Foundations of Quality Use of Medicines (QUM)

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June 2024

Content overview

Overview:

- NDS Positive Health Outcomes Project
- NDS Quality Use of Medicines Round Table report findings
- Providers responsibility in Quality use of Medicines

QUM and the Practice Standards

- Understanding QUM and the evidence base in disability
- Legislative and NDIS Commission standards and context
- Breaking down the NDIS Commission Management of Medication Practice Standard and indicators.

Next steps:

- Review checklist and case study: Sam
- Resources list and disclaimer

The NDS Positive Health Outcomes Project is funded by the Department of Social Services.

Acknowledgement of Country

I would like to begin by acknowledging the traditional owners of the land on which we are meeting upon today.

We pay our respects to their Elders, past and present and any Community members with us today.

We also acknowledge that Aboriginal and Torres Strait Islander People have a deep cultural, spiritual and historical connection to Country, and that sovereignty has never been ceded.

Positive health outcomes and QUM

NDS has been focusing on health through the national Positive Health Outcomes project – focused on health promotion, hospital discharge and medicines.

Medication is a priority area for disability providers, and the NDS QUM Round Table in October 2023 has highlighted key challenges for providers in QUM.

QUM Webinar series:
NDS in partnership with the Pharmaceutical Society of Australia (PSA) is hosting the QUM webinar series. There are two additional webinars: Quality Use of Medication (nds.org.au)

- Polypharmacy
- Understanding and responding to medication refusal

The NDS Positive Health Outcomes project is funded by the Australian Government.

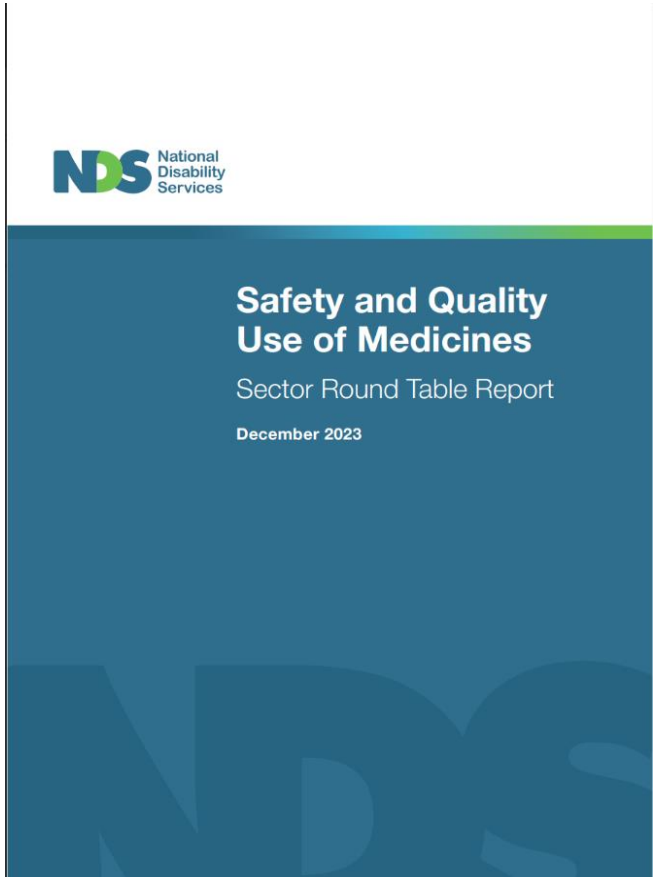
NDS QUM Report findings and next steps

NDS QUM Sector Round Table was held in 2023 to understand the barriers and challenges faced by services.

Key themes included:

1. Legislative and NDIS Commission: clarity and guidance
2. Evidence based training and competency assessments
3. Medication management: support and resources
4. Implementing QUM in services: good practice evidence
5. Stakeholder collaboration: stronger connections
6. Participants: Resources to build capability

NDS has been working closely with government and key stakeholders to discuss the challenges and ways forward.



Reference: NDS Safe and Quality Use of Medicines Sector Round Table Report 2023

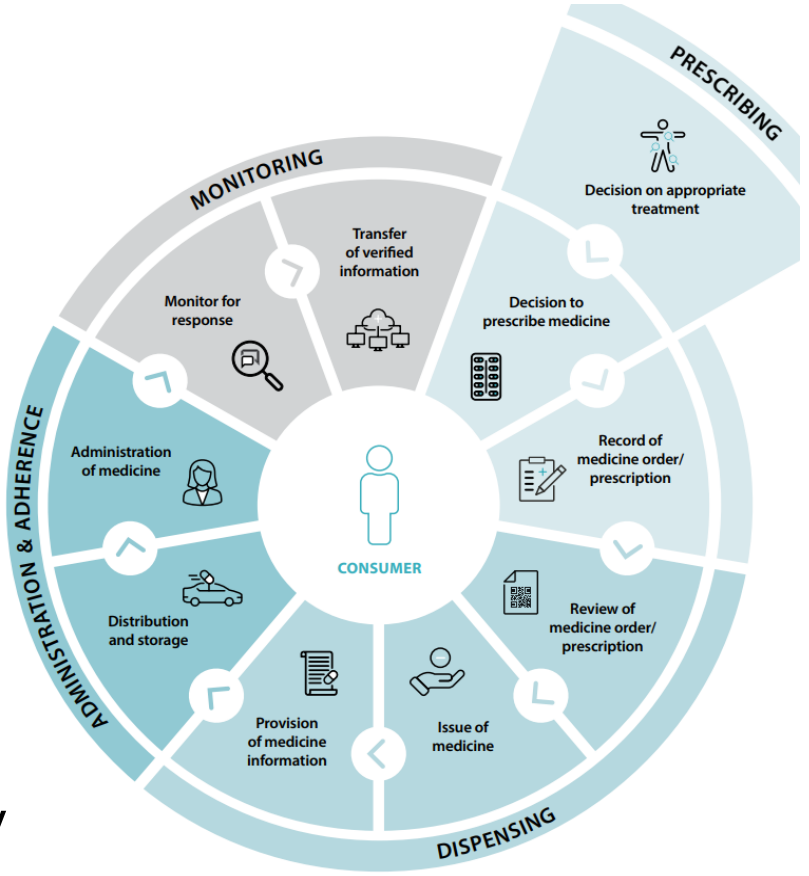
Disability provider roles in QUM

Disability providers play key role in the management of medications as part of delivering quality services and supporting the rights and health of participants.

Organisations will have different roles based on services provided, participants and settings.

Engagement with medication can include:

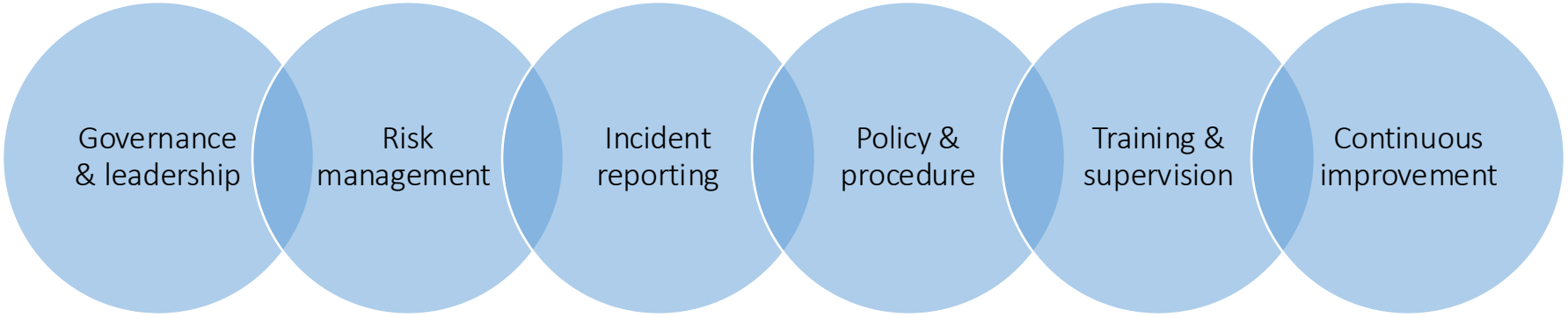
- First Aid
- Awareness of participants' self-managed medications
- Supporting participants at health appointments
- Prompting or viewing medication taken
- Administering medication in home, day program or community
- Implementing Behavior Support Plans where psychotropics are used



National Disability Services

QUM and quality systems

Management of medication must be embedded into organisational quality systems and practices across the organisation.



