



Government of **Western Australia**
Department of **Health**

Medication Safety Operational Plan for WA Health

2015 - 2020

Quality Improvement and Change Management Unit

FINAL APRIL 2016

WA Medication Safety Operational Plan 2015-20

WA Health, our Western Australian public health system, provides safe, high quality health service delivery to nearly 2.3 million Western Australians. We serve our entire community, regardless of income, physical location or health status. WA Health is made up of more than 40,000 people and we handle every aspect of health service delivery at hundreds of sites across our State.

The Western Australian Medication Safety Strategic Plan 2015-20 (the Strategic Plan) articulates the vision and system-wide priorities for medication safety and quality improvements in WA Health in alignment with the Western Australian Strategic Plan for Safety and Quality in Health Care 2013-17, the National Safety and Quality Health Service Standards - Medication Safety Standard 4 and the Australian Commission on Safety and Quality in Health Care Framework.

The WA Medication Safety Operational Plan (Operational Plan) articulates the objectives and deliverables assigned to the key activities outlined in the Strategic Plan. It does not aim to provide exhaustive coverage of the work that is underway across WA Health; rather it is structured to provide an overview of the priorities for the next 5 years. Each of the strategies has been mapped to the appropriate National Safety and Quality Health Services Standard for medication safety to assist health services in providing evidence of quality improvement activities for their organisation.

The medication safety priorities are listed under the four key principles as outlined in the Clinical Governance Framework; Consumer-centred care, Driven by Information, Organised for Safety and Lead for High Performance.

The Operational Plan is a working document and may be revised each quarter to reflect updated priorities or new initiatives. As changes are made, the updated Operational Plan will be available. The Operational Plan is available in 12 month plans based on priorities and risks identified in the system.

The Operational Plan was circulated to stakeholders in medication safety including the Medication Safety Network, WA Medication Safety Group, Chief Pharmacist Forum and SQuEAC members for consultation.

WA Medication Safety Priorities 2015-2020

Key: AHS- Area Health Service QICM – Quality Improvement and Change Management Unit, WATAG – WA Therapeutic Advisory Group, WAMSG – WA Medication Safety Group, MSN – Medication Safety Network, WACA – WA Committee for Antimicrobials, WAPDC – WA Psychotropic Drug Committee, OCMO – Office of the Chief Medical Officer, PSSU – Patient Safety and Surveillance Unit.

Strategy	Objective	Deliverables	Tools	Responsibility	By when
Principle 1: Consumer-centred care					
1.1 Improve continuity of care for patients on discharge or transfer from hospital					
NSQHSSstandard					
4.12.1 A system is in use that generates and distributes a current and comprehensive list of medicines and explanation of changes in medicines					
4.12.2 A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care					
4.12.3 A current comprehensive list of medicines is provided to the receiving clinician during clinical handover					
4.13.1 The clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks					
Standardise medication-related information in the discharge summary.	Ensure complete and comprehensive medication information is provided in the discharge summary including medications on discharge (or transfer to another hospital) and changes to medications taken prior to hospitalisation.	<ul style="list-style-type: none"> - Provision of education to health professionals (doctors and pharmacists) involved in inputting information into existing discharge/transfer summary platforms to ensure complete, consistent and comprehensive information is communicated to the primary health care provider <i>E.g. – Provision of a record of education sessions for health professionals involved in providing discharge/transfer information to primary care providers (doctors and pharmacists)</i> 		AHS	June 2017
Improve clinical handover for medication management for discharge and hospital transfer care.	Review existing clinical handover template and/or processes to ensure requirements for handover of medication management	<ul style="list-style-type: none"> - WAMSG Continuity of Care Working Group to develop a multidisciplinary tool for state-wide communication of medication management at transfer of care to be made available for implementation by Area Health Services 		WAMSG	December 2016
Provide consumers/carers with medication care plans on transfer home or to other levels of care.	Determine consumer/carers needs of medication care plan for patient use at discharge	<ul style="list-style-type: none"> - WAMSG Continuity of Care Working Group to develop a template that could be used to standardise consumer medication care plan 		WAMSG led in collaboration with QICM	December 2016
		<ul style="list-style-type: none"> - Incorporate implementation of template into patient discharge workflow into AHS Operational Plan - Make recommendations to QICM to inform next round of strategic planning. 	Template to be provided by WAMSG/ QICM	AHS	December 2017

