

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

**National Residential Medication  
Chart Project Glossary:  
abbreviations, key concepts and  
terms**

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**Suggested citation**

Australian Commission on Safety and Quality in Health Care 2012, *National Residential Medication Chart Project Glossary: abbreviations, key concepts and terms*, ACSQHC, Sydney.

**Acknowledgment**

Many individuals and organisations have freely given their time, expertise and documentation to support the development of this document. In particular, the Commission wishes to acknowledge the valuable contributions by National Residential Medication Chart Reference Group members, approved providers, individual residential aged care facilities and chart design companies that enabled this national chart analysis. The involvement and willingness of all concerned to share their experience and expertise is greatly appreciated.

This paper is available on the Commission website at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

# National Residential Medication Chart Project Glossary: abbreviations, key concepts and terms

The following list provides definitions for terms and abbreviations used in the National Residential Medication Chart Project. Abbreviations that are used from time to time in the project are included in this document.

Terms used in the National Residential Medication Chart Project, and which are not defined, take the standard English meaning.

Term or abbreviation	Meaning
<b>Accreditation</b>	Each residential aged care home that receives funding from the Commonwealth Government must be accredited at least every three years across four aged care standards consisting of 44 expected outcomes. Primary responsibility for this is undertaken by an independent body known as the Aged Care Standards and Accreditation Agency Ltd. Each home also receives at least two visits from the Agency each financial year.
<b>ACAT</b>	See <i>Aged care assessment team</i>
<b>ACFI</b>	See <i>Aged Care Funding Instrument</i>
<b>ACSAA</b>	See <i>Aged Care Standards and Accreditation Agency Ltd</i>
<b>ACSQHC</b>	See <i>Australian Commission on Safety and Quality in Health Care</i>
<b>Administration</b>	The process of giving a dose of medicine to a resident (in an aged care home) or a resident taking a medicine.
<b>Adverse drug event</b>	An adverse drug event has an unwanted and usually harmful outcome. This is not the same as an adverse drug reaction and relates to an error in the delivery of the drug, such as the wrong drug being prescribed or used, or the right drug being used inappropriately.
<b>Adverse drug reaction</b>	A response to a drug which is noxious and unintended, and which occurs at a dose normally used in humans for the prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function. <i>Note:</i> there is a causal link between a drug and an adverse drug reaction.
<b><i>Aged Care Act 1997</i></b>	The <i>Aged Care Act 1997</i> is Commonwealth legislation which allows for the public funding of aged care.
<b>Aged care assessment team</b>	An aged care assessment team (ACAT) is required to independently assess each resident's need and level of care prior to entry to an aged care home. Approval must be given for the home to receive funding for each resident.
<b>Aged Care Complaints Scheme</b>	Referred to as 'the Scheme', the Aged Care Complaints Scheme enables individuals to lodge a complaint about services to the Department of Health and Ageing. Investigators can visit aged care homes where appropriate in relation to complaints.
<b>Aged Care Funding Instrument</b>	The Aged Care Funding Instrument (ACFI) is a funding allocation instrument which differentiates care needs for residents. It assesses core needs across three domains. ACFI reviews are conducted regularly by the Department of Health and Ageing, and if a resident's category is downgraded the approved provider must repay the incorrectly claimed subsidy. ACFI claims are lodged through the Department of Human Services.
<b>Aged Care Standards and Accreditation Agency Ltd</b>	Aged Care Standards and Accreditation Agency Ltd is the independent body responsible for managing the accreditation and ongoing supervision of Commonwealth-funded aged care homes.



