

Australian Nursing and Midwifery Federation Submission to

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY
IN HEALTH CARE: REVIEW
OF QUALITY USE OF
MEDICINES PUBLICATIONS
- GUIDING PRINCIPLES TO
ACHIEVE CONTINUITY IN
MEDICATION MANAGEMENT**

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback on the Australian Commission on Safety and Quality in Health Care (ACSQHC) review of Quality Use of Medicines Publications - *Guiding principles to achieve continuity in medication management*. The ANMF has also provided responses to the ACSQHC's consultations on updating other Quality use of Medicines Publications – *Guiding principles for medication management in residential aged care facilities* and the *Guiding principles for medication management in the community*.

The consultation paper outlines a comprehensive review of the *Guiding principles to achieve continuity in medication management*. On review, the main areas of concern that the ANMF believe require further consideration are the principles that address collaboration and care-coordination within the health system, nursing and midwifery accountability and responsibility for medicines management, and the workforce required to uphold the principles.

Registered nurses and midwives play a key role in medicines management, and therefore achieving continuity of medicines management. The ANMF is increasingly concerned by the growing trend for nurses and midwives to be working in environments where their accountability and responsibility for medicines management is compromised by organisational culture, lack of staffing and poor skills mix. Furthermore, ANMF members regularly identify medicines management as a major concern for them in care delivery. The current guiding principles perpetuate this situation as they provide no clear direction for the quality use of medicines,



including at the point of administration. The proposed guiding principles also do not provide guidance that holds professional standards above organisational direction.

To address this, the ANMF suggests the guiding principles for achieving continuity in medication management stipulate and uphold the regulatory requirements for nurses and midwives with regards to their professional accountability and responsibility for medicines management. In doing so, the staffing and skills mix required for nurses and midwives to provide medicines management that supports people receiving care transitioning across health care settings and the community should be identified as a component of the organisation's role in accountability and responsibility for medicines management.

SURVEY QUESTIONS

1. Collaboration and care-coordination within the health system

1. Recommendation: That collaboration and coordinated care have a heightened focus across the 10 principles by incorporating the outlined elements across the 10 principles

Agree

The ANMF supports this recommendation for a greater emphasis and inclusion of collaboration and coordinated care across the 10 principles.

However, it must be noted that for care coordination and collaboration to occur, health practitioners require skills, knowledge and expertise as well as the time to provide this element of care. To use aged care as an example, a trend towards low staffing levels and an inappropriate skills mix impacts on quality use of medicines, including continuity of medicines management through suboptimal collaboration and communication between health practitioners and organisations. The Royal Commission into Quality and Safety in Aged Care identified that having the right number of the right staff would mean that care is not rushed, missed or unable to be provided. Nurses and midwives would have the time to provide robust clinical care assessments, handover shared care obligations in collaboration with general practitioners, allied health teams and other relevant health care specialists and provide coordinated care including medicines management across health care services and the community.

The guiding principles must explicitly identify the workforce requirements that enable the best practice described therein. Without addressing workforce, providing care that aligns with the guiding principles, including collaboration and care coordination of medicines management will be compromised.



Furthermore, registered nurses and midwives are integral to the provision of high quality care across the health care system. They play a key role in medicines management as they have the knowledge and expertise to implement quality use of medicines. Registered nurses and midwives provide comprehensive clinical assessment pre and post medicines administration and work with prescribers and pharmacists to ensure that medicines are ordered and available for the person receiving care, stored appropriately, administered correctly and documented. Therefore, it is critical collaboration and coordinated care processes referred to in the revised guiding principles do not focus only on medical practitioners and medical specialists as leaders of medication management, nor diminish the scope or autonomy of nursing and midwifery practice.

