Improving medication management in Victorian residential aged care services

Consultation paper

VICTORIA State Government | Department of Health

To receive this document in another format email the Department of Health's Aged Care Policy and Program Improvement team <MMConsult.RACF@health.vic.gov.au>.

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Introduction

About this paper

Victorian residential aged care providers are subject to legislative requirements under the *Drugs, Poisons and Controlled Substances Act 1981* (Vic.) (DPCS Act) (Part II Division 10A) <https://content.legislation.vic.gov.au/sites/default/files/2021-08/81-9719aa130 authorised.pdf>. The Act regulates the management of administration of prescribed medication in residential aged care.

> The purpose of this consultation is to engage with Victorian residential aged care providers, aged care workers, residents, families and carers, peak bodies, unions, and other interested stakeholders, to consider what the Victorian Government could do to improve medication management and administration practices.

The Victorian Government undertook a review in 2019[1] of the management of administration of medication as set out in the DPCS Act. The review suggested that consideration be given to legislative change. This consultation paper references findings from this review and provides an opportunity to consider and inform advice to government about potential changes to the Act.

This consultation paper is structured in three key sections. The first part of the paper provides an overview, scope, and context for this project. The paper then includes two key topics for consideration with discussion points for you to consider and provide feedback. Topic one focuses on opportunities to strengthen current legislative requirements and topic two looks at administration of medication and options that could provide additional safeguards.

Why we are consulting

Increasingly, aged care residents are frailer and have complex needs. Medication requirements are becoming more intricate, with most people in residential aged care facilities needing to take medicines, and many needing multiple different medicines.

> The Victorian Government is committed to continuously improving the care of older people living in residential aged care.

A consultation process is being conducted to inform advice to government about potential changes to the DPCS Act. The consultation is seeking your views on how medication management and administration could be improved in residential aged care services.

Any changes to the DPCS Act will need to balance strengthening requirements with empowering and supporting residents to manage their own medications where it is safe to do so.

Why your views matter

Feedback from this consultation process will inform a possible legislative proposal for the Victorian Government. Understanding the perspectives and experiences of providers, aged care workers, stakeholders such as peak bodies and unions, residents, families and carers is essential for impactful and positive change. Any changes to current legislation will affect all residential aged care facilities in Victoria (public, not-for-profit and private).

> If a legislative proposal process commences, there will be other opportunities to provide feedback and input.

How to get involved

The department is seeking input from the aged care sector about how to improve medication management and administration in residential aged care, based on this consultation brief. Feedback is voluntary and will inform advice to the Victorian Government on next steps which may include a possible legislative proposal.

Consultation is being led by independent contractors and taking place from 25 July to 21 August 2022.

Ernst & Young will lead consultation activities with providers, aged care workers, peak bodies, unions, and other interested stakeholders via a survey <https://globaleysurvey.ey.com/jfe/form/SV_8ic2dfPRGHFMmBE>.

Complementing and building on the survey will be targeted focus groups and interviews.

Central to this work is the perspectives and experience of residents, families, and carers. If you would like to participate in consultation interviews or a focus group, please email Leona Kosowicz <l.kosowicz@nari.edu.au> at the National Ageing Research Institute.

More details about the consultation process are available via Engage Victoria <https://engage.vic.gov.au/RACF-MM-Consult>

Thank you for taking the time to participate, your contributions are essential to this work and greatly appreciated.

Scope of the consultation

This consultation is about activities regulated within Part II Division 10A of the Victorian DPCS Act, which applies to Victorian residential aged care providers, regardless of whether they are operated by public, not-for-profit or private sector organisations.

> Section 36E of the DPCS Act requires that the approved provider of an aged care service must ensure a registered nurse (RN) is in place to manage the administration of prescribed (and dispensed) medications, Schedule 4, Schedule 8 and Schedule 9 drugs to residents receiving high-level residential care.

This part of the Act does not specify who should administer the resident's prescribed medicine.

The consultation considers changes that strengthen current requirements, as well as additional regulatory controls that may be appropriate.

This consultation process occurs in the context of significant national reforms occurring in the aged care sector. Any proposed changes to state legislation will need to align with Commonwealth reforms that are also aimed at strengthening medication practices.

It is also important that residents continue to be supported to manage their own medications, where it is appropriate and safe to do so. Empowering residents to manage their own medications is a basic right. Good management and administration practices need to support this right, while at the same time ensuring there are safeguards to protect residents.

We are interested in your views about whether:

- requirements under the Act relating to the administration of Schedule 4, Schedule 8 and Schedule 9 medications remain appropriate, or if there are opportunities to strengthen them
- additional safeguards for the administration of medications for aged care residents should be considered for inclusion in Victorian legislation.

Out of scope

There are many practices and processes that support best practice medication management and safety that are outside the scope of this consultation.