Strategy	Objective	Deliverables	Tools	Responsibility	By when
		<i>E.g. Evidence that hospitals and health services have integrated template developed by WAMSG/QICM into policy and procedure at transfer or discharge.</i>			
Provide adequate medicines information for patients initiated on high risk medications	Ensure adequate patient information is available to provide to patients on high risk medications outlined in High Risk Medication Policy.	Maintenance and review of: <ul style="list-style-type: none"> • Warfarin Booklet (revision) • NOAC Booklet Development and maintenance of: <ul style="list-style-type: none"> • Analgesic management booklet • Information for patients administered chemotherapy • Insulin Booklet • Other generic medication patient information leaflets – standardisation of template for sites to use. 		WAMSG	June 2016 -warfarin NOAC June 2017 Dec 2016 Analgesic management booklet Dec 2017 Insulin booklet Dec 2018 Chemotherapy patient information
		- Incorporate documentation (on WA Medication History and Management Plan) of provision of consumer medicines information into AHS Operational Plan and hospital policy and procedures <i>E.g. Evidence that hospitals and health services have integrated documentation of provision of consumer information into policy and procedure</i> - Audit whether patients are provided with consumer information. <i>E.g. Audit data to demonstrate progress with provision of medications consumer information to consumer</i> Perform audit to assess compliance with the provision of consumer medicines information to patients commenced on high risk medications (as per the High Risk Medicines Policy 2014).	WA MMP Medication Reconciliation Audit 6 monthly report to QICM	AHS	June 2017

Strategy	Objective	Deliverables	Tools	Responsibility	By when
Standardise process for clinical handover of medication information at transfer of care (to home, residential aged care facilities, hostels or another hospital).	Develop a statewide recommendation, including roles and responsibilities, to ensure all medication-related documentation is forwarded to the receiving care facility	QICM to provide guidance on medication-related information that is required to be provided to the receiving hospital on transfer.		QICM	Dec 2016
		- AHS Inter-hospital Transfer of Care policy to include WA Medication History and Management Plan, all current National Inpatient Medication Charts, and specialised medication charts for subcutaneous insulin, anticoagulants and clozapine. Also a medication list at transfer (which may be part of the transfer summary) <i>E.g. Evidence that hospitals and health services have integrated the provision of a copy of all current medication charts (including specialised charts – anticoagulation, insulin and clozapine) and WA MMP into policy and procedure</i>		AHS	July 2017
1.2 Improve medication-related information for provision to the consumer NSQHS Standard 4.4.2 Action is taken to reduce the risk of adverse medication incidents 4.7.2 Action is taken to reduce the risk of adverse reactions (communication material developed for workforce and patients and carers.) 4.12.2 A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care 4.13.1 The clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks 4.13.2 Information that is designed for distribution to patients is readily available to the clinical workforce 4.15.1 Information on medicines is provided to patients and carers in a format that is understood and meaningful					
Provide a Consumer Adverse Drug Reaction Information Leaflet.	Provide patient with information on what an adverse drug reaction (ADR) is and documentation for new ADRs occurring during hospitalisation	- Develop a Consumer Adverse Drug Reaction Leaflet for WA Health		QICM/MSN	COMPLETE
		- Incorporate implementation of brochure into clinical workflow as part hospital policy and procedures for informing patient of ADR occurring during hospitalisation. <i>E.g. Evidence that hospitals and health services have integrated of provision of Consumer ADR Brochure information into policy and procedure</i>	Consumer Adverse Drug Reaction Leaflet	AHS	Dec 2016
Undertake a gap analysis to determine whether consumer information is required to be developed.	Determine if there are requirements for further development of consumer medication information	- Undertake survey of hospitals - Provide survey report to identify gaps - Consult consumer groups regarding their requirements for medication information - Project plan to develop consumer medication		WAMSG led in collaboration with QICM	July 2017

