National Disability Services

Disability Services Medication Management Framework - Review

About National Disability Services

National Disability Services (NDS) is Australia's peak body for disability service organisations, representing more than 1000 service providers. Collectively, NDS members operate several thousand services for Australians with all types of disability. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Commonwealth governments. We have a diverse and vibrant membership, comprised of small, medium and larger service providers, employing 100,000 staff to provide support to half a million of people with disability. NDS is committed to improving the disability service system to ensure it better supports people with disability, their families and carers, and contributes to building a more inclusive community.

About this submission

NDS acknowledges and pays respect to the Aboriginal people of lutruwita/Tasmania, and acknowledges their continuing custodianship and connection to land, sea, sky and waterways. NDS also notes the overrepresentation of Aboriginal and Torres Strait Islander people among people with disability.

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Background

People with disability experience poorer health outcomes and a significantly lower life expectancy than people without disability. In Australia there are 4.4 million people with a disability, and over 631,000 people accessing the NDIS (NDIS, 2023). Significant gaps and barriers have been identified for people with disability in accessing quality and safe medication. (Pharmaceutical Society of Australia, 2021; 2022; DRC, 2023; Duckworth and Wilson, 2021; NDIS Commission, 2021).

Appropriate and safe use of medication is essential to maintaining health. For many NDIS participants, this means services having disability support workers (DSWs) that are competent in the safe and effective use of medication is critical.

Disability services providers (DSP)s and DSW have been supporting the essential function of medication management prior to and within the NDIS, often overseeing complex medication needs in a variety of diverse settings. However, services and sole traders face multiple challenges in ensuring the Quality Use of Medication (QUM) is safe, effective and keeps the human rights of the person with disability central.

In the current environment, each DSP needs to develop robust organisational and practice governance systems. DSWs can also be challenged by limited standardised training, unknown risks and a lack of clarity on their scope of practice.

To strengthen the delivery of medications for NDIS participants the disability sector needs strengthened guidance, an uplift in workforce capabilities, technical advice and support to apply good practice across diverse service delivery settings and funding to support the systems and quality improvement for quality and safe services.

In this context, NDS therefore support the updating of the Disability Services Medication Management Framework (the framework), ultimately providing clearer guidelines and best practice in medication management.

Feedback from the Tasmanian Disability Sector

NDS has undertaken consultation with the disability sector, with feedback falling into three key categories:

- Scope of organisations and workers covered by the framework
- Accessibility of the framework
- Subsection content

Scope of organisations and workers covered within the framework

Section 1.2 defines the Scope of the framework as intended for use by Disability Support Provider (DSP), and Disability Support Workers (DSW) funded by the National Disability Insurance Scheme (NDIS), and/or funded by the Tasmania Government. It may be used by anyone employed within those services who are involved in the support and/or administration of medication.

NDS notes that when DSPs work with Child Protection to support Children and Young People in out of home care, they are provided with a variety of documentation regarding the administration of medication by Child Protection services. These documents are listed as owned by Tasmanian Department of Health and Human Services under the Poisons regulation. The framework is owned by Department Community and is under the Disability Act (and Poisons act alignment).

The Child Protection medication guideline and documents are circa 2008 so well before the framework or the NDIS were introduced. The scope in the child protection guideline does not refer to DSPs, so it is unclear where DSP fit within the described services. It is worth noting that circa 2008, many disability services would have been state funded and regulated. Times have changed and these documents may not meet current service environment needs. It is significantly concerning to note that in the framework, there are clear articulated expectation for medication training, yet this appears to be lacking in Child Protection documents. DSPs are required to meet legal obligations to all state and national legislation and NDIS Commission guidance. Thus, this inconsistency could cause issues. It would also be worth reviewing the documents for consistency against the soon to be introduced definitions of restrictive practice

(chemical restrain) that will be introduced in the Disability, Right, Inclusion and Safeguards Bill.

Accessibility of the framework

From a national perspective the framework is highly regarded by DSPs. Tasmanian DSP often comment on how useful the framework is. There would be real benefit in using the technical content and translating into quick access guides to support workers day to day. Separating content into resources targeted at DSW and DSP may be beneficial. DSW content could be more accessible if written in plainer language and providing quick read guides for technical areas for example schedule 4, schedule 8, medical cannabis and make some technical areas clearer for DSW's for example Appendix 2 is legislative language and used drug names which can be difficult to understand.

