protocols and guidelines	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
		4.10.2 Action is taken to reduce the risks associated with storage and distribution of medicines	• Same evidence options as 4.2.2 • Documentation of the use of 'Tall Man Lettering' system to reduce errors from look alike sound alike medicines' names • Observation audit of separation of products with similar packaging	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
		4.10.3 The storage of temperature-sensitive medicines is monitored	• Policies, procedures and/or protocols on monitoring of temperature in refrigerators and freezers used to store medicines and vaccines throughout the facility • Record of daily checks and scheduled maintenance of the medicines and vaccines refrigerator • Audit report of assigned responsibility and processes for daily checks of medication refrigerators • Record of temperature reading devices in fridges. • Record of review of alarm settings and associated response processes to activated alarms • Risk register or log that includes actions to address identified risks	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
		4.10.4 A system that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications is in place	• Policies, procedures and/or protocols on the disposal of unused, unwanted or expired medicines that align with legislative and jurisdictional requirements including S8 medicines, chemotherapy and hazardous substances • Orientation and ongoing education resources related to the disposal of unused, unwanted or expired medications • Records of attendance at training by the workforce • Observation of workforce access to infrastructure, instruments, and other equipment necessary to comply with policy, procedures and/or protocols	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
		4.10.5 The system for disposal of unused, unwanted or expired medications is routinely monitored	• Audit of compliance with policies, procedures and/or protocols • Risk register or log that includes actions to address identified risks	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
		4.10.6 Action is taken to increase compliance with the system for storage, distribution and disposal of medications	• Same evidence options as 4.2.2 • Documentation of the use of 'Tall Man Lettering' system to reduce errors from look alike sound alike medicines' names • Observation audit of separation of products with similar packaging	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	4.11 Identifying high-risk medicines in the organisation and ensuring they are stored, prescribed, dispensed and administered safely	4.11.1 The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed	• Policies, procedures and/or protocols for storing, prescribing, dispensing, administering and monitoring high risk medicines • Guidelines for prescribing, dispensing, administering and monitoring specific high risks medicines such as anticoagulants, chemotherapy, opioids, insulin available to the clinical workforce • A list of high risk medicines as a subset of medicines used in the facility • Information on actions to be taken in response to medication incidents, adverse events and near misses available in the pharmacy and clinical areas • Audit of compliance with specific storage requirements for high risk medicines such as concentrated injectables (potassium, electrolytes), opioids • Audit of compliance with procedures for labelling injectable medicines, fluids and lines • Completed risk assessment of management of high risk medicines • Risk register or log that includes actions to address identified risks • Physical security that restricts access to high risk medicines • Audit of compliance with policy, procedures, protocols and guidelines for prescribing, dispensing, administering and monitoring specific high risks medicines such as anticoagulants, chemotherapy, opioids, insulin	**☐ MM** **☐ SM** **☐ NM → add to action plan**
			(i) Examples of high risk medications and additional information may be found at The Institute for Safe Medication Practices (ISMP): www.ismp.org. Examples of measures of initiatives to reduce risk of patient harm from high risk medicines include: ○ *Clinical Indicators for Quality Use of Medicines in Australian Hospitals* ○ storage of potassium ampoules ○ prescription of cytotoxic chemotherapy Risk assessments tools include: ○ Medication Safety Self Assessment in Australian Hospitals of drug standardisation, storage and distributions domain ○ Medication Safety Self Assessment for Antithrombotic Therapy	
C		4.11.2 Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines	• Same evidence options as 4.2.2	**☐ MM** **☐ SM** **☐ NM → add to action plan**

Criterion: Continuity of medication management

The clinician provides a complete list of a patient's medicines to the receiving clinician and patient when handing over care or changing medicines.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	4.12 Ensuring a current comprehensive list of medicines, and the reason(s) for any change, is provided to the receiving clinician and the patient during any clinical handovers	4.12.1 A system is in use that generates and distributes a current and comprehensive list of medicines and explanation of changes in medicines	• Policies, procedures and/or protocols related to the medicines information required for transfer and discharge communication document • Patient clinical records that contains a medicines list and explanation of changes used at handover of care such as transfer or discharge summary • Audit of the use of policies, procedures and/or protocols related to the medicines information required for admission, transfer and discharge communication documentation	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C		4.12.2 A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care	• Patient clinical records that contain a medicines list and explanation of changes used at handover of care such as admission, transfer or discharge summary • Audit of patient clinical records to identify patients provided with a current comprehensive list of medicines on discharge	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C		4.12.3 A current comprehensive list of medicines is provided to the receiving clinician during clinical handover	• Patient clinical records that show a current list of medicines, including reasons for changes, was provided to the receiving clinician • Documented feedback from receiving clinicians • Audit of patient clinical records to identify the proportion of transfer/discharge summaries that contain a current comprehensive list of medicines, medication therapy changes and explanations for changes when medicines changed during the episode of care	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C		4.12.4 Action is taken to increase the proportion of patients and receiving clinicians that are provided with a current comprehensive list of medicines during clinical handover	• Same evidence options as 4.2.2	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