This consultation is not looking at:

- the prescribing and dispensing of medications
- administration of Schedules 2, 3, 4, 8 or 9 medicine purchased or otherwise obtained by the residential aged care facilities under a permit in accordance with section 19 of the DPCS Act
- residential medication management reviews (RMMR)
- Commonwealth Government reforms related to residential aged care broadly including national reforms regarding medication management
- professional workforce practices under the relevant code and guidelines set by the National Registration and Accreditation Scheme for the Nursing and Midwifery Board of Australia under National Law.

Overview

Current regulatory environment for aged care

Commonwealth Government requirements

Commonwealth and state/territory legislation provides safeguards around aged care, the healthcare workforce (including in aged care) and medicines and poisons. These safeguards are relevant in the context of managing medication administration in residential aged care settings.

The Commonwealth Government holds primary responsibility for the funding and regulation of aged care. Across all state and territories, the *Aged Care Act 1997* (Cth) governs the delivery of residential aged care, providing a nationally consistent regulatory framework.

The Commonwealth aged care legislation includes *Quality of Care Principles 2014* <https://www.legislation.gov.au/Details/F2016C00451>. These principles set out national quality standards that are required to be met by approved providers.

The national aged care guidelines and governing bodies include:

- Australian Aged Care Safety and Quality Commission
- Aged Care Quality Standards <https://www.agedcarequality.gov.au/providers/standards>. These standards cover key elements of residential aged care delivery. Management of medication administration is implicitly included in service delivery and care under Standard 3: personal care and clinical care, requirement (3)(b) managing medications safely
- *Guiding principles for medication management in residential aged care facilities* (2012) <https://www.health.gov.au/sites/default/files/documents/2020/02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf>.

Regulatory changes in relation to medication management practices in aged care

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) published its *Final report: care, dignity and respect* <https://agedcare.royalcommission.gov.au/publications/final-report> in 2021. In response, the Commonwealth Government is implementing system-wide reforms, including changes to regulations and standards:

- amendments to the current *Aged Care Act 1997* <https://www.legislation.gov.au/Details/C2017C00241>. These were made effective 1 July 2021 to strengthen regulatory requirements to minimise the use of restrictive practices (including chemical restraint)
- the National Aged Care Mandatory Quality Indicator Program <https://www.health.gov.au/resources/publications/national-aged-care-mandatory-quality-indicator-program-manual-20-part-a> . Now includes two new indicators relating to medication management: ‘Percentage of care recipients who were prescribed nine or more medications’ and ‘Percentage of care recipients who received antipsychotic medications’
- a review of the Aged Care Quality Standards <https://www.health.gov.au/health-topics/aged-care/aged-care-reforms-and-reviews/royal-commission-into-aged-care-quality-and-safety/review-of-the-aged-care-quality-standards>. This is expected to include strengthened standards around medication management
- a new Aged Care Act which is expected to be in place from 2023 and will underpin all aged care reforms

- establishing a national registration scheme for personal care workers (PCWs) to professionalise the workforce, which will include a new Code of Conduct. This is expected to be in place from mid-2023[2]
- a review of the Guiding principles for medication management in residential aged care facilities (2012) <https://www.health.gov.au/sites/default/files/documents/2020/02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf>. This review is being undertaken by the Australian Commission on Safety and Quality in Health Care.

Health professions legislation and regulation

The *Health Practitioner Regulation National Law Act 2009* (Cth) (National Law) is the Commonwealth healthcare workers legislation and supported by:

- the Australian Health Practitioner Regulation Agency (AHPRA)
- National Boards, including the Nursing and Midwifery Board of Australia (NMBA)
- National Registration and Accreditation Scheme (NRAS) which includes registration standards, and codes and guidelines for health practitioners and students undertaking programs of study leading to registration as a health practitioner.

Pharmacists, medical practitioners, nurse practitioners, nurses registered in Division 1 (RNs) and enrolled nurses (ENs) are subject to national, state and territory legislation and regulation governing their professions, including their roles in medication management. Registration of RNs and ENs is managed by the NMBA. The Board is also responsible for developing standards, codes, and guidelines for nurses.

PCWs are not governed by the National Law. They are an unregulated workforce but are subject to a national code of conduct that applies to unregulated healthcare workers. Victoria has responsibility for implementing this code for relevant Victorian healthcare workers, like PCWs.

The Commonwealth Government has committed to establishing a national registration scheme for PCWs, which will professionalise the workforce and is expected to include ongoing training, criminal history screening, English proficiency and a new enforceable code of conduct for the care and support sector.[3]

Victorian Government requirements

Victoria has a limited role in the regulation of quality and safety within aged care. However, key state legislation, such as the DPCS Act, applies to all residential aged care facilities in Victoria. The Act is an important mechanism to ensure appropriate management of medication and provide safeguards from potential harm to residents in residential aged care.

The DPCS Act was amended in 2006 to introduce requirements for the management of the administration of medication in residential aged care facilities under Division 10A: Administration of medication in aged care services (sections 36C to 36F).

