Response to:
Australian Commission on Safety and Quality in Healthcare: Updating Quality Use of Medicines Publications.

Guiding principles for medication management in residential aged care facilities.

Guiding principles for medication management in the community.

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Foreword

The New South Wales Nurses and Midwives' Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. The membership of the NSWNMA comprises all those who perform nursing and midwifery work. This includes: registered nurses; enrolled nurses and midwives at all levels including management and education, and assistants in nursing and midwifery.

The NSWNMA has approximately 73,000 members, of which approximately 10,000 are employed in aged care, and is affiliated to Unions NSW and the Australian Council of Trade Unions (ACTU). Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation.

NSWNMA exists to be a strong, influential union of members respected as a contemporary leader in society for its innovation and achievements. We welcome the opportunity to provide a response to this consultation.

This response is authorised by the elected officers of the New South Wales Nurses and Midwives' Association

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PART ONE: Guiding principles for medication management in residential aged care facilities.

Introduction

The NSW Nurses and Midwives' Association considers the safe use of medicines to be a key issue in residential aged care. Medication safety has consistently ranked in the top areas of concern with the Aged Care Quality and Safety Commission (ACQSC) and is a top area of concern for our members.

The Australian Commission for Safety and Quality in Healthcare (ACSQHC) has an excellent track record in determining safe standards of best practice in relation to the quality use of medicines (QUM) in the healthcare sector. We believe it is wholly appropriate the ACSQHC also has oversight of standards relating to safe use of medicines in residential aged care and hope this consultation will deliver enhanced safety protections for older people.

Our members in NSW have been let down by the current disconnect between state and commonwealth legislation and guidelines. A situation exacerbated when the *Living Longer, Living Better* aged care reforms removed the distinction between high and low care. Registered nurses employed in residential aged care constantly find themselves professionally compromised owing to the lack of clarity arising from the different rules around medication management.

We firmly believe there should be a single expectation around medication management across the commonwealth, both in relation to legislation and guidance and hope the review of these guidelines will assist in providing clarity for aged care workers. Our aim is to seek uniform agreement to a universal definition clarifying the difference between assisting and administering of medication. We believe this would provide workers, employers, and regulators ability to determine the role of registered nurse, and enrolled nurse working under their direction, and assistants in nursing/care workers in relation to medicines management.

It is also our position that administration of medicine is a nursing role, and that assistants in nursing/care workers role should be restricted to assisting with self-administration only. We also advocate for a clear definition as to what constitutes self-administration and clear guidance in relation to risk-management. Both of which have been lacking from both the commonwealth guidelines and Quality Standards, leading to workers having to self-determine where their role boundaries lie.

Whilst we welcome this review of the guidance, it will have little impact on our members unless it is supported through legislation. We call for enhanced guidance around medication safety to be included in any review of the *Aged Care Act 1997 (Cwlth)* and associated legislative instruments.

Context in NSW

There is an underlying assumption embedded within the consultation that registered nurses are responsible for managing medications in residential aged care facilities (RACF).

The reality in NSW is that only RACF providing high care prior to 1 July 2014 are required by NSW legislation to have a registered nurse on site at all times and appoint a Director of Nursing to oversee clinical governance.

The market-share of those that fall outside the scope of NSW legislation increases annually and is estimated to be around 40% of the total. Staffing decisions for those falling outside the scope of NSW legislation are made by registered providers. Consequently, not all RACF in NSW have a registered nurse on site at all times, particularly overnight and at weekends and public holidays.

In addition, those falling outside the scope of NSW legislation are not required to adhere to NSW Poisons and Therapeutic Goods legislation. This requires all prescribed s4 and above medication to be administered by an authorised person, being in this circumstance a registered nurse or enrolled nurse working under the direction of a registered nurse.

The outcome in NSW is a significant number of NSW RACF do not have a nurse available at all times to safely manage and administer medicines. In this circumstance it is the commonwealth guidelines, not state legislation, that determines best practice.

The NSW Nurses and Midwives' Association has been lobbying for the NSW legislation to be extended to require all RACF to have at least one registered nurse on site at all times and employ a Director of Nursing. We have also lobbied for the NSW Poisons and Therapeutic Goods legislation to be extended to capture all RACF.

We firmly believe the new Aged Care Act and associated legislation needs to provide clarity in relation to the role of registered nurses and care workers in the quality use of medicines (QUM). We believe it needs to clearly define the difference between *administration of* and *assisting with* in relation to medicines. It also needs to clearly define the scope of self-administration.