Organizations should consider:

- NDIS Practice Standards and addition guidance
- State and Territory legislation
- Duty of care and organizational risk tolerance
- Other legislative responsibilities like OH&S

Foundations of Quality Use of Medicines (QUM)

Presented by Dr Manya Angley

About PSA

- PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 37,000+ pharmacists working in all sectors and across all locations.
- leads and supports innovative and evidence-based healthcare service delivery by pharmacists.
- provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

OUR VISION

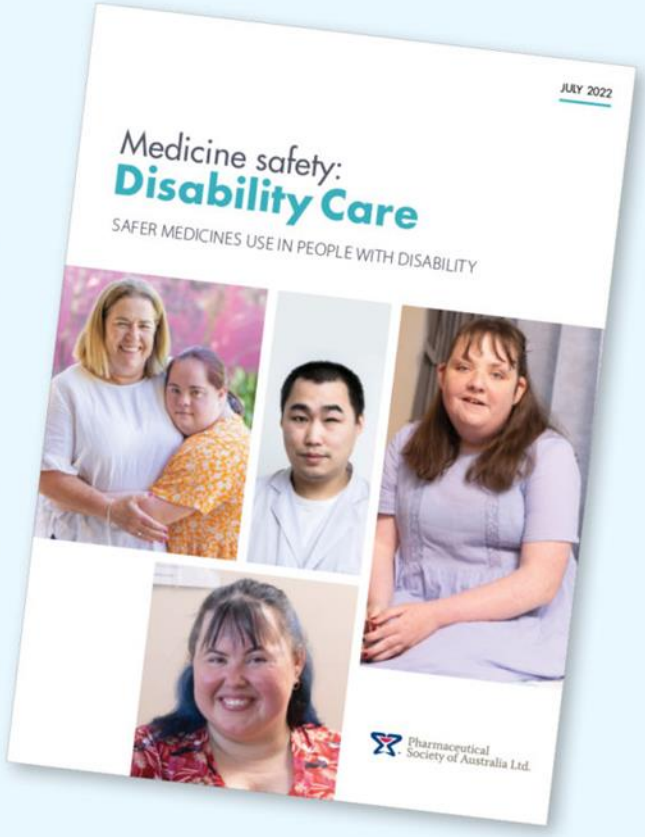
Every Australian has access to safe, quality and effective healthcare through optimising the role of pharmacists in the Australian healthcare system.

Our Mission

Embedding, equipping and enabling pharmacists to be at the forefront of healthcare in Australia.

PSA's Medicine Safety Disability Care Report

We need a greater focus on medicine safety to address the health and life expentancy gap for people with disability.



PEOPLE WITH DISABILITY IN AUSTRALIA

4.4 million
People with disability in Australia.

90%
People with intellectual disability taking medicines.

3x
More likely to present to an emergency department following hospital admission.

20-32 years
Shorter lifespan experienced by people with intellectual disability.

Pharmaceutical Society of Australia

Reference: psa.org.au/wp-content/uploads/2022/07/PSA_DISABILITY-Report_2022_DIGITAL-FINAL.pdf

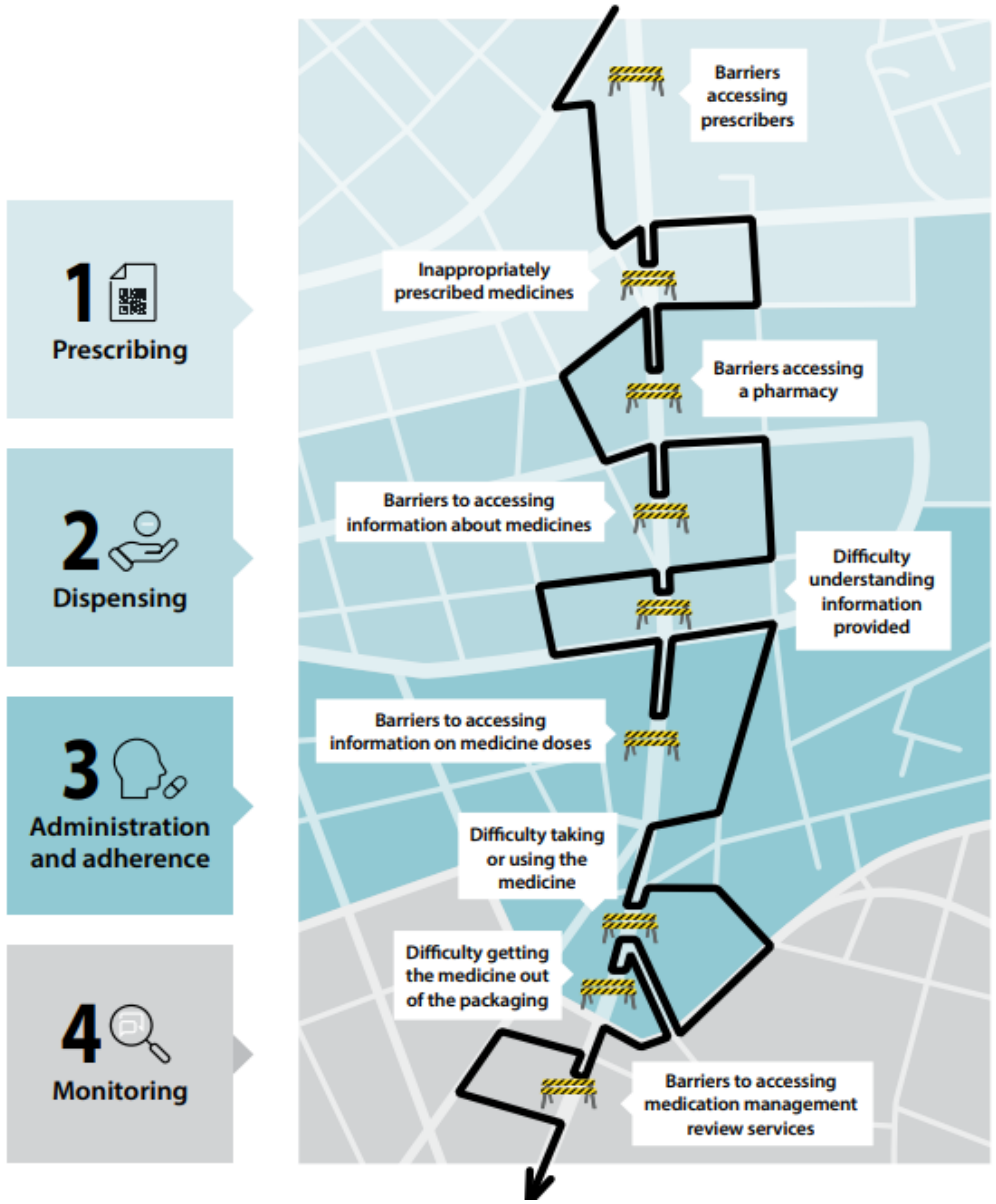
National Disability Services

Barriers to safe medicine use for people with disability

Barriers to safe medicine use can be encountered at every step of the medication management cycle.

By embedding good practices in disability organisations, some of these barriers can potentially be removed.

Ultimately, improve medicine safety for people with disability.



Reference: psa.org.au/wp-content/uploads/2022/07/PSA_DISABILITY-Report_2022_DIGITAL-FINAL.pdf