<b>Ageing in place</b>	A model of care that enables a resident to enter low care and also receive high care services, if and when they require them, without relocation to another home.
<b>AIN</b>	See <i>Assistant in nursing</i>
<b>Approved hospital authority</b>	A hospital authority (private or public) approved under Section 94 of the <i>National Health Act 1953</i> to supply pharmaceutical benefits.
<b>Approved medical practitioner</b>	A medical practitioner approved under Section 92 of the <i>National Health Act 1953</i> to supply pharmaceutical benefits.
<b>Approved pharmacist</b>	A pharmacist approved under Section 90 of the <i>National Health Act 1953</i> to supply pharmaceutical benefits.
<b>Approved provider</b>	<p>Aged care may include residential, community or flexible care. In this paper however, an approved provider is a person or body approved by the Department of Health and Ageing to provide Government-subsidised residential aged care.</p> <p>Residential aged care is defined by Sections 41-3 of the <i>Aged Care Act 1997</i> as personal care or nursing care, or both, provided to a person in a residential facility in which the person is provided with accommodation that includes appropriate staffing to meet the nursing and personal care needs of the person, meals and cleaning services, and furnishings, furniture and equipment for the provision of that care and accommodation. This care must also meet any other requirements specified in the Residential Care Subsidy Principles.</p> <p>Residential care does not include care provided to a person in the person's private home, care provided in a hospital or in a psychiatric facility, care provided in a facility that primarily provides care to people who are not frail and aged, or care that is specified in the Residential Care Subsidy Principles not to be residential care. (See <i>Residential Aged Care Facility</i>)</p>
<b>Assistant in nursing</b>	An unlicensed healthcare worker who is not professionally regulated and is therefore not bound by standards set by a licensing authority. These support workers are individually accountable for their own actions and accountable to the registered nurse and their employer for delegated actions, such as medication administration from a dose administration aid. Assistants in nursing (AINs) are located predominately in high care residential aged care facilities. They are classified under the <i>Nurses Award 2010</i> and are eligible to join nurse-based unions such as the Australian Nursing Federation.
<b>Australian Commission on Safety and Quality in Health Care</b>	The Australian Commission on Safety and Quality in Health Care is an independent, statutory authority established under the <i>National Health and Hospitals Network Act 2011</i> . It is funded by Australian Health Ministers to lead and coordinate improvements in the safety and quality of health care. The Commission is managing the National Residential Medication Chart Project.
<b>Authorised prescriber</b>	See <i>PBS prescriber</i>
<b>Authority required items</b>	Some Pharmaceutical Benefits Scheme (PBS) medications are restricted and require prior authority from the Department of Human Services before being prescribed. They are noted as 'authority required benefits' on the PBS Schedule.
<b>Biometrics</b>	Biometrics refers to the measurable characteristics that are unique to an individual, such as height, fingerprints and facial structure.
<b>Care service employee</b>	An unlicensed health care worker who is not professionally regulated and is therefore not bound by standards set by a licensing authority. These support workers are individually accountable for their own actions and accountable to the registered nurse and their employer for delegated actions. Community service employees (CSEs) are

	located predominately in low care residential aged care facilities. They are classified under the <i>Aged Care Award 2010</i> .
<b>Care worker</b>	A generic term often used to refer to an unlicensed worker in the aged care sector. A care worker may be an assistant in nursing, a personal care assistant or a care service employee. It is not a term used for registered or enrolled nurses.
<b>Carer</b>	A carer is defined by the <i>Carer Recognition Act 2010</i> as an individual who provides personal care, support and assistance to another individual who needs it because that other individual has a disability, or medical condition (including a terminal or chronic illness), or a mental illness, or is frail and aged. The person is often a family member, friend or partner. An individual is not a carer if their care, support and assistance are provided under a contract of service or a contract for the provision of services, or in the course of doing voluntary work for a charitable, welfare or community organisation, or as a requirement of an educational or training course.
<b>Co-morbidity</b>	One or more coexisting medical conditions or disease processes that are additional to an initial diagnosis.
<b>Complementary medicines</b>	<p>In Australia, medicinal products containing herbs, vitamins, minerals, and nutritional supplements, homoeopathic medicines and certain aromatherapy products are referred to as 'complementary medicines'. These are regulated as medicines under the <i>Therapeutics Goods Act 1989</i>. Complementary medicines comprise traditional medicines, including traditional Chinese medicines, Ayurvedic medicines and Australian indigenous medicines. Other terms used to describe complementary medicines include 'alternative medicines', 'natural medicines' and 'holistic medicines'.</p> <p>Complementary medicines are generally available for use in self-medication by consumers and can be obtained from retail outlets such as pharmacies, supermarkets and health food stores. While the majority of complementary medicines are indicated for the relief of symptoms from minor, self-limiting conditions, many are indicated for maintaining health and well-being, or for the promotion and enhancement of good health.</p>
<b>Consent</b>	Informed consent, in a healthcare setting, is the procedure whereby a person consents to, or refuses, an intervention based on information provided by a healthcare professional regarding the nature and potential risks of the proposed intervention.
<b>Controlled Drug</b>	A substance or preparation available for use but which requires restriction of supply to reduce abuse, misuse and physical or psychological dependence, as defined under the <i>Poisons Standard 2010</i> . These items include PBS/RPBS items that attract a dangerous drug fee. Also known as Schedule 8 items or S8 drugs.
<b>CSE</b>	See <i>Care service employee</i>
<b>Culturally and linguistically diverse (CALD) appropriate residential aged care</b>	All aged care services are expected to provide culturally appropriate care for their residents. Examples include specific services for older Aboriginal and Torres Strait Islander people and ethno-specific aged care homes that are either auspiced by an ethnic organisation or supported by an ethnic community. Other homes may have clusters of residents from similar cultural and linguistic backgrounds.
<b>DAA</b>	See <i>Dose administration aid</i>
<b>Department of Health and Ageing</b>	The Department of Health and Ageing (DoHA) is a Commonwealth ministry of state. It was established in 1921 and has since undergone a number of changes in its name, function and structure. Following the November 2001 election, the Department of Health and Aged Care changed its name to the Department of Health and Ageing. The