Strategy	Objective	Deliverables	Tools	Responsibility	By when
		information for identified gaps			
Develop medication-class information for provision to consumers.	Review what hospitals have available for generic class information leaflets and determine what would need to be developed or revised	<ul style="list-style-type: none"> - Log on existing medication-class information - Set up governance for development and maintenance of consumer information - Gap analysis report - Prioritise required information leaflets - Convene a working group to develop information identified as gaps in the report 		WAMSG	July 2017
1.3 Promoting equity of access to medicines across health services NSQHS Standard 4.1.1 Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems. Development of a State Formulary for WA Health					
Support development of a state medication formulary to provide guidance and governance for availability and restrictions for medication access.	Undertake stakeholder consultation to determine medications to be included in state formulary	<ul style="list-style-type: none"> - Liaison with hospital Drug and Therapeutic Committees to review existing formularies - Provide governance for endorsing initial formulary and ongoing maintenance 		WADEP	August 2016
		<ul style="list-style-type: none"> - State Drug Formulary business case for platform - Support tender request and implementation phase for the State Drug Formulary platform. - Consultation with specialists to derive state formulary items with priority weight for first line therapy 		OCMO	September 2016 (to reflect the implementation phase)
1.4 Medication Safety Information and Communication Technology (ICT) Solutions NSQHS Standard 4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use					
Support the requirements for the purchase and implementation of EMM systems for WA Health to improve patient safety	Review safety and cost considerations for Electronic Medication Management Systems and consult other states that have state direction for EMMS.	<ul style="list-style-type: none"> - Provide Vision Statement and Concept Approval Document for ICT Board and Clinical Committee. - Develop a roadmap for consultation, development of BN, proposed site requirements, implementation/education requirements and treasury submission. 		OCMO led in collaboration with QICM	July 2016 July 2016 Dec 2016
Ensure safety and quality processes and controls are	Support requirements for purchase and implementation of EMMS for WA	<ul style="list-style-type: none"> - Ensure adequate consultation from key stakeholders for EMMS process 		OCMO led in collaboration	Dec 2016

Strategy	Objective	Deliverables	Tools	Responsibility	By when
built into all new technologies and infrastructure design, development, procurement, deployment and operations	Health to improve patient safety	- Engage HIN and ICT Board and Clinical Reference Committee to provide guidance on planning and product requirements when procuring ICT solutions for medication management.		with QICM	
Ensure adverse drug reaction information is readily accessible from a single source of truth	Review existing systems for documentation of Adverse Drug Reactions and alerts to streamline entry and retrieval of alert information from a single source of truth	- Discussion with HIN and ICT Board regarding existing risks of parallel systems with separate data entry points to work towards a solution.		QICM	Dec 2018
Principle 2: Driven by information					
2.1 Adverse Drug Event (ADE) Reporting					
NSQHS Standard 4.4.1 Medication incidents are regularly monitored, reported and investigated 4.4.2 Action is taken to reduce the risk of adverse medication incidents					
Promote reporting of adverse drug events through Clinical Incident Monitoring System (Datix CIMS).	Improve the quantity and quality of reporting of medication related clinical incidents	- PSSU complete the project to update Datix to version 14 (estimated to take approximately 16 weeks) Allow for 3-6 months of data entry under the new version - In 2017 commence an analysis of medication incident data, with a view to identifying data deficiencies, potential improvement opportunities and potential system enhancements (possibly facilitated by CIMS BAG through its audit schedule) by mid-2017.		PSSU	Dec 2017
		- Education to promote better detailing of incident to include what went wrong and why <i>E.g. Evidence that hospitals and health services provided education on incident documentation into DatixCIMS</i>		AHS	Dec 2017
Review of clinical incidents to identify, investigate and	Review high risk medication groups (as per High Risk Medication Policy)	- Report of DatixCIMS data of high risk medications to determine trends in:		QICM in collaboration	Dec 2017