2. Person-centred care

2. Recommendation: That person-centred care as outlined above has a heightened focus across the 10 guiding principles to ensure clinicians and members of the healthcare team involve patients in every step of their transition of care

Agree

The ANMF strongly supports integration of person-centred care throughout the revised guiding principles. A focus on the person at the centre of all care delivery will assist their lived experience to be incorporated into the systems that support continuity of medicines. Care collaboration and communication should exist within a person-centred framework where the person's healthcare rights and respect for their autonomy is upheld.

3. Patient Safety and Quality Systems

3. Recommendation 1: That a new GP titled Patient Safety and Quality Systems be added to the Guiding Principles publication

Agree

4. Recommendation 2: That the new GP outlines the need for systems that are used to support and promote safe and effective transitions of care via the development of:

- policies and procedures
- measurement and quality improvement strategies
- risk management strategies
- incident and feedback and complaints management
- the identification of high-risk patient populations and social determinants of health
- the management of healthcare records

Partly Agree



The ANMF agrees with the new GP outlining the requirements for systems to ensure they support and promote safe and effective transitions of care. The ANMF does however recommend that an additional point is added to the list identified above which addresses the importance of having a workforce that is adequately resourced and has the right skills mix that meets the assessed needs of the person receiving care.

GP 1 - Guiding Principle 1 - Leadership for Medication Management

GP 1 - Change to Clinical governance, leadership and organisational culture

5. Recommendation 1: Alter the focus of GP 1 to Clinical governance, leadership and organisational culture

Agree

The ANMF supports the proposed emphasis on organisational culture and effective leadership in this principle.

Organisations must have systems and policies in place, and provide a culture that supports health practitioners to uphold their professional, regulatory and legislative responsibilities in quality use of medicines. These systems and policies must also foster a culture wherein health practitioners are able to raise concerns with leadership and advocate where quality use of medicines is being compromised, without consequence.

Any clinical governance framework in medicines management must also be inclusive of the multidisciplinary team including nurse practitioners, nurses and midwives.

6. Recommendation 2: That GP 1 have a broader more contemporary alignment with the concepts of clinical governance, leadership, and culture.

Agree

7. Recommendation 3: That GP 1 incorporates coordinated governance and leadership between hospitals (public and private), the community (general practitioner, pharmacist, and other health care providers), residential aged care facilities and patients/carers.

Agree

The ANMF supports the importance of a connected interface between all health sectors that has established governance and leadership. The current disconnect between sectors presents a significant barrier to continuity of care including medicines management. The proposed new governance and leadership processes must improve communication and handover to the multidisciplinary team including registered nurses and midwives working in community care, aged care and health services. Where necessary, this should include policies regarding handing over medication management to health practitioners educated and competent in medicines management.



Further, the ANMF notes the proposal to include local general practitioners in hospital management structures. As the largest health professions, nurses and midwives need to also be included in these processes. Health service practitioners, including nurses and midwives should also be represented in the governance processes for primary health and within nursing homes.

GP 2 - Responsibility for medication management

Recommendations: That **GP 2** be retained and broadened to address organisational responsibility, specifically:

8. Recommendation 1: That professional responsibility be retained in GP 2

Agree

9. Recommendation 2: That the updated GP 2 differentiates between organisational and professional responsibility to ensure there are systems and mechanisms to:

- a. identify and allocate resources, both in workforce and Information Technology**
- b. responsibility for the implementation of routine use of validated measures of medication management services (e.g. quality indicators)**
- c. regular measurement of culture (e.g. validated measures of organisational culture) and an approach to quality improvement, which applies both within and across sectors.**
- d. develop mechanisms for education and training for health care professionals in quality processes and the use of digital technology**

Partly agree

Whilst it is important for organisations to assume some responsibility for medicines management for example, the implementation of validated measures of medication management services, caution should be exercised in broadening their responsibility to identifying and allocating workforce resources. The ANMF therefore has some concerns supporting this recommendation and the existing principle which states '*delegation can be at the discretion of health service managers*' (p23).¹

Regulated health practitioners are required by law to practice within professional standards and frameworks. Nurses and midwives, as per the regulatory requirement set out by the Nursing and Midwifery Board's (NMBA) *Decision Making Framework for Nurses and Midwives*² have a professional responsibility to decide when and to whom delegation and supervision is appropriate.