National Disability Services

Medication errors and harm

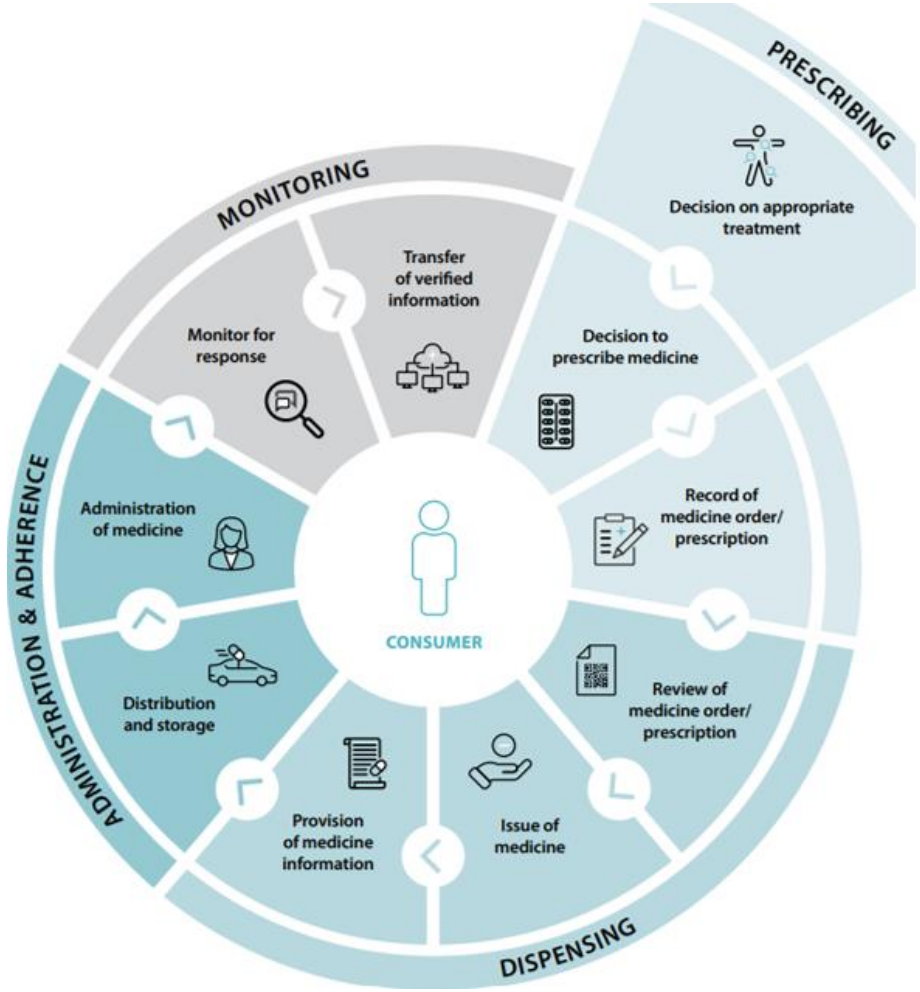
In Australia, 250,000 people are hospitalised each year because of medication error, misuse, and misadventure.

Medication errors can occur at any stage of the medication management cycle:

- Prescribing
- Dispensing
- Administration and adherence
- Monitoring

Medication errors occur in all settings (e.g. hospital, aged care and disability).

All stakeholders (including disability support providers) can help improve medicine safety by embedding good QUM processes in their systems.



What is Quality Use of Medicines?

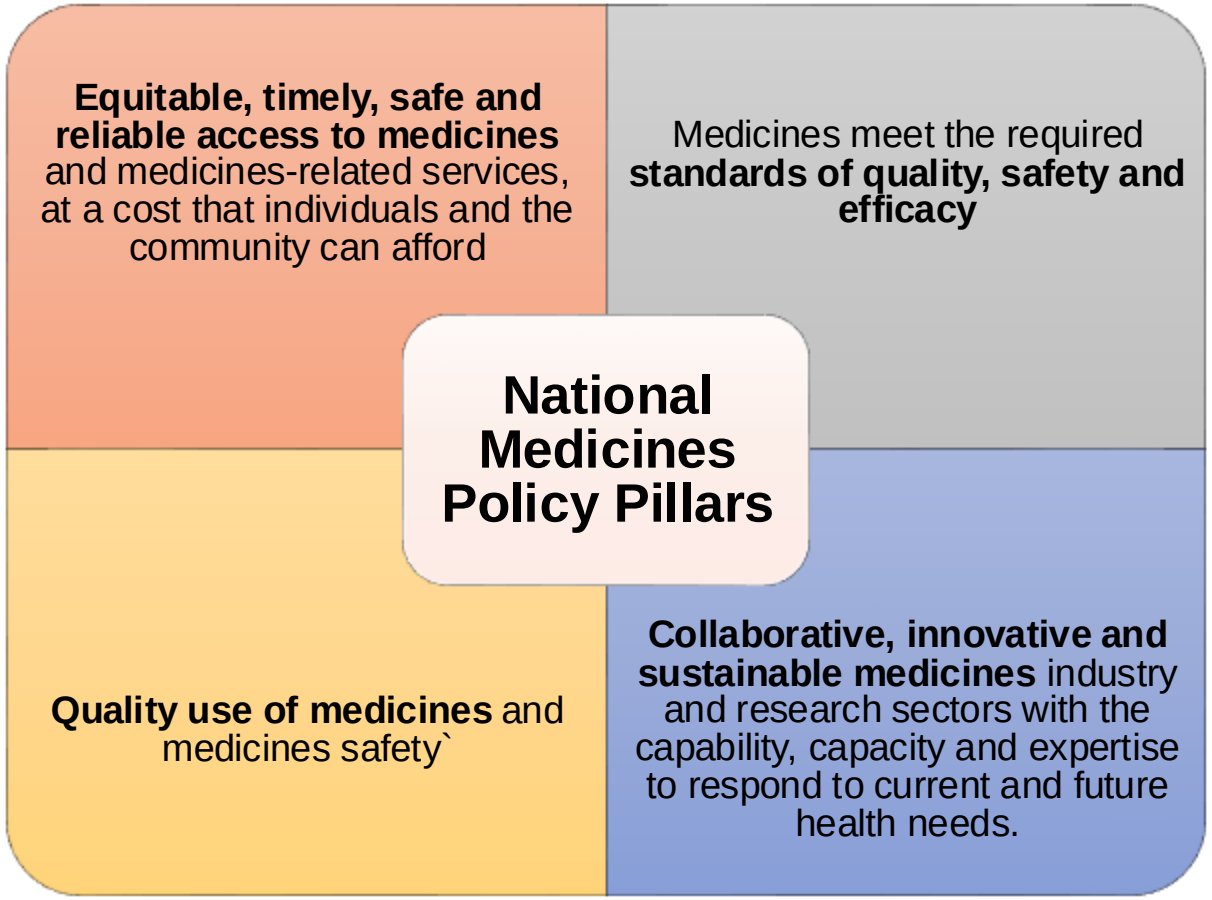
QUM and the National Medicines Policy

QUM and medicine safety is the 10th National Health Priority, and one of the four central objectives of Australia's National Medicines Policy (NMP).

The NMP is a high-level framework focused on the availability and the use of medicines and medicines-related services.

Medicines:

- Prescription: Schedule 4 and 8
- Non-prescription: Schedule 2 and 3, unscheduled
- Complementary and alternative medicine products.



Reference: https://www.health.gov.au/sites/default/files/2022-12/national-medicines-policy.pdf

National Disability Services

The National Medicines Policy

Vision: To achieve the world's best health, social and economic outcomes for all Australians through a highly supportive medicines policy environment.

Disability services can use the pillars and principles of the National Medicines Policy to guide their organizational practice.

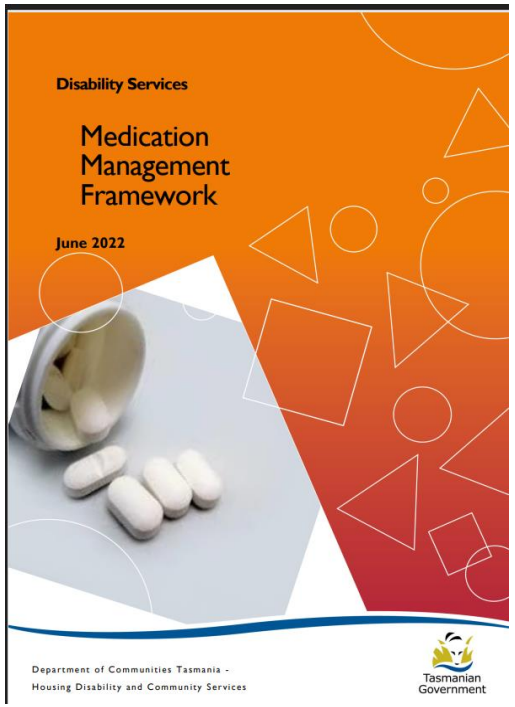
Principles that underly the National Medicines Policy

- Person centred
- Equity and access
- Partnership-based and shared responsibility
- Accountability and transparency
- Innovation and continuous improvement
- Evidence-based
- Sustainability

Reference: https://www.health.gov.au/sites/default/files/2022-12/national-medicines-policy.pdf

National Disability Services

Legislation and Standards context for medication



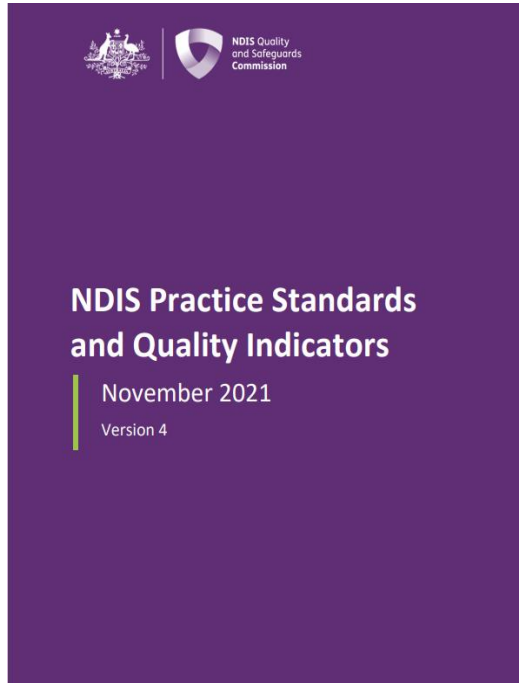
There is no one government agency that oversees medicines. QUM is a combination of National and State / Territory legislation and NDIS Commission standards and guidance.

