



Resource Kit to enable implementation of the **APAC Guidelines on Medication Management** in Residential Aged Care Facilities

Developed and presented by HDG Consulting Group 2006

Medication Management Seminar Series

- Welcome
- A two part seminar series

<p>Part A</p> <p>Management of the administration of medications for high care residents in an aged care service: Nurses Board of Victoria Code for Guidance</p>	<p>Part B</p> <p>Resource Kit to enable implementation of the APAC Guidelines on Medication Management in Residential Aged Care Facilities</p>
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Agenda

1. Introduction
2. Aim of Education Session
3. Purpose of the Resource Kit
4. The 14 APAC Recommendations – What they are and how facilities implement them
5. Practical Exercise
6. Discussion
7. Action

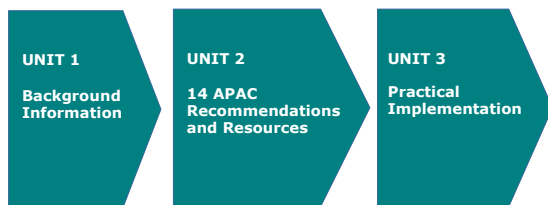
Aims of Education Session

1. To increase awareness of Medication issues and the APAC Guidelines within Residential Aged Care Facilities (RACFs)
2. To improve compliance with accreditation standards
3. To promote quality outcomes for residents
4. To increase cooperation between service providers
5. To encourage a multi-disciplinary approach to medication management
6. To develop an action plan for implementation of the APAC Guidelines

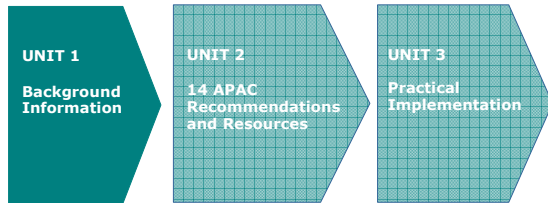
Purpose of Resource Kit

1. To support the implementation of the APAC Guidelines in your own context
 2. To assist providers and staff meet the Accreditation Standard 2.7 on medication management
- Results of survey conducted February 2005 informed the development of the Resource Kit and education session

Structure



Structure



- Why focus on Medication Management?

Medication Use in Older People

- It is well recognised that the older age groups are the largest users of medications

Positive Aspects of Medications

- Medications make a significant contribution to
 - Treatment of disease
 - Prevention of disease
 - Increasing life expectancy
 - Improving overall quality of life

Negative Aspects of Medications

- Inappropriate use
- Incorrect use
 - Have a negative impact on health outcomes

Barriers to Quality Use of Medicines in RACFs as identified by APAC

- Polypharmacy
- Excessive use of tranquilisers and psychotropic agents
- Lack of medication review
- Administration of medication by untrained or unqualified staff
- Lack of awareness of specific issues relating to medication use in the aged

A Shared Responsibility

- Commonwealth
 - Funds residential care
 - Regulates residential care
 - Determines standards of medication management
- States and Territories
 - Regulates
 - Possession
 - Supply
 - Administration of medication to high care residents of residential aged care services
- Requires a team approach

Overall Medication Management

- Needs to be a cooperative effort between all stakeholders
 - Residents
 - Doctors
 - Pharmacists
 - Management
 - Staff

Australian Pharmaceutical Advisory Council (APAC)

- Representative Forum
 - Key stakeholders from the
 - Medical profession
 - Nursing profession
 - Pharmaceutical profession
 - Industry
 - Consumer
 - Government sectors

Terms of Reference – APAC Working Party on Medication Management in RACFs

1. To identify and examine the currently existing data on quality use of medicines in RACFs
2. To examine those factors which impact on the quality use of medicines and therefore on quality outcomes and of quality of life for residents of RACFs
3. To consult as appropriate
4. To identify and examine developments in professional practice
5. To develop recommendations to APAC

Guidelines for Medication Management in RACFs

- **Background**
 - Guidelines first produced in 1997
 - Raised awareness of quality use of medicines within facilities
 - Second edition 2000
 - Updated guidelines
 - Nursing
 - Pharmacist
 - General Practitioner
 - Included Medication Reviews