Our position is that only registered nurses or enrolled nurses working under the direction of a registered nurse have the required knowledge and skills to safely administer medicines. Assistants in nursing/care workers have a valuable role, but one which must be restricted to assisting residents with self-administration only.

Whilst we accept the commonwealth guidelines do require review, we believe this should occur following detailed inclusion of medicines management in the new Aged Care Act and associated legislation and not in advance of this.

As a result of these factors we consider the following needs to be included in any new commonwealth guidelines:

1. **The arrangements to be made against each of the guiding principles where there is no registered nurse rostered on duty, and on-site.**

2. **Where guiding principles refer to relevant state or territory legislation for guidance, the safeguards/arrangements/guidance issued to workers to ensure QUM in the absence of such legislation.**

Responses to specific recommendations

GP 1 Clinical Governance of Medication Management – Agree in principle

Whilst we welcome enhanced governance measures, the guidelines will not secure availability of a Director of Nursing or registered nurses on site to provide clinical governance and oversight of medication management. Government reforms post Royal Commission will only secure a registered nurse for a maximum of 16 hours a day and do not include a requirement for a Director of Nursing.

The 2012 guidance already advises providers to have a Medication Advisory Committee (MAC). This has not been effective in enhancing medication safety. We believe this is intrinsically linked to the lack of availability of highly skilled registered nurses in sufficient numbers to undertake safe medication practices and supervise unlicensed assistants in nursing/care workers to assist residents with self-medication duties.

Recommended change/inclusion: Include an additional function of MAC to include responsibility to ensure sufficient staffing and skills mix, including availability of registered nurses to undertake administration of medicines and assistants in nursing/care workers to assist with self-administration.

GP 2 Information Resources – Agree in principle

We support the alignment of the guidelines to relevant professional practice standards and messages. We have also indicated our preference for a single set of standards across health and aged care, communication of information about medicines would be included in this. However, signposting to online resources requires consideration of availability of reliable internet access. Our members, particularly those in rural and remote settings often cite poor internet access as a barrier.

Recommended change/inclusion: Include a contingency measure for workers employed in areas of poor internet access to ensure equity of safety measures, particularly those from CaLD communities.

GP 3 Selection of Medicines – Agree in principle

We believe registered nurses have a fundamental role in ensuring QUM. Any intervention aimed at reducing avoidable hospitalisation, improving antimicrobial stewardship and reducing inappropriate psychotropic medications use relies on good clinical assessment and judgement from registered nurses providing care to residents, working collaboratively with prescribers. This is particularly important given high numbers of people living with dementia accommodated in RACF.

However, we are concerned by the suggested wording in recommendation 2. Recognising some RACF do not employ registered nurses, or do not employ them for time periods throughout the 24 hour period, we are concerned the guidelines are not explicit when referring to '*all categories within the RACF workforce*' scope of practice. We believe the role of assistants in nursing/care workers need to be explicitly stated in the selection of medicines standard, for clarity.

In addition, recommendation 3 seeks to require clinicians to work within their scope of clinical practice. Our members frequently cite times where lack of availability of nurses, or time to safely undertake medicines-related activities compromises professional practice.

Recommended change/inclusion: Include information which clearly states the different role of registered nurses and assistants in nursing/care workers in relation to selection of medicines and what action is required to ensure safe selection of medicines where a registered nurse is unavailable.

We believe the standard should include a requirement for sufficient staffing and skills mix to be provided to ensure safe selection of medicine and to enable registered nurses to work safely within their scope of practice.

GP 6 Standing orders – Agree in principle

We concur with the existing guidelines which acknowledge that the administration of a medicine through a standing order requires a clinical judgement. It is therefore an underlying, but not explicitly stated assumption within the guidelines that registered nurses will be solely responsible for enactment of standing orders. Given that not all NSW RACF are required to provide a registered nurse at all times, we believe the revised guidelines must explicitly exclude assistants in nursing/care workers from standing orders.

Recommended change/inclusion: revised guidelines must explicitly exclude care workers from the guiding principle relating to standing orders. In addition, they must include action to be taken in the circumstance a resident requires a medication to be administered through a standing order, but a registered nurse is not rostered on duty and available on-site.

GP 8 Medication review and medication reconciliation – Agree in principle

Regardless of the information to be included, or presentation of this guiding principle a fundamental component of its operability is the availability of registered nurses to both trigger a review and provide information on clinical status of the resident to inform decision-making by the prescriber. Given that not all NSW RACF are required to provide a registered nurse at all times, we believe the revised guidelines must explicitly outline the requirement for registered nurses to be present to support the process.