- Therapeutic Goods Administration (TGA)
- State & Territory Poisons and Medicine Act: covers scheduled medicines
- Tasmania Disability Services Medication Management Framework: legislative framework for the administration of medication, and clear requirements for qualification, competency and training (and limitations)
- Other States and Territories: no clear mandate or guideline leaving Disability Support Workers (DSW) to determine their own arrangements.
- Some states have general guideline for medication assistance.
  Victoria: Administration of medication checklist - DFFH ServiceProviders
  QLD: Guideline for medication assistance - Residential Service Providers

Legislation and Standards context for medication

The NDIS Commission is the regulator for NDIS funded services, and provides standards and guidance related to management of medication. This includes:

- Practice standards
- Worker Capability Framework
- Practice alerts (educational)
- High Intensity Support Skills Descriptors
  (Only applies to providers undertaking HISSDs)
- Resources including Medication Purpose Form

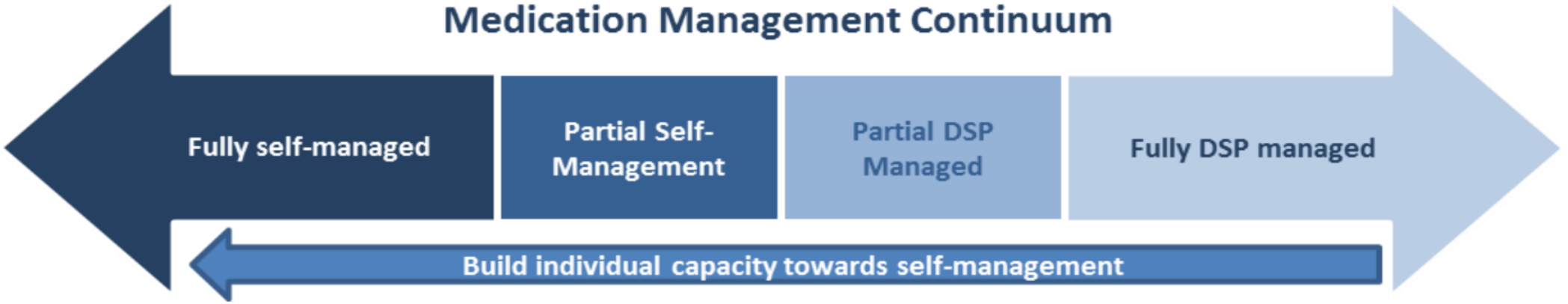


Medication management must be applied with other relevant Practice Standards including risk management, quality management and incident management.

Embedding medication management into organisational system and processes

Person centred medication administration

Everyone has the right to be actively informed and involved in their medication management, regardless of their capacity or decision making. Supported decision making is key wherever possible.



- Each participant will have different medication management requirements, and this may change over time.
- Providers need to assess the support required and risks to inform the approach.
- Even if a provider is not administering medication, assessing medications as part of broader needs and risk is essential to quality and safe services.

Reference: Disability-Services-Medication-Management-Framework-June-2022-FINAL.pdf (dpac.tas.gov.au)

Person centred medication administration

Organisations should ensure:

- Self-management: Participants are actively encouraged and supported to self-manage their own medication (where appropriate).
- Capacity building: Participants are given opportunities to build their knowledge and capacity so that they can self-manage some or all their medication.
- Capacity and decision making: This needs to be clear in regard to medication. If capacity is a concern, an appropriate clinician needs to undertake an assessment.

Strategies to facilitate self-administration:

- Dose Administration Aids to self-administer
- Devices to help with inhaler devices
- Medication lubricants to assist with swallowing

Reference: Disability-Services-Medication-Management-Framework-June-2022-FINAL.pdf (dpac.tas.gov.au)

National Disability Services

Collaborative medication management

Collaboration and communication at every stage of the medication management cycle is essential.

This should include:

- Participant voice or advocate
- Clearly define roles of each stakeholder
- Clear and agreed communication lines

High risk periods: transitions of care

- Between disability services
  e.g. SIL or family home and day program
- Between hospital and home where the participant has disability supports.

Medication management systems and policy

To embed management of medication into organisation practice, providers need comprehensive policies and procedures that are understood and implemented.

- Accessible policy: Medication management must be undertaken in line with policies and procedures / work instructions, and accessible to participants, staff and others involved in care.
- Contextual procedure: DSWs should have easy access to policies and procedures – inclusive of practices specific to the workplace location, service delivery and staffing arrangements of the organisation.
- Supervision: Providers should provide oversight and supervision to DSW to ensure safe and supported practice.
- Training: Appropriate and timely training on medication management and participants' medication plans must be provided to all staff who are administering medication to enable them to safely administer medication.

Unpacking the NDIS Commission Practice Standard: Management of Medication

NDIS Commission Practice Standard:

Core Module 4: Provision of Supports Environment Management of Medication Outcome

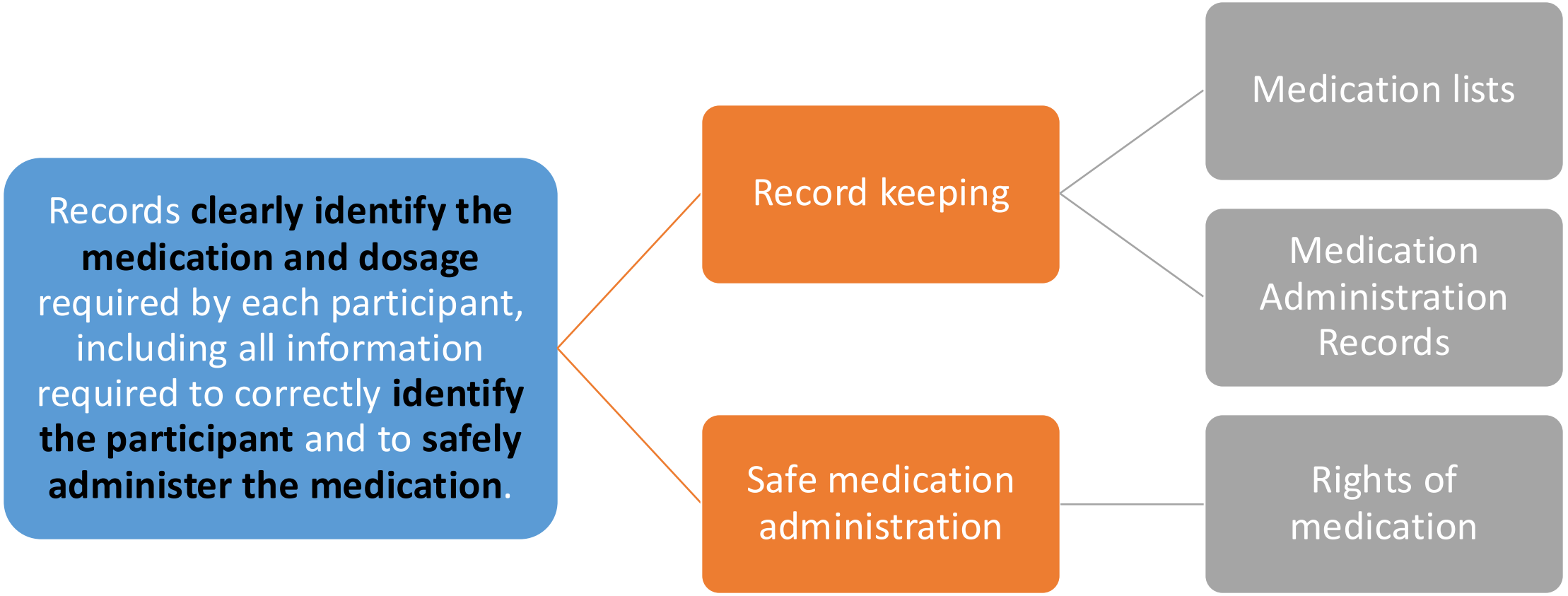
Each participant requiring medication is confident their provider **administers, stores** and **monitors the effects of their medication** and **works to prevent errors or incidents.**

To achieve this outcome, the following indicators should be demonstrated:

1. Records **clearly identify the medication and dosage** required by each participant, including all **information required to correctly identify the participant** and to **safely administer the medication.**
2. All workers responsible for administering medication **understand the effects and side-effects** of the medication and the **steps to take in the event of an incident** involving medication.
3. All medications are **stored safely and securely**, can be easily identified and differentiated, and are **only accessed by appropriately trained workers**.

