

# Aged Care Accreditation Standards

1. Management systems, staffing and organisational development

2. Health and personal care

Accreditation  
Standards

3. Care recipient lifestyle

4. Physical environment and safe systems

# Accreditation Standards

## Standard 1

### Management systems, staffing and organisational development

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

**Intention of standard:** This standard is intended to enhance the quality of performance under all Accreditation Standards, and should not be regarded as an end in itself. It provides opportunities for improvement in all aspects of service delivery and is pivotal to the achievement of overall quality.

#### 1.1 Continuous improvement

The organisation actively pursues continuous improvement.

#### 1.2 Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

#### 1.3 Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

#### 1.4 Complaints and complaints

Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.

#### 1.5 Planning and leadership

The organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service.

#### 1.6 Human resource management

There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives.

#### 1.7 Inventory and equipment

Stocks of appropriate goods and equipment for quality service delivery are available.

#### 1.8 Information systems

Effective information management systems are in place.

#### 1.9 External services

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals.

## Standard 2

### Health and personal care

**Principle:** Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

#### 2.1 Continuous improvement

The organisation actively pursues continuous improvement.

#### 2.2 Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care.

#### 2.3 Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

#### 2.4 Clinical care

Care recipients receive appropriate clinical care.

#### 2.5 Specialised nursing care needs

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff.

#### 2.6 Other health and related services

Care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences.

#### 2.7 Medication management

Care recipients' medication is managed safely and correctly.

#### 2.8 Pain management

All care recipients are as free as possible from pain.

#### 2.9 Palliative care

The comfort and dignity of terminally ill care recipients is maintained.

#### 2.10 Nutrition and hydration

Care recipients receive adequate nourishment and hydration.

#### 2.11 Skin care

Care recipients' skin integrity is consistent with their general health.

#### 2.12 Continence management

Care recipients' continence is managed effectively.

#### 2.13 Behavioural management

The needs of care recipients with challenging behaviours are managed effectively.

#### 2.14 Mobility, dexterity and rehabilitation

Optimum levels of mobility and dexterity are achieved for all care recipients.

#### 2.15 Oral and dental care

Care recipients' oral and dental health is maintained.

#### 2.16 Sensory loss

Care recipients' sensory losses are identified and managed effectively.

#### 2.17 Sleep

Care recipients are able to achieve natural sleep patterns.

# Accreditation Standards

## Standard 3

### Care recipient lifestyle

**Principle:** Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

#### 3.1 Continuous improvement

The organisation actively pursues continuous improvement.

#### 3.2 Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about care recipient lifestyle.

#### 3.3 Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

#### 3.4 Emotional support

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis.

#### 3.5 Independence

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

#### 3.6 Privacy and dignity

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected.

#### 3.7 Leisure interests and activities

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them.

#### 3.8 Cultural and spiritual life

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

#### 3.9 Choice and decision-making

Each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.

#### 3.10 Care recipient security of tenure and responsibilities

Care recipients have secure tenure within the residential care service, and understand their rights and responsibilities.

## Standard 4

### Physical environment and safe systems

**Principle:** Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

#### 4.1 Continuous improvement

The organisation actively pursues continuous improvement.

#### 4.2 Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about physical environment and safe systems.

#### 4.3 Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively.

#### 4.4 Living environment

Management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs.

#### 4.5 Occupational health and safety

Management is actively working to provide a safe working environment that meets regulatory requirements.

#### 4.6 Fire, security and other emergencies

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks.

#### 4.7 Infection control

An effective infection control program.

#### 4.8 Catering, cleaning and laundry services

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment.



Australian Government  
Australian Aged Care Quality Agency

[www.aacqa.gov.au](http://www.aacqa.gov.au)

BRO\_CAH\_0011 V14.1

# Resources

The screenshot shows the health.vic website interface. At the top is a red header with the Victoria State Government logo and the text 'health.vic Victoria's hub for health services & business'. A search bar is on the right. Below the header is a navigation menu with links: Hospitals & health services, Primary & community health, Public health (highlighted), Mental health, Alcohol & drugs, and Ageing & aged care. A breadcrumb trail reads: Home > Public health > Drugs and poisons > Aged care > Resource kit. The main heading is 'Aged care medication management resource kit'. To the right of the heading are links for 'Share', 'Listen', and 'More', along with a vertical 'feedback' button. On the left, a blue box titled 'Key messages' contains three bullet points: 1. A medication management kit has been developed to help residential aged care services meet their medication management requirements. 2. The resource kit allows aged care providers to understand and implement the Australian Pharmaceutical Advisory Council guidelines. 3. The resource kit and associated training materials can be downloaded and used by aged care services. On the right, a section titled 'In this topic' lists three links: 'Approved poisons list for aged care nurses', 'Secretary approvals', and 'Drugs and poisons definitions'.

**health.vic**  
Victoria's hub for health services & business

Search site or services

Hospitals & health services ▾ Primary & community health ▾ **Public health ▾** Mental health ▾ Alcohol & drugs ▾ Ageing & aged care ▾

Home > Public health > Drugs and poisons > Aged care > Resource kit

## Aged care medication management resource kit

Share Listen More ▾ feedback

### Key messages

- ☰ A medication management kit has been developed to help residential aged care services meet their medication management requirements.
- ☰ The resource kit allows aged care providers to understand and implement the Australian Pharmaceutical Advisory Council guidelines.
- ☰ The resource kit and associated training materials can be downloaded and used by aged care services.