1. [Guiding principles to achieve continuity in medication management \(2005\)](https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/$File/Guiding-principles-to-achieve-continuity-in-medication-management.pdf). Retrieved 30 November 2021 from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/\\$File/Guiding-principles-to-achieve-continuity-in-medication-management.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/$File/Guiding-principles-to-achieve-continuity-in-medication-management.pdf)



Alarming, our members are reporting quality use of medicines is compromised in some health care settings due to inadequate staffing and poor skills mix where professional responsibilities are usurped by organisational culture, systems and directives to delegate and supervise care in untenable circumstances.

It is the ANMF's position that organisations have a responsibility to support the health practitioners they employ to practice in line with their professional obligations and not determine who nurses and midwives will delegate and supervise. A guiding principle that is developed to outline the responsibilities of professionals and organisations in quality use of medicines must clearly articulate and protect the regulatory requirements of health practitioners, including those of nurses and midwives that have been designed to protect people receiving care.

GP 3 - Accountability for medication management

10. Recommendation 1: That GP 3 be combined with GP 2 - Responsibility for medication management

Agree

11. Recommendation 2: That the content in GP 3 be retained and broadened to include organisational accountability

Partly agree

Organisations need to be accountable for their role in medications management, however as discussed in the response to Guiding Principle 2, question 9, the ANMF cautions against organisations being able to override professional, regulatory and legislative controls that exist to safeguard the public. Any guidance used to support medication management must always uphold the mandatory professional standards required by health practitioners involved. An important example of this is the NMBA's *Decision Making Framework for Nurses and Midwives* which clearly identifies the delegation process for nursing activities by registered nurses and midwives. The current framework identifies a number of factors that a registered nurse or midwife must consider using a risk management approach when delegating and supervising aspects of nursing and midwifery care including medication management. Nurses and midwives are accountable and responsible for the care they provide, delegate and supervise. Accordingly, organisations must not assume responsibility or accountability for the delegation of nursing activities such as those undertaken in medication management.

A guiding principle that describes accountability and responsibility for medication management must clearly articulate the role of health practitioners, including nurses and midwives, and organisations ensuring this is in line with professional standards for practice.

2. Nursing and Midwifery Board of Australia. (2020). Decision-making framework. Retrieved 30 November 2021 from <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx>



GP 4 – Accurate medication history

12. Recommendation 1: That the intent of GP 4 be retained and be renamed Medication Reconciliation

Agree

13. Recommendation 2: That the updated GP 4 have a heightened focus on the two elements of medication reconciliation, a BPMH and reconciling the BPMH

Agree

14. Recommendation 3: That GP 4 incorporates a person-centred care approach with a greater focus on coordinated care

Agree

In addition to the language being amended to align with the guiding principles' greater focus on 'person-centred care', person-centred language should be integrated throughout all other guiding principles in the document not just those singled out by the consultation survey.

15. Recommendation 4: That GP 4 highlights the role of digital technology in supporting medication reconciliation

Agree

Incorporating advances in digital health technologies including care delivery software and ongoing collection and analytics of data to improve quality use of medicines is essential. Given the pace at which digital health is developing, consideration should be given to how this principle will remain contemporary over time and enable new technologies to be utilised whilst also supporting safe, quality care.

To facilitate organisational adherence to this principle, clear expectations of the required digital infrastructure for data collection and analytics to facilitate optimal medicines management need to be outlined. This should include: access to information at the point of care; sufficient digital health resources for the workforce; implementation of software that is interoperable with other systems including the My Health Record; and privacy and security policies and processes that are understood and used.