Background

- Third edition (current) 2002
 - Included guidelines for
 - Alteration of oral formulations
 - Dose administration aids
 - Information resources
 - Storage of medicines
 - Disposal of medicines
 - Complimentary, alternative and self selected medicines
 - Emergency supply of medications

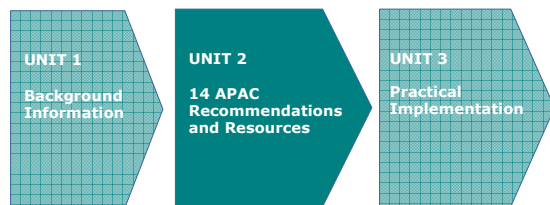
The APAC Guidelines

- It is not the intention to
 - Prescribe general professional standards
 - Specify processes relating to those standards
- Rather they are to
 - Ensure implementation of individual professional standards
 - Promote a multi-disciplinary approach
 - Facilitate quality outcomes for residents

APAC Guidelines/Standards Link

- **1.9** External services
- **2.1** Continuous improvement
- **2.2** Regulatory compliance
- **2.3** Education and Staff Development
- **2.7** Medication Management
- **2.8** Pain Management
- **2.9** Palliative Care
- **2.17** Sleep
- **3.5** Independence
- **3.6** Privacy and Dignity
- **3.7** Leisure interests and activities
- **4.7** Infection control

Structure



Recommendations

- | | |
|----------------------------------|--|
| 1. Medication Advisory Committee | 8. Alteration of Oral Formulations |
| 2. Medication Charts | 9. Dose Administration Aids |
| 3. Medication Review | 10. Information Resources |
| 4. Administration of Medicines | 11. Storage of Medicines |
| 5. Standing Orders | 12. Disposal of Medicines |
| 6. Nurse Initiated Medicines | 13. Complementary, Alternative and Self Selected Medicines |
| 7. Self-administration | 14. Emergency Supply |

Recommendation 1 Medication Advisory Committees (MAC)

- Each residential aged care facility should establish, or have direct access to and utilise the services of, a Medication Advisory Committee to facilitate the quality use of medicines.

The 14 APAC Recommendations



Medication Advisory Committee

- As a minimum should comprise of
 - Management
 - General practitioners
 - Nurses
 - Pharmacists supplying medications in the RACF
 - Pharmacists conducting medication reviews
 - Resident advocate

Recommendation 1 Medication Advisory Committee

- Barriers
 - Accessing General Practitioners
 - Accessing Pharmacists
 - Access to human resources

Recommendation 1 Helpful Hints

- General Practitioners may be able to obtain support from their Division for participation
- Funding for Accredited Pharmacists includes a QUM component which includes participating in MACs
- Including Community Pharmacist participation in MAC as part of supplier contract

Recommendation 1
Helpful hints

- Consider starting with in-house staff initially and gradually draw in external people
- Consider holding breakfast, lunch or dinner meetings so that external professionals can attend
- Consider inviting experts or guest speakers

Recommendation 1
Helpful Hints

- Consider sending meeting minutes to
 - All GPs servicing your facility
 - The Pharmacy
 - The Medication Review Pharmacist
 - Staff
 - Residents
 - Highlighting the most relevant sections

Recommendation 1
Helpful Hints

- Establish a Regional MAC
 - E.g. Across a Division of General Practice
 - Establish consistent
 - Policies
 - Procedures
 - Provides a support network
 - Provides access to external professionals
 - To share information

Regional MAC - Benefits

- Opportunity to share ideas
- May also support individual MACs
- Facilitates a uniform approach to QUM
- May assist with implementation of IT solutions
- May allow for uniform performance indicators on medication use
- May provide opportunities for benchmarking of performance indicators on medication use
- May improve access to specialist services

Recommendation 1 Resources

- Invitation to participate in the MAC
 - General Practitioner
 - Pharmacist
 - Staff member
- Summary of helpful hints
- Information about Regional MACs