### In this topic

- Approved poisons list for aged care nurses
- Secretary approvals
- Drugs and poisons definitions

On this page: Aged care medication management resource kit – accessing it

Section A of the resource kit contains general information about the 14 APAC recommendations. Section B contains information relevant to each specific APAC recommendation. The examples in Section B are drafts and samples for residential aged care services to adapt and tailor to the needs of their own organisation, based on the outcomes of quality audits.

Resource Kit to enable implementation of the APAC Guidelines for Medication Management in Residential Aged Care Facilities - September 2006

Section C of the resource kit includes electronic copies of the documents in the resource kit, in Word format, so that residential aged care services can adapt the examples and insert details specific to their own circumstances.

[Sample letter to resident advocate and family members regarding medication management \(A\)](#)

[Sample letter to resident advocate and family members regarding medication management \(B\)](#)

[Sample invitation letter to general practitioner](#)

[Sample letter to pharmacist](#)

[Draft policy for use of complementary therapy by residents](#)

[Draft policy for complementary and alternative therapies](#)

[Example of complementary therapies care plan](#)

[Sample letter to residents regarding complementary therapies](#)

[Sample letter for staff member](#)

[Example of terms of reference for MAC](#)

[Example terms of reference for regional MAC](#)

[Example agenda for MAC](#)

[Example minute template for MAC](#)

[Example of medication chart audit](#)

[Medication chart checklist](#)

[Residential medication management reviews information for aged care homes](#)

[Residential medication management reviews information for general practitioners](#)

[Residential medication management reviews questions and answers](#)

[Sample policy and procedure for medication management](#)

[Off-site administration of medication](#)

[Sample letter to GP seeking authority for list of nurse-initiated medications](#)

[Example authority for list of nurse-initiated medications](#)

[Guidelines for management of residents who administer their own medicines \(self-administration\)](#)

[Example of self-administration of medication assessment](#)

[Sample letter to resident regarding self-administration](#)

[Draft guidelines for modification of oral formulations](#)

[Sample of a dose administration aid practice checklist](#)

[Sample of a dose administration aid system checklist](#)

[The 14 APAC recommendations](#)

[Audit tool and checklist](#)

## Expected outcome 2.3

### Education and staff development

This expected outcome requires that:

**Management and staff have appropriate knowledge and skills to perform their roles effectively.**

The focus of this expected outcome is '**results**'.

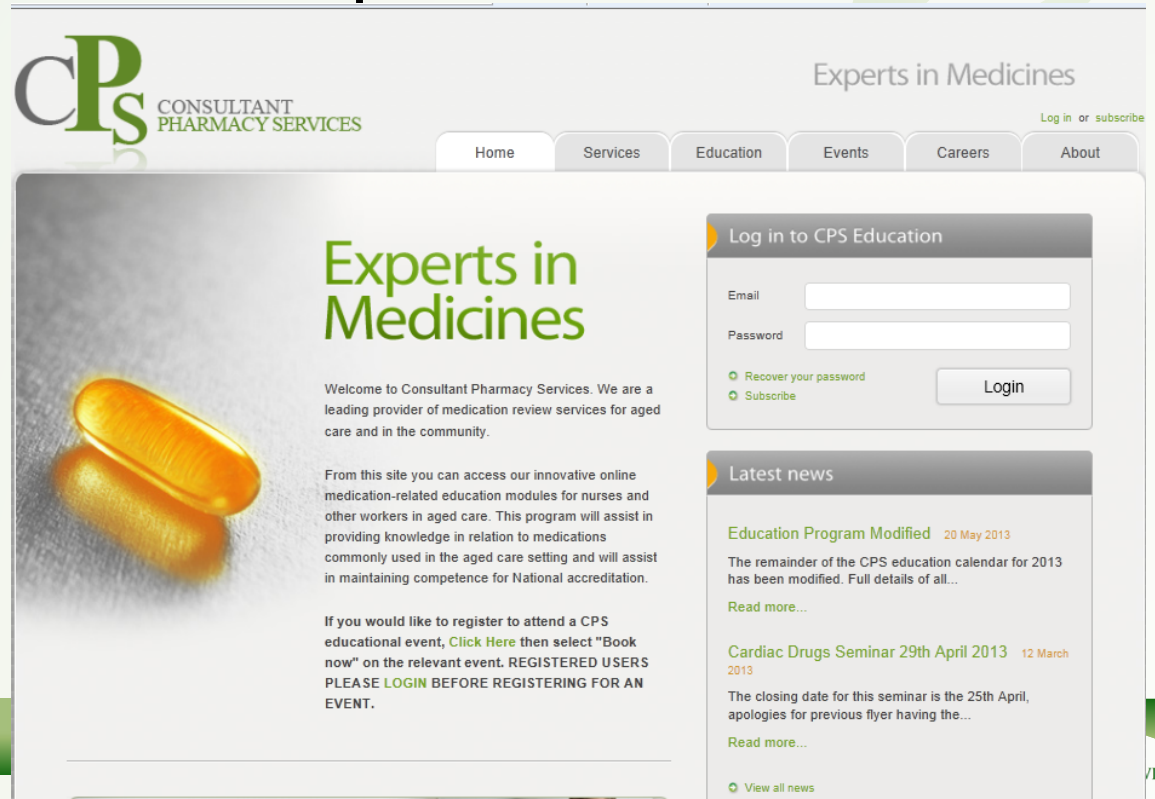
### Results

- Management demonstrates management and staff have the knowledge and skills required for effective performance in relation to health and personal care.
- The performance of the home against other expected outcomes in Standard Two is satisfactory.