16. Recommendation 5: That GP 4 incorporates evidence-based interventions to further facilitate medication reconciliation

Agree



17. Recommendation 6: That GP 4 outlines strategies for prioritising patients for medication reconciliation if it cannot be completed for all patients

Partly agree

For the delivery of safe, quality, continuity of care in medicines management, medication reconciliation should be a priority for all people receiving care. Strategies developed in response to this recommendation must include serious incident reporting and continuous quality improvement processes to address any systemic factors that have contributed to the delay in medication reconciliation such as workforce shortfalls.

18. Recommendation 7: That GP 4 addresses medication management outside of 'standard operating hours', in 'emergency situations' and in regional and remote areas

Agree

Registered nurses and midwives are fundamental to safe medicines management for people receiving health care. They have the skills to assess, prescribe (where endorsed to do so), initiate (where authorised to do so), administer and monitor the use of medicines. It is the recommendation of the ANMF that the role and scope of practice of nurses, nurse practitioners and midwives in medication management must be recognised to address continuity in medication management outside of 'standard operating hours', in 'emergency situations' and in regional and remote areas.

GP 5 - Assessment of current medication management

19. Recommendation 1: That the intent of GP 5 be retained and be renamed Medication Review to reflect contemporary terminology

Agree

20. Recommendation 2: That GP 5 reflects contemporary practice standards and guidelines

Agree

All guiding principles, across all three quality use of medicines publications, must reflect contemporary practice standards and guidelines including those required by law by health practitioners.

21. Recommendation 3: That GP 5 is broadened to be inclusive of the different types of transitions of care and the different high-risk populations

Agree



The ANMF supports this recommendation and further suggests Guiding Principle 5 be reframed to embed a person-centred care focus at each stage of the medication review. In addition to the language being amended to align with the guiding principles' greater focus on 'person-centred care', person-centred language should be integrated throughout all other guiding principles in the document not just those singled out by the consultation survey.

22. Recommendation 4: That GP 5 has a heightened focus on the use of digital health strategies

Agree

The ANMF agrees with the importance of a heightened focus on the use of digital health strategies. Digital health technologies are a key enabler to improving continuity of medicines management in particular improving communication across sectors and practitioners.

As previously discussed above in question 15, it is essential that this heightened focus also progresses access to information at the point of care; sufficient digital health resources for the workforce; implementation of software that is interoperable with other systems including the My Health Record; and privacy and security policies and processes that are understood and used.

GP 6 - Medication Action Plan

23. Recommendation 1: That the intent of GP 6 be retained and be renamed Medication Management Plan to reflect contemporary terminology

Agree

24. Recommendation 2: That elements of the existing GP 6 outlined below are retained:

- **it be developed with the consumer and relevant health care professionals as early as possible in the episode of care**
- **form an integral part of care planning with the consumer**
- **be reviewed during the episode of care and before transfer**
- **actual and potential medication management issues (problems and needs, including risk assessment) identified during assessment (GP 5)**
- **medication management goals**
- **actions/strategies in line with best evidence that are required to address the issues and achieve the medication management goals**

Agree



25. Recommendation 3: That GP 6 adopts a stronger patient-centred focus

Agree

In addition to the amended language, person-centred language should be integrated throughout all other guiding principles in the document.

26. Recommendation 4: That GP 6 be broadened to integrate principles of a medication management plan in the community and hospital sector and reflect contemporary practice standards and guidelines

Agree

The ANMF agrees with this recommendation and also suggests GP 6 be broadened to include:

- the use of digital health technologies in line with other guiding principles; and,
- incorporate a greater focus on care collaboration and communication as per the overarching intent outlined in the consultation paper.

GP 7 - Supply of medicines information to consumers

27. Recommendation 1: That GP 7 is retained and renamed ‘Share medicines information with consumer’

Agree

However, suggest amending the term ‘consumer’ to state ‘the person receiving care’.

28. Recommendation 2: Ensure information within GP 7 continues to align with all relevant professional practice standards and that the resource list in GP 7 are updated

Agree

It is the position of the ANMF that greater controls need to be in place to protect people receiving care from medicines misuse resulting from unqualified staff’s involvement in medication management for example care workers (however titled) administering medications under the guise of self-administration. Supply of medicines requires skill and expert knowledge. The revised guiding principles need to provide clear, unambiguous guidance as to who should prescribe, dispense, provide medicines advice, initiate, administer or assist with self-administration for quality use of medicines.