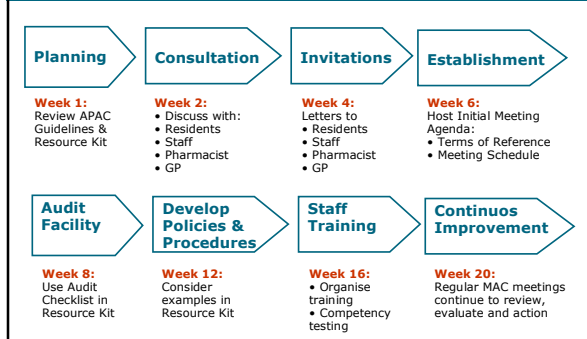
Recommendation 1 Resources

- Handout to residents explaining medication management
- Handout to resident families
- Minute template
- Sample terms of reference
- Sample agenda

Suggested Agenda Items

Medication charts	Staff education	Medication Storage	Incident Reports	Medication reviews
Hospital discharges	Pain management	Chemical restraint	Communication strategies	Infection control
Complimentary therapies	Benchmarking	Nurse initiated medicines	Phone orders	Crushing of medication
Staff competencies	Legislation changes	Information resources	Best practice improvements	Palliative care
Analysis of key performance indicators	Pharmacy delivery	Prescription writing and legibility	Medication audits	Regulatory compliance

Flow Chart to Establish a MAC & Implement the APAC Guidelines



Medication Advisory Committees

Any comments or suggestions?

Recommendation 2 Medication Charts

▪ All residents in residential aged care facilities, including respite residents, should have a chart for recording administered medicines (the medication chart). Residents who self-administer should have a list of their medications, which must be updated by the medical practitioner, pharmacist, resident or registered nurse whenever there is a change to the medication regimen. This could be in the form of a medication record card.

Recommendation 2 Medication Charts

- Barriers why residents may not have an up-to-date chart
 - Self medicating residents not informing staff
 - Resident not prescribed any medication
 - GPs not attending when requested
 - Charts not updated when discharged from hospital
 - Resident does not take chart to appointment
 - Resident taking OTC products
 - Phone orders not being signed

Recommendation 2 Medication Charts

- Resources
 - Section checklist for charts
 - Medication chart audit

Medication Charts

Any comments or suggestions?

Recommendation 3 Residential Medication Management Review (RMMR)

- Residents' medications should be reviewed by members of the health professional team. These reviews should be in accordance with the relevant professional guidelines. Confirmation that a review has occurred should be made on the medication chart and resident's record.

Recommendation 3 Medication Reviews by an Accredited Pharmacist

- Commonwealth funded
- Current arrangements
 - One review per bed per year
 - Variable GP response to reviews
 - May sign that viewed report
 - May fax comments
 - May telephone comments
 - May request an appointment to discuss

Regular Review can detect

- Risk of adverse drug effects and interactions due to polypharmacy
- Need to reduce dose if renal function declines
- If a change in oral dose formulation is needed due to resident having difficulty swallowing
- When it may be possible to withdraw medication
- Compliance issues
- Difficulties in handling, storage and use of medication

Recommendation 3 Medication Reviews

- Barriers
 - Shortage of pharmacists available for reviews
 - Not all pharmacists are accredited for reviews
 - Acceptance by doctors
 - Infrequent visits from pharmacist

Recommendation 3 Medication Reviews

- Medicare item No 903
 - Involves more collaboration between GPs and pharmacists
- Available for
 - Permanent residents of government funded aged care facilities

Recommendation 3 Medication Reviews

- GPs are able to refer and therefore claim item 903 for
 - New residents on admission into RACF
 - Existing residents where significant change in
 - Medical condition
 - Medication regimen has occurred
- A Comprehensive Medical Assessment (CMA-item No. 712) may serve as a prompt for the GP to refer the resident for an RMMR.

Comprehensive Medical Assessment - CMA

- Involves a full systems review by the GP
 - Health
 - Physical
 - Psychological function
- Identifies long-term requirements
- Provides an up-to-date health summary
- Annual for all permanent residents
- New residents on admission

Recommendation 3 Medication Reviews

- Irrespective of whether the GP has referred the resident or not for an RMMR, the resident is entitled to one medication review per year

- The GP will only be remunerated for those residents that he/she refers

**Recommendation 3
Medication Review (903)**

1. The potential need for a review can be identified by
 - General Practitioner
 - Pharmacist
 - Staff at facility
 - Resident/Family
2. The GP assesses the clinical need for a review
3. Resident consents to review
 - This may have happened on admission to facility
4. GP refers resident to pharmacist