The intent of the amendment to the DPCS Act 2006 was to extend the state government's regulation of medication in Commonwealth-funded and regulated residential aged care facilities to provide protection to all high-care aged care residents. This amendment shifted the focus for the administration to be appropriately managed by a registered nurse, rather than necessarily always administered by a nurse, making better use of skilled, professional resources and allowing nurses to delegate routine tasks, in appropriate circumstances to other workers who have suitable training and experience.[4]

Section 36E of the Act requires that the 'approved provider' of an aged care service must ensure that an RN manages the administration of any drug of dependence, Schedule 4, Schedule 8 or Schedule 9 poisons to a resident in an aged care service:

(a) who is receiving high-level residential care; and

(b) for whom that drug or poison has been supplied on prescription.

An RN must do this in accordance with relevant code or guideline (if any) issued by the NMBA under the Health Practitioner Regulation National Law. The NMBA's current relevant code is the *Decision-making framework* <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx>. This framework supports nurses and midwives to make decisions, particularly about scope of practice and delegation.

Supplementing Section 36E, the Drugs Poisons and Controlled Substances Regulations 2017 (Vic.) provides separate authorisations. The regulations include authorisations for RNs and ENs to administer medication. The regulations enable carers, such as PCWs to possess prescribed medication of someone in their care and to administer the medication for the purpose it was supplied by a health practitioner to the resident.

Evidence for action

An increasing number of people in residential aged care are living with frailty and multiple chronic diseases and have complex health needs.

This has led to the rapid increase in the number of medications residents take, often with intricate medication regimens.

Up to 63 per cent of people living in Australian aged care facilities regularly take nine or more medications.[5] In Victoria, approximately 59 per cent of people living in residential aged care have high care needs for complex healthcare, 74 per cent for cognition and behaviour and 66 per cent for activities of daily living.[6]

While medicines can control symptoms and prevent disease, people with complex health needs taking a high number of medications are at an increased risk of adverse drug events. These risks include, but are not limited to, residents receiving the wrong medication or the wrong dosage, and not receiving medication on time.[7]

The 'rights' of medication administration is a widely adopted safety and quality standard that focuses on the goals of workers who administer medications. The objective is to ensure that

medication is administered to the ‘right person’, at the ‘right time’, via the ‘right route’, and for the ‘right dose’ of the ‘right drug’, for the ‘right reason for administration’ and with the ‘right documentation’.

Medication mismanagement in residential aged care is a common complaint to the Aged Care Quality and Safety Commission. Since 2019, it has been the highest or second highest category of complaints nationally. In 2021 there were 890 complaints related to medication management. In 2019–20 it was reported by the Aged Care Quality and Safety Commission that 27 per cent of all medication-related complaints were in relation to the ‘right time,’ which included medications given late, missed or withheld or not started at all.[8] The key health concerns consumers were most concerned about relating to timing were: pain management, infections, diabetes management and Parkinson’s disease.

Several factors can contribute to medication errors in residential aged care, including:

- individual circumstances of residents such as complexity of care and medication regimes
- Moving from one care setting to another, particularly for patients with complex and chronic care needs, provides opportunities for mistakes, oversights and misunderstandings. This can lead to readmission to hospital as a result of a medication error[9]
- workforce factors such as staffing numbers, staffing mix, medication knowledge and level of training
- communication between the resident’s GP, facility staff and pharmacists
- organisational factors such as workload time pressures, size of the drug round, multitasking during drug rounds, fatigue, supervision practices and unclear medication instructions.

Commonwealth Government reforms and commitments

Royal Commission into Aged Care Quality and Safety

The final report and recommendations from the Royal Commission into Aged Care Quality and Safety was released in March 2021. The Royal Commission found the following elements were key components of ‘best practice’ medication management and made recommendations relating to these elements:

- improve access to quality medication management reviews – a review upon entry to a facility, then annually and a review when there is a significant change to a person’s condition or medication regimen – and monitoring the quality and consistency of medication management reviews
- residential aged care facilities to have a digital care management system that includes an electronic medication management system.

The previous Commonwealth Government accepted, or accepted in principle, 126 of 148 recommendations committing to system-wide reform. Reform to regulatory requirements, standards and guidelines are highlighted in the section ‘current regulatory environment for aged care’ and legislative changes to workforce requirements highlighted in the section ‘workforce requirements’ of this paper.

Other relevant reforms that will improve the quality and safety of medication management and administration in residential aged care include:

- introduction of the Australian National Aged Care Classification (AN-ACC) case-mix adjusted, activity-based funding in residential aged care from October 2022. AN-ACC is expected to provide funding to providers that better matches resident needs with the costs of delivering care

- increased access to residential medication management reviews (RMMR)
- on-site pharmacists and community pharmacist services in residential aged care facilities[10]
- linkages across settings using electronic national residential medication charts and the My Health Record to better support transition of aged care residents across care settings
- ongoing professional development of the aged care workforce and review of certificate-based training courses for aged care.

