

Victorian Medicines Advisory Committee (VMAC) Strategic Plan Term 1 2006–2009

Key result areas and strategic goals

In defining and implementing the goals within the four key result areas described, VMAC aims to promote the quality use of medicines within Victorian hospitals and at the interface with primary healthcare settings in order to achieve better health outcomes.

Key result area 1 – governance and leadership to promote best practice in the quality use of medicines (QUM)

Key result area 2 – partnerships, relationships and communication for sharing best practice ideas in QUM

Key result area 3 – education in QUM

Key result area 4 – implementation and evaluation of best practice in QUM

Key result area 5- research through collaboration in QUM

Message from the chairperson

The VMAC was established in 2005, for an initial three-year term, as a departmental expert advisory committee to lead the quality use of medicines agenda within Victorian hospitals and at the primary care interface, in alignment with the *National Medicines Policy* and the *National Strategy for Quality Use of Medicines*.

The plan is VMAC's blueprint to assist the continuous improvement within QUM across Victorian healthcare settings. The plan builds on significant work undertaken by the Victorian Drug Usage Advisory Committee (VDUAC), in association with the Victorian Therapeutic Advisory Group (VicTAG), the Victorian Medication Safety Committee (VMSC) and the Victorian Drug Usage Evaluation Committee (VDUEG). The plan also identifies new areas for development within QUM, reflecting rapid changes within the quality and safety arena.

Our challenge is to identify risks and intervene to promote the quality use of medicines, throughout the medication management cycle, thus reducing patient harm and optimising patients' health and well-being in the Victorian healthcare setting.

The VMAC aims:

To be the expert group that advises the Department of Human Services, through the Quality and Safety Branch, on the strategic direction and policy development in QUM with respect to, but not limited to, the application of the National Medicines Policy⁶ and the National Strategy for Quality Use of Medicines (QUM)⁷ in Victorian hospitals and at the interface with primary care settings.

Definitions

The National Medicines Policy⁶ has four central objectives:

1. timely access to medicines at a cost that individuals can afford
2. medicines meeting appropriate standards of quality, safety and efficacy
3. quality use of medicines
4. maintaining a responsible and viable medicines industry.

In accordance with the *National Strategy for Quality Use of Medicines*⁷, QUM means:

- selecting management options wisely
- choosing suitable medicines if a medicine is considered necessary
- using medicines safely and effectively to get the best possible results.

The term 'medicine' includes prescription, non-prescription and complementary medicines.

Developing the term 1 plan (2005-2008)

The potential scope for VMAC's work is enormous, and it is important that clear, achievable and realistic priorities are set to ensure that energy and resources are focused on activities that best assist health service providers to improve QUM. With this in mind, the 2005-2008 strategic plan was developed through a multi-stage process including:

- a broad environmental scan of national and international initiatives within QUM, to ensure that VMAC builds on a solid foundation of work in areas where there is evidence that change leads to improvement
- a series of meetings with VMAC members to identify and refine strategic priorities within QUM
- consultation with stakeholders to ensure that the priorities identified by VMAC members are in alignment with those working in healthcare organisations and consumers of healthcare services.

Priorities have been established on the basis of being:

- Achievable
- Realistic
- Relevant to the field
- Able to impact positively on patient safety
- Cost effective
- Consumer focused

Thus a plan was developed incorporating the views of experts within the field of QUM, in association with consumers and healthcare professionals.

VMAC term 1
Key result areas

VMAC key result area 1 - governance and leadership in QUM

Objectives	Proposed actions
Improve governance of QUM	Develop the structure and framework model for promoting and implementing QUM initiatives within healthcare organisations in conjunction with managers, healthcare professionals and consumers as part of the overall clinical governance framework.
Enhance leadership roles in QUM through professional development courses	Collaborate with the Victorian Quality Council to develop a QUM component in the clinical leadership course in quality and safety.

Key result area 2 - partnerships, relationships and communication for best practice in QUM

Objectives	Proposed actions
Engage healthcare organisations in QUM	Develop an effective communication network to include key stakeholders.
Strengthen consumer participation in QUM	Collaborate with the Department of Human Services Consumer Participation Program to: <ul style="list-style-type: none"> • build capacity for consumer participation in QUM through education and information, for consumers working with health services • identify and share best practice in consumer participation in QUM • assist health services to better utilise consumer feedback to improve QUM • provide leadership in the development of consumer information to promote consumer participation in QUM.
Promote a co-ordinated approach to the delivery of QUM by programs within the Department of Human Services	Collaborate with programs that share a focus in QUM in order to deliver uniformity, consistency, efficiency and excellence in the management of QUM.
Promote responsible reporting of issues relating to QUM by the media	Develop partnerships and provide complete, comprehensive, accurate and timely information to the media via the appropriate channels.
Promote safe, effective, economic use and equitable access to pharmaceuticals	Collaborate with appropriate bodies throughout Australia to develop procedures to manage risks associated with medication use.
Facilitate the exchange of best practice in QUM at local, state and national levels	Identify QUM groups across Australia and develop an effective communication strategy to share information in relation to continuous improvement in QUM.

