



## Department of Human Services

Incorporating: Health, Aged Care, Housing and Community Services

555 Collins Street  
Melbourne Victoria 3000

### Principles to ensure the continuum of pharmaceutical care between the hospital and the community

#### *Preamble*

*Hospitals wishing to participate in the pharmaceutical reforms must adopt the Australian Pharmaceutical Advisory Council (APAC) “National guidelines to achieve the continuum of quality use of medicines between hospital and community”. Hospitals will need to inform the Department of Human Services how and when the guidelines will be implemented in their institution. It is recognised that hospitals will need to develop processes that take into account the different types of patients and the different needs for medication and medication monitoring. It is also recognised that some hospitals have already addressed some of the principles and will be able to adopt the APAC guidelines more readily than others.*

*Hospitals discharging patients who satisfy any of the following criteria are required to comply with the APAC guidelines on continuity of pharmaceutical care:*

- *Elderly (>65 years of age)*
- *Require multiple medications (>4) on discharge*
- *Required intervention by a number of departments/units within the hospital*
- *Multiple previous admissions*
- *No support network available at home*

*It is recognised that there may be patients for whom compliance with the APAC guidelines, such as provision of a medication discharge plan, is deemed clinically inappropriate. Allowable reasons for exclusion from the APAC guidelines are patients discharged with no medication and patients discharged with a small amount of medication to be used within the 72 hour period immediately following discharge. It is envisioned that these exceptions would apply predominantly to Accident & Emergency patients suffering from minor trauma or an acute limited condition and to some day admitted patients.*

*All hospitals taking advantage of the pharmaceutical reforms would be expected to at least achieve the milestones in the following table.*

## APAC GUIDELINES – PRINCIPLES & MILESTONES

APAC GUIDELINES	MILESTONE
<p><b><u>PRINCIPLE 1</u></b></p> <p>It is the responsibility of the admitting institution to ensure the development and coordination of a medication discharge plan for each patient. The person responsible for coordinating the development, implementation, and monitoring of the medication discharge plan, including medication supply and medication information, should be identified as soon as practicable after admission.</p>	<p>Within 18 months hospitals will have developed medication discharge plans.</p> <p>Within 24 months hospitals will be implementing medication discharge plans for patients.</p>
<p><b><u>PRINCIPLE 2</u></b></p> <p>Hospital staff should obtain an accurate medication history, including prescription and over-the-counter medicines and other therapies such as herbal products, as part of the admission process.</p>	<p>Within 18 months hospitals will have developed guidelines for recording patient's medication history.</p> <p>Within 24 months hospitals will have implemented guidelines.</p>
<p><b><u>PRINCIPLE 3</u></b></p> <p>Hospital staff should evaluate the current medication as soon as practicable after admission with a view to:</p> <ul style="list-style-type: none"> <li>• Identifying the appropriateness and effectiveness of current medication, rationalising current medications if appropriate:</li> <li>• Paying particular attention to any problems associated with current drug therapy including any possible relationship with current medical condition; and</li> <li>• Documenting allergies and any previous adverse drug reactions.</li> </ul> <p>Where appropriate consultation shall occur with the patient's primary practitioner.</p>	<p>Within 18 months hospitals will have developed protocols for communication with GPs regarding patient's medication.</p> <p>Within 24 months hospitals will have implemented strategies to review current medication of patients at the time of admission.</p>

<p><b><u>PRINCIPLE 4</u></b></p> <p>During the hospital stay, treatment plans relating to the probable medication management during the stay and where applicable at discharge should be developed in consultation with the patient and/or carer. Hospital staff should negotiate with the patient issues relating to treatment and the development of a discharge plan. This plan should form part of the overall care plan or critical pathway.</p> <p>To enable the discharge process to be successful, there needs to be effective communication and coordination between all relevant parties in the hospital environment.</p> <p>Where appropriate, community health providers, especially the patient's general practitioner, should be consulted by staff of the hospital.</p>	<p>Within 15 months hospitals will have developed guidelines for involving patients in treatment and discharge plans.</p> <p>Within 18 months hospitals will have developed strategies for implementation.</p> <p>Within 24 months hospitals will have implemented strategies to involve patients and carers in treatment and development of discharge plans.</p>
<p><b><u>PRINCIPLE 5</u></b></p> <p>Prior to discharge, pre-discharge medication review and dispensing of adequate medication should take place in a planned and timely fashion. Supply of the medication must be adequate to ensure continuity of medication is not interrupted by the inability to obtain further ongoing supplies if required, within a reasonable timeframe.</p>	<p>Within 18 months hospitals will have developed guidelines to ensure that patient's medication is reviewed prior to discharge.</p> <p>Within 24 months hospitals will have implemented strategies to review and dispense adequate medication prior to discharge.</p>
<p><b><u>PRINCIPLE 6</u></b></p> <p>At the time of discharge, patients should be provided with adequate information in an appropriate language to assist them following discharge. This information should include the purpose of the medicines specific for that patient and may include consumer medicine information (CMI), the availability and source of future supplies and arrangements for follow up care.</p>	<p>Within 18 months, hospitals will have developed guidelines for implementation.</p> <p>Within 36 months hospitals will have implemented strategies to provide patients with a discharge folio containing relevant patient information.</p>
<p><b><u>PRINCIPLE 7</u></b></p> <p>On discharge, or as soon as practicable after discharge, information regarding the patient's admission, medication changes (including additions/deletions) and arrangements for follow up should be communicated to the health care provider(s) nominated by the patient as being responsible for his or her ongoing care. Health care providers may include general practitioner, community pharmacists, district nurses etc.</p>	<p>Within 18 months, hospitals will have developed protocols for communicating with healthcare providers.</p> <p>Within 24 months, hospitals have systems in place to communicate with healthcare providers.</p>