Quality use of medicines and medicines safety

Quality use of medicines and medicines safety was made the 10th National Health Priority Area in 2019 by the Council of Australian Governments (COAG) Health Council. In early 2022, the Australian Commission on Safety and Quality in Health Care published the *National baseline report on quality use of medicines and medicines safety: phase 1 – residential aged care* <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-baseline-report-quality-use-medicines-and-medicines-safety-phase-1-residential-aged-care>. This report focuses on issues of polypharmacy, use of antipsychotic medicines, and transitions of care between care settings, such as between hospital and aged care facility.

The report informs new best practice models, new national standards and better medication management to reduce medication-related harm. It includes a potential roadmap, with 10 priority areas to embed principles of quality use of medicines in the aged care sector. Many of the priority areas are being addressed by the Commonwealth Government in response to the Royal Commission.

Phase 2 will investigate the broader issues of quality use of medicines and medicine safety, as well as issues of medication safety during transitions of care.

Victorian Government review

In 2019, the Victorian Government undertook a review of the administration and management of medication in aged care as set out in the DPCS Act. The review considered contemporary regulatory systems across Australia and the evidence regarding medication management. It sought insights from the aged care sector regarding how medication management systems work in practice.

The review found gaps between actual and best practice. Common themes relating to challenges and barriers inhibiting best practice were consistent with findings from the Royal Commission and the National baseline report on *quality use of medicines and medicines safety: phase 1 – residential care*. These include:

- the need to multitask, time constraints, the size of drug rounds (coupled with complexity of regimes)
- workforce shortages which impact the ability to ensure that staff mix, and skill levels are appropriate to meet resident's needs and impact on staff workload
- lack of agreed definition for 'management' of medication administration
- lack of tailored supervision guidelines for RNs managing administration of medications
- medication administration seen as a 'task' – a task-focused approach to medication administration (for example, administering as a checklist activity) is often characterised by a lack of focus on circumstantial factors
- inadequate resident details and medication information on packaging
- PCWs knowledge and education in relation to medication.

The review identified four opportunities to improve the quality and safety of medicines administration in residential aged care:

- increasing the education of PCWs
- further researching the liabilities of healthcare workers, as well as the nature and implications of errors in medication administration
- better targeting improvement action, guidance material to enable best practice
- considering legislative change to improve medication management practices.

Workforce requirements

> From July 2023 every residential aged care facility will require an RN on-site, 24 hours a day, seven days a week.

This is in line with the Royal Commission recommendations and the new Commonwealth Government's election commitments

From October 2023, legislated minimum care time standards in residential aged care will increase to a daily average of 200 minutes for each resident, including 40 minutes of an RN time. The care time standard will be increased again to 215 minutes per resident per day, including at least 44 minutes with an RN from October 2024.[11]

Workforce requirements are relevant to managing medication administration as consideration needs to be given regarding workload management and workforce capacity and capability. An approved provider must ensure an RN manages the administration of prescribed medications for residents receiving high care. These requirements are intended to provide safeguards in the management of medication administration by placing obligations on an RN. The RN must ensure that delegation of medication administration only occurs if the RN is satisfied the person to whom they are delegating the task is competent, having regard to the complexity of the medicine and the physical and mental capacity of the resident. In meeting this obligation RNs must have regard for any relevant code or guideline issued by the NMBA under National Law

Workforce characteristics

In 2020, there were around 208,000 direct-care workers in the residential aged care sector. At the time of the census, there was an estimated an estimated 22,000 vacancies in direct-care roles across the sector.[12]

Of the direct-care workforce nationally, the proportion of direct-care workers in residential aged care, 70 per cent were PCWs, 23 per cent were nurses and 7 per cent were allied health professionals. Victoria has 23 per cent of the total national direct-care full-time equivalents (FTEs) (29,312), but 25 per cent of the of the country's population who are 70 years or older.[13]

The national total 'head count' and FTE by direct-care worker profile is outlined in Table 1.

Table 1: National 2020 workforce census data

Profession	Head count	FTE
Nurse practitioner	203	163
RN	32,726	20,154
EN	16,000	9,919
PCW	146,378	93,115

Of PCWs nationally, 66 per cent were reported as holding a certificate III or higher in a relevant direct-care field. It was reported through the 2020 Aged Care Workforce Census that training in medications was delivered by 82 per cent of all residential aged care facilities across Australia, with only 17,898 total registered nurses receiving training, 8,719 ENs and 34,709 PCWs.[14] The 2020 Aged Care Workforce Census did not identify the type of training in medications that was delivered (that is, whether this was accredited training or other professional development).

Topic 1: strengthening current requirements

Topic 1 discusses current requirements under the DPCS Act:

- whether they remain appropriate, and if not,
- what opportunities there are to strengthen the Act.

The discussion prompts in each section provide a guide to the type of questions you will be asked if you participate in the consultation activity either via the survey or focus groups.