	portfolio was also assigned the Commonwealth Rehabilitation Service from the Department of Family and Community Services. As part of its functions DoHA is responsible for the primary regulation and funding of residential aged care services in Australia.
<b>Department of Human Services DHS</b>	The Department of Human Services (DHS) is a Commonwealth ministry of state. It delivers social and health-related payments and services, including the age pension, the seniors supplement, carers' allowances, rental assistance and Pharmaceutical Benefits Scheme payments. Medicare Australia is now incorporated into the DHS.
<b>Dispensing</b>	The process which is followed when a pharmacist provides medicines on the prescription or order of an authorised prescriber.
<b>DoHA</b>	See <i>Department of Health and Ageing</i>
<b>Dose</b>	A specified quantity of a therapeutic agent, such as a drug or medicine, prescribed to a resident and to be taken at one time or at stated intervals.
<b>Dose administration aid</b>	<p>Devices or packaging systems for organising doses of medicines according to the time of administration. Dose administration aids (DAAs) are designed to assist medication management for a resident by having medicines divided into individual doses and arranged according to a daily dose schedule.</p> <p>DAAs can be either a unit-dose pack (one single type of medicine per compartment) or a multi-dose pack (different types of medicines per compartment). Different forms of DAAs include blister or bubble packs, compartmentalised boxes and compliance packs, such as those provided by automated medication dispensing systems.</p> <p>Medicines in DAAs may include prescription, non-prescription and complementary medicines. Only solid oral medicines can be packaged in a DAA. Some medicines with particular storage or stability requirements are not suitable for use in DAAs. For example, PRN and cytotoxic medicines should be packed separately and with appropriate cautionary labels, and Schedule 8 medicines (controlled drugs) should be packed according to relevant Commonwealth and state or territory legislative requirements.</p>
<b>Electronic medication management system EMMS</b>	Electronic medication management systems (EMMS) or e-systems enable the prescription, supply and administration of medicines to be completed electronically and supported by paper scripts as required by legislation.
<b>Eligible approved supplier</b>	An approved pharmacist or approved medical practitioner as defined in the <i>National Health Act 1953</i> .
<b>Enrolled nurse EN</b>	A person who is enrolled and registered to practise under the relevant state or territory regulatory legislation. Enrolled nurses (ENs) work under the supervision of a registered nurse to provide patients with basic nursing care. Within their scope of practice ENs are accomplished in the practical skills of nursing, with advanced ENs being able to undertake more complex procedures. In Victoria 'enrolled nurse' refers to a registered nurse (division 2).
<b>Extra services</b>	<p>Aged care homes may be approved to offer extra services to residents. Extra services enable residents to choose a significantly higher standard of 'hotel' type extras for accommodation, food and services, in return for a higher charge. Approval may be for the whole of a home or for a designated part. The number of approved places for extra services is capped in each region to ensure that aged care remains available to Australians who cannot afford extra services.</p> <p>Extra services are an agreement between individual residents and the approved provider. The aged care assessment team (ACAT) does not determine if a resident can enter into an extra services</p>

