Pharmaceutical Society of Australia

Guidelines for Quality Use of Medicines (QUM) services

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Executive summary

Quality Use of Medicines (QUM) is one of the four central objectives of Australia's National Medicines Policy. The National Medicines Policy describes QUM as1:

- appropriate — select the most appropriate medicine
- judicious — use all medicines only when appropriate
- safe — use all medicines safely
- effective — ensure that medicine use achieves therapeutic goals.

The definition of QUM applies equally to decisions about medicine use by individuals and decisions that affect the health of the population.[1]

In November 2019, the Australian Government recognised QUM and medicines safety as the 10th National Health Priority.[2,3]

The Pharmaceutical Society of Australia (PSA) 2019 report *Medicine Safety: Take Care*[4] and 2020 report *Medicine Safety: Aged Care*[5] detail the extent of harm from medicines use. The main types of harm include 250,000 hospital admissions due to medicines and adverse events, at an annual cost of $1.4 billion; half of this harm is considered preventable.4 More than half of all people living in residential aged care facilities (RACFs) are prescribed medicines that are considered potentially inappropriate in older people (see Figure 1).[4,5]

QUM services are a key strategy to optimise medication management within RACFs. They support RACFs' to safely manage medicines, and improve medicine management practices and procedures. QUM services revolve around three groups of activities: education and training, clinical governance, and resident-level activities. These should be implemented following the development of a QUM plan, which integrates these activities into a cohesive quality improvement process.

These guidelines have been developed by the Pharmaceutical Society of Australia (PSA) for pharmacists providing QUM services to Residential Aged Care Facilities (RACFs). The guidelines are designed to promote a consistently high quality of service, and provide guidance to pharmacists on professional issues relating to the various activities undertaken within the scope of QUM services. Pharmacists need to exercise their professional judgement in applying these guidelines for individual RACFs. Pharmacists intending to seek government remuneration for QUM services provided should also consider requirements in the QUM Program Rules. The Program Rules are available at www.ppaonline.com.au/programs/medication-management-programs

When providing these services, pharmacists must comply with relevant Commonwealth, state or territory legislation governing therapeutic goods, drugs and poisons, pharmacists (health practitioners), pharmacies (premises), and privacy and confidentiality. They must also comply with overarching and program-specific standards, codes and rules (see Figure 2). It is important that pharmacists read these guidelines in conjunction with relevant professional practice standards.

Figure 1. Medicines safety in aged care in Australia[4]

MEDICINE SAFETY IN **AGED CARE**

One fifth of people living in aged care are on antipsychotics; more than half use the medicine for too long.

50% of people with dementia are taking medicines with anticholinergic properties, which can worsen confusion and other symptoms of dementia.

Over 95% of people living in aged care facilities have at least one problem with their medicines detected at the time of a medicines review; most have three problems.

One in four people are having their medicines crushed or altered when they shouldn't be.

One in five unplanned hospital admissions among people living in aged care facilities are a result of taking medicines generally considered inappropriate for older people.

40% to 50% of people living in aged care are on medicines that have the potential to cause sedation or confusion.

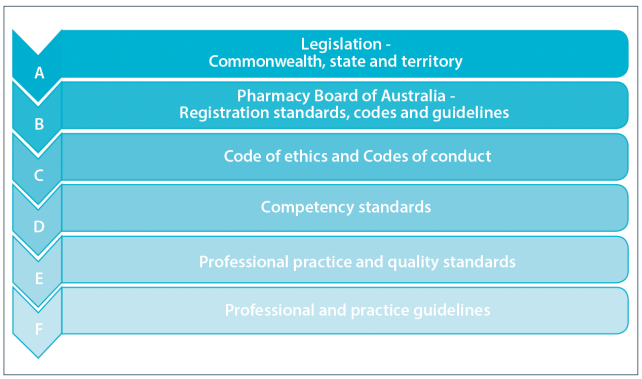
It is expected that pharmacists will apply professional judgement in providing professional services and managing any risks associated with the provision of these services. Pharmacists will need to make risk–benefit assessments and other professional judgements from time to time, based on the best available information. Any significant decisions should always be documented.[6] Pharmacists are reminded that they have a professional and legal responsibility to ensure that medicines are appropriate and safe for consumers to use.[6]

All pharmacists conducting QUM services must have knowledge of the following:

- Australia's National Medicines Policy
- PSA Professional Practice Standards version 5
- Medication Safety Standard of the National Safety and Quality Health Service (NSQHS) Standards
- Aged Care Quality Standards
- AS85000: 2017 – Quality Care Community Pharmacy Standards
- *Clinical Governance Principles for Pharmacy Services 2018*
- *Code of Ethics for Pharmacists*
- *Guiding Principles for Medication Management in Residential Aged Care Facilities*
- *Guiding Principles for Medication Management in the Community*
- *Guiding Principles to Achieve Continuity in Medication Management.*

These guidelines do not replace the need for pharmacists to exercise professional discretion and judgement when delivering these programs in their own unique practice environment. These guidelines do not include clinical information or detailed legislative requirements. At all times, pharmacists delivering this service must comply with all relevant Commonwealth, state and territory legislation, as well as to the overarching and program-specific standards, codes, and rules (see Figure 2).