**Recommendation 3
Medication Review (903)**

5. Pharmacist undertakes review
6. Post review discussion between GP and pharmacist unless
 - a) There are no recommended changes
 - b) Changes are minor
 - c) Where issues are considered in a case conference
7. GP finalises Medication Management Plan

**Recommendation 3
Medication Review (903)**

- Only one RMMR 903 is claimable per year unless
 - There has been significant change to the resident's
 - Medical condition
 - Medication regimen

Recommendation 3 Medication Review (903)

- Resources in the Kit
 - Information for Aged Care homes
 - Information for General Practitioners
 - Questions and Answers
 - Flowchart
 - Letter informing GPs of service
- Other incentives for GPs
 - Comprehensive Medical Assessments (Item 712)

Medication Review

Any comments or suggestions?

Recommendation 4 Administration of Medications

- For residents who are not self-administering, medication administration should be undertaken by registered nurses, within their scope of practice. If a registered nurse division 1 or registered nurse division 2 with endorsement is not available, it is recommended that the facility provide medications in dose administration aids. In all cases, medication should only be administered by qualified or suitably trained staff.

Recommendation 4 Administration of Medications

- Regular training of staff
 - Dosage administration aids
 - Inhaler devices
 - Insulin therapy
 - Etc

Medication Training Options

- Resources available
 - Staff members
 - Pharmacist
 - Supply
 - Review
 - Medical Practitioners
 - Public Hospitals
 - Palliative Care Services
 - Nurses Board of Victoria
 - Royal Australian College of Nursing
 - Australian Nursing Federation
 - Registered Training Organisations

Off-site Administration

- The survey indicated that this is of particular concern
 - Decisions need to be specific to the situation taking into account:
 - Clinical, emotional and cognitive state of resident
 - Perceived competence of residents off-site companions
 - Degree of complexity of medication
 - Relationship of medication to residents medical state and comfort
 - The form of the medication and complexity of administration e.g. tablet or injection
 - Medication system in use

Off-site Administration

- Possible options
 1. Pharmacist packages a DAA for off-site use
 2. Nominate a competent person
 3. For original packaging ensure pharmacy labels are insitu and accurate
 4. Some DAAs have the capacity to remove one or more compartments which are individually labelled for time and date of administration
 5. Arrange for RDNS/District Nurse to undertake administration
 6. Arrange for local GP, Pharmacist or other qualified health professional to administer.
 7. **Any other options?**

Administration of Medications

Any comments or suggestions?

Recommendation 5 Standing Orders

- Standing Orders for the administration of a new medication in response to a resident's changed clinical state **should not be used** in residential aged care facilities.
- Currently in aged care services all medicines are prescribed and dispensed for specific patients.

Recommendation 5 Standing Orders

Standing Order	Written order by GP not for specific resident Should not be used in RACF
Nurse Initiated Medicine	Non-prescription medicines approved by MAC & GP to be administered by the Div 1 as required
PRN	Specific order for a specific resident
Emergency Supply	Phone order specific for the resident

Standing Orders

Any comments or suggestions?

Recommendation 6 Nurse Initiated Medicines

- Nurse-initiated medication in residential aged care facilities should be:
 - From a defined list of drugs selected by and in accordance with protocols for each drug developed by the MAC. This list should be disseminated to attending GPs
 - Regularly reviewed for an individual resident.

Recommendation 6 Nurse Initiated Medicines

- Such protocols should include
 - indications for the drug
 - dosage
 - contraindications
- Regularly reviewed for an individual resident
- In line with relevant State/Territory and Commonwealth legislation and guidelines

Recommendation 6 Nurse Initiated Medicines

- Include
 - S2 (Pharmacy only)
 - S3 (Pharmacist only) products
- Should be approved by the MAC
- Administered by a Registered Nurse after clinical assessment by a Division 1 nurse
- GP should be given the opportunity to revise the list for his/her residents
- Lists should be reviewed regularly
 - Overall facility
 - Individual residents

Recommendation 6 Nurse Initiated Medicines

- List should include
 - Indications
 - Drug dose
 - Contraindications

Drug	Indication	Dose	Contra-indication
Paracetamol	Pain/Fever	2 tablets four hourly (Not more than 8 in 24 hours)	Check that resident is not taking any other paracetamol containing preparations
Salbutamol inhaler	Asthma	4 puffs via spacer, repeat in 4 minutes if needed, if still no improvement call 000 and continue with 4 puffs every 4 minutes	Previous allergy to salbutamol.

