

03 November 2024

Natalie Kahwajy
Senior Project Officer, Digital Health
Australian Commission on Safety and Quality in Health Care
ACSQHCdigitalhealth@safetyandquality.gov.au

Dear Natalie,

RE: Draft Medication Management at Transitions of Care Stewardship Framework

Thank you for the opportunity to comment on the draft Medication Management at Transitions of Care (MM at TOC) Stewardship Framework. This submission has been prepared from an aged care perspective with input from the Aged & Community Care Providers Association's (ACCPA) members and partners.

ACCPA is the national Industry Association for aged care providers offering retirement living, seniors housing, residential care, home care, community care and related services.

ACCPA exists to unite aged care providers under a shared vision to enhance the wellbeing of older Australians through a high performing, trusted and sustainable aged care sector. We support our members to provide high quality care and services while amplifying their views and opinions through an authoritative and comprehensive voice to the government, community, and media.

ACCPA strongly supports the development of this Framework, which we believe will enhance medication safety for older Australians. This submission addresses the key questions highlighted in the following sections, including:

- The Framework: General Outline
- Element 1: Structure and governance
- Element 2: Multidisciplinary Stewardship Team
- Element 3: Activities to support safer MM at TOC
- Element 4: Ongoing Monitoring, Evaluation and Reporting

The Framework: General Outline

Do you agree that the four elements above summarise the most important elements for inclusion in a MM at TOC Stewardship Framework? Do you have any additional comments?

The four elements encompass the essential components of a *MM at TOC Stewardship Framework*. However, we recommend adding three more elements—Enhanced Patient and Caregiver Involvement, Digital Health and Interoperability, and Risk Assessment and Stratification. This would strengthen the framework by addressing patient engagement, digital health infrastructure, and targeted risk management.

Element 1: Structure and governance

The Framework suggests that a General Practitioner (GP) liaison and/or a Primary Health Network (PHN) representative should be a member of their local MM at TOC Stewardship committee. Please list any other representatives from primary care you think should be a member of the MM at TOC Stewardship committee.

In addition to a GP liaison and/or a PHN representative, we recommend including the representatives outlined in the table below as members of the *MM at TOC Stewardship committee*.

Proposed representative	Rationale for inclusion as a member of the MM at TOC Stewardship committee
Clinical (credentialed) and Community Pharmacist Representative	Clinical and community pharmacists are essential for medication review and reconciliation, patient education, and ongoing medication management post-discharge.
Nurse Practitioners (Primary or Community Care)	Nurse practitioners provide care continuity, support medication administration, and often coordinate with other healthcare providers in primary care settings.
Allied Health Professionals (e.g. Social Workers, Occupational Therapists)	Allied health professionals play a crucial role in supporting medication adherence, educating patients on safe medication use, and managing any social or functional challenges that may impact medication management.
Aboriginal Health Liaison Officer (or equivalent for culturally and linguistically diverse communities)	This representative would address the needs of Aboriginal and Torres Strait Islander individuals and other culturally diverse populations, ensuring culturally safe practices in medication management.
Home Care or Community Nursing Services Representative	Provide insight into the challenges and needs of people who receive home-based care and medication support.
Residential Aged Care Facility (RACF) Representative	For patients transitioning to or from residential aged care, a representative familiar with RACF procedures can aid in smooth transitions and ensure continuity of care.
Patient or Consumer Advocate	Including a patient or consumer representative would help to ensure the framework remains person-centred and responsive to patient needs and concerns.

These primary care representatives would bring diverse perspectives and expertise to the committee, supporting a holistic approach to medication management at transitions of care, especially for high-risk patients or those with complex needs.

Element 2: Multidisciplinary Stewardship Team

How do you engage external primary care stakeholders, and would this facilitate MM at TOC?

Engaging external primary care stakeholders is crucial for the success of Element 2, the Multidisciplinary Stewardship Team, within the *MM at TOC Stewardship Framework*. Effective engagement with these stakeholders supports seamless communication, continuity of care, and optimal medication management, especially during transitions.

Suggestions on how to best engage external primary care stakeholders, and how it facilitates MM at TOC, are provided below.

1. Establish Formal Communication Channels

- **Approach:** Create structured communication pathways, such as secure messaging systems, regular interprofessional meetings, and shared digital platforms for patient information exchange.
- **Benefits for MM at TOC:** This ensures timely sharing of patient data, medication histories, and care plans, reducing the likelihood of errors and discrepancies in medication management.