## 2. Health and personal care

- **2.3 Education and staff development**

Management and staff have appropriate knowledge and skills to perform their roles effectively.



# Educational modules

## Modules

### Medication Management Resources

Legal Aspects of  
Medication Use

Presentation and Guidelines re  
medication use in Tasmania

### Neurological Disorders

Sleep Disorders  
in the Elderly

A review of the causes and consequences of the common sleep disorders in the elderly- being insomnia, sleep apnoea, Restless Legs Syndrome and REM sleep disorders. A review to the use and misuse of benzodiazepines for the management of insomnia.

2nd  
Nov  
2012

Medications in  
Parkinson's

An overview of the medications used in Parkinson's Disease including those that are used for complications of the disease as opposed to modifying the primary signs and symptoms. A discussion of medications that worsen Parkinson's Disease. Case Study also.

2nd  
Nov  
2012

### Diabetes

Medication Use  
in Diabetes

An outline of diabetes and its pathophysiology and treatment with a special emphasis on the elderly patient. An outline of other medications commonly used in elderly diabetic patients.

2nd  
Nov  
2012

es in the elderly and the role  
ts and antiplatelets

2nd Nov  
2012

### Palliative Care

Medications for  
Palliative Care

An outline of the different medications used in palliative care in aged care facilities. The focus is on medications used for the management of the symptoms of pain, nausea, breathlessness and agitation.

2nd  
Nov  
2012

r managing chronic pain in the  
ant pain and the use of

2nd Nov  
2012

### Dementia

Medication Use  
in Dementia

An outline of the medication used to treat the disease process and those to treat the behavioural disorders associated with dementia. A section on medications that worsen cognition and contribute to worsening behaviours and dementia.

2nd  
Nov  
2012

including medications. Also a  
st in reducing falls, particularly

2nd Nov  
2012

tions of osteoporosis. Including  
ent of the disease with an

2nd  
Nov  
2012




# Medication competency modules

ADMINISTRATION

SHANE

SIGN OUT



our SERVICES

**MODULES**

medication RESOURCES

upcoming EVENTS

ABOUT

MODULES

MEDICATION COMPETENCY MODULES

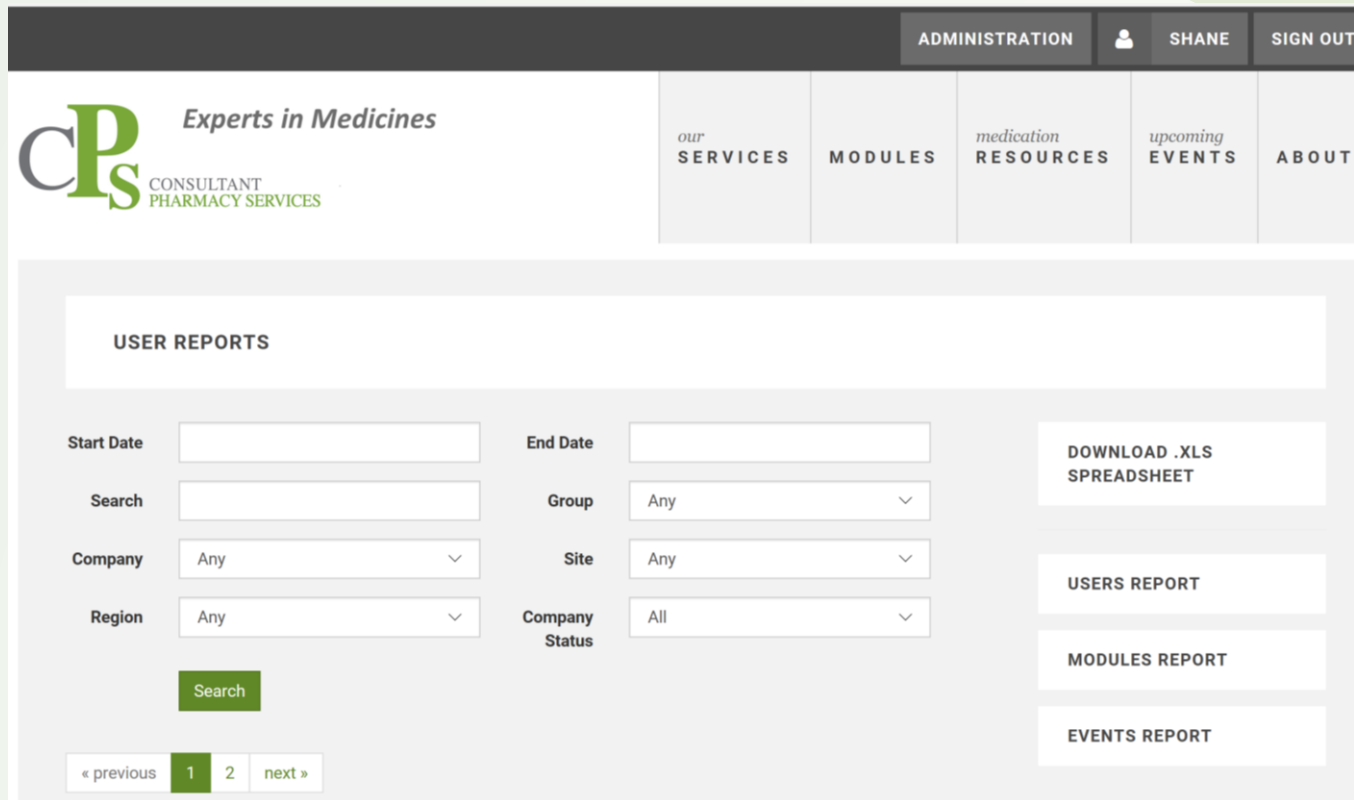
Inhaled Medications	Safe and Effective administration of medications by the inhaled route	21st Jul 2016
BGL Monitoring and Insulin	Safe administration of insulin and improving the accuracy of blood glucose monitoring.	21st Jul 2016
Eye Preparations	Safe and Effective Administration of Eye Drops and Ointments	21st Jul 2016
Ear Drops	Safe and Effective use of ear drops	21st Jul 2016
Medication Calculations	This section allows for direct access to the medication calculations assessment	21st Jul 2016