Recommendation 6
Nurse Initiated Medicines

- Resources available
 - Sample letter to GPs
 - Helpful hint sheet
 - Example of list

Nurse Initiated Medicines

Any comments or suggestions?

Recommendation 7
Self-administration

- A resident may choose to administer their own medication where it has been formally assessed that medication administration can safely be carried out by that individual.

**Recommendation 7
Self-administration**

- Resources requested
 - Guidelines
 - An accurate assessment tool
 - Nursing component
 - GP component
 - Sample letter for residents/families

**Recommendation 7
Self-administration – Policy/Procedure**

- Should include
 - Philosophical statement which supports the residents right to independence
 - Resident’s right to appeal any decision
 - Competency Assessment Form
 - Frequency of re-assessment
 - Forms of assistance which may be made available to residents
 - Communication strategies with
 - Resident
 - Prescriber

**Recommendation 7
Self-administration**

- Issues that need to be considered
 - Residents rights
 - Cognitive ability
 - Physical ability
 - Strategies that may assist the resident
 - Ongoing review

Self-Administration

Any comments or suggestions?

Recommendation 8 Alteration of Oral Formulations

- Each facility should have procedures for the alteration of dosage forms necessary to facilitate administration to certain residents. The MAC should endorse such procedures.

Why some medicines should not be altered

- Crushing will
 1. Alter the absorption characteristics of the medicine e.g. verapamil SR
 2. Alter the stability of the medicine e.g. nifedipine, omeprazole
 3. Cause a local irritant effect e.g. enteric coated aspirin, doxycycline

Why some medicines should not be altered

Crushing will cause

- 4. Failure of medicine to reach site of action. e.g. mesalazine
- 5. Occupational health and safety issue e.g. Chlorpromazine – dermatitis
- 6. Unacceptable/undisguisable taste e.g. quinine

Medicines which should not be crushed

- Wording such as
 - Controlled release (CR)
 - Sustained release (SR)
 - Modified release (MR)
 - Controlled delivery (CD)
 - Enteric coated (EC)
- Implies that the dose form has altered release characteristics

Six Step Process to ensure Desired Therapeutic Response

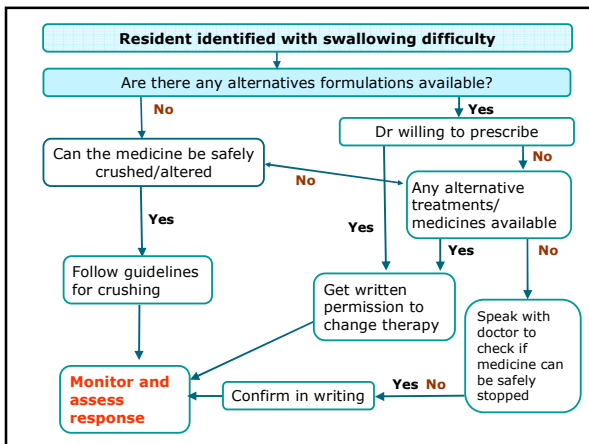
- 1. Assessment of swallowing ability
- 2. Review the medication regimen
- 3. Which formulations should not be crushed and why?
- 4. Ensure crushing technique and equipment is suitable
- 5. Administration to the resident
- 6. Monitoring and assessment

Recommendation 8 Alteration of Oral Formulations

- Resources requested
 - Policy and procedure
 - Up to date list
 - Quick reference decision tool

Recommendation 8 Alteration of Oral Formulations

- Up to date list has been provided
 - Needs to be regularly updated by MAC
- Flow chart for decision making
- General guidelines
 - Summarised version in kit
- Complete guidelines are found in the APAC Guidelines



**Recommendation 8
Alteration of Oral Formulations**

- Interactions with antacids, iron, calcium or dairy products
 - Some medicines
 - Should not be crushed with antacids, iron or calcium products
 - Should not be mixed with dairy products
- Their absorption may be affected

**Recommendation 8
Alteration of Oral Formulations**

Any comments or suggestions?