Criterion: Communicating with patients and carers

The clinical workforce informs patients about their options, risks and responsibilities for an agreed medication management plan.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	4.13 The clinical workforce informing patients and carers about medication treatment options, benefits and associated risks	4.13.1 The clinical workforce provides patients with patient-specific medicine information, including medical treatment options, benefits and associated risks	• Policies, procedures and/or protocols that define the roles, responsibilities and accountabilities of the clinical workforce in informing patients and carers about medication treatment options, benefits and associated risks • Patients clinical record that shows patient-specific information was provided to patients • Records of patient education provided such as information on chemotherapy to oncology and/or haematology patients • Patient and carer education material such as brochures, fact sheets, posters, links to trusted websites	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C		4.13.2 Information that is designed for distribution to patients is readily available to the clinical workforce	• Materials used in patient and carer education such as brochures, fact sheets, posters, links to trusted websites • Observation that patient specific medicines information is available in the workplace • Patients clinical record that the use of shows patient-specific medicines information such as consumer medicines information • Patient survey information on the provision of high risk medicines such as warfarin, diabetes medicines, cardiac medicines	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			Link to Standard 2	
C	4.14 Developing a medication management plan in partnership with patients and carers	4.14.1 An agreed medication management plan is documented and available in the patient's clinical record	• Policy and procedures are in place for documenting a medication management plan • Audit of patient clinical records relating to patients with a completed medication management plan • Patient clinical records that show written information was provided on medications to be continued by patient post discharge	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
D	4.15 Providing current medicines information to patients in a format that meets their needs whenever new medicines are prescribed or	4.15.1 Information on medicines is provided to patients and carers in a format that is understood and meaningful	• Patient clinical records that show patient and carer information was provided for any changes to medicines during the episode of care • Results of patient experience survey on medicines information provided • Patient and carer education programs are provided on medication such as cardiac rehabilitation programs, chemotherapy education sessions for oncology and/or haematology patients	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			Link to Standard 2 and 1.17.3	

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
D	dispensed	4.15.2 Action is taken in response to patient feedback to improve medicines information distributed by the health service organisation to patients	• Same evidence options as 4.2.2	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

Additional information and resources

Australian Injectable Dugs Handbook (AIDH) 5th edition, 2011, The Society of Hospital Pharmacists of Australia, Melbourne.

Guiding principles for medication management in the community. Australian Pharmaceutical Advisory Council, Canberra: Commonwealth of Australia 2006.

Guiding principles to achieve continuity in medication management. Australian Pharmaceutical Advisory Council, Commonwealth of Australia. (APAC)

Indicators for Quality Use of Medicines in Australian Hospitals. NSW Therapeutic Advisory Group.

Medication Safety Self Assessment in Australian Hospitals and Medication Safety Self Assessment for Antithrombotic Therapy in Australian Hospitals. Clinical Excellence Commission and NSW Therapeutic Advisory Group.

Medication Safety Self Assessment for Australian Hospitals. Clinical Excellence Commission and NSW Therapeutic Advisory Group.

National Medicines Policy (2000) www.health.gov.au/internet/publishing.nsf/content/nmp-objectives-policy.htm

Medication Management Plan by the ACSQHC is found by the following link**:** http://www.health.gov.au/internet/safety/publishing.nsf/Content/com-pubs_Medication_Management_Plan

Rossi, S (ed), 2011, *Australian Medicines Handbook* 2011, Australian Medicines Handbook Pty Ltd, Adelaide.

Therapeutic guidelines. Melbourne: Therapeutic Guidelines Limited; 2010. www.tg.org.au

Examples of high risk medications may be found at The Institute for Safe Medication Practices (ISMP): www.ismp.org