Strategy	Objective	Deliverables	Tools	Responsibility	By when
improve clinical and service outcomes.	as a priority to determine trends in incidents to strategise causational issues	<ul style="list-style-type: none"> - Type of incidents - Postulated causes - Strategy for mitigation - QICM to analyse medication incident data. Collaboration with PSSU to format report for distribution to hospitals		with PSSU	
2.2 Data Management NSQHS Standard 4.5.1 The performance of the medication management system is regularly assessed 4.6.1 A best possible medication history is documented for each patient 4.6.2 The medication history and current clinical information is available at the point of care 4.7.1 Known medication allergies and adverse drug reactions are documented in the patient clinical record 4.8.1 Current medicines are documented and reconciled at admission and transfer of care between healthcare settings					
Key performance indicators are monitored for medication reconciliation to provide strategic direction for improvement	Collate data from WA Health hospitals for Medication Reconciliation on Admission and Transfer/Discharge	- AHS to submit data in accordance with Medication Reconciliation Audit Tool Guidelines six monthly to QICM.	Medication Reconciliation Audit 6 monthly to QICM	AHS	January and August of each year
		- QICM to provide a half yearly report on Medication Reconciliation for WA Health. De-identified data from sites – compiled for state-wide data set.		QICM	March and October of each year.
National NIMC audit results are monitored for state-wide progress in compliance	Monitor NIMC Audit results for state-wide progress in medication safety initiatives supported by the NIMC	- AHS to participate in National NIMC audit biennially. (Mandatory participation biennially DG signed off 2012 for all hospitals > 40 beds)	National NIMC audit tool	AHS	National Audit cancelled for 2016. Await update from Commission
		- Biennial report for WA Health for NIMC Audit		QICM	
		- Strategic planning from recommendations of NIMC Audit Report		WAMSG	
An audit tool registry is created to make audit tools developed for medication safety available for WA	Develop a registry on existing audit tools used within WA Health documented	- QICM to collate existing audit tools for medication safety and start a registry of audit tools housed on QICM website for sites to share (or suitable)		QICM	Dec 2016

Strategy	Objective	Deliverables	Tools	Responsibility	By when
Health Services		<ul style="list-style-type: none"> - AHS to provide existing audit tools used to support Standard 4 accreditation requirements to QICM for sharing with WA Health hospitals - This may need to be an ongoing process.. 		AHS	October 2016

2.3 Evaluation and Research

NSQHS Standard

4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use

Investigate outcome measure/s for medication safety – identifying method of coding for adverse medication outcomes.	Determine whether ICD coding could be used for reporting on rates of adverse drug events	<ul style="list-style-type: none"> - Project and discussion paper to evaluate whether International Classification of Disease (ICD) codes provide a useful mechanism to report rates of adverse drug events accurately 		QICM	Dec 2017
Encourage innovative and targeted research into medication issues and strategies.	Engage clinicians in research in the area of medication safety	<ul style="list-style-type: none"> - Develop a communication and engagement strategy to identify clinicians involved in medication safety-related research and identify opportunities and mechanisms for promotion of their work and to share learnings. 		QICM	Dec 2017

2.4 Medication Safety Information and Communication Technology (ICT) Solutions

NSQHS Standard

4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use

Support requirements for purchase and implementation of EMMS for WA Health to improve patient safety and to assist with providing data on prescribing of medications within WA Health	Review safety and cost considerations for EMMS and consult other states that have state direction for EMMS.	<ul style="list-style-type: none"> - Provide Vision Statement and Concept Approval Document for ICT Board and Clinical Committee. - Develop a roadmap for consultation, development of BN, proposed site requirements, implementation/education requirements and treasury submission. 		OCMO led in collaboration with QICM	July 2016 July 2016 Dec 2016
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Principle 3: Organised for safety

3.1 Monitor compliance with NIMC safety features

NSQHS Standard

4.1.1 Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems – Standardisation for WA Health

4.5.1 The performance of the medication management system is regularly assessed

4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use

Strategy	Objective	Deliverables	Tools	Responsibility	By when
WA Health participate in national NIMC audit biannually	State-wide participation in National NIMC audit	- AHS to participate in National NIMC audit biennially. (Mandatory participation biennially DG signed off 2012 for all hospitals > 40 beds)	National NIMC audit tool	AHS	National Audit cancelled for 2016. Await update from Commission
Biennial provision of a report outlining areas of improvement and areas requiring attention with recommendations		- Biennial report for WA Health for NIMC Audit		QICM	

3.2 Standardisation of medication charts across all WA Hospital sites

NSQHS Standard

4.1.1 Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems – Standardisation for WA Health