Figure 2. Overarching guidance and regulation of pharmacy service delivery[6]



Introduction

Pharmacists play a pivotal role in improving resident health outcomes in residential aged care facilities (RACFs) by providing a variety of services. Communication and collaboration with relevant healthcare providers, and development, implementation and monitoring of models of good pharmaceutical practice are all essential to this process.

Services provided by pharmacists to RACFs include:

- supply-related activities, such as providing medicines, preparing dose administration aids and completing medication signing charts
- embedded clinical pharmacist activities
- resident-focused activities, including Residential Medication Management Reviews (RMMRs), which aim to ensure that residents are receiving appropriate drug therapy and monitoring
- Quality Use of Medicines (QUM) services, which are facility focused, and promote the safe and effective prescribing and administration of medicines.

A targeted, effective QUM service is important in ensuring that all aspects of medication use at RACFs are judicious, appropriate, safe and efficacious.

Background

QUM is one of the central objectives of Australia's National Medicines Policy. QUM considers that all medicines should be used safely and effectively, by selecting management options wisely and choosing a suitable medicine if the medicine is considered necessary. QUM activities are actively promoted by the Australian Government in RACFs through the *Guiding Principles for Medication Management in Residential Aged Care Facilities*[7] These principles aim to achieve safe, quality use of medicines and medication management in RACFs.

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Terminology

Table 1 provides a definition of terms used in these guidelines.

Table 1. Terms used in these guidelines

TERM	DEFINITION
Approved service provider	A Section 90 pharmacy, registered pharmacist or business that employs, or has a service agreement with, one or more registered pharmacists to provide QUM services in an RACF or multipurpose service on its behalf and has been approved to provide QUM services by the Pharmacy Programs Administrator
Consumer	A person who uses, or is a potential user of, health services, including their family or authorised representative(s)[6]
Guidelines	These are not definitive statements of correct procedure but are designed to provide advice or guidance to pharmacists on professional process issues, desired behaviour for good practice, and how responsibilities may be best fulfilled
Healthcare team	May include the resident, carer, family member and/or next of kin, pharmacist, general practitioner, nurse, RACF care team or other healthcare providers
Multipurpose service (MPS)	An integrated health and aged care service that provides flexible and sustainable service options for small rural and remote communities[8]
QUM Plan	A document that describes a comprehensive quality improvement process developed collaboratively between the QUM Service Provider and representatives of the RACF or MPS
QUM service	A service designed to assist RACFs in meeting the healthcare needs of residents. Includes activities such as medication advisory activities, education and continuous improvement
QUM service provider	An entity as per the QUM services Business Rules that is engaged to provide QUM services in an RACF or MPS on its behalf, and has been approved to provide QUM services by the Pharmacy Programs Administrator
Resident	A person living permanently in an RACF
Residential aged care facility (RACF)	An aged care facility that receives a residential care subsidy in accordance with the Aged Care Act 19979 and includes nursing homes, hostels and MPS
Service Agreement	An agreement between a QUM service provider and an RACF or MPS that details the scope of QUM services to be provided to that RACF or MPS
Standards	Objective statements of the minimum requirements necessary to ensure that a service is delivered with a desirable level of acceptable or intended performance or results. Standards relate to the systems pharmacists should have in place for the delivery of a service and provide a benchmark against which performance can be assessed

Objectives of the service

Aim and focus

The aim of QUM services is to ensure that all aspects of medication use at an RACF are judicious, appropriate, safe and efficacious.[1]

QUM services focus on improving practices and procedures relating to medicines use in RACFs. They are designed to help RACFs better meet the healthcare needs of residents by significantly contributing to the clinical governance at the RACF. QUM services, which are facility-focused, complement resident-focused services such as comprehensive medication management reviews (e.g. RMMRs; see *Guidelines for Comprehensive Medication Management Reviews*). QUM services include education and training, clinical governance and resident-level activities. See 'Specific QUM activities', below, for activities that may be undertaken when providing QUM services, and their suggested frequencies.