Recommended change/inclusion: revised guidelines should include reference to the role of registered nurses in supporting decision-making around medication review and reconciliation.

GP 11 Storage of Medicines – Agree in principle

Given that existing NSW state legislation does not extend to all RACFs, it does not universally secure scheduling of registered nurses 24/7 and does not secure universal safeguards relating to medication safety. An example where this creates difficulty for our members relates to the storage of medicines. Registered nurses are trained to expect that medicine cupboard keys, particularly those containing s4d and s8 medicines be retained by registered nurses and handed over to/received from a registered nurse. This is problematic where scheduling of registered nurses on all shifts is not legislated.

Recommended change/inclusion: revised guidelines should explicitly state the arrangements to be made relative to storage of medicines to secure QUM where a registered nurse is not rostered on duty and on-site. Guidelines must ensure registered nurses' professional practice is not compromised through these arrangements.

Administration of medicines within RACFs

Recommendation 1: To combine GP 13-16 - Disagree

We believe there is already confusion over the difference between self-administration, assisting with, and administration of medicines by workers. We believe this leads to failure to effectively regulate medicines management in RACF and role-confusion between workers. Combining guiding principles that relate to both administration of medicines by nurses and assisting with self-administration by assistants in nursing/care workers under the heading '*Administration of medicines within the RACF'* will further confuse role boundaries.

GP 13 Self-administration of medicines– Agree in principle

As previously stated, the guiding principles need to include a clear definition of assistance with self-administration including the required safeguards relating to risk management and documentation. This lack of clarity will also impact residents who are fully self-administering without assistance, but who then require either assistance with, or administration of medicines during 'sick days'.

Recommended change/inclusion: revised guidelines should explicitly state the difference between, and definition of, *assisting with* and *administration of* medicines.

GP14 Administration of medicines by RACF staff -Agree in principle

We agree with retaining reference to the ANMF guidance and existing guidance around administration of medicines since they recognise only registered nurses, or enrolled nurses working under the direction of a registered nurse can administer medicines, and assistants in nursing/care workers role is restricted to assisting with self-administration. However, whilst we recognise the ANMF guidelines are under review, neither currently clearly define how administration of medicines differs from assisting with self-administration of medicines.

Recommended change/inclusion: revised guidelines should explicitly state the difference between, and definition of, *assisting with* and *administration of* medicines.

Revised guidelines should explicitly state the arrangements to be made relative to administration of medicines to secure QUM where a registered nurse is not rostered on duty and on-site, particularly where RACF status means they are exempt from state legislation.

GP15: Dose administration aids – Agree in principle

Our members report it is often the responsibility of the registered nurse to check DAAs entering the RACF owing to errors in packaging. Whilst these errors are not the responsibility of registered nurses,

they do have a responsibility to check the medicine is correct prior to administration. This requires a clinical assessment and judgement and is just one part of the five 'R's of safe medicines administration registered nurses are trained to consider as part of the process of administration.

We have heard aged care providers use the fact medicines are pre-packaged as rationale for why it is safe for assistants in nursing/care workers to administer from DAAs. We argue that the training provided to assistants in nursing/care workers in medicines safety would not offer the level of insight to enable them to make judgements about whether medicines were packaged correctly. This increases the risk to residents where RACF do not roster registered nurses on-site at all times, or in sufficient numbers to safely administer all medicines themselves.

Recommended change/inclusion: revised guidelines should explicitly state the arrangements to be made relative to DDAs to secure QUM where a registered nurse is not rostered on duty and on-site.

PART TWO: Guiding principles for medication management in the community.

Introduction

The NSW Nurses and Midwives' Association considers the safe use of medicines to be a key issue in community settings, including retirement villages where registered nurses are increasingly being employed to meet increasing health needs of the communities within. Medication safety has consistently ranked in the top areas of concern with the Aged Care Quality and Safety Commission (ACQSC) and is a top area of concern for our members.

The Australian Commission for Safety and Quality in Healthcare (ACSQHC) has an excellent track record in determining safe standards of best practice in relation to the quality use of medicines (QUM) in the healthcare sector. We believe it is wholly appropriate the ACSQHC also has oversight of standards relating to safe use of medicines in the community. However, we do not consider the proposals provide sufficient clarity in relation to QUM for emerging models of care delivery in the community sector.

Our aim is to seek uniform agreement to a universal definition clarifying the difference between assisting and administering of medication. We believe this would provide workers, employers, and regulators ability to determine the role of registered nurse, and enrolled nurse working under their direction, and assistants in nursing/care workers in relation to medicines management.