**Recommendation 9
Dose Administration Aids**

- It is desirable that dispensed medication be retained in the original or dispensed packaging unless a Dose Administration Aid will, in the opinion of the health care professional, overcome a significant compliance problem which a resident or carer may face. That is, a DAA should only be used for the purpose of overcoming potential problems with compliance or confusion with medication.

Recommendation 9
Dose Administration Aids

- Issues identified
 - Generic and trade names of medication
 - What to do when residents go out or away
- DHS recommend that PCAs undertake the module in Certificate III in Aged Care

Recommendation 9
Dose Administration Aids

- Dose Administration Aid practice checklist
- Dose Administration Aid system checklist

Dose Administration Aids

- Section 12.3.10 of the Aged Care Manual makes it explicit that it is the responsibility of the service to pay as it is their choice to use a packaging system.

Recommendation 9
Dose Administration Aids

- Providers are not specifically funded for such an item (unlike oxygen which funding is specified for)
- The residential care subsidy is for providing care as per the residential care manual and quality of care principles
- When the provider chooses to purchase a medication packaging (aid) as part of providing the care, it is required to pay the cost as it forms part of the care provision

Recommendation 9
Dose Administration Aids

- The Agency may check that services are complying with this requirement
- Breaches of this requirement may result in "non-compliance" in expected outcome 2.2 Regulatory Compliance

Recommendation 9
Dose Administration Aids

Any comments or suggestions?

Recommendation 10 Information Resources

- The facility must have current resources on medicine information available for staff, residents/carers and visiting health professionals. These resources should be recommended by the MAC.

Information Resources

- 10.1 Includes a List of Specialised Drug Information Centres both Nationally and Victorian
- Don't forget local resources
 - Pharmacists
 - Doctors
 - Local hospitals etc

Information Resources

- Most popular resources
 - Mims
 - Electronic
 - Hard copy
 - Abbreviated and full product information provided by the manufacturers

Information Resources

- Australian Medicines Handbook
 - Evidence based resource
 - Concise
 - Organised by
 - Organ system
 - Therapeutic use
 - Includes practice pointers
 - Available in electronic and book versions

Information Resources

- AMH – Aged Care Drug Choice Companion
 - Topic based book
 - Disease state
 - E.g. Asthma, Behavioural & Psychological symptoms of Dementia
 - Ranks drug choices
 - Includes Geriatric practice points

Information Resources

- Therapeutic Guidelines
 - Regularly updated
 - Prepared by specialist practitioners
 - Available in electronic and book versions
 - Titles include

Analgesic	Antibiotic	Cardiovascular
Dermatology	Endocrinology	Gastrointestinal
Neurology	Psychotropic	Respiratory
Palliative Care	Rheumatology	

Information Resources

- Schedule of Pharmaceutical Benefits
 - Is available online
 - www1.health.gov.au/pbs/

Information Resources

- Information on these resources and where to obtain them is contained in your kit
- The supply pharmacy and medication review pharmacist are also available as an information source

Recommendation 10 Information Resources

Any comments or suggestions?

**Recommendation 11
Storage of Medicines**

- Secure storage for all medications, including self-administered medication should be provided by the residential aged care facility, and must be in accordance with State/Territory regulations.
- Storage issues must consider the safety of all residents, staff and visitors, and the recommended storage conditions for particular medicines, for example, those requiring refrigeration.
- The new regulations have requirements for storage and records that apply to residential care settings where there is a high care resident.

Storage of Medicines

- Issues that need to be considered
 - Self-medicating residents
 - Cold sensitive products
 - E.g. Insulin, Oroxine, Vaccines
 - Drugs of Addiction

Storage of Medicines

Any comments or suggestions?

Recommendation 12
Disposal of Medicines

- The facility must have a mechanism in place for the disposal of returned, expired and unwanted medicines.
- All pharmacies are able to take back medicines for safe disposal

Disposal of Medicines

Any comments or suggestions?

Recommendation 13
Complimentary, Alternative and Self Selected Medications

- A residential aged care facility should develop written policies, which are approved by the MAC, for the management of complementary, alternative and self-selected medications within the facility.