Effective QUM services require committed teamwork between all members of the healthcare team, including general practitioners (GPs), community pharmacists, other pharmacists involved in the resident's care (e.g. accredited pharmacist undertaking RMMRs), nurses, facility staff, carers and management. Pharmacists play an important role in QUM by promoting:

- appropriate treatment choices
- effective communication with residents, prescribers and staff who administer medicines
- communication and collaboration between these parties.

Most QUM activities involve promoting organisational change. Providing an effective QUM service relies on a multifaceted approach that will often require activities that address the needs of individual staff.

Operation

Medicines use is ubiquitous among RACF residents, and QUM services should be available to all RACFs. There should be equitable access to the type of activities undertaken within a QUM service, regardless of the RACF's size or geographical location.

The Quality Use of Medicines Program Rules define who may receive government remuneration to provide QUM services. Further information about the Program Rules can be found on the Pharmacy Programs Administrator website: www.ppaonline.com.au

Potential QUM service providers include:

- an RACF's provider of comprehensive medication management reviews
- an embedded RACF pharmacist
- a community pharmacy that supplies medication for the site.

Providers should ensure that they have undertaken training and have the necessary skills to provide a QUM service. Individual professional development plans should identify areas where upskilling is needed to provide an effective service. A pharmacist may receive government remuneration for QUM services if they are not otherwise funded to provide these services (and meet other requirements specified in the Program Rules).

Professional collaboration and communication

Collaboration between all stakeholders is required to identify QUM activities to be undertaken. Communication from the QUM service provider to the RACF should outline the services that can be provided. The actual services provided will be determined by identifying areas of deficiency, developing a quality improvement plan, and developing an ongoing auditing and review process.

The QUM service provider must collaborate with relevant parties, including residents and their families or carers, RMMR service providers, community and hospital pharmacists, medical practitioners (including medical specialists), facility-based care staff and allied health professionals.

A good understanding of the role of other healthcare professionals involved in the care of the resident is critical to ensuring the appropriate level of professional collaboration.

Policies, procedure and governance

Relevant resource

All providers of QUM services should have a good understanding of individual policies and procedures relating to medication management in residential care.

All providers of QUM services should also have knowledge of the following overarching documents that are relevant to this sector:

- Charter of Aged Care Rights
- Australian Charter of Healthcare Rights, version 2
- PSA Professional Practice Standards, version 5
- Aged Care Quality and Safety Commission Quality Standards
- National Safety and Quality Health Service Standards
- *Guiding Principles for Medication Management in Residential Aged Care Facilities*
- SHPA Standard of practice in geriatric medicine for pharmacy services
- Quality Use of Medicines Strategy
- *Clinical governance principles for pharmacist services 2018*
- *Code of Ethics for Pharmacists*.

See also Appendix 1.

Components of a QUM service

The QUM Plan

The National Strategy for QUM identifies six 'building blocks' that are necessary for any QUM endeavour.[10] These are:

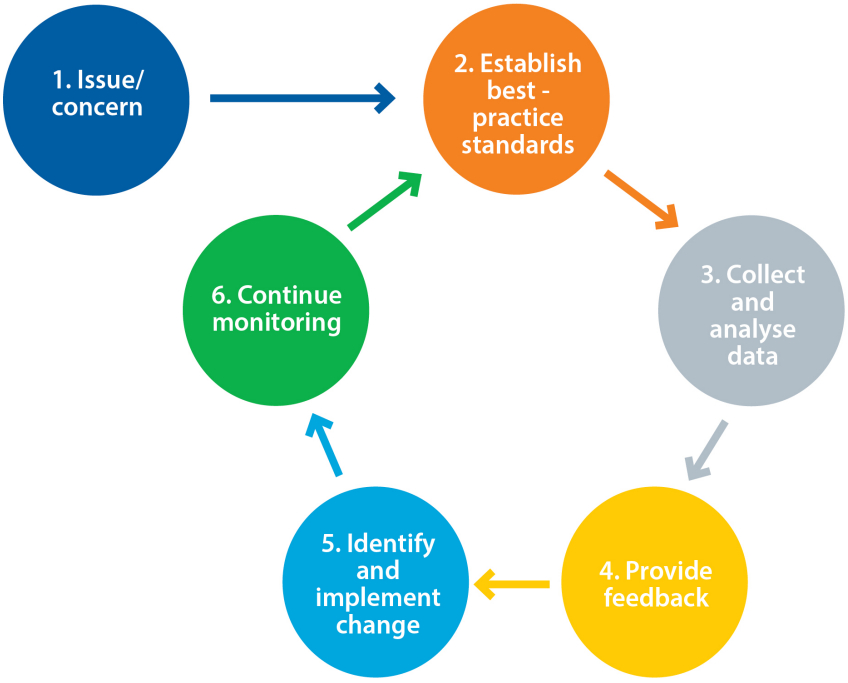
- policy development and implementation
- facilitation and coordination of QUM initiatives
- provision of objective information and assurance of ethical promotion of medicines
- education and training
- provision of services and appropriate interventions
- strategic research, evaluation and routine data collection.