It is also our position where formal care services are provided, administration of medicine is a nursing role, and that assistants in nursing/care workers role should be restricted to assisting with self-administration only. We also advocate for a clear definition as to what constitutes self-administration and clear guidance in relation to risk-management. Both of which have been lacking from both the commonwealth guidelines and Quality Standards, leading to workers having to self-determine where their role boundaries lie. We believe the proposals under consideration in this review do not go far enough to resolve this fundamental safety issue.

Whilst we welcome this review of the guidance, it will have little impact on our members unless it is supported through legislation. We call for enhanced guidance around medication safety to be included in any review of the *Aged Care Act 1997 (Cwlth)* and associated legislative instruments.

Context in NSW

In NSW older people receive formal care services (those not provided by family members) in their own home, including retirement villages. These settings fall outside the scope of NSW Poisons and Therapeutic Goods legislation which requires all prescribed s4 and above medication to be administered by an authorised person, being in this circumstance a registered nurse or enrolled nurse working under the direction of a registered nurse. In community settings it is the commonwealth guidelines, not state legislation, that determines best practice.

Increasing complexity of health needs amongst the cohort seeking home care services, and accommodated in retirement villages means registered nurses, enrolled nurses and assistants in nursing/care workers are increasingly being employed to provide nursing and personal care.

Workers may be employed by commonwealth-funded home care service providers, by the retirement village, or self-employed through the gig-economy. An example of the latter would be those connected through the platform care agency Mable Pty.

Whilst there would be some enhanced protections for both older people and workers where services are provided through a commonwealth-funded home care provider. Workers employed directly by retirement village corporations and gig-economy workers fall outside the scope of the ACQSC regulatory framework.

We firmly believe the new Aged Care Act and associated legislation needs to provide clarity in relation to the role of registered nurses and care workers in the quality use of medicines in the community. We believe it needs to clearly define the difference between *administration of* and *assisting with* in relation to medicines. It also needs to clearly define the scope of self-administration.

We also consider it necessary to extend the scope of legislation coverage to retirement villages and self-employed workers providing direct care. These changes would enable workers to be clear as their professional or role boundaries.

Our position is that only registered nurses or enrolled nurses working under the direction of a registered nurse have the required knowledge and skills to safely administer medicines. Assistants in nursing/care workers have a valuable role, but one which must be restricted to assisting residents with self-administration only.

Whilst we accept the commonwealth guidelines do require review, we believe this should occur following detailed inclusion of medicines management as it relates to community settings in the new Aged Care Act and associated legislation, and not in advance of this.

General feedback

We do not propose to provide specific feedback in relation to individual guiding principles since we believe the following issues for our members have not been resolved within the proposed changes and will need to be addressed to future-proof the guidance and provide clarity for workers.

1. The scope of the guidelines needs to be explicit. They need to be enhanced to account for circumstances where lone self-employed gig-economy workers are engaged in the QUM.
2. The existing guidance and proposed changes do not account for the rising needs of people receiving community care, nor do they account for retirement villages where medicines management is increasingly being undertaken in a similar way to that in RACF.
3. The role boundaries relative to different levels of workers needs clarification and their role in relation to medicine administration. An example being GP 2 where new proposals do not change the existing guidance which provides for administration of medicines by care workers. *"Strategies might include the provision of Dose Administration Aids (DAAs) or engaging a nurse or care worker to help with aspects of administering medicines (refer to Guiding Principle 4 – Administration of medicines in the community.")*.
4. The existing wording of the original guidance suggests health professionals can instruct care workers to administer medicines. Being outside the direct supervision of a registered nurse, and often not known to them, this would professionally compromise the registered nurse who would not be able to delegate the activity consistent with prescribed professional delegation frameworks.

Recommendations

1. The new Aged Care Act and associated legislative instruments need to account for emerging models of care delivery in community settings, particularly through the gig-economy and build-in safeguards in relation to QUM in these circumstances and guiding principles aligned.

2. The new Aged Care Act and associated legislative instruments need to account for the enhanced nursing care being provided in retirement village community settings and build-in safeguards in relation to QUM in these circumstances and guiding principles aligned.

3. The new Aged Care Act and associated legislation need to provide clarity in relation to the role of registered nurses and care workers in the quality use of medicines in the community. We believe the Act needs to clearly define the difference between *administration of* and *assisting with* in relation to medicines. It also needs to clearly define the scope of self-administration.

4. In advance of any legislative reform we believe the guidelines need to provide clear guidance for workers in relation to the above.

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