	agreement with the approved provider.
<b><i>Fifth Community Pharmacy Agreement</i></b>	<p>The <i>Fifth Community Pharmacy Agreement</i> is an agreement between the Australian Government and the Pharmacy Guild of Australia. It commenced on 1 July 2010 and is in place for five years. The Agreement recognises the key role played by community pharmacies in primary health care through the delivery of Pharmaceutical Benefit Scheme medicines and related services.</p> <p>The initiatives announced under the Agreement aim to improve the quality use of medicines in the community and enhance access to quality pharmacy services in rural and remote areas, and include <i>Supply and PBS Claiming from a medication chart in Residential Aged Care Facilities</i>.</p>
<b>Flexible care</b>	Flexible care addresses the needs of care recipients in ways other than the care provided through the more usual community and residential care programs. Flexible care provided under the <i>Aged Care Act 1997</i> includes Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) packages, multi-purpose service places and transition care for older people leaving hospital.
<b>Guild</b>	See <i>Pharmacy Guild of Australia</i>
<b>HACC</b>	See <i>Home and Community Care Program</i>
<b>High care</b>	High level care provides functionally dependent people with 24-hour care, either by registered nurses or under the direct supervision of registered nurses. Nursing care is combined with accommodation, support services (cleaning, laundry and meals), personal care services (help with dressing, eating, toileting, bathing and moving around), nursing services (including complex care and medication management) and allied health services (such as physiotherapy, occupational therapy, recreational therapy and podiatry). The aged care assessment team (ACAT) determines the level of care category independently of the home or approved provider and prior to entry. The Quality of Care Principles under the <i>Aged Care Act 1997</i> specifies care and services applicable to high care. Penalties apply for approved providers who do not meet these specifications.
<b>Home and Community Care Program</b>	The Home and Community Care (HACC) Program is a joint Commonwealth, state and territory government initiative. It funds basic maintenance and support services to help frail older people and younger people with disabilities to continue living in their communities.
<b>Hybrid system</b>	A medication management system that combines paper and electronic elements.
<b>Low care</b>	Low level care focuses on personal care services (help with dressing, eating, bathing and medication management), accommodation, support services (cleaning, laundry and meals) and some allied health services such as physiotherapy. Nursing care can be given when required. The majority of low level aged care homes have nurses on staff, or at least have ready access to them. The aged care assessment team (ACAT) determines the level of care category independently of the home or approved provider and prior to entry. The Quality of Care Principles under the <i>Aged Care Act 1997</i> specifies care and services applicable to low care. Penalties apply for approved providers who do not meet these specifications.
<b>MAC</b>	See <i>Medication Advisory Committee</i>
<b>Medicare Australia</b>	See <i>Department of Human Services</i>
<b>Medication Advisory Committee</b>	A multidisciplinary group of advisors which is responsible for developing, promoting, monitoring and evaluating policies and



	practices to assist in achieving Quality Use of Medicines (QUM) outcomes for residents in an aged care home. The Medication Advisory Committee (MAC) provides leadership and governance for medication management and ensures that related strategies are consistent with the APAC (Australian Pharmaceutical Advisory Council) <i>Guiding Principles for Medication Management in the Community</i> .
<b>Medication chart</b>	A medication chart provides a record of the prescriber's clinical intention for a resident's treatment, an order for the pharmacy supply of a resident's medicine, and a record of administration of the medicine to the resident.
<b>Medication chart prescribing</b>	Medication chart prescribing (sometimes referred to as 'paperless prescribing') is defined as an order on a medication chart which is: <ol style="list-style-type: none"> <li>1. an instruction for administration;</li> <li>2. an order for supply; and</li> <li>3. an entitlement for Pharmaceutical Benefits Scheme claiming.</li> </ol> In non-medication-chart-prescribing the last two elements require an additional paper prescription.
<b>Medication error</b>	An error can be defined as a failure in the drug treatment process that leads to, or has the potential to lead to, harm to the consumer. It includes an act of omission or commission. Errors rarely occur as the result of the actions of a single individual. They are usually the result of a series of system failures. (See <i>adverse drug event</i> )
<b>Medicine</b>	A substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise enhancing the physical or mental welfare of people. Medicines include prescription, non-prescription and complementary healthcare products, irrespective of the administered route.
<b>MRN / URN</b>	A unique number assigned to a person when they undergo medical care.
<b>Multi-Purpose Service Program</b>	The Multi-Purpose Service (MPS) Program is a joint Commonwealth and state/territory government initiative specifically designed for rural and regional areas. Its aim is to provide a coordinated and cost effective delivery of health services where separate health and aged care services may not be viable. Australian Government funding for flexible aged care is combined with state or territory health services funding. The MPS Program applies this combined funding across health and aged care services to offer more innovative services and services specific to the needs of local communities, and may include services offered in residential aged care.
<b>National Inpatient Medication Chart</b>	The <i>National Inpatient Medication Chart</i> (NIMC) is a standardised medication chart required by Australian Health Ministers to be used in all Australian public hospitals to reduce patient harm from medication errors. A version of the NIMC is also used in a large number of private hospitals.
<b>National Residential Medication Chart</b>	The <i>National Residential Medication Chart</i> (NRMC) is a medication chart, or set of standard elements for a medication chart, being developed by the Australian Commission on Safety and Quality in Health Care. It allows Pharmaceutical Benefits Scheme prescribers to prescribe and eligible approved suppliers to claim for eligible PBS/RPBS medicines directly from the chart. The NRMC also specifies the required fields for the safe use of medicines in residential aged care homes.
<b>NIMC</b>	See <i>National Inpatient Medication Chart</i>