Accordingly, a QUM service should be multifaceted, consisting of a range of activities developed into a structured, individualised QUM Plan (see Appendix 2). The QUM Plan should address each of these building blocks to ensure that the service is effective and optimal outcomes are achieved. The activities in the QUM Plan should complement each other, according to a continuous quality improvement framework. Upon engaging with an RACF, the QUM provider should work with the RACF to develop an initial QUM Plan based on the facility's needs and priorities. Evidence suggests that having a clear target and action plan is the most effective strategy.[11]

A QUM Plan may target any aspect of medication management at the RACF. The aim should be to ensure that practice is aligned with current standards. Once the issue to be addressed has been identified, the QUM Plan should map out the activities that will be undertaken, typically utilising an audit-and-feedback approach (see Figure 3 below,[11] also referred to as a Plan- Do- Study- Act cycle).

The QUM Plan should be developed through an iterative process throughout the cycle, with each step informing the Plan's development.

Figure 3. Plan-do-study-act cycle



Reference: Ivers et al[11]

Step 1. Identification of issues/concerns

The pharmacist should discuss with appropriate personnel at the RACF the areas of focus for QUM activities. These areas will be beneficial to both residents and the facility. Potential areas for improvement or issues to be addressed by QUM services may be identified via several mechanisms, such as:

- resident feedback
- Medication Advisory Committee (MAC) meetings
- RACF policy and procedure reviews
- error reporting
- information from the provider of residential medication management review services
- during medicine supply activities.

The MAC should decide which is/are the highest priorities based on the facility's current needs if there are multiple potential areas identified as targets for QUM services.

The QUM service provider should collaborate with the RMMR service provider, if they are different, to identify QUM activities that would most benefit the facility and its residents. See also *Guidelines for Comprehensive Medication Management Reviews*.

Step 2. Establish best-practice standards

Once areas for improvement have been agreed upon, the QUM Service Provider should identify the key measures of practice that are relevant to the chosen topic, such as guidelines, past audits, performance standards, or industry benchmarks. This is to provide standards against which the site's performance may be measured. Applying a continuous improvement process guides future activities within the QUM Plan. At this stage, relevant audit tools should be selected that can be used to measure the facility's performance. These tools may collect qualitative and/or quantitative information, such that comparison with best practice standards is facilitated.

Step 3. Collect and analyse data

Using the selected audit tool/s, the QUM Provider should collect and/or collate the relevant data to measure the facility's performance at baseline. The source of the data to be collected will be dependent upon the data type, and may include:

- medication charts
- dispensing reports
- clinical records
- incident reports.

Once the data is collected and collated, the QUM Provider should compare the RACF's performance against the chosen best-practice measures.

Step 4. Provide feedback

Once the baseline measurement has been undertaken, the QUM Provider should present the findings to the relevant staff at the RACF as promptly as possible. Feedback should be provided in a format appropriate for the intended audience, including written reports, presentations and summary sheets.

The feedback should provide an unbiased presentation of the audit findings, and convey both positive and negative messages as appropriate. Those presented with feedback, which may include RACF management, staff, other healthcare professionals and/or consumers, should be encouraged to discuss it with the QUM Provider to ensure that they understand its implications.

Step 5. Identify and implement change

The QUM Service Provider, in partnership with relevant stakeholders at the RACF, should then identify measures to be undertaken to improve the RACF's performance in the chosen areas. They should formulate an agreed action plan to implement these measures. This may include activities such as:

- in-service training sessions
- dissemination of resources, e.g. links to web-based training and electronic resources
- specifically developed newsletters
- reviewing documentation, including policies and procedures.

The strategy used should be developed using an appropriate change management framework to ensure its effectiveness. This may involve the QUM Service Provider convening and working with a small group of RACF staff to develop and implement the change strategy.

During this process, consideration should be given to how the changes will be sustained at the RACF after the conclusion of the strategy.