4.1.2 Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines

4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use

Provide governance for existing state medication charts to ensure the charts are current and support best practice evidence. Issue logs are maintained and issues escalated for consultation as appropriate. Including: - WA National Inpatient Medication Chart (NIMC) (Short stay and Long stay) - WA Paediatric Inpatient Medication Chart - WA Clozapine Initiation and Titration Chart - WA Anticoagulation Medication Chart	A formal process for development, maintenance and review of standardised charts to ensure they support safe prescribing and administration process for medication safety is established	- For state-wide charts QICM will: - Liaise with ACSQHC regarding issues and proposed changes to the NIMC (Short stay, Long stay, Paediatric) from WA Health. - Maintain an issue log for each chart - Review state-based requirements for the charts - Provide project management for review of charts developed by WA Health (WA Anticoagulation Medication Chart and WA Clozapine Initiation and Titration Chart) to ensure they are aligned with best practice evidence - Liaise with printers and Health Information Management Services for updates and change management when changes are required. - Develop education resources to support safe use of medication chart		QICM	June 2016 NIMC (Adult and Paed) June 2017 Clozapine Dec 2016 Anticoagulation Chart
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Strategy	Objective	Deliverables	Tools	Responsibility	By when
Review and support uptake of Subcutaneous Insulin Order and Blood Glucose Monitoring Form (Currently in development phase [ACSQHC])	A formal process for development, maintenance and review of nationally developed charts to ensure they support safe prescribing and administration process for subcutaneous insulin is established	<ul style="list-style-type: none"> - Provide information to sites wishing to adopt Subcutaneous Insulin Order and Blood Glucose Monitoring Form - Provide train-the-trainer information on the functionality of the chart - Assist with problem solving for safe use of chart - Communication with ACSQHC regarding educational requirements, auditing, and issues logged /proposed changes to the Subcutaneous Insulin Order and Blood Glucose Monitoring Form from WA Health. 		QICM	Ongoing
Develop a standardised an insulin intravenous infusion chart for WA Health	A formal process for development, maintenance and review of standardised charts to ensure they support safe prescribing and administration process for intravenous insulin infusion management is established	<ul style="list-style-type: none"> - Collate existing intravenous insulin infusion charts available in WA and interstate - Form a working group to review existing charts and develop a state-wide chart - Finalise chart and liaise with printers - Develop an education package to support use of chart - Provide support for hospitals during implementation of chart 		WAMSG led in collaboration with QICM	Dec 2016
Standardise chemotherapy charting for WA Health	Ensure there is a formal process for development, maintenance and review of standardised charts to ensure they support safe prescribing and administration process for chemotherapeutic agents	<ul style="list-style-type: none"> - Review existing process to identify potential risks to patient safety for prescribing and administering chemotherapy - Provide recommendations to improve the safety of chemotherapy prescribing and administration - Provide an interim solution to ensure consistent chemotherapy prescribing and administration state wide until a single electronic platform is available. - Initiate work towards single electronic platform for chemotherapy protocols and charting 		WAMSG	1 and 2 – July 2016 3 and 4 July 2017

Strategy	Objective	Deliverables	Tools	Responsibility	By when
Other charts for state-wide development: <ul style="list-style-type: none"> - Depot medication chart - Agitation and Arousal in mental health patients chart - Pre and post-operative ophthalmic chart - Post-operative nausea and vomiting (PONV) chart 	Ensure there is a formal process for development, maintenance and review of standardised charts to ensure they support safe prescribing and administration process for: <ul style="list-style-type: none"> - Depot medications - Management of Agitation and Arousal in mental health patients - Pre-and post-operative management of ophthalmic medications - Management of PONV 	For each of the charts listed: <ul style="list-style-type: none"> - Collate existing charts - Form a working group to review existing charts and develop a state-wide chart - Finalise chart and liaise with printers - Develop an education package to support use of chart - Provide support for hospitals during implementation of chart 		QICM	Depot – Dec 2016 A+A Dec 2016 Pre and post-op ophthalmic July 2017 PONV – Dec 2017
3.3 High Risk Medication OD 0561/14 and Systems NSQHS Standard 4.11.1 The risks for storing, prescribing, dispensing and administration of high - risk medicines are regularly reviewed 4.11.2 Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines					
Development of an insulin safety toolkit	Develop a suite of educational information to improve the prescription, administration and dispensing of insulin for WA Health	<ul style="list-style-type: none"> - Investigate existing resources available - Possible components to include: <ul style="list-style-type: none"> • e-Learning on Safe Use of Insulin • Posters • Prescribing Guide 		QICM	July 2018
Review uptake of clinical indicators for monitoring warfarin	Determine the extent of uptake of the anticoagulant-related Quality Use of Medicines (QUM) Indicators for Australian Hospitals for state-wide monitoring and strategic planning. <ul style="list-style-type: none"> - 1.1 Percentage of hospitalised adult patients that are assessed for risk of venous thromboembolism - 1.2 Percentage of hospitalised adult patients that receive venous thromboembolism prophylaxis 	<ul style="list-style-type: none"> - Consultation with hospitals to determine indicator uptake and reporting frequency. - Consensus report for hospitals participating in future data reporting. 		QICM	Dec 2018