Feedback specific to framework subsections

3.5 Disability Support Workers

DSWs are not to administer Schedule 8 (narcotic) medications other than: those identified as a 'specified narcotic substance' in the Poisons Regulations (2018) i.e. a) dexamphetamine, b) methylphenidate; c) lisdexamphetamine;

Providers report that they are regularly asked to administer other medications, such as Endone, especially following hospital discharge. NDS recommends this list is reviewed to better reflect the medications that are routinely prescribed to individuals especially yin the current context, where State health services do not have an appropriate outreach service, that can provide this service. This creates a gap in appropriate care and oversight for the individual.

3.5.2 Training and Competency

Recognise Healthy body systems (HLTAAP001) is listed as one of the minimum requirements. The new CHCC unit that is a core unit in both Certificate IV in Disability and Certificate III Individual support –(CHCCCS041) recognise healthy body systems.

This was mapped against the unit (HLTAAP001), and contains the same criteria, with the only difference being the new has additional criteria. The following are acceptable as required training:

- HLTAAP001 Recognise healthy body systems or,
- CHCCCS041 Recognise healthy body systems or,
- HLTAAP002 Confirm physical health status (this unit is part of the Diploma of Nursing and contains all the assessment criteria from HLTAAP001)

NDS understand that where the framework lists CHCSS00070 – the first aid unit that has been listed with that, is incorrect and should read HLTAID011 Provide first aid (003 has been superseded).

The information that is given in relation to the review of knowledge and performance needs to be more prescriptive. Terms such as ‘should’ and ‘considered best practice’ are open to interpretation and therefore potential confusion for teachers and learners alike. Some DSPs consider the definition of ‘should’ as ‘recommended and not mandatory’, thus choose not to have it as a requirement for DSWs. Come NDIS Quality and Safeguards audit time, DSPs are routinely being advised they must be doing an annual review of performance. If the intended purpose is that DSW complete this training annually, replacing the word ‘should’ with ‘must’ would make this obligation clearer.

As the new unit Recognise healthy body systems (CHCCCS041) is a core unit in the Certificate III Individual Support, and at present people are required to also complete Recognise healthy body systems (HLTAAP001) to be medication endorsed, it would make sense to see the option for either unit listed.

For example: The minimum requirement includes the following units:
Provide first aid (HLTAID011); and

Recognise healthy body systems (HLTAAP001) or Recognise healthy body systems (CHCCCS041); and
Assist clients with medication (HLTHPS006)
Or
Provide first aid (HLTAID003); and
Assist Clients with Medication Skillset (CHCSS00070).

4 Medications

Part 4 has a small section on items that are not considered medication and therefore outside of the scope of the framework. Registered Training Organisations have reported that they receive regular calls form service providers, enquiring about the need for specific medications and the need for them to have orders. It would be beneficial to make this section a sub section, with a defined heading, to make it easier to find.

4.3 Prescription Medications

Providing a definition for Schedule 4, Schedule 4 Declared and Schedule 8 would increase the clarity around their differences. Full definitions are provided for Non-prescription, Complementary and Alternative Medications and Medicinal Cannabis, which DSPs report are useful. It could also be advantageous to hyperlink this section to Tasmanian's list of Schedule 4 Declared and Schedule 8 medications, as DSPs report often receiving calls from DSW seeking clarity regarding whether a medication is controlled, an Schedule 4 or Schedule 8.

4.6 Medical Cannabis

The Framework states that a DSW can administer Schedule 4 Medicinal Cannabis but not Schedule 8, unless specific circumstances are in place. To increase clarity, DSPs recommend adding a list of the names of which Schedule 4 and Schedule 8 medicinal cannabis can be administered.

This section could be further clarified by providing a definition of what Medicinal Cannabis is and to articulate that if supplied without a prescription, it is illegal in Tasmania.

In this section there is a technical distinction between administer and support – "A DSW can assist another person to self-administer a Schedule 8 medicinal cannabis substance if…."

Part 11 – definitions, defines administration as 'The process of giving a dose of medication to an individual or an individual taking a medication'. There is no definition of "assist another person to self-administer'. NDS recommends adding this definition, to ensure the direction of practice provided regarding schedule 8 medicinal cannabis is clear.

5.6 Decision Making

DSP seek more clarity regarding the medication management continuum and what this means in terms of practice. For example, how this impacts a DSP approaches to risk or documentation required from a DSP and DSW perspective.

The framework could be strengthened by clarifying what each category entails, any required risk assessment or documentation.