2. Regularly Involve Stakeholders in Decision-Making and Planning

- **Approach:** Invite primary care stakeholders, such as GP liaisons, community pharmacists, and nurse practitioners, to participate in the development of TOC protocols and in periodic strategy sessions.
- **Benefits for MM at TOC:** Regular involvement fosters shared ownership and accountability for MM at TOC. Primary care providers can offer insights into patient needs post-discharge, ensuring TOC processes are practical and patient-centred.

3. Create Collaborative Care Protocols

- **Approach:** Develop standardised care protocols that outline each stakeholder's role in medication reconciliation, patient education, and follow-up care during transitions.
- **Benefits for MM at TOC:** Clear, role-specific protocols allow primary care providers to understand their responsibilities, reducing duplication and ensuring smoother handovers.

4. Provide Training and Support for TOC Best Practices

- **Approach:** Offer training to primary care stakeholders on TOC best practice, digital tools, and effective communication methods. This can include workshops, shared learning sessions, and online resources.
- **Benefits for MM at TOC:** Equipping external stakeholders with consistent TOC knowledge and skills enhances care continuity, as primary care providers are prepared to handle medication management issues immediately upon patient discharge.

5. Implement Feedback Loops and Continuous Improvement Mechanisms

- **Approach:** Establish a feedback mechanism to capture input from primary care stakeholders regarding any challenges, successes, or gaps they encounter in the TOC process.
- **Benefits for MM at TOC:** Feedback loops enable ongoing refinement of TOC processes and help address issues that primary care providers may face, improving the overall safety and quality of medication management across transitions.

6. Utilise Patient Centred Engagement Models

- **Approach:** Encourage primary care providers to involve patients and caregivers in medication management through follow-up calls, in-person consultations, or digital reminders.
- **Benefits for MM at TOC:** When primary care providers engage patients directly in their medication management, it fosters adherence and understanding, which can reduce readmissions and adverse medication events.

Effective engagement of external primary care stakeholders through the above strategies fosters collaborative and coordinated care. By involving primary care stakeholders actively, Element 2 not only strengthens the Stewardship Team, but also creates a more integrated, responsive, and patient-centred MM at TOC Stewardship Framework. This holistic approach minimises gaps in care, reduces medication errors, and enhances patient outcomes at each transition point.

Element 3: Activities to support safer MM at TOC

In addition to the listed Stewardship activities in the figure below, are there other activities that would support MM at TOC?

In addition to the listed stewardship activities in the MM at TOC Stewardship Framework, several other activities could further support effective MM at TOC. These additional activities would enhance patient safety, improve care continuity, and reduce medication errors, particularly during the vulnerable transition period.

1. Patient and Caregiver Education on Discharge

- **Activity:** Provide thorough education to patients and their caregivers about prescribed medications, potential side effects, and the importance of adherence. Include easy-to-understand written materials or access to a 24/7 helpline for questions about medications.
- **Impact:** Improves patient understanding and adherence to medication plans, reducing risks of adverse events or readmissions.

2. Post-Discharge Follow-Up Calls

- **Activity:** Schedule follow-up calls within 48–72 hours post-discharge to review medication plans, answer patient questions, and address any issues in medication administration.
- **Impact:** Ensures early detection and resolution of medication-related issues, promoting smoother transitions to home or community care.

3. Pharmacist-Led Medication Review Post-Discharge

- **Activity:** Implement a process where clinical or community pharmacists review discharge medications, particularly for high-risk patients, to verify appropriateness and safety, and coordinate with primary care.
- **Impact:** Reduces discrepancies in medication lists and ensures patients receive an accurate and safe medication regimen after discharge.

4. Enhanced Digital Integration and Data Sharing

- **Activity:** Improve data integration between hospital and primary care systems (e.g. using shared electronic health records) to ensure all providers have real-time access to up-to-date medication lists and care plans.
- **Impact:** Minimises errors associated with outdated or incomplete information, facilitating coordinated care across settings.

5. Risk Assessment for Medication-Related Readmissions

- **Activity:** Implement risk stratification tools to identify patients at high risk for medication-related complications and assign them to more intensive follow-up and monitoring.
- **Impact:** Targeted interventions for high-risk patients can prevent avoidable readmissions and improve medication safety.

6. Utilisation of Telehealth for Medication Reconciliation

- **Activity:** Offer telehealth options for remote medication reconciliation and consultations with pharmacists, especially for patients in rural or underserved areas.
- **Impact:** Expands access to professional medication review services, ensuring that patients in all locations receive necessary support.

