Evidence-Based Clinical Assessment Toolkit

Quick Guide for Medications

PSRAC LEADERSHIP
PUBLIC SECTOR RESIDENTIAL AGED CARE

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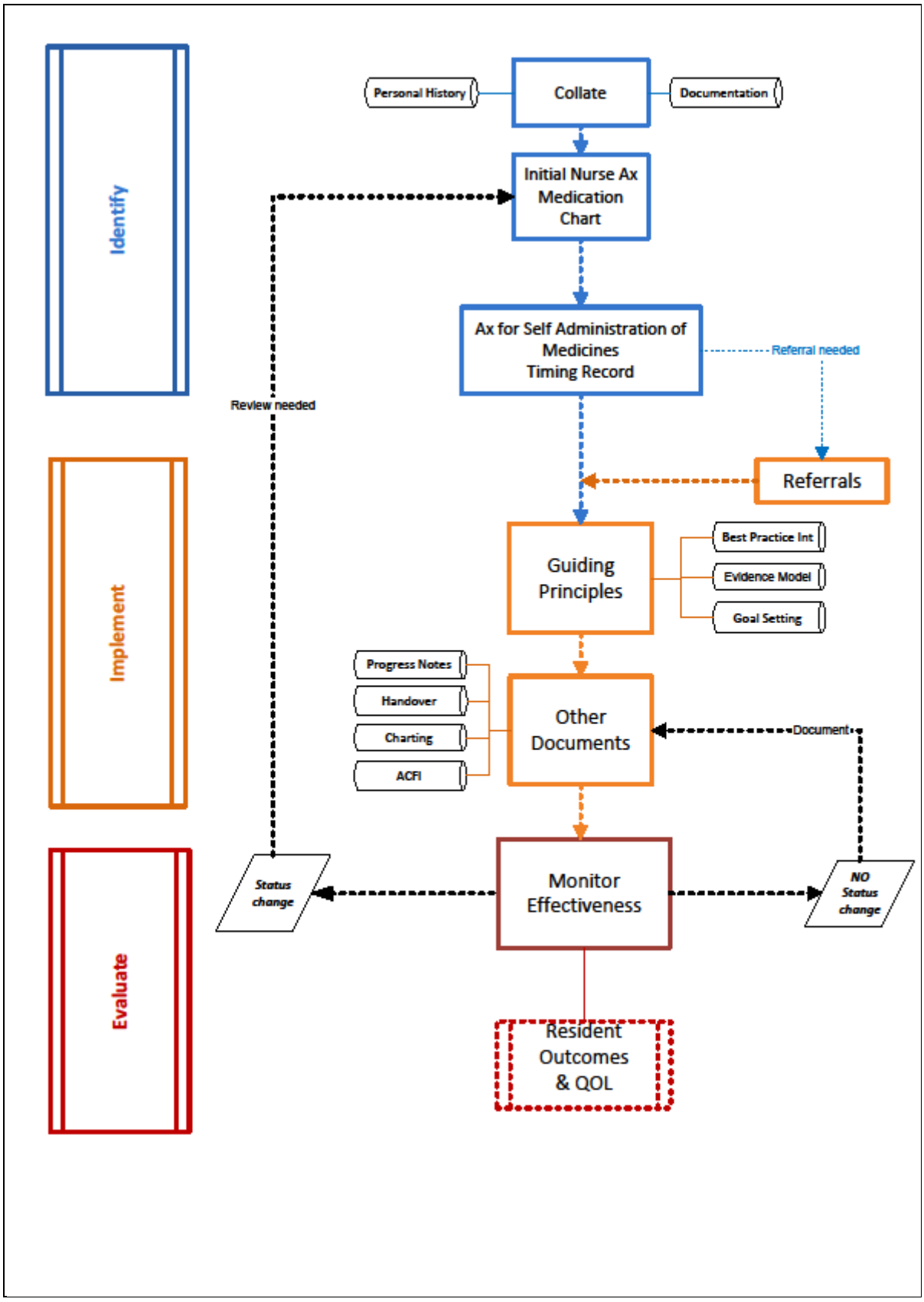
Medications Summary: Steps and Information Flow



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QUICK GUIDE: Medicines

1. PREPARE

Step	Action	Outcomes
Staff Skills & Competencies Checklist	☐ Determine the skills or competencies required to complete each activity	Due diligence is applied to the process by the Nursing Management group
	☐ Identify staff or staff type competent to complete each activity	Management have identified the staff that fit the required skill set to complete activities within the process. It assists to select staff and determine the roles of staff to ensure the process can be completed, and assists to identify training and education needs
Reading Material	☐ Recommend the facility has a copy of the Department of Health and Ageing (2012), Guiding principles for medication management in residential aged care facilities. Staff to be aware of the 17 principles and how they are implemented. ☐ Reading materials or summaries from the recommended resources are provided for each topic.	Introduces basic information that staff need to understand about the topic.