VIEW CNE REPORT


DOWNLOAD AS PDF



# User reports



The screenshot shows the 'User Reports' section of the CPS website. At the top, there is a dark navigation bar with 'ADMINISTRATION', 'SHANE' (with a user icon), and 'SIGN OUT'. Below this is a header with the CPS logo and 'Experts in Medicines' on the left, and a menu with 'our SERVICES', 'MODULES', 'medication RESOURCES', 'upcoming EVENTS', and 'ABOUT' on the right. The main content area is titled 'USER REPORTS' and contains a search form with fields for Start Date, End Date, Search, Company, Region, Group, Site, and Company Status. A green 'Search' button is at the bottom of the form. To the right of the form are four buttons: 'DOWNLOAD .XLS SPREADSHEET', 'USERS REPORT', 'MODULES REPORT', and 'EVENTS REPORT'. At the bottom left of the form is a pagination bar showing '« previous', '1' (highlighted), '2', and 'next »'.

**ADMINISTRATION**  **SHANE** **SIGN OUT**

**CPS** *Experts in Medicines*  
CONSULTANT  
PHARMACY SERVICES

our **SERVICES** **MODULES** medication **RESOURCES** upcoming **EVENTS** **ABOUT**

**USER REPORTS**

Start Date  End Date

Search  Group

Company  Site

Region  Company Status

« previous **1** 2 next »

**DOWNLOAD .XLS SPREADSHEET**

**USERS REPORT**

**MODULES REPORT**

**EVENTS REPORT**

## Expected outcome 2.7

### Medication management

This expected outcome requires that:

**Care recipients' medication is managed safely and correctly.**

The focus of this expected outcome is  
**'results for care recipients'.**

#### Results

- Management demonstrates care recipients' medication is managed safely and correctly.
- Management can demonstrate staff compliance with the medication management system.
- Management can demonstrate the medication management system is safe, according to relevant legislation, regulatory requirements, professional standards and guidelines.
- Care recipients/representatives confirm they are satisfied that medication is managed safely and correctly.

## 2.7 Medication management

- Results
  - Management demonstrates residents' medication is managed safely and correctly.
  - Management can demonstrate staff compliance with the medication management system.
  - Management can demonstrate the medication management system is safe, according to relevant legislation, regulatory requirements, professional standards and guidelines.
  - Residents/representatives confirm they are satisfied that medication is managed safely and correctly.
- Right resident, right medication, right dose, right route at the right time.
  - Looking at home processes
    - Residents individual needs
    - Staff skill levels
    - Ordering procedure
    - Storage
    - Administration
    - Incident reports

## 2.7 Medication management

- **Processes**

- Are policies and procedures documented and made available to staff?
- How are staff practices developed and monitored to ensure understanding and compliance with processes and procedures? For example, are quality assurance audits conducted and reviewed, and does supervision of staff occur including in relation to the use of assessment tools, equipment, and methods of managing medication?

# Specifics

- Evaluate if:
  - residents self-administering their medications have been appropriately assessed
  - all residents are regularly assessed for their medication needs
  - medications are prescribed by doctors with clear instructions on their administration
  - medications provided on an 'as necessary' (PRN) basis are administered as such
  - the home has clear systems in place for the administration of nurse-initiated medications
  - medications are provided in accordance with the doctors' orders and are signed for after being administered by staff
  - where errors occur, medication incident forms are completed, initial actions implemented, evaluated and strategies are put in place to prevent recurrence
  - staff have appropriate skills and knowledge to complete the various medication administration tasks required at the home
  - medications are stored and disposed of appropriately
  - there are processes in place to allow for ordering of medications including in emergency and after hours situations.

## 2.7 Medication management

- How does the home ensure regular evaluation and review of residents' medication needs and preferences as undertaken by a pharmacist or medical officer? For example, does this include consideration of:
  - allergies
  - each resident's cognitive ability
  - each resident's pain management needs
  - each resident's swallowing and other physical abilities
  - medication side effects including polypharmacy effects
  - monitoring of doses which may need to be regularly adjusted (for example, psychotropic medications, warfarin and insulin)?

## 2.7 Medication management

- Are medication side effects reported to the resident's medical officer? For example, are staff aware of follow-up actions and protocols as a result of adverse drug reactions and adverse pathology results?
- Is there proper recording and ordering of medication orders? For example, are:
  - orders reviewed for appropriateness
  - orders current, legible, signed and dated, with the dose and time prescribed
  - medications ordered using a secure communication system
  - urgent and out-of-hours orders catered for?



