

MEDICATION SAFETY

The Australian Commission on Safety and Quality in Health Care

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NIMC National Audit

August and September are National Inpatient Medication Chart (NIMC) National Audit months and hospitals are invited to participate. NIMC National Audit 2010 is the second annual NIMC audit undertaken by Australian hospitals and the Commission.

Auditing of the NIMC will:

1. Obtain data on use of the NIMC safety features;
2. Guide future NIMC quality improvements; and
3. Suggest areas for more targeted future NIMC audits.

Audit data will be recorded one of two ways:

1. Directly onto a NIMC audit spreadsheet; or
2. Using paper NIMC audit tools, and then entered into the NIMC audit spreadsheet.

Hospitals will upload NIMC audit data from the audit spreadsheet into a new NIMC National Audit web site. Data loading will be available on the web site in early September 2010.

The NIMC audit spreadsheet, and further information on the NIMC National Audit 2010, is available from the Commission web site at http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/NIMC_2010-NationalAudit

The new NIMC Audit web site will report in real time to hospitals on:

1. Hospital audit outcomes;
2. Hospital audit outcomes over time (as hospitals accumulate data); and
3. Hospital audit outcomes against de-identified peer and all hospitals

Apart from national audits, hospitals will be able to use the NIMC National Audit web site for local NIMC audits of either all the NIMC or specific elements. Hospitals will be able to measure outcomes over time as they accumulate data.

The NIMC National Audit web site reporting function will be available from late September 2010.

Medication Management Plan

A national Medication Management Plan (MMP) is now available for use in Australian hospitals. The form contains:

1. A comprehensive medication history form;
2. Dedicated space for recording medication issues during the care episode;
3. Medication discharge checklist; and
4. Prompts for obtaining patient information.

The national MMP can be used by nursing, medical, pharmacy and allied health staff to improve the accuracy and completeness of medicines information documentation and the continuity of medicines management.

The national MMP is based on a Medication Action Plan developed by the Safe Medication Management Unit of Queensland Health. The MMP aligns with the Australian Pharmaceutical Advisory Council's Guiding principles to achieve continuity in medication management and incorporates the minimum data set for a medication history.

The MMP is a standardised form to record the medicines taken prior to presentation at the hospital, and for reconciling patients' medicines on admission, at intra-hospital transfer and at discharge. Such a form is considered essential for the medication reconciliation process. The national MMP provides Australian hospitals with a standard form suitable for this purpose.

The MMP is a key part of the Commission's work to improve the quality of patient medicines information within and across health care settings. The MMP is available from our web site at [http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/com-pubs_Medication_Management_Plan/\\$file/medicationsafetyplan.pdf](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/com-pubs_Medication_Management_Plan/$file/medicationsafetyplan.pdf)

MMP support materials will also be available shortly from our web site. They will include a guide to medication reconciliation, an MMP user guide, other educational support materials and audit tools and advice.

Medication Reconciliation Seminar

Medication reconciliation is a formal process of obtaining and verifying a complete and accurate list of each patient's current medicines.

It involves **matching** the medicines the patient **should** be prescribed to those they are **actually** prescribed. Where there are discrepancies, these are discussed with the prescriber and reasons for any changes to therapy are documented. When care is transferred (e.g. between wards, hospitals or home), a current and accurate list of medicines, including reasons for change, is provided to the person taking over the patient's care.

The process of medication reconciliation has been shown to reduce errors and adverse events associated with poor quality information at transfer of care and inaccurate documentation of medication histories on patient admission to hospital. It is one of five international patient safety priorities identified for action by the World Health Alliance on Patient Safety.

The Commission will host a national medication reconciliation seminar on 11 October 2010 in Sydney. Health professionals, including clinicians and policy staff, will participate.

The aims of the workshop are to:

1. Launch the new Medication Management Plan and support materials;
2. Promote the use of medication reconciliation and related Commission initiatives; and
3. Highlight current jurisdictional progress in medication reconciliation.

A workshop report, and workshop presentations and materials, will be available on the Commission web site in late October 2010.