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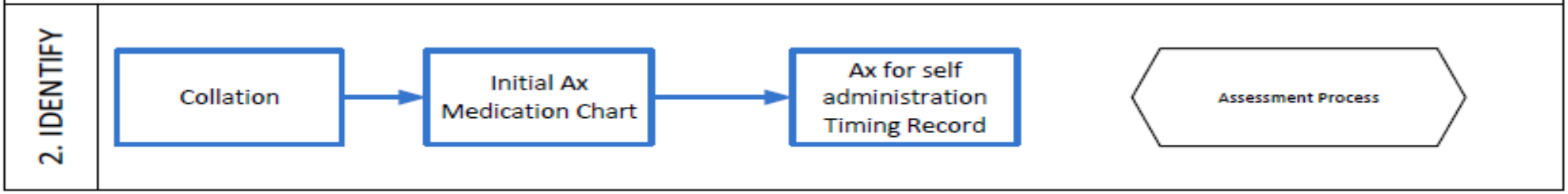

Step	Action	Outcomes
Collation	☐ Gathering the history from the resident and family	Preferences (related to the care, social and environmental aspects), medicines taken, allergies and risks, has the resident requested self administration of medicines. Involving the resident and family in their care underpins the principles of Person Centred Care.
	☐ Gathering diagnoses, clinical information, personal history from file notes (ACCR, CMA, AHP)	Diagnoses and information associated to medication management. Information about other domains that may interact e.g. sensory impairment, physical functioning, swallowing, etc
Screening/ Initial Assessment	☐ CHA ☐ Medication Chart	CHA informs on both medication and impacts from other domains. CHA covers: allergies, drug intolerances, current medications. The eating and swallowing sections are particularly relevant to medication management. Medication chart records current medication, administration of medicines, alerts, reviews, health professional contact details.
Comprehensive Assessment	☐ Self-Administration of Medication assessment.	Interviewer administered, to determine capability to self administer medications.
	☐ Medication Timing Record	Documents the time taken providing medication assistance over 24 hours of regular and authorised daily medication.
	☐ Clinical Risk Management	System level monitoring for risk of Polypharmacy.
	☐ Clinical Reasoning	Includes the awareness of the impact of other impairments e.g. sensory, physical, medications

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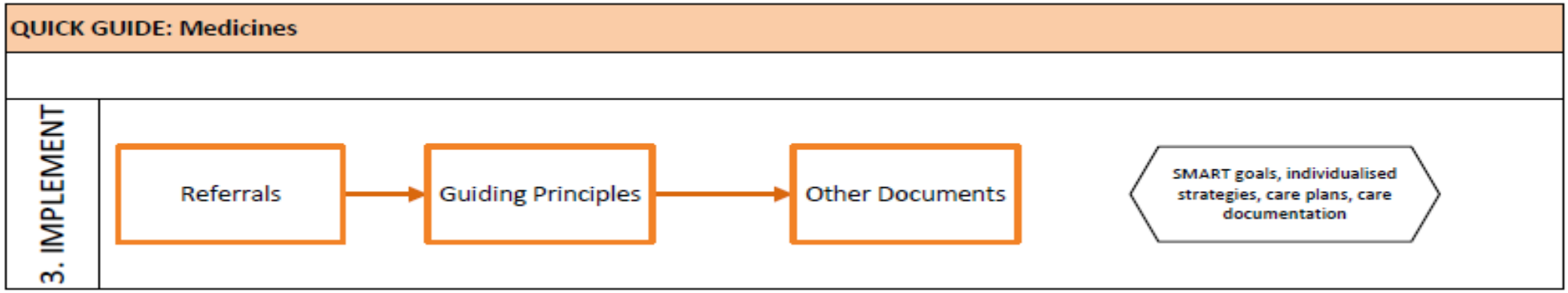