<b>Non-prescription medicine</b>	Medicines obtainable without a prescription. Examples are cough mixtures, simple analgesics and antacids. Some can be sold only by pharmacists or sold in a pharmacy; others can be sold through non-pharmacy outlets. (See <i>Over-the-counter medicines</i> )
<b>Not-for-profit provider</b>	An organisation that does not distribute profits or surpluses to personal owners or shareholders. These organisations are usually classified as religious (faith-based), community, charitable or government-based.
<b>NRMC</b>	See <i>National Residential Medication Chart</i>
<b>Nurse-initiated medicine</b>	Refers to the selection and administration of a specific medicine by a registered nurse, or an accredited enrolled nurse in particular circumstances, according to written instructions or protocols approved by the home. Nurse-initiated medicines must be in accordance with the relevant Commonwealth and state or territory legislation and guidelines, and must be given under the delegated authority of the home with whom ultimate responsibility lies. It is not the same as <i>Nurse prescribing</i> .
<b>Nurse practitioner</b>	A registered nurse who is educated to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes the assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, the direct referral of patients to other healthcare professionals, the prescription of medications, and the ordering of diagnostic investigations. Nurse practitioners provide innovative and flexible delivery of health care that complements other healthcare providers, with their scope of practice being determined by the context in which they are authorised to practise.
<b>Nurse prescribing</b>	Refers to the legislated authority of nurse practitioners who are permitted and qualified to prescribe independently, in accordance with the relevant state or territory legislation, and to take responsibility for the clinical assessment of a patient establishing a diagnosis and the clinical management required. Commonwealth legislation allows for nurse practitioners to prescribe a subset of Pharmaceutical Benefits Scheme items. (See <i>PBS prescriber</i> )
<b>Nursing and non-nursing models</b>	Residential aged care consists of both nursing and non-nursing models. These models have implications for the management of medication in terms of administration, documentation, clinical assessment and evaluation.
<b>Nutritional supplements</b>	Nutritional supplements include vitamins, minerals, herbs, meal supplements, sports nutrition products, natural food supplements and other related products used to boost the nutritional content of the diet. Nutritional supplements are used for many purposes. They can be added to the diet to boost overall health and energy, to provide immune system support and to reduce the risks of illness and age-related conditions. However, most of these products are treated as a food and are not regulated as drugs are.
<b>Office of Aged Care Quality and Compliance</b>	Known as 'the Office', the Office of Aged Care Quality and Compliance has been established to focus on the quality improvement of care and services to care recipients in Australian Government-subsidised aged care services. The Office manages national programs in relation to compliance with the relevant legislation.
<b>Over-the-counter medicine OTC</b>	Over-the-counter medicines (OTCs) are medicines that are not prescription medicines or complementary medicines. OTCs can be supplied as: <ul style="list-style-type: none"> <li>• pharmacy medicines (included in Schedule 2 to the <i>Poisons Standard</i>); or</li> </ul>