Management of Medication Outcome

Quality indicator one



Quality indicator one:

Medication documentation & record keeping

For management of medication there are some key documents required:

- Medication list - current and comprehensive list of all medications.
- Medication Administration Record (MAR) – day-to-day record of administration.
- Medication information – leaflets, print out information sheets or links to these.
- Health plans associated with participant medication (where needed)
  E.g. Dysphagia or diabetes plan may reference medication use.
- Capacity assessment, health decision making or guardian (where needed).
- Organisation medication count documentation - schedule 8, high risk medications, PRN.

Documents may be electronic, paper-based or via software like app.
Documents include sensitive information and require appropriate information management and consent for information sharing.

Medication list

Medication lists are a comprehensive list of all prescription, non-prescription, complementary and alternative medicine products. They provide a full picture for administration and review.

Medication lists should be:

- Accessible to the participant and those involved in their care.
- Comprehensive and up-to-date – if there is a change this should be reflected in a timely manner
- Participant's community pharmacy may be able to assist with preparation of the Medication List – e.g. software
- For more information see Medicines lists: how to keep your medicine information together (nps.org.au)
- Pharmacist-led medication review can be considered

Quality indicator one: documentation and record keeping

Practice alert:

The NDIS Commission Practice Alert: Transitions of Care between disability services and hospitals.

Medicines link:

- Comprehensive and up-to-date records of a person's medications help improve medication safety and reduce avoidable harms.
- This supports communication and coordination between the person, their carers, health care and disability support services.

Practice Alert

Transitions of care between disability services and hospitals

November 2020

Key points

- Transitions of care refers to the movement of people between places or services providing care such as people moving between disability support services and hospitals.
- Transitions of care are key points where there is risk of harm to participants. In Australia, problems in transition of care have been associated with risks of harm to people who have a disability.
- Safe transition of care requires clear communication about, and coordination of, participant care between providers, health care staff, participants and their support network.

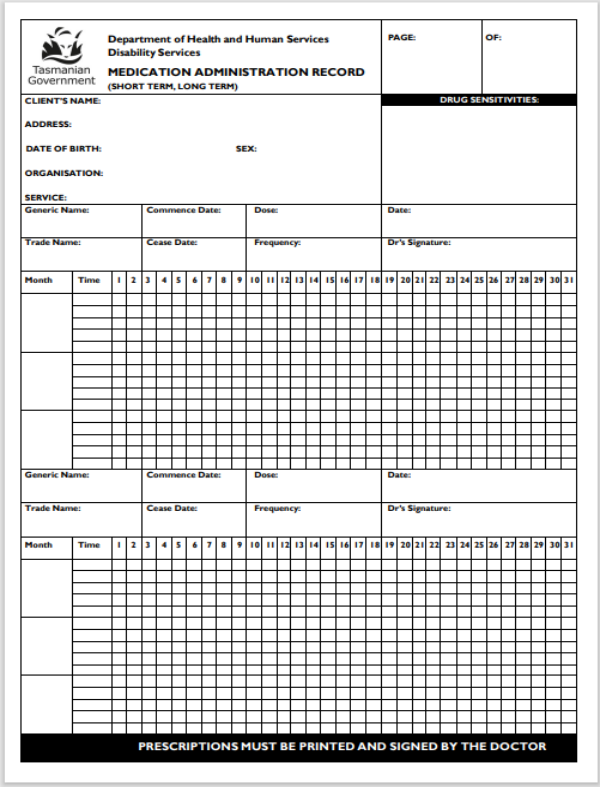
Reference: Practice Alert: Transitions of care between disability services and hospitals (ndiscommission.gov.au))

National Disability Services

Medication Administration Records (MAR)

MAR is used to monitor, review and reconcile a participant's medication information and administration. (Also referred to as a medication chart in health / aged care and disability)

An authorised prescriber charts medicines on a MAR, including instructions and signs.



Department of Health and Human Services
Disability Services
Tasmanian Government

MEDICATION ADMINISTRATION RECORD
(SHORT TERM, LONG TERM)

PAGE: OF:

CLIENT'S NAME:
ADDRESS:
DATE OF BIRTH: SEX:
ORGANISATION:
SERVICE:

DRUG SENSITIVITIES:

Generic Name: Commence Date: Dose: Date:
Trade Name: Cease Date: Frequency: Dr's Signature:

Month Time 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Generic Name: Commence Date: Dose: Date:
Trade Name: Cease Date: Frequency: Dr's Signature:

Month Time 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

PRESCRIPTIONS MUST BE PRINTED AND SIGNED BY THE DOCTOR

Importance of MARs

- Documents administration of the medication to the participant.
- Essential in reducing medication errors and incidents.
- Supports safe prescribing and administration.
- Improves communication and continuity between support settings.

MARs are useful when people transition between settings

Reference: Disability-Services-Medication-Management-Framework-June-2022-FINAL.pdf (dpac.tas.gov.au)

National Disability Services

Medication Administration Records (MAR)

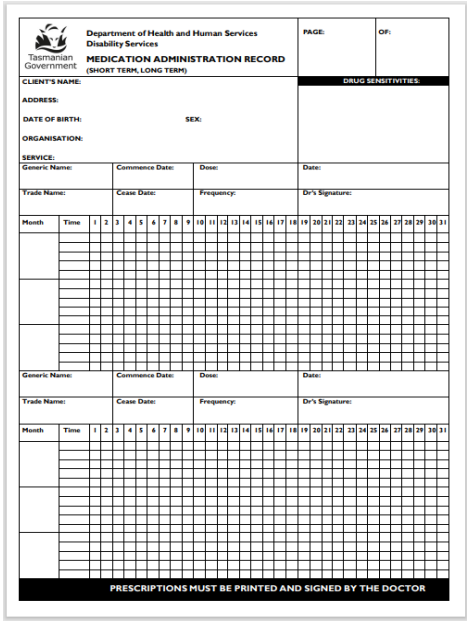
MARs should include:

- Patient information: including a photo for identification
- Detailed medication instruction: Name of medicine, formulation, dose, frequency, administration time(s), route.
- Administration sign off: Ability for worker administering to sign.

Communicating with the prescriber:

Some prescribers may be unaware of the documentation requirements of disability providers and may assume providers have RNs for medication administration.

- Communicate the requirements for a MAR to the prescriber and that it needs to include ALL medicines that are administered.
- Highlight DSW need detailed instructions to administer medication (no clinical decision making) e.g. indications documented for PRN medications, bowel action plan.
- To prepare a SDAA, community pharmacy requires an up-to-date and comprehensive medication summary, authorised by prescriber.