Step 6. Continue monitoring

After an appropriate time, a repeat data measurement should be performed. This may be performed using either the same auditing tools as per the initial audit, or a sample of indicator data. For example, a QUM Plan that addresses medication labelling may use a comprehensive assessment of all labelling of inhalers in the initial audit. The second audit may use either the same assessment tool for a random sample of inhalers, or medication incident reports related to incorrect inhaler labelling. The results of the second audit should be compared to the first audit and the best-practice measure, and reported back to the key stakeholders at the RACF.

By undertaking subsequent audits, the impact of the QUM Plan may be assessed.

The QUM Provider should also evaluate the effectiveness of the activities undertaken, to inform changes to the process in subsequent iterations.

The processes and actions associated with each stage of the QUM Plan are summarised in Table 2.

Table 2. QUM Plan process and actions

PART OF CYCLE	PROCESS	ACTIONS
1. Issue/Concern	Identify an issue that needs to be reviewed	May be identified through other activities, error reporting, MAC, RMMRs
2. Establish best practice standards	Determine what best practice looks like and desired outcomes to achieve	Identify benchmarks, standards and guidelines; identify relevant audit tools to measure site performance
3. Collect and analyse data	Undertake audit to determine a true reflection of current situation	Physically collect the data for report preparation
4. Provide feedback	Report back to MAC or other agreed personnel for development of action plan	Prepare and deliver feedback in appropriate format/media
5. Identify and implement change	Develop an agreed action plan	Implement actions described within the action plan e.g. delivery of education, update policies and procedures
6. Continue monitoring	Re-audit the same data set to see if positive change has occurred	Identify what has worked and what has not worked, what needs to change, or make sure changes become part of normal practices

MAC = Medication Advisory Committee;
RMMR = Residential Medication Management Review

Specific QUM activities

Table 3 outlines examples of specific QUM activities and suggested frequencies at which they should occur.

Table 3. Examples of QUM activities and frequency

ACTIVITY	DESCRIPTION (WHERE IT FITS INTO CYCLE)	EXAMPLES	FREQUENCY	ALIGNS TO STANDARDS
Education and training				
• Provide in-service training for nursing staff, carers, and/or residents	• Identify and implement change. Provides opportunity to engage with staff/residents and impart new knowledge and/or skills to align with current best practice standard (identified in step 1)	• Topics may include medication therapy, disease state management or prescribing trend issues • Training modalities may include face-to-face seminars and workshops, online content, printed materials and resources • Managing health promotion campaigns/public health initiatives e.g. Antibiotic Awareness Week	• Minimum one training activity per audit-typically quarterly • Public health campaigns according to planned events	• PSA PPS - 6, 7, 8, 16 • ACQSC 7 • DOH GP 1, 14, 15, 16
• Provide medicines information for medical practitioners and facility staff	• Establish best practice standards through provision of latest information • Identify further training needs and what resources should be available • Identify and implement change	• Provision of newsletters • Product information • Consumer Medicines Information (CMI) • Provision of website links and online resources • Opportunistic provision of information in response to inquiries	• Minimum one service per quarter	• PSA PPS - 6, 7, 8 • ACQSC 3,8 • DOH GP – 2
Clinical governance				
• Participate in Medication Advisory Committees (MACs)	• Addresses all six steps in QUM Plan; the MAC is critical in the Plan's development • Issues may be presented at the MAC • MAC provides feedback regarding how the issues should be addressed and prioritised through the QUM Plan • Audit feedback is provided to the MAC to assist with developing further QUM activities	• Discussion of actual and potential errors, changes to legislation and standards, clinical issues identified during medication management reviews etc often informs QUM planning	• QUM Service Provider should give input into every MAC	• PSA PPS 3, 4, 6, 7, 9, 13, 14, 15, 16 • ACQSC 8 • DOH GP 1
• Assist in the development of nurse-initiated medication lists	• Addresses all six points in QUM Plan • Informed by the MAC	• Identify non-prescribed medicines that are needed when not ordered for individual residents • Review recent usage to remove unnecessary items	Yearly review	• PSA PPS – 4, 6, 7, 8, 9, 13, 16 • ACQSC – 1, 2, 3 • DOH GP –1, 3, 5, 9, 11