	<ul style="list-style-type: none"> <li>• pharmacist-only medicines (included in Schedule 3 to the <i>Poisons Standard</i>); or</li> <li>• general sales medicines that are not included in any of the Schedules to the <i>Poisons Standard</i>.</li> </ul> <p>Medicines are grouped into schedules according to the level of regulatory control over their availability to consumers.</p>
<b>Paper-based medication management system</b>	Where the prescription, supply and administration of medicines is completed without electronic assistance. Whilst it is acknowledged that aged care homes often fax or scan medication charts to medical practitioners for updating and to pharmacists for dispensing changes, the retention of these, as part of the hard copy paper medication chart for the administration of medications, constitutes a paper-based system for the purpose of this analysis.
<b>Paperless prescribing</b>	See <i>Medication chart prescribing</i>
<b>PBS</b>	See <i>Pharmaceutical Benefits Scheme</i>
<b>PBS prescriber</b>	A medical practitioner, dentist, optometrist, midwife or nurse practitioner approved to prescribe Pharmaceutical Benefits Scheme (PBS) medicines under the <i>National Health Act 1953</i> .
<b>PBS Schedule</b>	See <i>Schedule of Pharmaceutical Benefits</i>
<b>PCA</b>	See <i>Personal care assistant</i>
<b>Person-centred care</b>	An approach to care that consciously adopts the person's perspective. This perspective can be characterised by dimensions such as respect for a person's values, preferences and expressed needs; coordination and integration of care; involvement of family and friends; and transition and continuity. Often residents are involved in the management of their medications. The User Rights Principles highlight the requirement of consumer engagement as part of the <i>Aged Care Act 1997</i> .
<b>Personal care assistant</b>	An unlicensed healthcare worker who is not professionally regulated and is therefore not bound by standards set by a licensing authority. These support workers are individually accountable for their own actions and accountable to the registered nurse and their employer for delegated actions. Personal care assistants (PCAs) are located predominately in low care residential aged care facilities. They are classified under the <i>Aged Care Award 2010</i> .
<b>Pharmaceutical Benefits Scheme</b>	The Pharmaceutical Benefits Scheme (PBS) is an Australian Government initiative that provides affordable access for all Australian residents to effective and cost-effective medicines.
<b>Pharmacy Guild of Australia</b>	The Pharmacy Guild of Australia is the national peak body representing community pharmacy. It seeks to serve the interests of its members and to support community pharmacy in its role to deliver quality health outcomes for all Australians.
<b>Poly-pharmacy</b>	The concurrent use of five or more medications. However, poly-pharmacy is not a clinically useful independent marker of the Quality Use of Medicines. The type and dose of medications, rather than the number of medications, determine meaningful clinical outcomes.
<b>Prescriber</b>	A registered person able to give directions, either orally or in writing, for the preparation and administration of a remedy to be used in the treatment of a disease.
<b>Prescriber number</b>	A PBS prescriber must have a valid prescriber number in order for a pharmacist to be able to provide prescription medicines at a subsidised price through the Pharmaceutical Benefits Scheme. Prescriber numbers are issued by the Department of Human Services (Medicare Australia).