5.12 Administration of Medication by DSWs

In the current iteration of the framework, the '6th R' of medication administration, 'documentation', is not included. NDS understand it was included in a previous iteration of the framework and was removed without provision of a rational.

'Documentation' prompts a DSW to check all the documentation in terms of legal order, allergies and adverse effects, participant preferences as well as underlining the requirements for documentation that the medication has been administered.

Appendix 3 which outlines the SDAA administration checking steps, provides minimal detail, including missing some of the steps that are outlined on page 25, procedures for DSW administration of medication. This could create confusion. Having the information clearly articulated in one place might be a clearer option.

5.21 Complex Medication Administration

This section should more clearly referenced and align with the revised High Intensity Support Skills Descriptors (HISSDs), which are produced by the NDIS Quality and Safety Commission, as currently there are some inconsistencies with regards to training for complex medication administration.

It is also unclear as to why some skills have been included in the Framework, yet do not relate to complex medication administration, for example, catheter and stoma care, shallow suctioning and the comment 'any other specific health condition where training needs have been identified by a health professional'.

Rather than just listing percutaneous endoscopic gastrostomy (PEG), it would be useful to also list percutaneous jejunostomy (PEJ) and nasogastric tubes (NGT).

The Framework would benefit from having more diabetes medications listed, as although insulin remains a first line treatment, there are many other drugs delivered subcutaneously these days, for example Glucagon-like (GLP-1) receptor agonists, Dulaglutide (Trulicity), Semiglutide (Ozempic).

The Framework could be strengthened by noting that medications other than just insulin for diabetes management, can be administer subcutaneously, for example. Clexane. Again, better alignment with the HISSDs would be useful here.

It is unclear why ‘palliative care including use and monitoring of medications’ has been included, as it could related to devices such as syringe drivers, or it could relate to specific medications, provided for end of life or terminal are.

5.21.1 Insulin and Diabetes

Better alignment with the HISSDs would strengthen this section. NDS understands that training for insulin administration via delivery systems such as insulin pens, can be given by other professions, not just diabetes educators, and that diabetes educators do not assess competency of those they are educating. As per the HISSDs, DSWs should be assess annually. Currently, services should be engaging a diabetes educator to provide training, then an assessor, to assess competency.

6 Record Keeping

An area of concern with DSPs is medication instructions and care plans to include escalation of care regarding missed medication or medication error. This is not covered in the current framework, however including the need for individualised escalation of care, particular for conditions such as asthma, epilepsy and other life-threatening conditions, would be a positive addition.
NDS suggest an additional section regarding plans and escalation of care, or including this within 6.1 or 6.2.

6.1 Medication Lists and 6.2 Medication Administration Record

DSPs report challenges in having prescribers provide the appropriate documentation and paperwork. There is often pushback as to why services request such

documentation. Appendix 1 outlines what DSPs require, however an additional resource directed at prescribers on the specific needs for DSP and the prescriber responsibility would be a useful addition. NDS suggest including an additional appendix which DSPs could take to medical appointments outlining documentation requirements and expectations of prescribers from the government.

6.4 End of Shift Checking

Another issue is the challenges associated with an individual being supported by multiple DSPs and DSWs – for example Supported Independent Living (SIL) and day program, or day program and family. This becomes a challenge regarding hand over of medication / documentation / observations or incidents on a day-to-day basis. This is essential to ensure medication administration is undertaken safely and issues like missed medications are communicated and documented for both services, as well as the challenge of medication diversion.

NDS recommends adding an appendix of a handover process as suggested good practice.

Summary

The disability sector regards the Framework as a nation leading initiative that helps to facilitate better outcomes for people with disability. To ensure the Framework can meet its intended purpose, NDS highly encourages the Government to consider the feedback provided in this submission and to engage in further discussions with DSPs and registered training organisations who are delivering relevant training. NDS is able and willing to facilitate such opportunities for engagement. As the window to provide feedback on the framework was very short, NDS again recommends further engagement with the sector.

NDS recommends that additional accessible resources, training and tools be developed that, sit alongside the Framework. Additional resources would enable participants to be supported in building skills in self-managing their medications where appropriate. As noted in the framework, ‘this framework may also be used as a guide by the families or carers of individuals who are managing their own medication and may assist them with establishing and maintaining safe practices”. Therefore, additional and accessible resources would be justified.

In summary, NDS supports the 2024 updating of the Medication Management Framework. This will promote and facilitate the best possible medication management for people with disability and safe practices of those who administer medications.

NDS ask that this summary feedback be considered as part of the Framework update.

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