Department of Health and Human Services
Disability Services
Tasmanian Government
MEDICATION ADMINISTRATION RECORD
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Month
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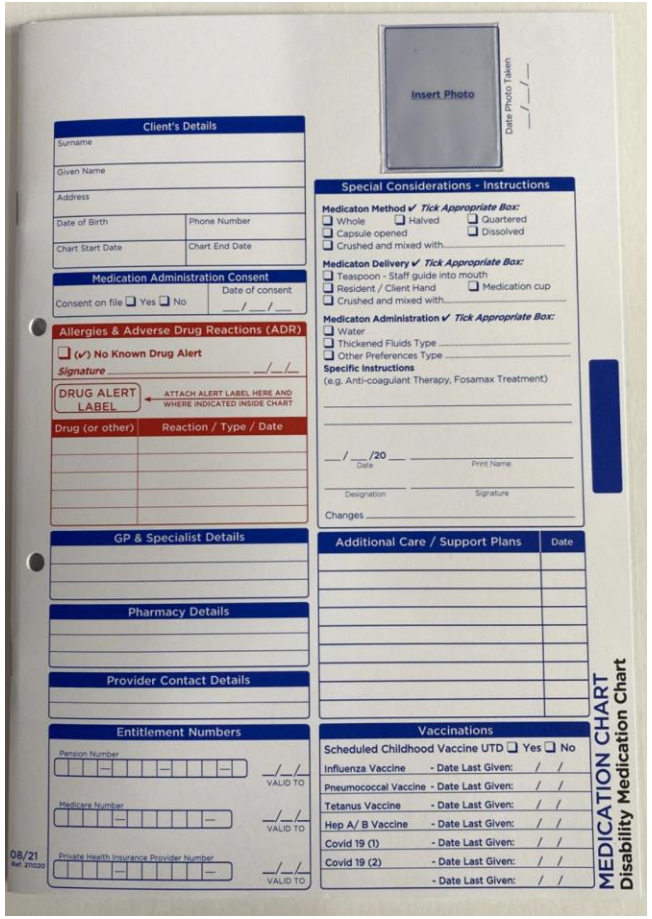
PRESCRIPTIONS MUST BE PRINTED AND SIGNED BY THE DOCTOR

Quality indicator one: documentation and record keeping

Example: Community Medication Administration Record



- CMAR are widely used by disability organisations.
- Prescriber documents name/dose/frequency/route of medications and other relevant details and signs and dates.
- DSW initial next to each medication on signing pages.
- Good for communication between services.
- Features on the front cover:
  - Client details (including photo)
  - Vaccinations
  - Allergies/ADRs and nature of reactions
  - GP and Pharmacy details
  - Special instructions for administering medications e.g. solid dose forms may need to be crushed

Example: Community Medication Administration Record

The CMAR features the following sections:

- Regular medications
- Short term medications
- PRN medications

The prescriber will include medication name, dose, route, frequency, times for administration and space for workers to sign.

It is important to note this is not a prescription.

These MAR features can assist administration and monitoring for short term and PRN medications.

Documentation of pro ne rata (PRN) medications

PRN medication can be a challenge for providers as PRN is taken "as needed" and DSW do not have clinical judgement to guide administration.

Storage can also present challenges with as needed doses and audit.

For PRNs providers should look to have documentation:

- E.g. Medications for pain, diarrhoea, nausea/vomiting, or pre-procedural sedation e.g. before a dental procedure
- PRN are listed separately on the medication chart

To support safe PRN medication use, ensure the prescriber includes specific directions

- Indications (reasons) for when to use a PRN and repeat dose of PRN
- Maximum individual and daily dose, timing, maximum number of days
- Instructions for when to escalate care.

Quality indicator one: Safe medication administration

'Rights' for safe medication administration

Providers should consider the 13 Rights of Medication Administration and how to embed these in policies/procedures and training. Some rights apply to organisation processes and some to DSW and participant interaction.

Right assessment	Right education	Right evaluation	Right documentation	**Right** person
Right medication	**Right** dose	**Right** route	**Right** time	**Right** effect
	Right reason	**Right** expiration date	**Right of the** person **to** refuse	

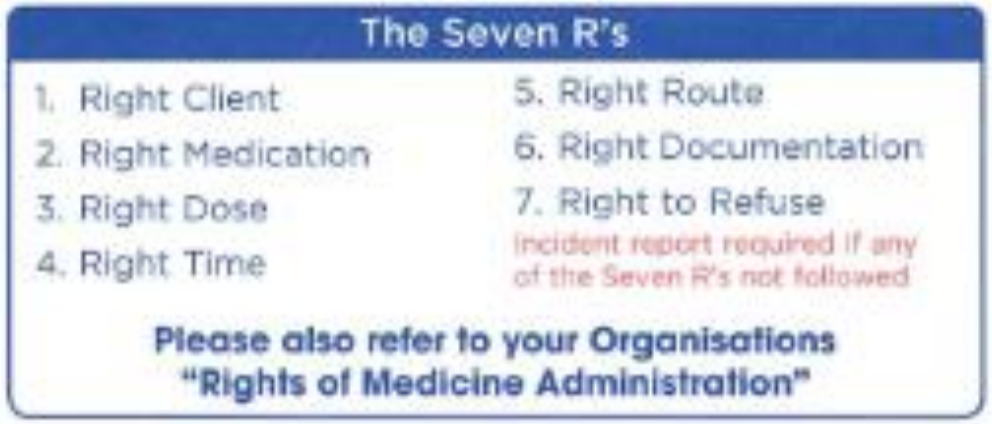
Reference: A Guide to Medication Management Under the NDIS | Ausmed

National Disability Services

Provider example: CMAR

To support safe medication administration some MARs can include additional prompts of checks workers must undertake.

Example: The 7 Rights
This is an example of including the seven r's, including clear instruction about incident reporting.



Using active support approaches with the medication rights can be a positive way to build a participant's knowledge of their medication and build capacity in self-management.

Management of Medication Outcome

Quality indicator two

All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication.

- Medication effects and side-effects
- Medication incidents

Medication effects and side-effects

Understanding the effects of the participant's medication, and side effects are essential to safely administer medication.

Before administering a medication, a DSW should understand (as far as possible)

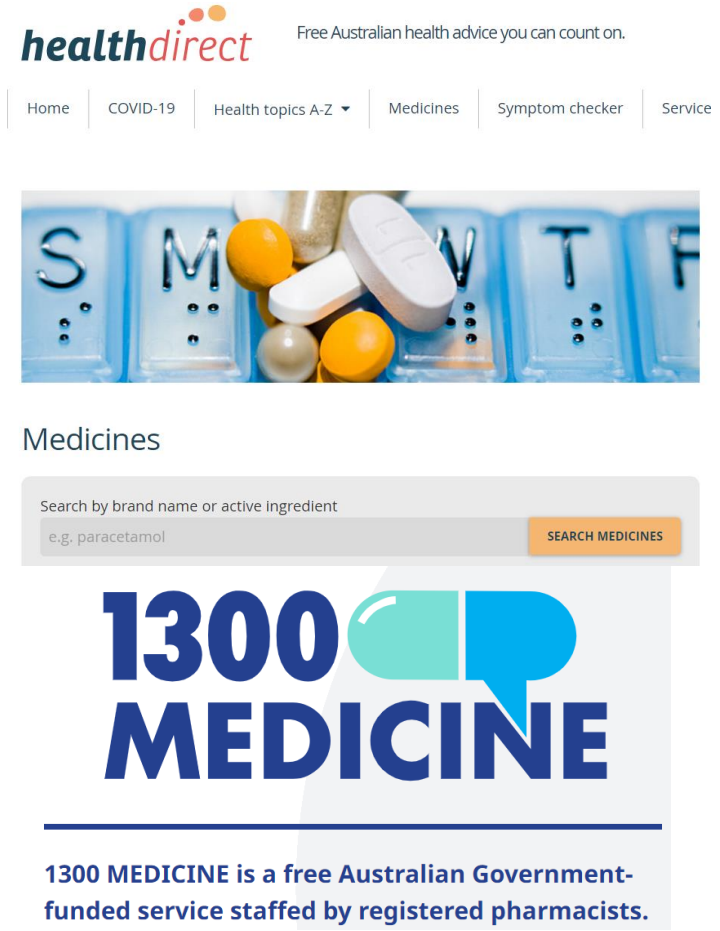
- The reason why the individual is taking each medication.
- How the medication should be administered – e.g. crushed/not crushed.
- Potential side-effects and interactions with other medications.

Ensure your organisation has a process for documenting the effects and side effects of a participant's medications.
This can help with managing unwanted side effects, noticing changes or deterioration and for providing supporting information for medication reviews.

Medication effects and side-effects

Sources of information for effects and side effects:

- Person's health provider: Medical practitioner, pharmacist, RN
- Medication counselling
- Medication reviews – pharmacist-led medication reviews (Medscheck), Home Medicine Reviews (HMRs)
- Medication profiles
- Healthdirect
- Consumer Medicine Information (CMI) – Therapeutic Goods Administration Website
- Medicines Information Service - 1300MEDICINE



Medication incidents and reporting

Incident management is important for any sized providers to respond to and prevent future incidents, identify systemic issues and drive improvements in the quality of supports.