<b>Prescription</b>	An instruction by an approved prescriber to a pharmacist for the supply of a drug to an individual resident.
<b>Private-for-profit provider</b>	An organisation that distributes profits or surpluses to personal owners or shareholders.
<b>PRN medicines</b>	PRN is a shortened form of the Latin phrase <i>pro re nata</i> , which translates roughly as “as the thing is needed”. PRN medicines are medicines that should be taken only as needed. Pain medicines, sleeping pills and cough medicines are common examples of PRN medicines.
<b>Provider number</b>	A health practitioner requires a provider number to allow patients to access rebates under the Medicare Program and to refer patients to specialists. Provider numbers are issued by the Department of Human Services (Medicare Australia).
<b>Provider type</b>	The residential aged care sector has a diverse array of providers with a distinct delineation between philosophy and purpose. It is important to recognise the different emphases in care services between providers, in terms of mission and subsequent resource allocation.
<b>Quality of Care Principles</b>	A set of principles in the <i>Aged Care Act 1997</i> that specifies a level of care that is required for residents in aged care. The Quality of Care Principles are monitored and regulated by the Department of Health and Ageing and the Aged Care Standards and Accreditation Agency Ltd. Penalties apply to aged care providers who do not meet the Quality of Care Principles.
<b>Quality Use of Medicines QUM</b>	Quality Use of Medicines (QUM) is a prime objective of the <i>National Medicines Policy</i> . It covers the selection of medicines, their use and their management options, and relates to prescription, non-prescription and complementary medicines.
<b>RACF</b>	<i>See Residential aged care facility</i>
<b>Records Keeping Principles</b>	A set of principles in the <i>Aged Care Act 1997</i> that specifies the types of documentation that approved providers are required to maintain and keep. The Records Keeping Principles are monitored and regulated by the Department of Health and Ageing and the Aged Care Standards and Accreditation Agency Ltd. Penalties apply to aged care providers who do not meet the Records Keeping Principles.
<b>Registered nurse</b>	A person who has completed the prescribed educational preparation and competencies and is registered and licensed to practise by the relevant state or territory regulatory authority. Registered nurses (RNs) practise independently and interdependently, assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and healthcare workers. Delegation takes into consideration the education and training of enrolled nurses and healthcare workers and the context of care.
<b>Repatriation Pharmaceutical Benefits Scheme</b>	<p>The Repatriation Pharmaceutical Benefits Scheme (RPBS) is administered by the Department of Veterans' Affairs and provides a wide range of pharmaceuticals and dressings at a concession rate for the treatment of eligible veterans, war widows/widowers, and their dependants. The RPBS includes:</p> <ul style="list-style-type: none"> <li>• items listed in the Schedule of Pharmaceutical Benefits (SPB) available to the general community under the Pharmaceutical Benefits Scheme;</li> <li>• an additional list of items contained in the Repatriation Schedule of Pharmaceutical Benefits (RSPB) which is available only to veterans; and</li> <li>• items not listed on the SPB or RSPB on a case-by-case basis.</li> </ul>

<b>Resident</b>	A resident is a person living in a residential aged care facility.
<b>Residential aged care facility</b>	<p>This is the term used to describe a residential aged care facility (RACF) or aged care home operated by an approved provider. It replaces the older terms 'nursing home' and 'hostel'. For the purpose and scope of this project, RACFs are defined as providing "Australian Government subsidised residential care (which) is governed by the <i>Aged Care Act 1997</i> and the <i>Aged Care Principles</i> and (which) is administered by the Department of Health and Ageing" (<i>2010-2011 Report on the Operation of the Aged Care Act 1997</i>, Commonwealth of Australia 2011, p35).</p> <p>Aged care services delivered through transition care, multi-purpose service and flexible care programs are not within the scope of this project as they are managed by the states and territories and operate across diverse settings such as community care and direct hospital care.</p>
<b>Residential respite care</b>	An alternative care arrangement with the primary purpose being to give a carer or care recipient a short-term break from their usual care arrangement.
<b>RPBS</b>	See <i>Repatriation Pharmaceutical Benefits Scheme</i>
<b>Schedule 8 item Schedule 8 medicines</b>	A substance or preparation available for use but which requires restriction of supply to reduce abuse, misuse and physical or psychological dependence, as defined under the <i>Poisons Standard 2010</i> . These items include PBS/RPBS items that attract a dangerous drug fee. Also known as Controlled Drugs or S8 drugs.
<b>Schedule of Pharmaceutical Benefits</b>	The Schedule of Pharmaceutical Benefits (SPB), or PBS Schedule, means the pharmaceutical benefits declared under Section 85 of the <i>National Health Act 1953</i> , and which are available to the general community under the Pharmaceutical Benefits Scheme (PBS).
<b>Stand-alone</b>	A residential aged care facility that operates as a sole trader and does not belong to an approved provider with multiple residential aged care facilities.
<b>Transition Care Program</b>	The Transition Care Program assists older people at the conclusion of a hospital stay to complete their recovery process before returning home or entering a residential aged care home. Places are jointly funded by the Commonwealth and state/territory governments.
<b>Younger people living in aged care</b>	State and territory governments provide a range of services for younger people with disabilities living in residential aged care homes. These programs are jointly funded by the Commonwealth and the states and territories with these younger people being offered a care needs assessment and, where appropriate, an alternative accommodation and care option. However, they are only moved from their existing home if they wish to move. Younger residents with a disability who stay in a residential aged care facility are within the scope of the National Residential Medication Chart Project.