7. Collaboration with Home Health Services

- **Activity:** Engage home health services to monitor patients' medication adherence and provide in-home support for those who may have difficulties with medication management.
- **Impact:** Enhances support for vulnerable patients, particularly those with physical or cognitive limitations, helping to prevent medication-related incidents.

8. Interprofessional Handover Meetings

- **Activity:** Organise structured handover meetings between hospital staff and primary care providers (e.g. GPs, community pharmacists) to discuss complex cases and clarify medication plans.
- **Impact:** Improves clarity and consistency in medication plans, especially for patients with complex medical needs.

Integrating these activities into the MM at TOC Stewardship Framework would provide additional layers of safety and support for patients transitioning across care settings. This holistic approach addresses common risks associated with medication transitions, improving patient outcomes and reducing the likelihood of readmissions due to medication-related issues.

Element 4: Ongoing Monitoring, Evaluation and Reporting

How would your organisation report on results of MM at TOC stewardship to your local stewardship committee, and does this provide insight into areas of improvement?

ACCPA is of the view that an organisation can report on the results of MM at TOC Stewardship to the local stewardship committee by using structured, data-driven methods that include regular performance metrics, case studies, and targeted feedback. This approach not only ensures accountability and transparency, but also provides critical insights into areas for improvement.

Steps for reporting MM at TOC Results could include:

1. Establish Key Performance Indicators (KPIs) and Metrics
 - **Examples of KPIs:** Rate of medication discrepancies identified and resolved, hospital readmission rates due to medication-related issues, patient adherence rates post-discharge, time to complete medication reconciliation.
 - **Method:** Set targets for each KPI based on baseline data and national or organisational standards. Use these targets to track monthly or quarterly progress.
2. Present Summary Dashboards and Reports
 - **Content:** Develop visual dashboards and concise reports that summarise performance metrics, trends, and progress toward MM at TOC goals.
 - **Method:** Include a breakdown by care setting (e.g. hospital, primary care), patient demographics, and high-risk categories to illustrate which areas are performing well and which need attention.
3. Case Studies and Incident Reviews
 - **Content:** Highlight specific cases of successful MM at TOC interventions, as well as any adverse events or near-miss incidents, to provide qualitative insights into stewardship effectiveness.
 - **Method:** Conduct root cause analyses for incidents and share findings with the committee to pinpoint gaps in current protocols or identify training needs.
4. Patient and Caregiver Feedback
 - **Content:** Collect feedback from patients and caregivers about their experiences with medication management during transitions of care.
 - **Method:** Use surveys or structured interviews to gather data on patient satisfaction, understanding of discharge medications, and perceived quality of communication. Present summary feedback to the committee.
5. Comparative Analysis Over Time

- **Content:** Show comparative data over multiple reporting periods to highlight improvements or areas of decline.
 - **Method:** Track KPIs over time to detect any trends, such as seasonal variations in readmission rates or improvements following new interventions.
6. Digital Health Utilisation Report
- **Content:** Track the use of digital tools like electronic medical records , digital discharge summaries, and secure messaging.
 - **Method:** Evaluate the effectiveness of digital health tools in reducing medication errors or delays in information transfer and report on any technical issues impacting the process.

Gaining Insights for Improvement

The above-mentioned reporting structure provides the stewardship committee with valuable insights into areas needing improvement by:

- **Highlighting trends:** Comparative data can identify consistent issues, such as recurring medication discrepancies or high readmission rates within certain demographics, guiding the committee to develop targeted interventions.
- **Evaluating impact of interventions:** Tracking outcomes over time can show whether specific initiatives (e.g. enhanced discharge planning, new digital tools) are having a measurable impact (e.g. reducing errors or improving patient satisfaction).
- **Identifying training needs:** Incident reports and feedback pinpoint skill or knowledge gaps among staff, in order to identify areas where further training may be needed, such as medication reconciliation or patient education.
- **Spotting process inefficiencies:** Reviewing time-to-completion metrics for tasks like medication reconciliation can highlight if there are process delays, which may indicate a need for workflow adjustments or additional resources.

This structured reporting approach enables the organisation to provide comprehensive updates to the stewardship committee, using both quantitative data and qualitative insights. By examining these results, the committee can make data-informed decisions, addressing specific challenges within MM at TOC and guiding ongoing improvements in medication management practices.

If you have any further questions or would like to discuss, please contact Dr Moe Mahat at Mohamad.Mahat@accpa.asn.au

Yours sincerely

Anne Liddell
Head of Policy
Aged & Community Care Providers Association