## 2.7 Medication management

- Does the storage of medication include:
  - a level of security of medications appropriate for the medication and circumstances
  - refrigeration of medications as appropriate
  - dating of opened medications as appropriate (creams, ointments, etc)
  - correct and safe storage of medications for residents who self-administer?
- Does administration of medications to residents by staff include:
  - the correct identification of residents
  - administration record entries which do not contain alterations or erasure of drugs
  - of dependence (as prohibited by law)
  - documented methods of alteration and administration and any equipment used to alter medication (for example, for the crushing of the medication)
  - ensuring residents receive the correct medication, in the correct dose via the correct route and at the correct time
  - assessment of the skills and knowledge of all staff administering medications
  - administering of medication in a manner which promotes residents' rights?

## 2.7 Medication management

- Does self-administration of medications by residents include:
  - assessment of the resident's ability to self-administer
  - education for the resident to self-administer in a safe and correct manner
  - regular monitoring of the resident self-administering
  - consultation with residents/representatives and others (medical officers and health professionals) about the self-administration?
- Do nurse-initiated medications and PRN5 medications include indications of:
  - reason for administration
  - maximum dosages
  - route of administration and any other administration instructions
  - authorisations by each resident's doctor?

# Self-administration

- A patient may choose to administer their own medication following an assessment by a medical practitioner that medication administration can be safely carried out by that individual. Documentation by the medical practitioner that the patient is to self-administer medications should be made on the patient's medication chart, care notes or health record.
- Policy
  - form of competency assessment for self medication;
  - monitoring and documentation;
  - frequency of re-assessment of competency;
  - possible forms of assistance which will be made available;
  - communication with prescriber and resident; and storage guidelines

## 2.7 Medication management

- How does the home ensure regular evaluation and review of the medication management system including:
  - processes for reviewing residents' medications (including the use of PRN, psychotropic medications, drug interactions, and the use of nurse-initiated medications as appropriate)
  - regular review/use of multidisciplinary teams where possible
  - medication ordering processes, including emergency supplies
  - correctness of medications against medication records and orders
  - medication administration processes including for residents who self-administer
  - monitoring of the effectiveness and appropriateness of assessment tools?
- Does the home respond to actual or potential adverse drug events, significant adverse drugs reactions, and medication errors? For example, how does the home ensure medication incidents are documented, reported and appropriately addressed?
- How does the home ensure appropriate disposal of medications including that of ceased, contaminated, damaged and out-of-date medications?

# Links to other standards

- *Expected outcome 1.7 Inventory and equipment  
Problems with the ordering, storage and disposal of medications may indicate gaps in expected outcome 1.7 Inventory and equipment.*
- *Expected outcome 2.1 Continuous improvement  
Medication management data (which may include prevalence of medication errors or use of psychotropic medications) may be used by the home to identify opportunities for improvement within the home in relation to medication management and linked expected outcomes.*

# Links to other standards

- *Expected outcome 2.2 Regulatory compliance There are various state and territory laws and guidelines which govern medication management practices. While assessors do not assess compliance with such requirements, the home should be able to demonstrate how its processes are in accordance with relevant protocols and are hence 'correct'.*
- *Other expected outcomes of Standard Two Various expected outcomes relating to health and personal care may involve the administration of medication. Therefore, identification of gaps within these expected outcomes (for example, relating to pain management, continence management, behavioural management or sleep) may indicate subsequent gaps in the home's systems relating to medication management and vice versa.*

## Expected outcome 2.8

### Pain management

This expected outcome requires that:

**All care recipients are as free as possible from pain.**

The focus of this expected outcome is  
**‘results for care recipients’.**

### Results

- Management demonstrates its pain management approach ensures all care recipients are as free as possible from pain.
- Care recipients/representatives confirm they are satisfied with how care recipients’ pain is managed.



## Expected outcome 2.13

### Behavioural management

This expected outcome requires that:

**The needs of care recipients with challenging behaviours are managed effectively.**

The focus of this expected outcome is  
**‘results for care recipients’.**

### Results

- Management demonstrates its approach to behavioural management is effective in meeting care recipients’ needs.
- Care recipients/representatives confirm they are satisfied with the home’s approach to managing the causes which prompt challenging behaviours.

<b>Aspect 1</b>	The home is proactive in ensuring issues related to medication administration and management including the identification, trending and actioning of medication incidents and results of monitoring processes, feed into the continuous improvement system.
<b>Considerations</b>	<ul style="list-style-type: none"> <li>• Management demonstrates how improvements in medication administration and management are implemented and evaluated</li> <li>• There is a link between medication administration and management including the identification and management of medication incidents and the home's continuous improvement activities</li> <li>• The home has monitoring systems in place to identify and where possible, prevent issues related to medication administration and management from arising and recurring</li> </ul>
<b>Observations</b>	<ul style="list-style-type: none"> <li>• Availability of incident forms</li> </ul>
<b>Resident/ representative interviews</b>	<ul style="list-style-type: none"> <li>• Knowledge of any improvements to medication administration or management processes</li> <li>• Satisfaction with the response to any comments and complaints concerning medication administration and management</li> </ul>
<b>Staff interviews</b>	<ul style="list-style-type: none"> <li>• Care staff regarding medication incident reporting procedures</li> <li>• Knowledge of any improvements to medication administration or management processes</li> <li>• Key staff regarding processes to monitor medication incidents</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• Medication incident forms, audits, data and trend analysis and any other monitoring mechanisms</li> <li>• Meeting minutes for reference to medication management issues such as staff meetings and medication advisory committee meetings</li> <li>• Examples of improvements to medication administration and management processes</li> <li>• Comments and complaints relating to medication administration and management and the actions taken</li> </ul>

