

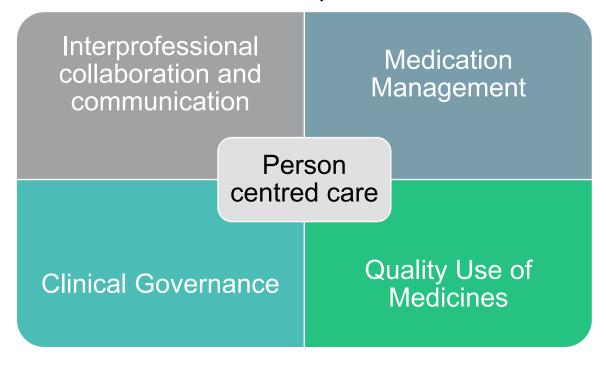
Indicative Role Description: Aged Care On-site Pharmacist

The aged care on-site pharmacist (ACOP) is a credentialed pharmacist who works within a residential aged care facility (RACF). The ACOP will bring their expertise in medication management and pharmacotherapy to provide collaborative and integrated care for all residents as part of the multidisciplinary healthcare team. They will work closely with GPs, on-site nurses, facility staff and other health care professionals to improve health outcomes of residents and build confidence with families and carers.

The credentialed aged care on-site pharmacist will:

- be **readily available** to aged care staff and residents, building **collaboration with the health care team**, including general practitioners and community pharmacies.
- provide continuity in medication management, such as day-to-day monitoring of residents' medication and solving medication related issues promptly.
- assist with medication management and communication during transitions of care.
- undertake whole of facility quality use of medicines activities, such as medicine use
 evaluations and implementation of changes identified in audits to improve the use of
 psychotropics, antimicrobials and other high-risk medications.
- advise, attend and report to the Medicines Advisory Committee (MAC) as part of governance and oversight in the residential aged care home, and help set up a MAC where one is not established.

The role of the ACOP can be described in 5 key areas:





Person centred care

The ACOP will provide their expertise with a focus on person centred care by:

- being readily available and a central contact to address medication management enquiries from residents, families and carers, RACF staff, medical practitioners (GPs and specialists), community and hospital pharmacists and other health professionals.
- collaborating and communicating effectively with residents, families, and carers by understanding the resident's preferences, beliefs, attitudes and priorities, and ensuring all actions and recommendations take these into account.
- providing culturally safe services.
- ensuring the resident and family are well informed and share the decision making for medication related decisions.

Interprofessional collaboration and communication

The ACOP will develop a collaborative working relationship, effectively communicate, and integrate within the multidisciplinary team, both internally and externally, to:

- liaise with the dispensing pharmacy to conduct a medication reconciliation at transitions of care and to action urgent medication changes.
- provide and contribute to stakeholder communication, especially during transitions of care.
- communicate and collaborate on findings from day-to-day medication management tasks and forming recommendations where required.
- participate in GP rounds.
- participate, contribute and lead (where appropriate) multidisciplinary case conferences, the Medication Advisory Committee (MAC), care planning and education sessions.

Medication management

The ACOP will provide expertise in medication management to reduce medication related harm and optimise medicines use by:

- conducting a **medication reconciliation** on a resident's admission to the RACF and at other transitions of care including:
 - o documenting allergies and adverse drug reactions
 - o documenting a best possible medication history (BPMH)
 - reviewing current medication orders against the BPMH and the documented treatment plan and reconcile any discrepancies.
- conducting regular and timely medication reviews for residents, including on admission and at transitions of care, with a focus on preventing unwanted effects and improving health outcomes through optimal medicines use by:
 - making an objective assessment via validated tools of suspected or actual unwanted effects (e.g., over-sedation, blood pressure assessment, anticholinergic burden)
 - o closely monitoring high-risk medications
 - o assisting with appropriate medication forms and administration of medications



- o assessing resident's ability to self-administer medication
- o making recommendations regarding timing of dosage, interrogating missed and 'refused' doses
- o documenting medication adverse reactions and misadventures
- developing and implementing a medication management plan in collaboration with the resident's prescriber.
- conducting and/or coordinating vaccinations as per state/territory legislation.
- conducting a medication review for residents receiving end-of-life care including making recommendations for rationalisation and deprescribing of relevant medicines.

Quality Use of Medicines

The ACOP will contribute to the QUM¹ within the RACF by:

- facilitating facility-wide quality improvement activities including analysing and reporting
 of results and recommending appropriate actions to address outcomes. Activities may
 include and are not limited to:
 - observing medication administration rounds periodically, with a focus on detection, resolution and prevention of medication or administration issues or errors.
 - conducting clinical audits and medicine use evaluations that support reduction of medication related harm and ensuring evidence-based practice, including for:
 - Potentially Inappropriate Medications (PIMs)
 - other high-risk medications, such as psychotropics, opioids, benzodiazepines and other sedatives, cytotoxics, insulin and hypoglycaemic agents, anticoagulants, and antimicrobials.
- reviewing and identifying ways to enhance facility policies and procedures to prevent errors and improve efficiencies in medication management with prioritisation on highrisk issues that have an effect on patient safety.
- providing ongoing oversight and review of nurse-initiated medicines and emergency supply/imprest lists (including the palliative care core list medicines are always available) and management of drugs of dependence.
- proactively ensuring continuity of care when certain medicines are in not available or in shortage.
- providing advice on appropriate and safe use of medications, including storage and disposal of medications.
- facilitating and/or delivering group or individual education sessions for nurses, care staff, residents, other health care professionals, carers and families about medicines and medication use including provision of related educational resources.

¹ Quality Use of Medicines (QUM) is one of the central objectives of the Australia's National Medicines Policy. The QUM objective refers to selecting management options wisely, choosing suitable medicines (if a medicine is considered necessary) and using medicines safely and effectively. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-baseline-report-quality-use-medicines-and-medicines-safety-phase-1-residential-aged-care



- assisting with National Safety and Quality Health Service (NSQHS) compliance (e.g., 3.18, 3.19 antimicrobial stewardship (AMS) and infection control).
- assisting with implementation and ongoing use of the electronic National Residential Medication Chart (eNRMC).

Clinical Governance

The ACOP will contribute to RACF clinical governance and encouraging a culture of continuous quality improvement to ensure safe and quality care for residents by:

- having an active role establishing (if not already present) and contributing to the Medicines Advisory Committee (MAC) including promoting the culture of quality use of medicines.
- supporting development and implementation of best practice templates/guidelines/processes/protocols to drive system level changes.
- responding, analysing, reporting and proposing a response to potential medication related incidents and adverse events.
- using medication management benchmarking systems and tools to support data reporting and analysis.
- supporting the RACF to achieve and report its Medication Management Mandatory Quality Indicators.
- ensuring appropriate reporting of service quality and accountability data on the on-site pharmacist activities to the MAC and facility management.
- assisting the facility to comply with medicines regulatory requirements and meet legislative compliance.

Acknowledgements:

This indicative role description was created as part of the development of the Accreditation Standards for Aged Care On-site Pharmacist education programs, funded by the Commonwealth Department of Health and Aged Care. The role description was based on consultation feedback on the Aged Care On-Site Pharmacist measure collected by the Department. It was used to inform the Performance Outcomes Framework which complements the accreditation standards.

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