Clinical governance *(continued)*				
• Participate in medication management policy and procedure development	• Addresses all six points in QUM Plan • Informed by the MAC	• Medication Policy and Procedure • Antimicrobial stewardship • Psychotropic medicine use • Restraint • Opioid use • Inhaled medications • Insulin and blood glucose monitoring • Cold chain management	Revolving quarterly review of specific Policy & Procedures	• PSA PPS – 6, 7, 8, 9, 10, 13, 14, 16 • ACQSC – 3 • DOH GP – All
• Assist the Facility to meet and maintain medication management accreditation standards, to comply with regulatory requirements, and the development of and reporting on quality indicators and other quality measures	• Addresses all six points in QUM Plan in an ongoing process	• Antimicrobial stewardship • Psychotropic medication use documentation and review • Local requirements, e.g. falls, polypharmacy	With every QUM activity	• PSA PPS – 3, 4, 6, 7, 8, 9 • ACQSC - All • DOH GP - All
• Audit and reporting activities	• Addresses all six points in QUM Plan in an ongoing process	Medication supply and administration issues, e.g. • Storage and labelling • Expired stock • Alteration of dosage form • Security of medication storage • Safe disposal of unwanted medicines • Medication errors and near misses Clinical issues, for example: • Psychotropic medicines use • Opioid use • Antimicrobial stewardship • Allergies/sensitivities • Deprescribing opportunities	• At least one activity per quarter	• PSA PPS - 6, 7, 8, 9, 10, 15, 16 • ACQSC –3, 8 • DOH GP - 1, 3, 4, 7, 8, 10, 11, 12, 14, 17
Resident focused activities				
• Assess competency of residents to self-administer medicines	• Addresses all six points in QUM Plan in an ongoing process • Identifies issues of concern to establish best practice	• Assessment of self-medicating residents • Identify tools to support resident choice to self-administer • Training medication competent care staff to identify changes in residents' competency	• As often as required as per resident needs	• PSA PPS – 4, 6, 7, 9, 10,15, 16 • ACQSC – 1, 2, 3, 4, 8 • DOH GP – 2, 7, 8, 11, 12, 13, 15
• Opportunistic advice to members of the healthcare team on medication management issues	• Identification of issues; leads into potential quality improvement activity	• Storage, administration, dose forms, compatibilities, therapeutic and adverse effects, compliance • Medication availability • Specific medication concerns	• At each site visit	• PSA PPS 6, 7, 8 • ACQSC 3 • DOH GP 1, 2, 3, 11, 12, 14, 15, 16, 17

Resident- focused activities *(continued)*				
• Provision of medicines information to consumers	• Identification of issues; leads into potential quality improvement activity	Medication lists for self-administering residents including: • name of medicine • dose • indication • administration instructions • CMI	• Updated when required (e.g. when medicines change)	• PSA PPS – 6, 7, 8, 15 • ACQSC – 1, 3 • DOH GP 2, 4, 8, 13, 16
• Liaising services between all healthcare settings	• Identification of issues; leads into potential quality improvement activity	• Consistency with documentation • Allergy/drug sensitivity • Medication charts, dose administration aids	• When required	• PSA PPS - 6, 7, 8, 9, 10, 15, 16 • ACQSC –3, 8 • DOH GP - 1, 3, 4, 7, 8, 10, 11, 12, 14, 17

PSA PPS: *Professional Practice Standards*, version 5: www.psa.org.au/practice-support-industry/professional-practice-standards/
ACQSC: Aged Care Quality Standards: www.agedcarequality.gov.au/providers/standards
DOH GP: *Guiding principles for medication management in residential aged care facilities*: https://health.govcms.gov.au/resources/publications/guiding-principles-for-medication-management-in-residential-aged-care-facilities

Training and education

Pharmacists providing QUM services require specific skills and knowledge to deliver a high-quality service. They should be highly knowledgeable of the residential aged care environment, the relevant legislation, and standards that govern it. They should also be skilled in coordinating and undertaking practice change processes, particularly quality improvement activities. QUM Service Providers also require skills in the development and provision of education/training materials.

It is important that all providers of QUM Services are knowledgeable of the Aged Care Quality and Safety Commission Quality Standards. Pharmacists should understand:

- how RACFs are assessed by the Commission
- how QUM Services may assist RACFs to build their competence in achieving the Quality Standards.

QUM Service Providers are encouraged to undertake relevant training in this area, such as that offered by the Aged Care Quality and Safety.

Providers of QUM Services must be capable of undertaking auditing and feedback processes. They should ensure that they have appropriate clinical knowledge for the topics identified during the planning process. They should undertake relevant credentialing or continuing professional development (CPD) to ensure that their knowledge remains contemporary. They must also be skilled in data management, communication, project management, adult education and change management processes.

QUM Service Providers should plan to undertake appropriate training activities to address any gaps identified in this scope of practice, according to their annual CPD plan.