Current requirements under the Act

The Victorian legislative requirements regarding the management of the administration of medications are detailed in the 'current regulatory environment for aged care' section of this paper.

In brief, the DPCS Act, under Division 10A, requires that approved providers must ensure an RN manages the administration of any drug of dependence, Schedule 4, Schedule 8 or Schedule 9 poisons to a resident in an aged care service:

(c) who is receiving high-level residential care; and

(d) for whom that drug or poison has been supplied on prescription.

This must be done in accordance with relevant code or guideline issued by the Nursing and Midwifery Board of Australia (NMBA) under the Health Practitioner Regulation National Law. In accordance with the National Law, this is currently the *Decision-making framework* published by the NMBA, which supports nurses and midwives to make decisions, particularly about scope of practice and delegation.

Limitations and scope of the current provisions

The DPCS Act places an obligation on an approved aged care provider to ensure that an RN manages the administration of medication to residents receiving high-level residential care.

As currently framed, the legislation does not reflect Commonwealth changes made in 2014 to support ageing in place. The DPCS Act defers to a definition of high-level residential care in the *Aged Care Act 1997*, which was repealed in 2014. Since 2014, any resident has the right to reside indefinitely at an aged care facility (unless exceptional circumstances) with no restrictions on accessing levels of care.

Given the reference to an obsolete definition, it is not clear how an approved aged care provider should determine which residents are receiving high-level residential care and required to have a nurse manage the administration of their medication.

It is anticipated that providers make this assessment based on a resident's Aged Care Funding Instrument (ACFI) assessment. The ACFI assessment and subsidies are currently determined in line with the Aged Care (Transitional Provisions) Principles 2014 (Cth), which defines 'high level of residential care' as the nature of care provided to a resident who has one or more of the following characteristics:

(a) high activities of daily activity category

(b) high complex needs care category

(c) high behavioural category

(d) a medium domain category in at least two domains.

However, given the lack of a current definition, it is likely that this lack of clarity leads to variability of practice across providers.

In this context, two impending Commonwealth changes are relevant to addressing this outdated definition. These are the introduction of the AN-ACC from October this year to replace the ACFI and the introduction of a new Aged Care Act to replace the current legislation. Any changes to Victorian legislation will need to take proposed Commonwealth reforms into account.

The DPCS Act provisions as currently framed do not specify that an RN must be on-site at the facility to manage the administration. Depending on the facility there may be one or more RN in place to manage the administration of medicines. With changes to Commonwealth Government legislation (from 1 July 2023) that will require an RN on-site at each facility 24 hours a day, seven days a week, consideration could be given to strengthening the DPCS Act to specify that an RN must be on-site and available during medication rounds to provide advice and assistance if required.

Findings from the review conducted by the department in 2019 identified that 'indirect' supervision was the most common form of medication administration supervision and was sometimes provided via telephone. In practice, indirect supervision may or may not be appropriate depending on the context. The NMBA describe the two levels of supervision as:

- direct supervision – when an RN is physically present at the facility and personally observes, works with and guides the person being supervised
- indirect supervision –when the supervisor works in the same facility or organisation as the supervised person but does not constantly observe their activities.

Discussion prompts

- Should the requirement in the DPCS Act for approved providers to have an RN in place to manage the administration of Schedule 4, 8 and 9 medications apply regardless of the level of care a resident receives?
- If it applies to all residents regardless of level of care, how should the requirements apply where residents can self-administer their own medication with or without support?
- If a limitation is to remain for only residents receiving high-level care, how should high-level care be defined?
- Should the DPCS Act require an RN to be on site at facility to manage the administration of medications?
- Any other suggestions for how management of administration could be strengthened?
- What are the implications of potential changes?

Roles and responsibilities in the management of the administration of medications

This section focuses on the role of a registered nurse in the management of the administration of medications.

RNs and ENs (other than an enrolled nurse who has a notation on the nurse's registration indicating that nurse is not qualified to administer medication) are qualified and legally authorised to administer medicines under National Law and relevant state/territory legislation and regulation, which in Victoria is the DPCS Act and Regulations. Under section 36E of the Act, the provider must

ensure that a RN manages the administration of any drug of dependence, Schedules 4, 8 and 9 medications obtained on a prescription, for residents receiving high-level care. By implication, this would include residents who do not control or administer their own medications.

This provision in the Act puts an obligation on the approved provider to put a quality assurance mechanism in place. It means an RN who is engaged by an approved provider has the specific role of considering for each resident: the competence of the resident, the nature of the medicine and the competence of the available staff.

The RN determines the most appropriate type of staff member, including the person's capabilities and competency to administer/assist with administration of the medicine and continually assesses the circumstances to ensure that the type of staff member administering the medicine remains appropriate.

Delegating the administration task could be to another RN, an EN (without notation) or a PCW. RNs are required to act consistently with any code or guidelines issued by the NMBA or National Law. There is a high reliance on the RNs professional judgement in determining if they need to administer medications themselves, and in determining the appropriate level of staff delegation, and level of supervision for that type of staff and based on the individual's competency.

