Evidence-Based Clinical Assessment Toolkit Quick Guide for Medications







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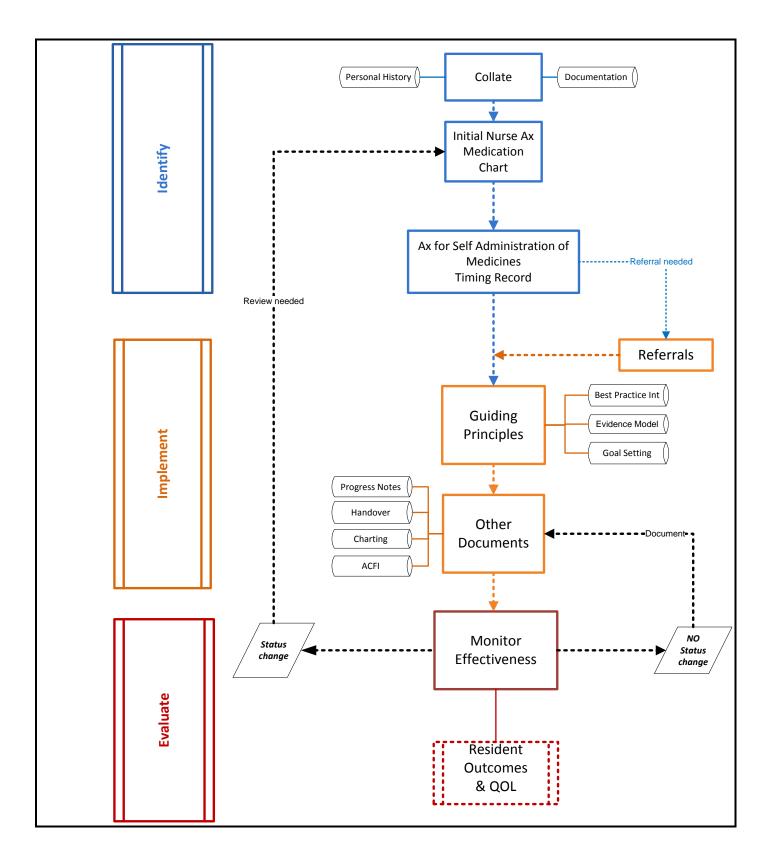
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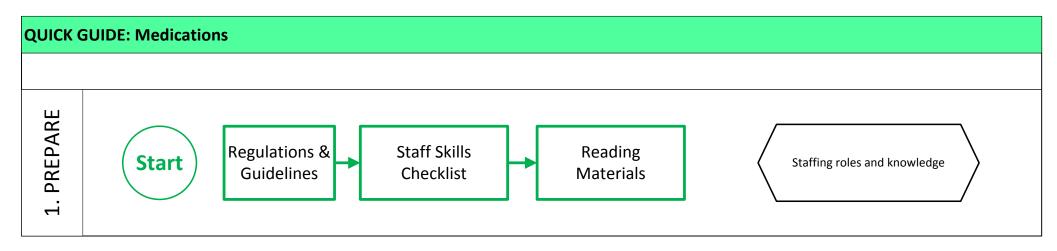
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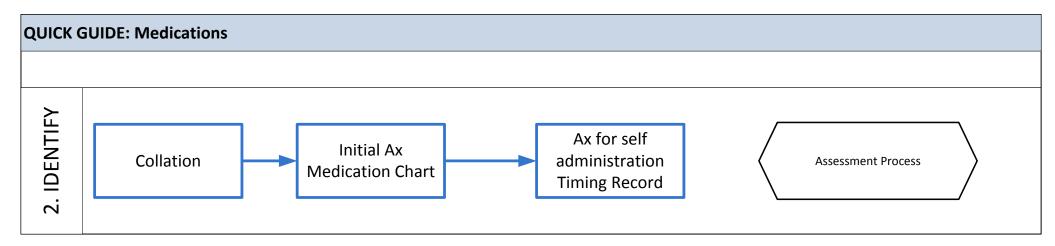
Medications Summary: Steps and Information Flow





Step	Action	Outcomes
Staff Skills &	 Determine the skills or competencies required to complete each activity 	Due diligence is applied to the process by the Nursing Management group
Competencies Checklist	 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
	complete each activity	process can be completed, and assists to identify training and education needs

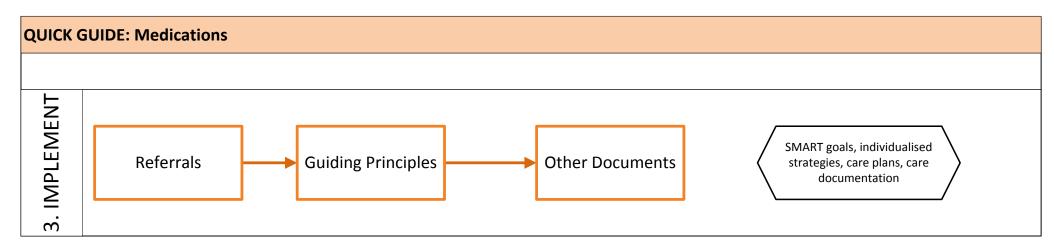
Reading Material	 Recommend the facility has a copy of the Department of Health and Ageing (2012), Guiding principles for medication management in residential aged care facilities. Staff to be aware of the 17 principles and how they are implemented. Reading materials or summaries from the recommended resources are provided for each topic. 	Introduces basic information that staff need to understand about the topic.
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Step	Action	Outcomes
	 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.
Collation	 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

		CHA informs on both medication and impacts from other domains. CHA covers: allergies, drug
Screening/		intolerances, current medications. The eating and swallowing sections are particularly relevant to
Initial	Medication Chart	medication management.
Assessment		Medication chart records current medication, administration of medicines, alerts, reviews, health
		professional contact details.

	 Self-Administration of Medication assessment. 	Interviewer administered, to determine capability to self administer medications.
Comprehensive	Medication Timing Record	Documents the time taken providing medication assistance over 24 hours of regular and
Assessment		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



Step	Action	Outcomes
	Management to complete Referral Tables	Completed Referral Tables based on a due diligence approach (see below)
Referrals	 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

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

Step	Action	Outcomes
	□ 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?
Goal Setting	Realistic / Relevant	Ensure the changes are feasible and affordable
	□ Time-based	Date or elapsed time to complete the goal
		Consumer has participated in the process, and have listened to the resident view on their
	Consumer focus	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).

	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
Linking the Evidence		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	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.
documents	Handover Notes	Use Handover notes to update Progress Notes and Care Plan
	Charting	Update Charting infomration
	Complete the ACFI	Use the assessment outcomes and the evidence links to determine and support the ACFI claims.

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

	Evaluate Care Goals	Objectively evaluate care goals as relevant to the topic.
	Monitor Incident Forms	Update risk assessments and strategies
Resident Care	Monitor Standardised Care Processes	Monitor system level clinical issues
Outcomes	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