A medication incident is any event where the expected course of events in the administration of medication is not followed. These can include:

Giving medication to the wrong person	Giving the wrong medication	Giving the wrong dose	Giving medication at the wrong time	Giving medication via the wrong route	Missing a dose or giving an incomplete dose
Spilling or dropping medication	Losing a medication	Medication being out-of-date	The participant refusing medication or requesting not to be given medication	A near miss.	Medication diversion

Reference: Disability-Services-Medication-Management-Framework-June-2022-FINAL.pdf (dpac.tas.gov.au)

Quality indicator two: Management of medication

Responding to a medication incident

Identify incident

Worker identifies incident has or may have occurred.

Stay calm and communicate with the participant.

Instigate response.

Immediate response

Instigate response to safeguard the participant's safety and notify key staff.

Follow care / response plan
e.g. Phone 000 or GP / pharmacist.

Document incident on participant's paperwork.

Short term response

Monitor for side effects or change in behaviour.

Ensure hand over to other staff who will provide care.

Identify short term follow up actions required. e.g. GP

Organisational incident management

Worker completes incident reports.

Notify participant's support / family.

Notify Police if incident is a criminal matter.

Organisation assessment

Assesses incident and root cause.

Undertakes reporting to Commission

Communicates with participant and their supports

Initiates action and quality improvement

Note: This is guidance only, please see Commission detailed guidance.

NDIS Commission incident reporting

Providers have a responsibility to make timely reports to the NDIS Commission for reportable incidents.

Medication incidents may fall into the following categories:

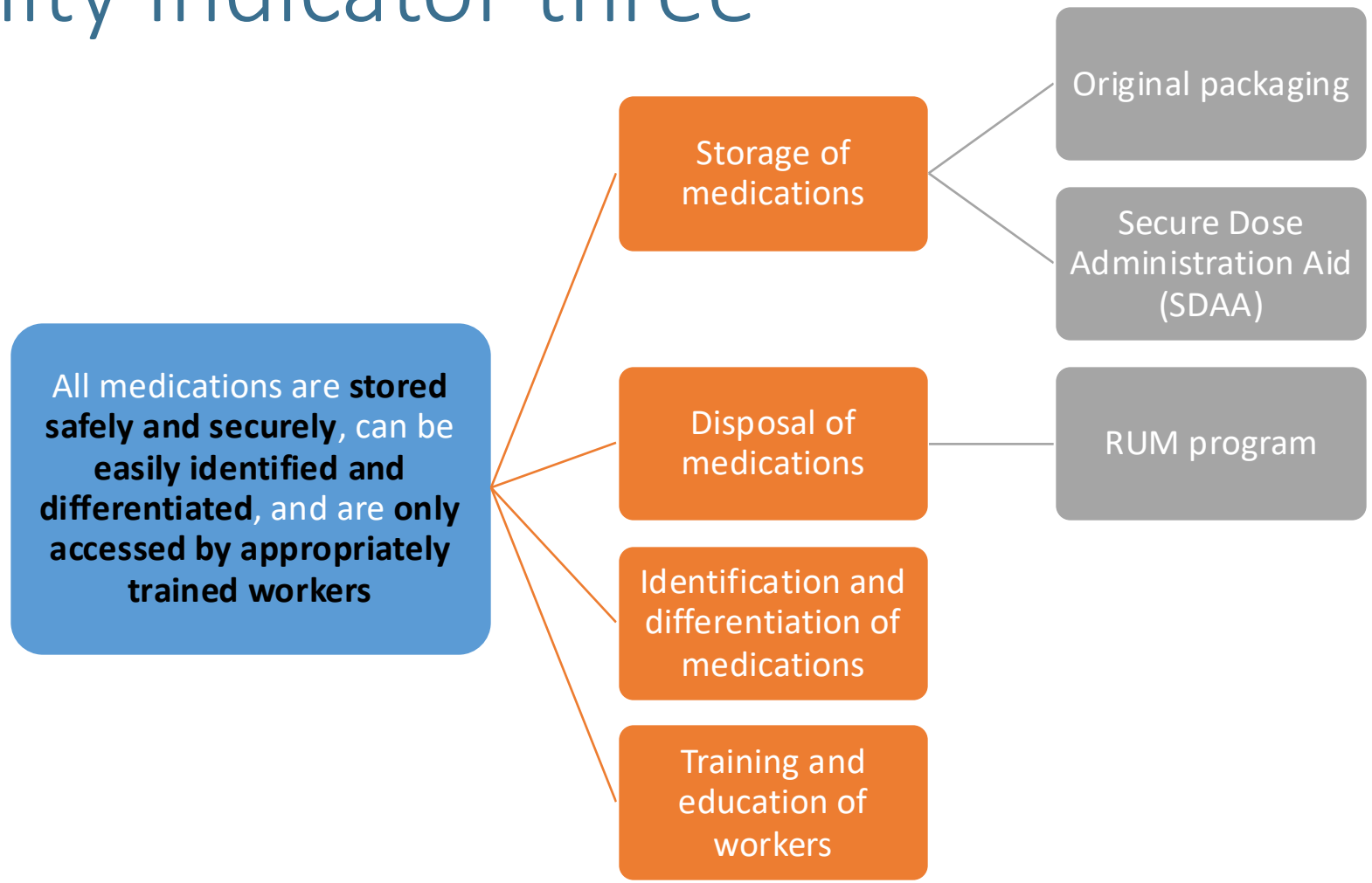
- Serious injury of a person with disability – Reporting timeframe: 24 hours
- Abuse or neglect of a person with disability – Reporting timeframe: 24 hours
- Use of a restrictive practice (If not in accordance with the participant's Behavior Support Plan) - Reporting timeframe: 5 business days

Considerations for reporting a medication incident:

- Type of incident and reason for incident
- Level of risk and impact of the incident

For detailed guidance and considerations, see the NDIS Reportable Incidents: Detailed guidance for registered providers.

Quality Indicator three



Quality indicator three: storage and access

Storage of medications

All medications must be safely and securely stored, ensuring this:

- Maintains the quality of the medication and
- Protects those who live in, work in or visit the service environment

State and Territory legislation may also specify storage requirements:
Providers must comply with their state / territory legislation

- Stored in the original container or pharmacy issued secure dosage administration aid (SDAA)
- Stored in a locked cupboard, room or fridge.
- Stored separately to antiseptics, disinfectants and other chemicals.

Reference: Disability-Services-Medication-Management-Framework-June-2022-FINAL.pdf (dpac.tas.gov.au)

National Disability Services

Quality indicator three: storage and access

Storage of medications

Physical storage: Medicines must be:

Stored and transported according the manufacturer's recommendations and securely:

- Most medications do not need refrigeration and can be stored in a dry, cool place away from direct sunlight/heat under 25 degrees.
- Refrigerated medicines e.g. some types of thyroxine or some compounded liquid medicines.

Access and chain of custody:

- Medications should only be **accessed** by appropriately trained workers.
- Be under the control of a specified worker who is responsible for oversight including ensuring storage, timely administration, documentation, incident reporting and shift handover.

Ensure the medicines are stored in a SDAA, handed to the authorised person and stored securely when the person transfers between settings (e.g. Home setting to Day Service)

Schedule 8 medications: controlled substances

In some state and territory jurisdictions there is specified storage requirements for Schedule 8R and Schedule 4D/R medications.

- Includes opioids, stimulants, medicinal cannabis (THC) and some sedatives.
- Regulation on storage is due to risks of overdose and potential for misappropriation/misuse.

Medication reconciliation and audits:

Good practice includes periodic reconciliation and audits. This measure can identify issues with missing, expired and diverted medications. Unaccounted discrepancies need to be reported to local Department of Health. May need to report to police.

- **Reconciliation**: Reconcile the actual stock on hand of S8 medicines and waste with the S8 medicine register. Conduct regularly to ensure the timely detection of discrepancies.
- **Audits:** Conduct an objective audit regularly to identify discrepancies, detect potential fraud and ensure compliance with documentation and legislative requirements.

Reference: https://www.health.qld.gov.au/__data/assets/pdf_file/0024/1159071/storage-record-keeping-s8-medicines.pdf

Schedule 8 medications: good practice

- Regular Schedule 8 medication can be packed with other regular medications in any tamper evident SDAA e.g. blister pack or sachet.
- PRN solid dose Schedule 8 PRN medicines may either be stored in the original pack or a PRN blister pack (e.g. White Webster pack).
- The number of PRN Schedule 8 tablets/capsules on hand must be counted and recorded after each administration and on each change of shift.
- If a DSW is collecting and transporting Schedule 8 medications to or from a pharmacy or doctor's surgery, must obtain a receipt / tax invoice as proof of purchase, and check them into the SIL with a second DSW or line manager as the earliest available time.