Evaluation of performance and quality improvement

Providers of QUM Services should monitor the impact, outcomes and relevance of the service provided through ongoing, evidence-based quality improvement activities. This may involve activities such as:

- actively seeking feedback from consumers and RACF representatives regarding the impact and outcomes of QUM services
- reviewing any feedback provided regarding the service and responding appropriately
- monitoring of practice variance at RACFs resulting from services provided
- evaluating actual outcomes of services against the intended outcomes
- personal reflections upon the QUM activities provided, and CPD activities undertaken in this area
- reviewing education/training materials on a regular basis
- benchmarking against national dataset/s if available
- regular assessment against the frequency indicators in Table 3.

Performance indictors should be set to assess the effectiveness of any QUM Plan or activity.[12] Establishing causality and the multitude of factors that impact on quality outcomes in RACFs necessitates the use of a blended model of both process and outcome indicators for QUM services. The QUM Plan should state clear delivery goals and set performance targets that are based on current standards whenever available. See Appendix 3 for sample performance indicators.

Process indicators measure a program's activities and outputs, and whether a program is being implemented as planned. With QUM services, for example, the number of activities to be delivered for a set period should be agreed on by the MAC and described in the QUM Plan. At the end of the reporting period (e.g. quarterly, annually), the process indicator measured may be the proportion of the actual number of activities delivered compared to the number of activities initially planned.

Outcome indicators measure whether a program is achieving expected effects over the short, medium and/or long term.

Examples of outcome indictors for QUM Service Providers to use for quality improvement are provided in Table 4.

Whilst these clinical indicators provide an overall view of comparative benchmarking, individual assessments of consumers on these medicines is still required. The pharmacist providing comprehensive medication management review services, if different from the QUM Service Provider, should be involved and informed of outcomes from any audits and suggested actions resulting from the QUM activity.

Table 4 - Example outcome indicators for QUM Service Providers

QUM PLAN ACTIVITY	EXAMPLES OF OUTCOME INDICATORS*
Antimicrobial stewardship	• Antibiotic prescribing in line with *Therapeutic Guidelines*[13] • Proportion of antimicrobial use congruent with McGeer criteria[14]
Psychotropic medicines use	• Proportion of consumers currently on antipsychotics • Proportion of consumers on antipsychotics for dementia- related behaviour for >3 months • Proportion of consumers currently on benzodiazepines • Proportion of consumers currently on anticonvulsants
Proton pump inhibitor (PPI) use	• Proportion of consumers on PPI therapy
Polypharmacy	• Proportion of consumers on nine or more medicines

** These are examples only; other outcome indicators may be more appropriate for individual situations*

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Appendix 1. Resources

- Guiding principles for medication management in residential aged care facilities: www.health.gov.au/sites/default/files/documents/2020/02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf
- Guiding principles for medication management in residential aged care facilities – a guide for residents and carers: https://www1.health.gov.au/internet/main/publishing.nsf/Content/guide-for-residents-carers
- Quality Use of Medicines (QUM): https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm
- Resources to improve the quality use of medicines: www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/medicines+and+drugs/quality+use+of+medicines/resources+to+improve+the+quality+use+of+medicines
- Veterans'MATES: www.veteransmates.net.au/
- *National Residential Medication Chart User guide for pharmacists*: www.safetyandquality.gov.au/sites/default/files/migrated/SAQ121_PharmacyUserGuide_V8.pdf
- *NSQHS Standard 4 Medication Safety Facility audit tool*: www.health.qld.gov.au/__data/assets/pdf_file/0025/437038/meds-audit-facility.pdf
- AMEE Guides: https://amee.org/publications/amee-guides
- *Australian Medicines Handbook Aged Care Companion*
- AGS Beers criteria for potentially inappropriate medication use in older adults: https://qioprogram.org/sites/default/files/2019BeersCriteria_JAGS.pdf
- NPS MedicineWise: www.nps.org.au
- Understanding Dementia MOOC: www.utas.edu.au/wicking/understanding-dementia
- Jokanovic N. Interprofessional collaboration and the pharmacist. Australian Pharmacist 2018 Aug; 42-8.
- PSA online module: *Motivational interviewing*: https://my.psa.org.au/s/education-catalogue
- National Residential Medication Chart (NRMC): https://www1.health.gov.au/internet/main/publishing.nsf/Content/nrmc
- Clinical audit toolkit: www.safetyandquality.gov.au/publications-and-resources/resource-library/clinical-audit-toolkit
- Audit tools for National Safety and Quality Health Service Standards: https://clinicalexcellence.qld.gov.au/resources/audit-tools-national-safety-and-quality-health-service-standards
- *Principles for Best Practice in Clinical Audit*: www.nice.org.uk/media/default/About/what-we-do/Into-practice/principles-for-best-practice-in-clinical-audit.pdf
- *Therapeutic Guidelines*: https://tgldcdp.tg.org.au
- Resource kit for implementing the APAC Guidelines: https://www2.health.vic.gov.au/about/publications/policiesandguidelines/apac-resource-kit-implementation-medication-management-residential-aged-care-facilities
- Antimicrobial prescribing in Australian residential aged care: www.safetyandquality.gov.au/our-work/antimicrobial-resistance/antimicrobial-use-and-resistance-australia-surveillance-system-aura/antimicrobial-prescribing-australian-residential-aged-care
- Dementia Training Australia: https://www.dta.com.au/resources/monitor-antipsychotic-medications-tracking-tool/