**Recommendation 13
Complimentary, Alternative and Self
Selected Medications**

- Issues identified
 - Health professionals feeling unqualified in this area
 - Lack of information on the current medication chart

**Recommendation 13
Complimentary, Alternative and Self
Selected Medications**

- Resources include
 - Draft policies
 - Sample letters to residents/families
 - Complementary Therapies Care Plan

Complementary Medicines

Any comments or suggestions?

Recommendation 14
Emergency Supplies of Medications

- There may be a requirement for emergency medications to be available within the facility. Any emergency supply of medications should be in accordance with State/Territory legislation and approved for this purpose by the MAC. The MAC should also determine the circumstances under which such medications may be used and any required documentation and stock control. The emergency supply should include only a minimal range of medications for emergency after hours use, and must not be used as an imprest system.

Emergency medications

- Only to be used on the direct order of a medical practitioner
- Order should be signed within 24 hours by GP
- If pharmacy is to supply, then the GP must communicate directly with the pharmacy

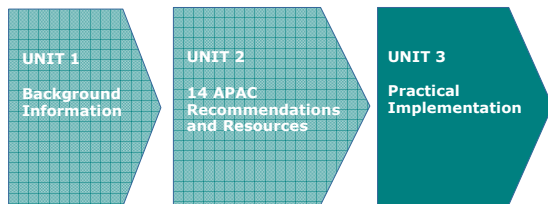
Recommendation 14
Emergency Supply

- If you hold prescription only medicines on hand at the facility
 - Must hold a “Health Services Permit”
 - Poisons Control Plan
- www.health.vic.gov.au/dpu/reqhealth

Emergency Supply

Any comments or suggestions?

Structure



Implementation of APAC Guidelines

- Will we or won't we?
- Audit the current situation (self assessment)
- Prepare a plan of action (plan for continuous improvement)
- Monitor progress and update plan (through activities of MAC)

Audit Tool

- The audit tool provided in the kit, covers each of the 14 Recommendations
- By completing the audit tool, you are able to quantify a % result, which can be compared with subsequent audits to illustrate continuous improvement

Workshop Audit Your Facility

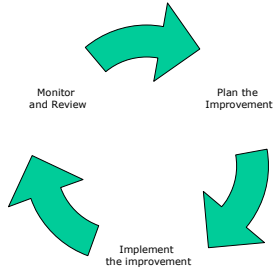
- Using the Audit tool provided in the kit, spend the next 20 minutes auditing your facility against the Guidelines
- Don't worry about how far through the audit you get at this stage
- Terminology may vary from that used in your facility e.g. MAC may be called another name

APAC Guidelines/Standards Link

- | | |
|--|---|
| • 1.9 External services | • 2.8 Pain Management |
| • 2.1 Continuous improvement | • 2.9 Palliative Care |
| • 2.2 Regulatory compliance | • 2.17 Sleep |
| • 2.3 Education and Staff Development | • 3.5 Independence |
| • 2.7 Medication Management | • 3.6 Privacy and Dignity |
| | • 3.7 Leisure interests and activities |
| | • 4.7 Infection control |

Plan of Action

- Plan for Continuous Improvement
- Implement the improvements
- Monitor and review
 - MAC meetings
 - Incident reports
 - Improvement logs
 - Comments / Complaints
 - Surveys and audits



Plan of Action

- Working with your audit results, and the resources provided in the kit, spend the next 20 minutes developing an Action Plan
 - Identify the Recommendation involved
 - Perhaps identify the relevant Outcome
 - Identify the issue to be resolved
 - What action will be taken
 - Who will be responsible
 - Date to be completed
 - The Comments column may be used to link this Action Plan with other Quality System Documents eg. Facility PCI

Feedback to the Group

- Is anyone willing to share with the group any issues that they have identified and how they have addressed it with the action plan?
- How do you plan to use the information received today on return to your facility?
- Do you feel confident to be able to return to work with the kit and implement the Guidelines?

Specific Questions from Participants

- Any issues or concerns, not yet covered?

Training Evaluation

- Evaluation Forms

Credits

- Funded by the Victorian Department of Human Services, Aged Care Branch
- Seminar and CD designed and presented by HDG Consulting Group