Aspect 2	There are initial and ongoing assessment processes in relation to individual residents' medication administration.
Considerations	<ul style="list-style-type: none"> <li>• Systems for monitoring the use of medications provided on a PRN basis and for the authorisation and administration of any nurse-initiated medications</li> <li>• If chemical restraint is used there are processes to ensure it is being used within guidelines and that it is reviewed and monitored by appropriately qualified health professionals</li> <li>• Safe and correct self-administration of medication by residents occurs including ongoing assessments of the resident's ability and monitoring of the resident</li> </ul>
Resident/ representative interviews	<ul style="list-style-type: none"> <li>• Satisfaction with consultation in regards to their medications including those who self medicate</li> </ul>
Staff interviews	<ul style="list-style-type: none"> <li>• Staff regarding the assessment, evaluation and reassessment procedures for residents</li> <li>• Key staff on the actioning of any external medication reviews</li> </ul>
Documentation	<ul style="list-style-type: none"> <li>• Policies and/or procedures and professional guidelines regarding medication management in the home</li> <li>• Assessments, care plans, progress notes and doctors notes</li> <li>• Medication charts including whether they are current and contain specific and clear instructions and recognisable resident photographs</li> <li>• Where chemical restraint is in use documentation confirmed that it is being used within guidelines and is reviewed and monitored by appropriately qualified health professionals</li> <li>• Treatment charts such as for wound, pain and bowel management and blood glucose level monitoring</li> <li>• Evidence of doctor, pharmacy and other reviews including for nurse-initiated, psychotropic and PRN medications</li> </ul>

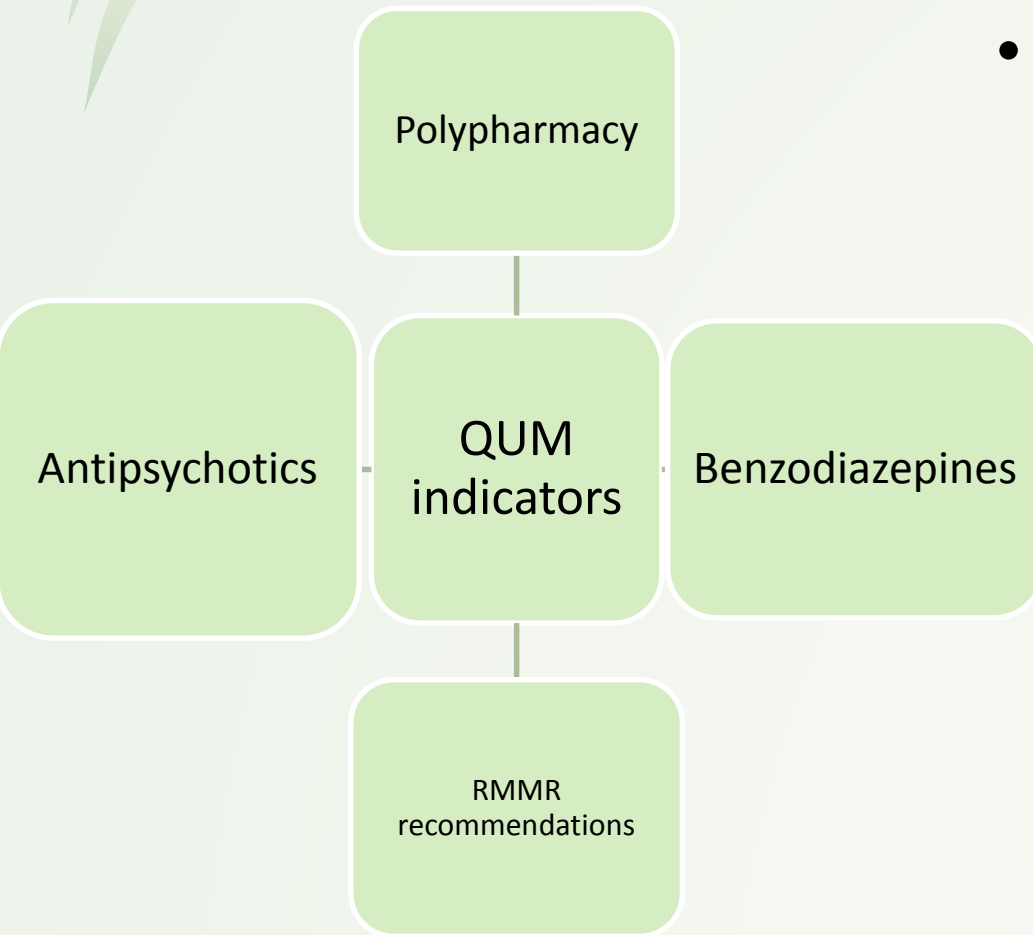
Aspect 3	<ul style="list-style-type: none"> <li>• Staff and resident medication administration practices ensure medications are managed safely.</li> </ul>
Considerations	<ul style="list-style-type: none"> <li>• There are systems for identifying relevant legislation, regulations and guidelines, incorporating them into practice and monitoring compliance</li> <li>• Management and staff provide evidence they have the knowledge and skills for safe and effective medication administration and management</li> <li>• Professional registrations are current</li> <li>• Staff provide appropriate assistance to residents in regards to medication administration</li> <li>• Staff follow the home's procedures to ensure safe and correct administration of medications to residents</li> <li>• Regular cleaning of medication administration equipment is carried out</li> <li>• Methods for altering the form of medications such as crushing</li> </ul>
Aspect 3	<ul style="list-style-type: none"> <li>• Staff and resident medication administration practices ensure medications are managed safely.</li> </ul>
Observations	<ul style="list-style-type: none"> <li>• Medication round</li> <li>• Availability of information relating to current legislative requirements and the home's policies and procedures</li> </ul>
Resident/ representative interviews	<ul style="list-style-type: none"> <li>• Satisfaction that medications are managed safely and correctly, for example medications are administered on time and staff observe the resident take their medications</li> <li>• For residents self-administering medications, knowledge of safe practices</li> </ul>
Staff interviews	<ul style="list-style-type: none"> <li>• Staff regarding the processes to follow during a medication round</li> <li>• Staff in relation to access to guidelines and information, education and skills assessments</li> <li>• Key staff in relation to the incorporation of regulatory requirements and professional guidelines</li> <li>• Staff regarding the use and monitoring of PRN medications and nurse-initiated medications</li> <li>• Nursing and care staff regarding monitoring medications such as insulin, psychotropic medication and warfarin</li> </ul>
Documentation	<ul style="list-style-type: none"> <li>• Policies, procedures and professional guidelines regarding medication management, administration and resident self-administration</li> <li>• Evidence of monitoring medications related to specialised nursing care such as insulin, warfarin and for complex pain management</li> <li>• Education/skill assessment records</li> <li>• Professional registrations</li> <li>• Evidence of any errors on medication records and follow-up actions</li> </ul>