Appendix 2. Sample QUM Plan

Quality Use of Medicine Plan				
Clinical Governance				
Medication Advisory Committee Meetings	The accredited pharmacist will attend at least 75% of all Medication Advisory Committee Meetings If unable to attend in person, then the accredited pharmacist will provide written input into the MAC meeting based on agenda items for that meeting			
Nurse Initiated Lists	Review and Provide guidance into the Nurse Initiated Medicine list yearly Report of suggested changes at first meeting each year			
Policies and Procedures	Review or develop one medication related policy and procedure per quarter Report suggested changes at quarterly MAC			
	Self-medicating residents	Chemical Restraint	Non-packed medicines	PRN Medicines
Accreditation Standards	Target the following accreditation standards quarterly on a revolving cycle			
	Antimicrobial Stewardship	Psychotropic medicines	Opioids	Polypharmacy
	Monthly review of antibiotic orders in line with *Therapeutic Guidelines* with quarterly reports to MAC	6-monthly audits with reports to MAC	6-monthly audits with reports to MAC	Yearly audit
Audits	Monthly	6-monthly	6-monthly	Yearly
Education and Training				
In-service	Quarterly face to face in-service			
Schedule for the following 12 months	General Medication Management Principles	Antimicrobial Stewardship	Psychotropic medicines	Analgesics
Newsletter	To provide newsletter on various medication related topics on a monthly basis (minimum of 10 for this year)			
Community Health Campaigns	Participate in two community health campaigns			
Schedule for following 12 months	Antibiotic Awareness Week		Medication Safety Week	
Resident-level Activities				
Assessment of Self-Medicating Residents	To be assessed quarterly according to relevant Policy and Procedure			
Provide advice to healthcare team members	To be provided at each visit when questions arise			
Medicines information to consumers	Provided to consumers when specifically asked for			
Quarterly reports to be provided at MAC summarising previous quarter's activities				

Variations to plan should be agreed on when specific issues arise.

Agreed and Signed by QUM Service Provider: _____ Date: _____

Agreed and Signed by Director of Nursing: _____ Date:_____

Appendix 3. Sample performance Indicators

QUM Plan Item	Quality Assurance Outcome Assessed	Yes	No	%	Action
Clinical Governance					
Medication Advisory Committee	Attended in person at least 75% of all MAC meetings				
	Provided input into all MAC meetings				
Nurse Initiated Medicine List	Reviewed and reported on changes to list				
Policy and Procedure Development	Self-medicating residents assessment				
	Chemical Restraint				
	Non-packed medicines				
Reviewed and reported suggested changes for	PRN medicines				
Accreditation Standards	Monthly review of antibiotic orders are in line with *Therapeutic Guidelines*				
	Completed 6-monthly review and reported to MAC on psychotropic medicines use				
	Completed 6-monthly review and reported to MAC on opioid use				
	Completed yearly review and reported to MAC on polypharmacy				
Education and Training					
Education and Training Provided	Education provided on general medication management principles				
	Education provided on antimicrobial stewardship				
	Education provided on psychotropic medicines				
	Education provided on analgesics				
Newsletter	Provided at least 10 newsletters to staff and other healthcare professionals				
Health Campaigns	Participated in Antibiotic Awareness Week				
	Participated in Medication Safety Week				
Resident-level Activities					
Assessment of Self-Medicating Residents	Quarterly assessment of residents who are self-administering medicines				
Provide advice to healthcare team members	Provided at each visit (record of advice provided is kept)				
Medicine Information to Consumers	Provided when requested (record of advice provided is kept)				
Overall QUM					
Evaluation of QUM Plan	Provided quarterly at each MAC meeting				
Variations to Plan and Reasons Why					

Instructions:

- Insert Yes, No or % if not completely met.
- Record the subtotal for each of the Yes and No responses.
- Add the Yes and No scores to indicate the total number of questions answered.
- Divide your Yes score into this figure and multiply by 100 to obtain the percentage compliance.

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