Discussion prompts:

- How frequently does a registered nurse in your facility delegate medication administration to another registered nurse, EN (without notation) or PCW?
- Where the administration of medicines is undertaken by a PCW or an EN (without notation) – how is the supervision provided?
- For your facility or facilities, how are most medications prepared?

Guidance material to enable best practice

Findings from the review undertaken by the department in 2019 supported the development of tailored guidance material to educate individuals and facilities in best practice medication management and administration. Consideration as to whether tailored practice guidelines would better support management of medication administration practices (including consistency of practices) is an option that would not require amendment to the DPCS Act. Tailored guidelines could include (but not limited to):

- description of best practice processes to safely and effectively administer high-risk medication
- interpretation of management of administration of medication, including how this process is overseen by clinical governance
- interpretation of the roles and responsibilities of different workforces involved in the management and administration of medications.

Discussion prompts:

- What type of guidance would better support the management of the administration of prescribed medications?
- Should terms be defined in guidance to provide clarity regarding roles and responsibilities?
- Should the role of RNs in supervising ENs (with notation) and PCWs in supporting residents with self-administration of medicine, including prescribed medication or medication that can be obtained without a prescription be clarified?

Topic 2: regulating the administration of medications

Topic 2 discusses the administration of medications and additional regulatory controls that may be appropriate.

The discussion prompts in each section provide a guide to the type of questions you will be asked if you participate in the consultation activity either via the survey or focus groups.

Current requirements

The DPCS Act does not currently put controls on who can administer medications within Schedules 4, 8 and 9 obtained on a prescription. This extends to residents in aged care who do not control or administer their own medications.

The Drugs Poisons and Controlled Substances Regulations 2017 (Vic.) authorise RNs and ENs to administer medications. They also authorise a carer, such as a PCW, to be in possession of medication prescribed for a particular resident, and to administer or assist that resident to administer the medication, subject to the delegation occurring by the RN managing the medication administration.

Roles and responsibilities in the administration of medications

This section focuses on the role of RNs, EN (without notation) and PCWs in the administration of medications. As discussed in topic 1, an RN must manage the administration of Schedule 4, 8 and 9 medications for residents receiving high-level care, likely to include those residents who do not control or administer their own medications.

RNs can choose to administer medications themselves or delegate this task to appropriately skilled workers such as another RN, EN (without notation) or PCW. This is a clinical decision based on several factors such as:

- whether it is safe to delegate and based on the complexity of the resident's medication regime
- the level of education, knowledge, experience, and skill of the staff member
- whether the staff member that the activity is being delegated to is competent and confident in their own ability to perform the activity safely.

It is the approved provider's responsibility to ensure appropriate policy, quality and risk management frameworks are in place, as well as sufficient staffing levels, appropriate skill mix and adequate access to other health professionals to support an RN, EN (without notation) or PCW to perform medication administration, and to support the RN as decision-maker in providing support and clinically focused supervision.

ENs work under the direction and supervision of RNs and practise within AHPRA/NMBA legislative and regulatory requirements. ENs retain responsibility for their actions and remain accountable to the RN for all delegated functions. Under National Law, all ENs may administer medicines except for those who have a notation on the register against their name that reads 'Does not hold Board-approved qualification in administration of medicines' (NMBA, 2010).

While unregulated, PCWs may perform medication-related activities in residential aged care, which includes administration of prescribed medication as a carer under the authority of the Drugs, Poisons and Controlled Substances Regulations 2017 (Regulation 7(1) Item 8). While some PCWs may have vocational training in medication management, these staff are not currently bound by standards set by a licensing authority, unlike nursing divisions as discussed above.

The Commonwealth Government has committed to establishing a national registration scheme for PCWs to professionalise the workforce. It will include ongoing training, criminal history screening, English proficiency and a new enforceable code of conduct. This is expected to be in place from mid-2023.[15]

Discussion prompts:

- What proportion of your residents: independently administer their own medications; administer their own with some support; do not control or administer their own medications?
- How does your organisation decide which type of staff are to administer medication to individual residents?
- Who has primary responsibility for administering medications to residents who do not control of administer their own medications?
- Who has primary responsibility for administering high-risk medicines to residents who do not control or administer their own medications?
- Does your organisation require PCWs who administer medications to have successfully completed recognised medication modules in certificate training, or other medication training?

Should the DPCS Act also regulate who administers medications?

The DPCS Act does not specify who should administer prescribed medications for residents who do not control or administer their own medications. This is a clinical decision by the RN given the task of managing the administration. The decision can depend on many factors, including the availability and competency of staff to delegate the activity to and the complexity of the resident's medication regime and other healthcare needs.

In addition to RNs managing the administration of medications, legislation could restrict administration of Schedule 4, 8 and 9 medications in some or all circumstances. Placing restrictions on who can administer Schedules 4, 8 and 9 medications could provide additional safeguards for residents. This would provide the benefit of having a clinically trained healthcare worker – an RN or an EN (without notation) – carrying out the administration activity.