Aspect 4	Management and storage of medication stocks ensures medications are managed safely.
Considerations	<ul style="list-style-type: none"> <li>• The home has systems in place to specify external services (in writing or otherwise) provided by the pharmacist and medication review services</li> <li>• Stock levels are monitored to ensure sufficient stock is available</li> <li>• The home has processes in place for the safe and correct storage of medication</li> <li>• Processes are in place for ordering and recording medications such as             <ul style="list-style-type: none"> <li>– orders are current, legible, signed, dated, have the dose and time recorded and are free of alterations</li> <li>– urgent and out-of-hours orders are catered for</li> </ul> </li> <li>• Appropriate disposal of medications</li> </ul>
Observations	<ul style="list-style-type: none"> <li>• Storage of medications including packaged, drugs of addiction, emergency and those used by self-medicating residents</li> <li>• Storage of creams, eye drops and ointments, including dates of opening</li> </ul>
Aspect 4	Management and storage of medication stocks ensures medications are managed safely.
Resident/ representative interviews	<ul style="list-style-type: none"> <li>• Processes for secure storage of medications if self-administering</li> </ul>
Staff interviews	<ul style="list-style-type: none"> <li>• Staff regarding storage, disposal and availability of stocks including out-of-hours ordering</li> <li>• Relevant staff or pharmacist, if onsite, regarding medication ordering procedures</li> </ul>
Documentation	<ul style="list-style-type: none"> <li>• Medication ordering procedures and other documentation such as refrigerator temperatures and records regarding drugs of addiction</li> </ul>

# Routine QUM indicators

- Quarterly reports from CPS



# Polypharmacy

Facility	Date of Visit	Number	Percent	QUM Indicators	
				Polypharmacy	Names
A	Feb-17	12	42.9		
A	May-17	12	18.2		
A subtotal		24	25.5		
B	Feb-17	8	25.8		
B	May-17	3	14.3		
B subtotal		11	21.2		
C	Feb-17	6	60.0		
C	May-17	5	50.0		
C subtotal		11	55.0		
D	Feb-17	9	69.2		
D	Apr-17	17	50.0		
D subtotal		26	55.3		
E	Jan-17	5	38.5		
E	Mar-17	5	41.7		
E	Apr-17	1	50.0		
E subtotal		11	40.7		
F	Feb-17	7	38.9		
F	May-17	3	42.9		
F subtotal		10	40.0		
G	Apr-17	10	28.6		
G	Feb-17	1	14.3		
G	May-17	13	41.9		
G subtotal		14	36.8		
Total		93	38.1		

CPS benchmark  
for polypharmacy  
is ~33%



# Antipsychotics

Facility	Date of Visit	QUM Indicators		
		Antipsychotics	Names	
		Number	Percent	
A	Feb-17	6	21.4	
A	May-17	7	10.6	
A subtotal		13	13.8	
B	Feb-17	7	22.6	
B	May-17	6	28.6	
B subtotal		13	25.0	
C	Feb-17	2	20.0	
C	May-17	1	10.0	
C subtotal		3	15.0	
D	Feb-17	4	30.8	
D	Apr-17	6	17.6	
D subtotal		10	21.3	
E	Jan-17	1	7.7	
E	Mar-17	0	0.0	
E	Apr-17	2	100.0	
E subtotal		3	11.1	
F	Feb-17	9	50.0	
F	May-17	2	28.6	
F subtotal		11	44.0	
G	Apr-17	1	2.9	
G	Feb-17	0	0.0	
G	May-17	12	38.7	
G subtotal		12	31.6	
Total		53	21.7	

CPS benchmark  
for antipsychotics  
is ~20%

# Psychotropic Audits

## xx Nursing Home

### Review of Antipsychotic Medication Use\*

Resident Name:	DOB:
	Wing:
	Room:
GP:	Date of Review:

#### Antipsychotic medications used

Medication	Dose	Purpose/Target Behaviour

#### Non-pharmacological approaches implemented


#### Have the following causes of BPSD been excluded

Clinical issue	Yes	No	Date assessed	signature
Constipation				
Infection				
Pain				
Environmental factors				