Strategy	Objective	Deliverables	Tools	Responsibility	By when
	<p>appropriate to their level of risk</p> <ul style="list-style-type: none"> - 1.3 Percentage of patients prescribed enoxaparin whose dosing schedule is appropriate - 1.4 Warfarin therapy is initiated with a starting dose defined according to the guidelines on the WA Anticoagulation Chart - 1.5 No patient receiving warfarin has a measured INR greater than 4.0 with-out prompt review and dose adjustment. - 5.4 All patients transferred home on warfarin or New Oral Anticoagulants receive written information prior to transfer 				
Review and report on antipsychotic polypharmacy	Review prescribing trends of antipsychotic medications in accordance with QUM indicator 7.5 - Percentage of patients prescribed two or more regular antipsychotic medicines on hospital discharge	<ul style="list-style-type: none"> - Develop an audit tool to review prescribing of antipsychotics in hospitalised patients at the point of discharge in consultation with AHS - Consult stakeholders at mental health sites for participation in review - Collate data and develop report 		WAPDC	Dec 2017
		<ul style="list-style-type: none"> - Mental health sites to collect data and submit to WAPDC project officer. 	Tool provided by WAPDC	AHS	July 2018
Improve safe use of intermittent transdermal medications	Develop a mitigation strategy for clinical incidents identified involving patients with duplicate or missed patch administration of medicines	<ul style="list-style-type: none"> - Develop a sticker to document transdermal patch application checks per shift with a working group formed through the Medication Safety Network that aligns with NIMC prescription - Seek sites to pilot tool - Develop pilot plan - Audit uptake and use of sticker - Review for state implementation 		QICM led in collaboration with MSN	<p>Feb 2016</p> <p>Audit June 2016</p> <p>Review July 2016</p>

Strategy	Objective	Deliverables	Tools	Responsibility	By when
3.4 Standardised Abbreviations OD 0184/09 NSQHS Standard 4.1.1 Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems – Standardisation for WA Health 4.1.2 Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines 4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use					
Audit and report on prescribing standards of approved standardised abbreviations across secondary, tertiary and quaternary healthcare	Improve documentation for safe prescribing and administration of medications.	- AHS to participate in National NIMC audit biennially. (Mandatory participation biennially DG signed off 2012 for all hospitals > 40 beds)	National NIMC audit tool	AHS	National Audit cancelled for 2016. Await update from Commission
		- Biennial report for WA Health for NIMC Audit and focus on use of error-prone abbreviations - Develop promotional tools to improve uptake of approved standardised abbreviations		QICM	
3.5 National Recommendations for User-Applied Labelling of Injectable Medicines, Fluids and Lines OD 0385/12 AND National Standard for User Applied Labelling of Injectable Medicines Fluids and Lines OD 0647/16 NSQHS Standard 4.1.1 Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems – Standardisation for WA Health 4.1.2 Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines 4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use					
Review of Operational Directive in alignment with revision of recommendations by ACSQHS (version 3)	Update Operational Directive to requirements of the National Standard for User-Applied Labelling of Medicines Fluids and Lines released Sept 2015.	- Updated Operational Directive published - Update PowerPoint educational resource - Update Medication Safety webpage with links to ACSQHC website.		QICM	COMPLETE
Review of requirements for education and promotion in alignment with National Standard for User Applied Labelling of Injectable Medicines Fluids and Lines by ACSQHS and revised WA Operational Directive.	Resources to promote safe medication practice for labelling of injectable medicines, fluids and lines in accordance with National Standard for User Applied Labelling of Medicines Fluids and Lines are available to health services	- Review existing promotional material available, undertake a gap analysis, and in consultation with stakeholders develop strategies to improve practice in accordance with the national recommendations		QICM	July 2016