Key result area 3 – education in QUM

Objectives	Proposed actions
Promote education in QUM	<ul style="list-style-type: none"> • Identify key stakeholders in the provision of education amongst healthcare professionals at postgraduate and undergraduate level. • Collaborate on the development of training modules within QUM to address continuing education needs of all health professionals. • Identify key areas of education for consumers in Victorian hospitals and at the interface with primary care settings.

Key result area 4 - implementation and evaluation of QUM

Objectives	Proposed actions
Evaluate performance in QUM in order to monitor trends and apply interventions to promote continuous improvement	<p>Collaborate with existing groups within the Department of Human Services and the healthcare sector to promote the development of:</p> <ul style="list-style-type: none"> • a recommended dataset for reporting adverse events, near misses and interventions using data derived from existing sources, for use by healthcare organisations and at the primary care interface • a toolkit that enables a basic understanding of data collection, analysis and use in QUM projects • the implementation of the toolkit to facilitate benchmarking within QUM across Victoria.
Enhance systems and processes that promote excellence in QUM	<p>Provide leadership in the development of:</p> <ul style="list-style-type: none"> • processes to identify best practice concepts in prescribing, administration and supply of medicines throughout the continuum of care • identification and implementation of guidelines for best practice in safe and effective prescribing, administration and supply of medicines throughout the continuum of care • a communication strategy and strategic plan template to engage, implement and evaluate best practice concepts in QUM • ways in which improvements in QUM can be mainstreamed and sustained over time.
Promote standardisation of the medicines management cycle	<p>Facilitate the implementation of best practice including, but not limited to:</p> <ul style="list-style-type: none"> • National Inpatient Medication Chart • Pharmaceutical Review • Australian Pharmaceutical Advisory Council guidelines • Strategies for safe use of high risk medication.

Key result area 5 - research through collaboration in QUM

Objectives	Proposed Actions
Contribute to establishing best practice in QUM	<p>Identify priorities for further research and development within QUM through collaboration with QUM partners, including academic institutions and healthcare professionals practising within healthcare organisations.</p> <p>Promote research that</p> <ul style="list-style-type: none">• addresses barriers to improving QUM• identifies enablers for QUM• identifies and addresses gaps between knowledge and practice in QUM <p>Promote drug use evaluation activity in order to monitor and improve best practice in QUM and to facilitate benchmarking statewide.</p> <p>Encourage the publication of QUM research in peer-reviewed journals, consumer publications and in the media, as appropriate. Present at QUM forums locally, statewide, nationally and internationally.</p>

**Victorian Medicines Advisory Committee (VMAC) Membership
2005–2008 (October 2006)**

VMAC Members	
Dr Craig White (Chair)	Executive Director Clinical Services Chief Medical Officer, Southern Health
Ms Helen Leach	Senior Advisor VMAC, Department of Human Services
Ms Alison McMillan	Director, Quality and Safety Branch
Ms Lydia Dennett	Director of Nursing, Western Hospital
Ms Jan Donovan	Consumer representative
Prof. Michael Dooley	Director of Pharmacy, Bayside Health
Dr Colin Feekery	Medical Director, Western Health
Mr John Jackson	President, Pharmaceutical Society of Australia
Ms Sue Kirska	Director of Pharmacy, Peter MacCallum Cancer Centre
Ms Anne Leversha	Director of Pharmacy, LaTrobe Regional Hospital, Traralgon Senior Lecturer, Monash University Faculties of Medicine, Nursing and Health Sciences and Pharmacy
A.Prof Elizabeth Manias	School of Nursing, University of Melbourne
Prof. Roger Nation	Head of Department of Pharmacy Practice, Monash University
Dr Chris O'Callaghan	Clinical Pharmacologist, Austin Health
Dr Mary O'Reilly	Infectious Diseases Physician, Eastern Health
Mr Robert Pask	Consumer representative
Mr Greg Weeks	Director of Pharmacy, Barwon Health
A. Prof. Michael Woodward	Director Aged and Residential Care Services, Austin Health

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