World Health Organization's High 5s Medication Reconciliation Project

Sixteen health services at 28 hospitals in Australia are participating in the World Health Organization's High 5s Project - *Assuring Medication Accuracy at Transitions of Care*.

Participating hospitals are:

1. Aiming to prevent adverse medicines events through medication reconciliation; and
2. Testing a standard operating protocol using the process of medication reconciliation to assure medication accuracy at transitions of care.

This is a five year project. The first phase is introducing medication reconciliation for patients 65 years of age and older who are admitted to an inpatient ward from the emergency department. In subsequent phases, the scope will be expanded to include all patients from all entry points to inpatient and outpatient settings.

Australian hospitals participating in the project will have the opportunity of collaborating with hospitals in Australia and internationally, through the High 5s learning community and benchmarking their performance nationally and internationally through an on line information management system.

The Commission is the lead technical agency for Australia's involvement in the World Health Organization program. Other countries participating in the High 5s project are Canada, France, Germany, the Netherlands, Singapore, UK and USA. Further information on the project, including the sites participating in the project, is available on the Commission's web site.

The High 5s standard operating protocol for assuring medication accuracy at transitions of care is consistent with Australian practice and aligns with the former Australian Pharmaceutical Advisory Council's *Guiding principles to achieve continuity in medication management*.

NIMC Venous Thrombo-embolism (VTE) Pilot

The Commission is conducting a pilot of a version of the NIMC incorporating a dedicated VTE prophylaxis section. Data from hospitals in Queensland and Victoria have demonstrated that the inclusion of a risk assessment and prescribing prompt in the medication chart improves the rate of VTE prophylaxis prescribing in accordance with hospital guidelines.

The VTE section on the draft NIMC incorporates:

1. VTE risk assessment prompt and recording space, including noting contraindications;
2. Pharmaceutical VTE prophylaxis prescribing and administering; and
3. Mechanical VTE prophylaxis ordering and checking.

Over 20 hospitals are participating in the pilot. They will measure the effect of including the VTE prophylaxis section on the rates of risk assessment and VTE prophylaxis prescribing. The risks from including a VTE prophylaxis section on the chart will also be studied. Currently hospitals are collecting data to establish their baseline. They will start reporting on pilot outcomes in late December 2010 and it is expected that the pilot will result in recommendations for changes to the NIMC.

National Labelling Recommendations for Injectable Medicines, Fluids and Lines

The labelling of injectable medicines and fluids during preparation and administration, and the labelling of devices used to deliver these, is a major patient safety issue in hospitals.

In 2009-2010 the Commissions conducted an Injectable Medicines Labelling Project to pilot recommendations for user-applied labelling of injectable medicines, fluids and lines. The draft recommendations were developed by the Safer Medicines Group, a working party of the NSW Therapeutic Advisory Group. The aim of the project was to standardise Australian practice in this area and reduce the risk of harm.

The outcome is National Labelling Recommendations for Injectable Medicines, Fluids and Lines and resources to assist hospitals implement the recommendations.

The project was advised by a group representing key clinical groups. Consultations were held with state and territory health departments, all Australian safer medicine groups and 13 professional bodies within Australia. The recommendations were piloted in 12 sites in five states and territories. Feedback from piloting indicated that implementing the recommendations affects work loads minimally if existing labels are replaced with an appropriate range of new labels, and tailored education and training are provided. The piloting identified two areas of potential practice change for facilities:

1. Labelling to identify lines (intended to prevent tubing misconnection errors); and
2. Labelling to identify medicines on the sterile field e.g. medicines in operating rooms in addition to anaesthetics (intended to prevent errors relating to incorrect identification of medicines in jugs, basins and syringes on the operating room sterile field).

The Labelling Recommendations suggest minimum standards for user applied labelling with optional additional recommendations to assist hospitals prioritise implementation.

The National Labelling Recommendations for Injectable Medicines, Fluids and Lines will be available shortly on the Commission's web site. The following support materials will also be available to assist hospitals with their implementation:

1. Explanatory notes;
2. Implementation Guide;
3. A3 poster;
4. Range of A4 posters for specific practice areas; and
5. PowerPoint education presentation.