#### Registered Nurse and/or Consultant Pharmacist comments


GP Comments	Outcome of Review
GP Signature and Date	Date of Next Psychotropic Review

\*Based on: RANCP: The Use of Antipsychotics in Residential Aged Care, 2011

# Benzodiazepines

Facility	Date of Visit	QUM Indicators Benzodiazepines		
		Number	Percent	Names
A	Feb-17	9	32.1	
A	May-17	4	6.1	
A subtotal		13	13.8	
B	Feb-17	4	12.9	
B	May-17	5	23.8	
B subtotal		9	17.3	
C	Feb-17	3	30.0	
C	May-17	1	10.0	
C subtotal		4	20.0	
D	Feb-17	4	30.8	
D	Apr-17	11	32.4	
D subtotal		15	31.9	
E	Jan-17	3	23.1	
E	Mar-17	2	16.7	
E	Apr-17	1	50.0	
E subtotal		6	22.2	
F	Feb-17	7	38.9	
F	May-17	2	28.6	
F subtotal		9	36.0	
G	Apr-17	7	20.0	
G	Feb-17	1	14.3	
G	May-17	9	29.0	
G subtotal		10	26.3	
Total		60	24.6	

CPS benchmark for  
benzodiazepines is  
~25%

# Recommendations

Facility	Date of Visit	Done	Recommendations Made Per Review							
			Cessation		Changes		Addition		Total	
			Number	Per Review	Number	Per Review	Number	Per Review	Number	Per Review
A	Feb-17	28	24	0.86	23	0.82	6	0.21	53	1.89
A	May-17	66	30	0.45	28	0.42	3	0.05	61	0.92
A subtotal		94	54	0.57	51	0.54	9	0.10	328	3.49
B	Feb-17	31	18	0.58	35	1.13	8	0.26	61	1.97
B	May-17	21	18	0.86	6	0.29	2	0.10	26	1.24
B subtotal		52	36	0.69	41	0.79	10	0.19	529	10.17
C	Feb-17	10	10	1.00	12	1.20	5	0.50	27	2.70
C	May-17	10	3	0.30	9	0.90	1	0.10	13	1.30
C subtotal		20	13	0.65	21	1.05	6	0.30	656	32.80
D	Feb-17	13	18	1.38	9	0.69	10	0.77	37	2.85
D	Apr-17	34	47	1.38	38	1.12	5	0.15	90	2.65
D subtotal		47	65	1.38	47	1.00	15	0.32	823	17.51
E	Jan-17	13	13	1.00	17	1.31	10	0.77	40	3.08
E	Mar-17	12	16	1.33	16	1.33	2	0.17	34	2.83
E	Apr-17	2	4	2.00	2	1.00	1	0.50	7	3.50
E subtotal		27	33	1.22	35	1.30	13	0.48	74	2.74
F	Feb-17	18	20	1.11	24	1.33	8	0.44	52	2.89
F	May-17	7	6	0.86	11	1.57	1	0.14	18	2.57
F subtotal		25	26	1.04	35	1.40	9	0.36	185	7.40
G	Apr-17	35	25	0.71	17	0.49	5	0.14	47	1.34
G	Feb-17	7	3	0.43	6	0.86	3	0.43	12	1.71
G	May-17	31	33	1.06	31	1.00	4	0.13	68	2.19
G subtotal		38	36	0.95	37	0.97	7	0.18	330	8.68
Total		244	234	0.96	233	0.95	65	0.27	532	2.18

## Chart Audit

<b>Facility Name:</b>		<b>Auditor's Name:</b>	
<b>Signature:</b>		<b>Date:</b> 6/08/2017	
<b>Resident Number:</b>		Yes=1 No=2 N/A=0 Unknown=99	
<b>Demographics:</b>		<b>% compliance</b>	
Has the resident's name been written clearly and correctly in the medication chart?		0.0%	
Has the Resident's Date of Birth been written in the medication chart?		0.0%	
Has the status of 'Allergy' been clearly marked on the medication chart?		0.0%	
Is the resident's current photo attached to the medication chart?		0.0%	
<b>Medication Orders:</b>			
Are the required signatures/initials present on all medication charts?		0.0%	
Is the doctor's signature present on all medication orders?		0.0%	
Is the 'Date of Order' written on all medication orders by the doctor?		0.0%	
Are the medication orders clear and legible?		0.0%	
Are the medication orders clear with dose to be given?		0.0%	
Are the medication orders clear with the route to be given?		0.0%	
Are the medication orders clear with time to be given?		0.0%	
For PRN medications, has a maximum dose been included in the order?		0.0%	
For PRN medications, has an indication been written with the order?		0.0%	
<b>Refused/Ceased Medications:</b>			
Are there any medicines that have been ceased for this resident in the last 7 days?			
If 'yes', has the chart been signed and dated to indicate the cessation date?		100.0%	
Has the DAA been returned to the pharmacy for repacking and/or bottle or packs of ceased medicines been removed from the drug trolley?		100.0%	
If medication has been refused or withheld has this been recorded appropriately?		100.0%	
Have all refused medicines (more than 7 consecutive doses) been referred to the doctor for review?		100.0%	
<b>Drug Storage:</b>			
Has the pharmacy dispensed adequate stock of medicines to ensure that missed doses do not occur?		■	
Have all open eye drops, Anginine, etc. been marked with an opening date?		■	
Has the drug refrigerator temperature been monitored?		■	
<b>Corrective Action Plan:</b>		<b>By whom?</b>	<b>By when?</b>