Further, the current GP 7 states that “*self-administration guidelines and protocols should be made available to consumers and/or their carers*” (p 37). The ANMF recommends a clear definition of self-administration, including assistance with self-administration of medicines, be provided in the glossary of the guiding principles that is consistent across the three quality use of medicines publications.



29. Recommendation 3: Adapt content within the Medication Safety Standard relevant to the provision of medicines information and medicines information resources to address transitions of care

Agree

As addressed in question 28, the supply and administration of medicines requires skill and expert knowledge. The revised guiding principles need to provide clear, unambiguous guidance as to who should provide medicines advice and information to address transitions of care for quality use of medicines.

30. Recommendation 4: Multimedia and multi-lingual resources are co-designed with consumers to be available to cater the needs of individualised groups

Agree

GP 8 - Ongoing access to medicines

31. Recommendation 1: GP 8 have a heightened focus on the communication with consumers for medication access:

- a. **when they are prescribed a new medicine or have an urgent change**
- b. **during stock shortages**
- c. **for regional/remote areas**

Agree

The ANMF supports this recommendation to have a greater focus on communication for medication access in these circumstances. In addition, we suggest two further points be added to include transfer from one health service provider to another, for example from a residential aged care facility to hospital, and when a person is or has experienced an acute episode involving a change in their medication list.

32. Recommendation 2: For regional/remote areas, strategies and tools to support uninterrupted medication supply on transfer to a RACF such as the IMAC

Partly agree

Interruption of medication supply on transfer to a residential aged care facility is not limited to regional and remote areas. Our members working in the aged care sector often express frustration about not having access to medicines supply for residents when required. This includes the ability to provide a different dose to a resident at the point of care, or having timely access to appropriate medicines for a resident requiring end of life care. There should be an agreed national minimum requirement of medicines supply for all nursing homes to enable safe medicines management that results in safe and timely quality care delivery regardless of geographical location.



33. Recommendation 3: A greater emphasis on the use of digital technology to improve access and continuity of care

Agree

Please refer to the ANMF's response to question 15 and 22.

34. Recommendation 4: Information under appropriate labelled medicines in GP 8, be moved to provision of medicines information under GP 9

Agree

35. Recommendation 5: That GP 8 has greater emphasis and more information on:

- a. the need for medication reconciliation prior to DAA packing for the first time, and after changes to medicines or hospital admission
- b. resources for accessing medications for complex conditions such as, Special Access Scheme, depots, S100

Agree

The ANMF supports this recommendation and further suggests that clear, unambiguous direction be provided regarding the use of dose administration aids (DAA) including medication reconciliation, administration of medicines from a DAA and systems to achieve safety in continuity of medicines administered from a DAA during transitions of care.

Medication reconciliation, matching medicines that a person should be prescribed with those that are prescribed, should occur prior to packing the DAA and following any changes to medicines prescribed. This is a process that should be undertaken by a pharmacist when packaging occurs and by a registered or enrolled nurse or midwife if required to administer medicines from a DAA. In accordance with the ANMF *Nursing Guidelines for Management of Medicines in Aged Care*³ and the ANMF Position Statement on the *Use of dose administration aids*,⁴ nurses and midwives who administer medicines from a DAA are expected to take responsibility for identifying each individual medicine prior to administration. This is essential to ensure that the packaged medicines align with the prescribed order and that the correct medicines are administered safely.

3. Australian Nursing and Midwifery Federation (2012) Management of Medicines in Aged Care. Accessed on 10 December, 2021: http://anmf.org.au/documents/reports/Management_of_Medicines_Guidelines_2013.pdf

4. Australian Nursing and Midwifery Federation (2018) Position statement: The use of dose administration aids by nurses and midwives. Accessed on 10 December 2021: https://anmf.org.au/documents/policies/PS_Dose_administration_aids.pdf



Where a person is assessed as being unable to self-administer their medicines, either from the original container of a DAA, a nurse or midwife who is able to reconcile and identify the medicines must administer them.