An issues register will be available to record implementation issues and responses to them. This will assist maintaining the recommendations and ensure the implementation and education support materials reflect implementation experience.

National Terminology, Abbreviations and Symbols

The national *Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administering of Medicines* is available on the Commission web site at

http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/NIMC_001_NTAS

In December 2008 Health Ministers endorsed use of the terminology document in all Australian hospitals. Currently States, Territories and hospitals are implementing the terminology document. The Commission web site includes examples of policies, directives and support materials used to implement the terminology document.

The Commission is responsible for maintaining the terminology document. Suggestions for changes to it should be sent to local NIMC Oversight Committee contacts:

[http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/com-pubs_MedSafety-MSA-con/\\$File/23770-MS-Update-July2009.pdf](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/com-pubs_MedSafety-MSA-con/$File/23770-MS-Update-July2009.pdf)

Requests for changes to the terminology document, and decisions, are detailed in the change register which is also available on the Commission web site.

Medication Safety Self Assessment and QUM Indicators

During 2010-2011, the Commission will review:

1. *Medication Safety Self Assessment for Antithrombotic Therapy in Australian Hospitals* (MSSA-ATT); and
2. *Indicators for Quality Use of Medicines in Australian Hospitals* (QUM Indicators).

Both the MSSA-ATT and the QUM Indicators were developed by the NSW Clinical Excellence Commission and the New South Wales Therapeutic Advisory Group. The review will ensure that both documents accurately reflect the recently endorsed National Health and Medical Research Council's *Clinical Practice Guidelines for the Prevention of VTE in Patients Admitted to Australian Hospitals*. It will also be an opportunity to reflect developments since the documents were endorsed in 2006-07.

The reviews are expected to commence in late 2010 and conclude in June 2011.

MSSA and QUM web-based application

The Commission is working with the NSW Clinical Excellence Commission to develop a web-based application for Australian hospitals using *Medication Safety Self Assessment for Australian Hospitals* (MSSA) and related tools by the mid-2011. The web-based application will also accommodate information generated by hospitals using the *Indicators for Quality Use of Medicines in Australian Hospitals* (QUM Indicators).

The MSSA, and related tools, provides a framework for assessing hospital structures and systems that support safe medication practices and systematically identifying ways to improve the safety of medication management processes. Hospitals using the MSSA tools will be able to enter their results into the web-based application and view a report on their practice. They will also be able to measure practice improvement over time and where their hospital sits in relation to other (de-identified) participating hospitals.

The QUM Indicators measure performance in processes of care related to medicines management shown to improve health outcomes. Hospitals will be able to enter information into the web-based application, view a report on their practice, where it sits in relation to other (de-identified) participating hospitals, and monitor their performance over time.

Both the MSSA and the QUM Indicators were developed by the NSW Clinical Excellence Commission and the NSW Therapeutic Advisory Group.

The Commission recommends

- Medication Safety Self Assessment for Australian Hospitals (MSSA) and the MSSA for Antithrombotic therapy for Australian Hospitals to assist hospitals develop safer systems for managing medicines; and
- QUM Indicators to assist hospitals monitor performance, identify issues requiring investigation, improve quality, and evaluate interventions to improve medicines management.

Both MSSA tools are available from the Commission web site at:

http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/NIMC_008_Tools

The QUM Indicators are also available through the Commission's web site at:

http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/NIMC_008_Tools

Antimicrobial stewardship

Prevention and control of healthcare associated infection (HAI) is an essential element of patient safety, and improving the safe and appropriate use of antimicrobials is an important component of preventing HAI.

One of the key initiatives of the Commission's HAI program is a publication designed to provide clinicians and health administrators with evidence for the use of specific quality improvement and patient safety activities to reduce preventable HAI.

The publication, *Antimicrobial Stewardship in Australian Hospitals*, provides guidance on developing and introducing a hospital antimicrobial stewardship program. It describes the structure and governance required, and the resources needed, for an effective program, along with strategies shown to influence antimicrobial prescribing and inappropriate use. It will be released in late 2010.

Further details about the publication and information on other activities of the Commission's Antimicrobial Stewardship Advisory Committee are available on the Commission web site at http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-03_Antimicrobial-Ss



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