However, this could also unintentionally exacerbate known issues that affect medication administration practices. These include staff availability, time constraints, fatigue and need for multitasking. Restricting who administers medications will not address these issues. However, many of the Commonwealth Government reforms being implemented may mitigate them, including minimum care time standards.

There may be certain circumstances where a more qualified and experienced health care worker is required to administer medication. Legislation could regulate this or, as it is now, leave it to the RN using clinical judgement to determine.

The review undertaken by the department in 2019 identified that RNs hold primary responsibility for administering medications for residents who do not control or administer their own medications. However, delegation of the activity does still occur.

There could be several interrelated factors that contribute to RNs retaining responsibility for administering medications. These may include low levels of confidence in other workforces to perform the activity safely, low availability of other staff and the complexity of a resident's medication regime.

PCWs do not consistently undertake competency-based courses related to medications. There are currently no regulatory or registration requirements for PCWs to undertake education and training on the administration of medication. It is unclear at this stage what the proposed national registration scheme for PCWs will offer or require in terms of ongoing training.

High-risk medications

The use of high-risk medicines is common in residential aged care, given the incidence of conditions requiring use of these medicines. High-risk medicines are those that present a heightened risk of causing significant harm in normal use or when used in error (for example, the wrong drug, wrong dose, wrong route, wrong resident).[16] High-risk drugs may require special safeguards to reduce the risk of errors. Noting that there are many ways to classify drugs, a key challenge in legislating would be how to determine which drugs should be considered 'high risk' and under which circumstances and what strategies are best utilised to manage medication risks associated with their use.

Discussion points

- Should legislation require a minimum level of training and qualification for personal care workers administering medications?
- Should legislation require that medication must be administered by an RN or EN (without notation) in any of the following circumstances?
  - For certain residents. If so, which residents and how should this be defined? (For example, AN-ACC classification)
  - Medications considered 'high risk' – If so, how should this determined?
  - Medications used for chemical restraint?
  - Medications not in a blister pack?
  - Medication that is administered on a 'as needs' basis (PRN medications)?
- Should legislation require that all prescribed medications in Schedules 4, 8 and 9 must be administered by RNs or ENs (without notation) for residents who do not control or administer their own medications?

General questions

Discussion prompts

- What do you think would be helpful improvements that could be made to medication management, via legislation, in aged care?
- What additional safeguards in general should be in place in relation to the administration of medicine to residents in residential aged care services?
- What concerns do you have regarding any changes that may impact your organisation and workforce?

How to provide your feedback

Your feedback is being sought via an online survey and targeted consultation sessions. Please submit your feedback online to the discussion points by accessing the survey < https://globaleysurvey.ey.com/jfe/form/SV_8ic2dfPRGHFMmBE>.

This information is being collected by EY on behalf of the department.

Definitions

Residential care

Residential care is defined in the *Aged Care Act 1997* (Cth) as '… personal care or nursing care or both personal care and nursing care that:

a) is provided to a person in a residential facility in which the person is also provided with accommodation that:
   I. appropriate staffing to meet the nursing and personal care needs of the person; and
   II. meals and cleaning services; and
   III. furnishings, furniture and equipment for the provision of that care and accommodation; and
b) meets other requirements specified in the Subsidy Principles' – Section 41-3(1)'.

The definition of 'residential care' in the *Aged Care Act 1997* does not include any of the following:

a) care provided to the person in the person's private home;
b) care provided in hospital or in a psychiatric facility;
c) care provided in a facility that primarily provides care to people who are not frail and aged;
d) care that is specified in the Subsidy Principles not to be residential care Section 41–3(2).

Medication

Refers to the schedules of medicines and poisons set out in the *Standards for the uniform scheduling of medicines and poisons.* For this consultation, the relevant schedules are those medications in Schedule 4, Schedule 8 or Schedule 9 that have been prescribed to a resident by an authorised registered health practitioner and dispensed by a pharmacist.

Schedule	Description
Schedule 4 poisons	Prescription-only medicines. For example, antibiotics, local anaesthetics, strong analgesics (like Panadeine Forte®) – and that are not classified as Schedule 8 poisons. Whereas most benzodiazepines are Schedule 4 poisons, flunitrazepam and alprazolam are Schedule 8 poisons.
Schedule 8 poisons	Controlled drugs. Medicines with strict legislative controls, including opioid analgesics – for example, pethidine, fentanyl, morphine (MS-Contin®, Kapanol®), oxycodone (OxyContin®, Endone®), methadone (Physeptone®) and buprenorphine. Two benzodiazepines (flunitrazepam and alprazolam) are Schedule 8 poisons.