Transitions of care, particularly hospital admission for an acute episode of care, are often associated with medicine changes and medication errors. Medication reconciliation by pharmacists and nurses and midwives should occur at all transitions of care when medicine changes may have been made.

These recommendations regarding the use of DAAs should be explicitly detailed in the guiding principles including the roles and responsibilities of pharmacists, nurses and midwives in their use.

GP 9 - Communicating medicines information

36. Recommendation 1: That the content of GP 9 is retained and broadened to include the various types of transitions of care

Agree

37. Recommendation 2: That GP 9 outlines strategies to facilitate the sharing of information including:

- a. digital technology**
- b. the IMAC**
- c. national on-screen presentation of discharge summaries**

Agree

The ANMF supports the inclusion of these strategies. We also suggest strengthening care collaboration and communication throughout this guiding principle. Further it is essential that systems are secure to maintain the person's privacy.

Furthermore, as addressed previously in this submission, communicating medicines information requires skill and expert knowledge. The revised guiding principles need to provide clear, unambiguous guidance as to who should provide and receive medicines during handover to ensure continuity of care and safe medication management.

GP 10 - Evaluation of medication management

38. Recommendation 1: That GP 10:

- a. be renamed as 'Evaluation and quality improvement'**
- b. have a heightened quality improvement focus**

Agree



39. Recommendation 2: As it relates to organisational governance, it be moved up after GP 3

Agree

40. Recommendation 2: That the existing ‘evaluation’ questions be adapted and incorporated as ‘reflective questions’ where relevant within each guiding principle

Agree

Reflective questions following each guiding principle aids translation of concepts into practice and are supported.

Additional questions

41. Are all the current guiding principles still relevant to medication management within the existing *Guiding principles to achieve continuity in medication management*?

Yes

42. Are there any gaps or additional GPs that should be included in the updated *Guiding principles to achieve continuity in medication management*?

Yes

The ANMF suggests:

- an additional guiding principle to address the importance of effective communication policies and procedures including handover, documentation, responsibility and accountability, to achieve continuity in medication management be identified; and,
- the guiding principles clearly and unambiguously identify the importance that only those skilled and educated in medication management be responsible for medication management, including medication administration;

43. Apart from those already identified, could some of the other GPs on similar topics be ‘grouped together’ when updating *Guiding principles to achieve continuity in medication management*?

No

44. Are you satisfied that the areas of importance or increased emphasis in medication management that have been identified, will be incorporated into the GPs as proposed, in updating *Guiding principles to achieve continuity in medication management*?



No

There are a number of outstanding issues raised throughout this response that need to be addressed.

45. Please provide details of any resource(s) or guidance materials that should be referred to or included when updating the *Guiding principles to achieve continuity in medication management*. (This could be in the form of resource titles; reference; website links; case studies; tools; exemplar/new models of practice/care.)

The ANMF provides the following resources that should be referred to in the revised guiding principles:

ANMF Nursing Guidelines for Medicines Management in Aged Care

ANMF Quality use of medicines position statement

ANMF Use of dose administration aids position statement

ANMF Care for people living with a disability position statement

NMBA Decision-making framework for nurses and midwives

SHPA 4th Edition Don't Rush to Crush

CONCLUSION

Thank you for this opportunity to provide feedback on the ACSQHC review of Quality Use of Medicines Publications - *Guiding principles to achieve continuity in medication management*. Embedding person-centred care and focusing on care collaboration and communication throughout the guiding principles will support their utility and intent. It is critical other changes to the guiding principles uphold the professional responsibilities of the health practitioners involved in medication management including nurses and midwives. The ANMF looks forward to continued participation in consultations to support quality use of medicines.