Medication double check processes: Ideally, all tasks involving Schedule 8 medicines should require a second check. Some services are undertaking double checking processes for high-risk medications for staff working solo - examples include video call or photo for file.

Learn more: Evidence Briefings on Interventions to Improve Medication Safety - Double-checking medication administration | Australian Commission on Safety and Quality in Health Care

Example: Medication and PRN (S8/S4R) Audit Template

Participant Name: _____

Manager or delegate to initial each box to indicate each item has been completed

Checklist	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
The medications have been reviewed and signed												
The Medication Administration Record (MAR) is current												
All medications have Consumer medication information (CMI)												
All administration of medication signatures are attended												
All counter signatures are present												
PRN 'expiry date' is current and has not expired												
PRN medication is labelled clearly (i.e with person's name, correct dosage and clear instructions for use)												
PRN medications have not deteriorated in appearance												
The number of recorded administrated of PRN is correct (current month)												
The number of PRN tablets/capsules remaining at end of month is correct												

Quality indicator three: storage and access

Secure Dosage Administration Aids (SDAA)

Information that should be included with SDAA:

- Name and date of birth
- Contents of each blister / sachet
- Number of tablets in each blister / sachet

Checking SDAA:

- Check that the SDAA has been supplied, filled, no breaches, is sealed properly, has not been tampered with.
- Ensure that the SDAA is current, with the correct set of dates filled.
- Look for other signs - change in the medication's colour.
- When administering medication, DSW should confirm the previous dose has been taken by looking through the participant's MAR. If a dose has been missed, should notify supervisor immediately.

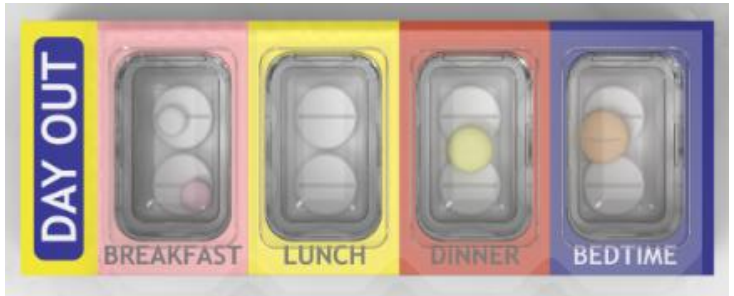
Packed medications for outings

Medication given to the person who is going out should be clearly labelled with:

- Identification of medication in the container
- Directions for use
- Who the medication is for

Container options should be secure to ensure that medications can be stored securely, privately and out of access to others:

- SDAAs
- Labelled pill bottles



Reminder to providers: If a participant is managing their own medication – ensure they can store it privately out of access to others.

Quality indicator three: storage and access

Disposal of medications and packaging

All medications which are out of date or no longer being used need to be disposed of as part of safe management.

Medications are disposed by the pharmacy in accordance with the Return of Unwanted Medicines Project:

- maintains individual confidentiality
- avoid accidental poisoning or misuse, and toxic release into the environment.

Privacy: Ensure confidential information is concealed on medication being disposed like name and address. E.g. Use black texta to blank out confidential information.

Documenting disposal: A record must be made indicating the medication, date and method of disposal.

Quality indicator three: storage and access

Safe sharps disposal

Sharps such as needles, syringes, picks, barrels, and lancets pose a risk of injury if they are not handled and disposed of correctly.

Sharps waste is classified as bio-hazardous waste and must be included in organisation policies and procedures.

Sharps should always be:

- Secure: placed in an appropriate sharps disposal container that has rigid walls, is resistant to puncture and is sealed or closed securely
- Out of reach: kept out of reach of children or others who may be harmed
- Disposed of safely: containers can be disposed of at your local council or community pharmacy – check

Organisations need to consider sharps disposal in all settings they deliver relevant supports – community setting / respite / or emergency settings e.g. emergency centre.

Reference: Disability-Services-Medication-Management-Framework-June-2022-FINAL.pdf (dpac.tas.gov.au)

Next steps: Reviewing organisational practice

- ✓ **Review your organisational medication management policy and procedures:**
  Is the policy / procedure contextualised and detailed outlining all responsibilities?
- ✓ **Training and supervision:**
  Is your staff training aligned to your policy / procedure?
  Do your leaders feel confident in providing day-to-day medication management supervision?
  Consider including QUM as a standing item in staff and house meetings.
- ✓ **Participant documentation:**
  Does your organisation use appropriate documentation?
  Consider random periodic participant file QUM audits to identify gaps.
- ✓ **Incident reporting:**
  Do your staff understand the incident reporting expectations and reporting timelines?
  Is incident reporting escalated to executives and board for oversight?
- ✓ **Quality improvement:**
  Are you monitoring trends with medication incidents and addressing any issues identified?
  Are you implementing and monitoring quality improvement activities to ensure they have the desired effect?

Case study: Sam

Case study: Sam

Background: Sam is a young adult with ASD, intellectual disability and epilepsy. Sam lives with his parents at home and attends a **day options program, four days a week**. He takes medication three times a day for his epilepsy, which includes a midday dose.

Process to consider Sam's medication needs:

Medication Transfer: Sam's morning dose of medication is administered by one of his parents at home. His midday dose requires administration at the day options program. To ensure continuity of care, each day that Sam is at day options, one of Sam's parents provides a labelled dose of Sam's medication in a SDAA to the day program staff upon arrival with Sam's MAR.

Secure Storage: The medication is stored in a locked cupboard in the program office, accessible only to designated staff members trained in medication administration.

Case study: Sam

Process (continued):

- **Timely Administration**: At the designated time (midday), a trained staff member administers Sam's medication and records the administration in his MAR.
- **Disposal**: If the medication is unused, it is sent home with Sam's at the end of the day for proper disposal or storage.

Chain of Command:

- If there are any concerns about Sam's medication or changes in his condition during the day program, the staff immediately inform the program coordinator, who contacts Sam's family and healthcare provider for further instructions.

Resources

State and territory and QUM

State and Territory resources:

- Tasmanian Disability Services Medication Management Framework:
- Victoria: Administration of medication checklist - DFFH ServiceProviders
- Queensland: Guideline for medication assistance - Residential Service Providers

Quality Use of Medicines:

- Australian Government Department of Health and Aged Care: National Medicines Policy resources collection Australian Government Department of Health and Aged Care: Guiding principles for medication administration in the community.
- Australian Government Department of Health and Aged Care: User Guide – Role of a Medication Advisory Committee
- PSA: Guidelines for Quality Use of Medicines

Resources

NDIS Commission Practice Standards, guidance and resources

- NDIS practice standards | NDIS Quality and Safeguards Commission
- NDIS Workforce Capability Framework | NDIS Quality and Safeguards Commission
- High Intensity Daily Personal Activities | NDIS Quality and Safeguards Commission
- Medication purpose form | NDIS Quality and Safeguards Commission
- Medicines for health, not control | NDIS Quality and Safeguards Commission
- Australian Commission on Safety and Quality in Health Care - Joint Statement on the Inappropriate Use of Psychotropic Medicines to Manage the Behaviours of People with Disability and Older People
- Australian Commission on Safety and Quality in Health Care: Psychotropic Medicines in CognitiveDisabilityorImpairmentClinicalCareStandard

Resources

NDIS Commission medication related Practice Alerts

Practice Alerts | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)

- Comprehensive Health
- Dysphagia
- Epilepsy management
- Medicines associated with swallowing problems
- Polypharmacy
- Transitions of care between disability services and hospitals
- Influenza vaccine
- Cardiovascular Disease
- Pain Management

Resources:

Medicine information and participant resources

- NPS MedicineWise App: Helping carers keep track of medicines – The MedicineWise App
- Health Direct: Consumer medicine information
- Therapeutic Goods Administration Website Guidance and resources | Therapeutic Goods Administration (TGA)
- Medicines information service Home - 1300 MEDICINE

Resources for participants:

- Council For Interlectual Disability: Me and my medication (cid.org.au)
- NDIS Commission Resources for people with disability: Resources for people with disability

Resources

Risk and Incident Resources:

- NDIS Commission: Resources to support incident reporting, management and prevention
- NDS: Risk, Incident and Management resources

Disability and Medicines Reports:

- NDS Quality Use of Medicines Sector Round Table Report 2023 Policy Library (nds.org.au)
- Pharmaceutical Society of Australia: Medicine Safety Disability Care report