Schedule	Description
Schedule 9 poisons	Prohibited substances. It is unlikely that Schedule 9 drugs would be used for a resident in a residential aged care setting. Substances that may be abused or misused, so their manufacture, possession, sale or use should be prohibited by law except when required for medical or scientific research, or for analytical, teaching or training purposes with approval of Commonwealth and/or State or Territory Health Authorities.

Medication management

Medication management is undertaken at both individual and service level. Medication management in residential aged care should operate within a safety and quality care framework and ensure that the rights and responsibilities of residents and their carers are taken into account. Medication management can be defined as the planning and implementation processes to ensure medication is handled safely and effectively, and in accordance with relevant legislation, policies, guidelines and codes.[17]

Medication administration

Medication administration is the physical administration of a dose of medication, in the quantity ordered by the prescriber. Medication administration is the actual giving of the medication. This may involve opening the container, removing the prescribed dosage and giving the medication to the resident as per instructions.[18]

Self-administration

Self-administration is when a resident has been assessed by an RN and prescribing practitioner as capable of safely administering their own medicines. This assessment should be documented in their health record and/or medicines chart.[19]

Medication support may be provided to residents who self-administer their own prescribed medications. This may include prompting and/or assisting the resident with self-medication, and may involve:

- reminding and/or prompting the client to take the medication
- assisting (if needed) with opening of medication containers for the client
- other assistance not involving medication administration.

Registered nurse

An RN is a ‘person who has successfully completed the prescribed Australian Nursing and Midwifery Accreditation Council accredited education program and has acquired the requisite qualification to be an RN with the Nursing and Midwifery Board of Australia (NMBA)’.[20] The *Health Practitioner Regulation National Law Act 2009* (Cth) enables individuals to hold concurrent registrations as both an RN and an EN. RNs are qualified and legally authorised to administer medication by the National Law and Victorian legislation.

Enrolled nurse

An EN is ‘a person with appropriate educational preparation and compliance for practice and has acquired the requisite qualification to be an EN with the NMBA.’[21] The minimum qualification is a diploma course. An EN works as part of a team under the supervision of nursing staff with higher qualifications. ENs are legally authorised by Victorian law to administer medication unless they have a notation on their registration indicating they are not qualified to do so. Under National Law all ENs may administer medicines except for those who have a notation on the register against their name which reads ‘Does not hold Board-approved qualification in administration of medicines’ (NMBA, 2010). The term EN (with notation) describes an EN who has approved qualification in administration of medicines.

Personal care worker

A PCW is a person who provides ‘care, support and services to elderly, either in their own home or in a clinic, hospital, residential care facility, or community setting.’ PCWs are not registered under the National Registration and Accreditation Scheme (NRAS). PCWs are not governed by the National Law, they are an unregulated workforce, but are subject to a National Code of Conduct that applies to unregulated healthcare workers. Victoria has responsibility for implementing this code for relevant Victorian healthcare workers, like PCWs.

Endnotes

[1] KPMG undertook a review in 2019 on behalf of the department. The consultation paper references findings from this review.

[2] Australian Labor Party Election Commitment 2022. Retrieved from <https://www.alp.org.au/policies/a-nurse-in-every-nursing-home>.

[3] Australian Labor Party Election Commitment 2022. Retrieved from <https://www.alp.org.au/policies/a-nurse-in-every-nursing-home>.

[4] Victorian legislation, Drugs, Poisons and Controlled Substances (Aged Care Services) Bill 2006. Retrieved from <https://www.legislation.vic.gov.au/bills/drugs-poisons-and-controlled-substances-aged-care-services-bill>.

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[8] Medication related complaints in residential aged care dated 30 September 2021. Retrieved from <https://www.agedcarequality.gov.au/sites/default/files/media/presentation-medication-related-complaints-in-residential-aged-care-september-2021.pdf>

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[12] Department of Health 2020, *Aged Care Workforce Census*. Commonwealth Government. Retrieved from <https://gen-agedcaredata.gov.au/Resources/Reports-and-publications/2021/October/2020-Aged-Care-Workforce-Census-Report>.

[13] Department of Health 2020, *Aged Care Workforce Census*. Commonwealth Government. Retrieved from <https://www.health.gov.au/sites/default/files/documents/2021/09/2020-aged-care-workforce-census.pdf>.

[14] Department of Health 2020, *Aged Care Workforce Census*. Commonwealth Government, Retrieved from <https://www.health.gov.au/sites/default/files/documents/2021/09/2020-aged-care-workforce-census.pdf>.

[15] Australian Labor Party Election Commitment 2022. Retrieved from https://www.alp.org.au/policies/a-nurse-in-every-nursing-home.

[16] ISMP 2021, *High-alert medications*.

[17] Department of Health 2020, *Guiding principles for medication management in residential aged care facilities*. Commonwealth Government. Retrieved from <https://www.health.gov.au/sites/default/files/documents/2020/02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf>.

[18] Department of Health nd, Adapted from the Certificate III training modules CHCCS305B – Assist clients with medication and CHCCS424A – Administer and monitor medications. Commonwealth Government.

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