Strategy	Objective	Deliverables	Tools	Responsibility	By when
Inclusion of new labels in National Standard for inclusion in state tender	Facilitate access of new labels through tender process.	- QICM to facilitate with HCN to revise existing tender to provide additional labels outlined in Standard for WA Health hospitals imprest supply.		Health Corporate Network	Dec 2016
3.6 Pharmaceutical Review Policy OD 0039/07 NSQHS Standard 4.2.1 The medication management system is regularly assessed 4.5.1 The performance of the medication management system is regularly assessed 4.6.1 A best possible medication history is documented for each patient 4.6.2 The medication history and current clinical information is available at the point of care 4.7.1 Known medication allergies and adverse drug reactions are documented in the patient clinical record 4.8.1 Current medicines are documented and reconciled at admission and transfer of care between healthcare settings 4.12.1 A system is in use that generates and distributes a current and comprehensive list of medicines and explanation of changes in medicines 4.12.2 A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care 4.12.3 A current comprehensive list of medicines is provided to the receiving clinician during clinical handover 4.12.4 Action is taken to increase the proportion of patients and receiving clinicians that are provided with a current comprehensive list of medicines during clinical handover					
Review of policy in line with proposed new Safety and Quality Standard – MS – medicine review core action	Review Pharmaceutical Review Policy to aligned with Phase II NSQHSS Medicine Review Core Action and reflects best practice	<ul style="list-style-type: none"> - Seek working group members tasked with reviewing current policy - Develop revised Pharmaceutical Review Policy - Consultation with AHS on policy - Review need for tools to support revised policy 		QICM	Dec 2016
Development of a risk assessment screening tool to prioritise high risk patients for medication reconciliation on admission and discharge to be integrated into existing assessment documentation or eReferral pathways	A trigger to alert doctors, nurses and pharmacists to patients requiring escalated management whom are considered high risk due to their medication regimen on admission or on discharge/transfer to ensure they are review in a timely manner is established	<ul style="list-style-type: none"> - Develop a medication risk assessment tool with a working group with stakeholder representation - Seek sites to pilot tool - Develop pilot plan - Audit uptake and use of tool - Review possibility of eReferral process for tool 		QICM in collaboration with MSN	June 2016

Strategy	Objective	Deliverables	Tools	Responsibility	By when
Standardise processes in medication management using the WA Medication History and Management Plan	Revised WA Medication History and Management Plan (WA MMP) Determine whether the WA MMP is used consistently for admission and discharge reconciliation processes	- Seek feedback through WA Medication Safety Network on change requirements for WA MMP - Review medication reconciliation data to determine whether further drilling of information is required for discharge process to strategise for improvements in discharge/transfer reconciliation.		QICM	June 2016
		- Review use of WA MMP within organisations - Provide feedback on use and change requests to WA MMP		MSN	June 2016
Standardise documentation of counselling of medications	Ascertain usage of Medication Discharge Plan section of WA MMP, with emphasis on documenting provision of information to the patient	- Review current processes across sites for documentation of medication-related information provided to the patient/carer during admission and on discharge. - Develop promotional resource to promote documenting provision of information to the patient		QICM	July 2016
Review Information and Communication Technology (ICT) platforms for medication management	A system of documenting medication reconciliation (on admission and on discharge) that integrates with existing inpatient prescribing charts, discharge prescriptions and discharge summary electronic platforms is implemented	- Investigate opportunities for integration of medication reconciliation documentation through electronic platforms		QICM	Dec 2017
3.7 Antimicrobial Stewardship NSQHS Standard 3.14.1 An antimicrobial stewardship program is in place 3.14.2 The clinical workforce prescribing antimicrobials have access to current endorsed therapeutic guidelines on antibiotic usage 3.14.3 Monitoring of antimicrobial usage and resistance is undertaken 3.14.4 Action is taken to improve the effectiveness of antimicrobial stewardship					
Support a systematic approach to optimisation of antimicrobial utilisation	An Antimicrobial Stewardship Policy in collaboration with WA Committee for Antimicrobials is produced.	- Consult requirements of policy in collaboration with WACA - Consult AHS special interest group for Antimicrobial Stewardship		QICM led in collaboration with WACA	COMPLETE