Step	Action	Outcomes
Referrals	☐ Management to complete Referral Tables	Completed Referral Tables based on a due diligence approach (see below)
	☐ Referral Process	Provide a protocol and process that provides a documentation trail for the referral process, is there -a referral request template; - an information pack prepared for the Health Professional you refer out to; - an outcomes template for the Health Professional to report the outcomes to you; - a current list of Health Professionals (and their expertise) to refer out to.
	☐ List of Health Professionals that are referred to	Medication Advisory Committee regarding guideline implementation Pharmacist; General Practitioner for medication reviews Specialist Mental Health Assessment e.g., psycho-geriatrician Specialist Aged Health Assessment e.g., Geriatrician Speech Pathologist for comprehensive swallowing assessment Physiotherapist to help improve physical functioning e.g., dexterity to take medications

Interventions	☐ National Guidelines	To follow a quality use of medication approach
	☐ Self- Administration strategies	To assist the individual to self administer medicines
	☐ Family education	To improve knowledge and informed selection of medicines, co-operation with the management process
	☐ Staff	Management to develop policies and procedures to support safe practices. Staff to be appropriately qualified and authorised to administer medicines.

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Step	Action	Outcomes
Goal Setting	☐ Specific	State exactly what it to be accomplished (Who, What, Where, Why)
	☐ Measurable	How will you demonstrate if the goals were met?
	☐ Action-oriented	What is the action to be completed?
	☐ Realistic / Relevant	Ensure the changes are feasible and affordable
	☐ Time-based	Date or elapsed time to complete the goal
	☐ Consumer focus	Consumer has participated in the process, and have listened to the resident view on their Quality of Life (enjoyment of life)

Care Planning	☐ Documentation	Recording care needs, strategies, goals and the evaluation of the goals and the care. Consumer participation in the process and feedback is to be sought.
	☐ Communication	Provides information about care needs in an accessible format. Congruent with other documentation.
	☐ Consumer focus	Consumer has participated in the process. Involving the resident and family in their care underpins the principles of Person Centred Care (PCC).

Linking the Evidence	☐ Diagnosis and symptoms	Accurate medication chart, understanding of impact form other domains.
	☐ Impact on body structure/function	Link a diagnosis to a body structure/function e.g. swallowing impairment
	☐ Activity	Link the body structure/function impact to the activity that is impacted or requested e.g. self administration of medicines
	☐ Strategies (actions) to improve enjoyment of life and participation	Document how the interventions address the activity

Other documents	☐ Progress Notes	Document new observations, assessments, strategies, and changes made to the care plan. Care plan, progress notes and assessments to be congruent with each other. Provide clear and consistent communication to staff and other Health Professionals.
	☐ Handover Notes	Use Handover notes to update Progress Notes and Care Plan
	☐ Charting	Update Charting information
	☐ Complete the ACFI	Use the assessment outcomes and the evidence links to determine and support the ACFI claims.

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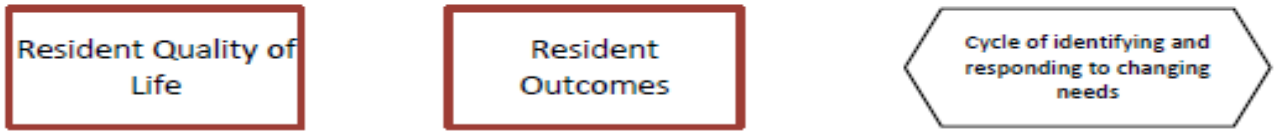
4. EVALUATE	

Step	Action	Outcomes
Quality of Life Outcomes	☐ Repeat Quality of Life questionnaire (if suitable)	Objectively evaluate Quality of Life goals as relevant to the topic Involving the resident in their care underpins the principles of Person Centred Care (PCC).
	☐ Seek feedback from the resident and/or family	Involving the resident and family/friend in their care underpins the principles of Person Centred Care (PCC).
	☐ Seek staff feedback	Identify any incongruence between staff and consumer views; this may identify education opportunities for staff and/or family.

Resident Care Outcomes	☐ Evaluate Care Goals	Objectively evaluate care goals as relevant to the topic.
	☐ Monitor Incident Forms	Update risk assessments and strategies
	☐ Monitor Standardised Care Processes	Monitor system level clinical issues
	☐ Monitor Resident File documents	Ensuring the Resident File documentation is current and congruent. Ensuring the communication to care staff and other Health Professionals is congruent. This would include all Progress Notes (by nursing/ AHP/Medical Practitioners etc), new assessments and Care Plans

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