Strategy	Objective	Deliverables	Tools	Responsibility	By when
		<ul style="list-style-type: none"> - Review of policy by stakeholder groups - Antimicrobial Stewardship Policy published 			
	<ul style="list-style-type: none"> - Determine compliance with Antimicrobial Stewardship Policy - Raise awareness of need for antimicrobial stewardship 	<ul style="list-style-type: none"> - Develop a survey to AHS to ascertain uptake of Antimicrobial Stewardship Policy - Develop an education resource on antimicrobial stewardship for medical and nursing staff - Review policy gaps 		QICM led in collaboration with WACA	
<p>Ensure the appropriate use of antimicrobials to limit unnecessary administration or exposure by</p> <ul style="list-style-type: none"> - Optimising diagnosis, - Ensuring selecting appropriate antimicrobials, - Optimising dosing, frequency and duration of therapy <p>with executive support and AMS Programs</p>	Raise awareness of need for antimicrobial stewardship	<ul style="list-style-type: none"> - Provide feedback on uptake of Antimicrobial Stewardship Policy - Report on Health Service Requirements for the AMS Policy (page 7 of policy)- annually - Provide feedback on educational resource requirements for AMS Policy - Report participation in the National Antimicrobial Prescribing Survey (NAPS) to WACA - annually 		AHS	<p>Dec 2016</p> <p>Dec 2016</p> <p>Dec 2016</p> <p>July 2016</p>
3.8 Venous Thromboembolism (VTE) Risk Assessment NSQHS Standard 4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use 4.11.1 The risks for storing, prescribing, dispensing and administration of high- risk medicines are regularly reviewed 4.11.2 Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines					
Provide a systematic approach to VTE risk assessment before initiating pharmacological and/or mechanical prophylaxis	<ul style="list-style-type: none"> - Improve documentation of VTE Risk assessment for clinical handover of risk and prophylactic management of VTE requirements - Reduce the risk of inappropriate use of anticoagulants in patients with bleeding risks. 	<ul style="list-style-type: none"> - Develop and publish a policy for VTE Risk Assessment Documentation and guidance on VTE prophylaxis - Publish NIMC with VTE risk assessment section - Develop and publish audit tool to evaluate uptake of policy 		QICM	July 2016
		<ul style="list-style-type: none"> - Provide data from the VTE Risk Assessment documentation in the clinical record and NIMC VTE Risk Assessment Tool to QICM using the 	VTE risk assessment audit tool from VTE Risk Assessment	AHS	July 2017

Strategy	Objective	Deliverables	Tools	Responsibility	By when
		audit tool provided. - Monitor compliance with VTE Risk Assessment and appropriateness of prophylaxis by auditing <ul style="list-style-type: none"> Percentage of hospitalised adult patients that have a documented assessed for risk of venous thromboembolism Percentage of hospitalised adult patients that receive venous thromboembolism prophylaxis appropriate to their level of risk 	Policy Yearly reporting on uptake outcomes.		
3.9 Medication Safety Information and Communication Technology (ICT) Solutions NSQHS Standard 4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use					
Support requirements for purchase and implementation of EMM systems for WA Health to improve patient safety	Develop a Strategic Vision and plan ensuring safety requirements are considered for WA Health purchase and implementation of EMMS systems	- Review safety and cost considerations for EMMS and consult other states that have state direction for EMMS.		OCMO led in collaboration with QICM	Dec 2016
Ensure safety and quality processes and controls are built into all new technologies and infrastructure design, development, procurement, deployment and operations.	Support requirements for purchase and implementation of EMM systems for WA Health to improve patient safety	- Ensure adequate consultation from key stakeholders for EMMS process - Engage HIN and ICT Board and Clinical Reference Committee to provide guidance on planning and product requirements		OCMO led in collaboration with QICM	Dec 2016
Provide recommendations to procurement regarding requirements of smart infusion pump equipment (including recommendations for smart pump library management)	Support requirements for purchase and implementation of smart infusion pump equipment for WA Health to improve patient safety.	- WAMSG to provide safety recommendations for consideration when purchasing volumetric infusion pumps for WA Health		WAMSG led in collaboration with QICM	July 2016

Strategy	Objective	Deliverables	Tools	Responsibility	By when
Principle 4: Led for high performance					
4.1 Initiate and support leadership and cultural change throughout the health system					
To improve communication to hospitals on medication safety issues and work in collaboration with the Medication Safety Network to identify risk areas, and develop tools/initiatives to assist in safe medication safety practices	<ul style="list-style-type: none"> - Provide regular medication safety updates communicated through the WA Medication Safety Network Community via email distribution - Create a forum for medication safety discussions 	<ul style="list-style-type: none"> - Create mail listing for WA Medication Safety Network - Produce a medication safety newsletter to be distributed every 6 months - Provide quarterly meetings for the WA Medication Safety Network 		QICM	Ongoing



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