SA Health

Policy

High-Risk Medicines Management

Version 2.0

Approval date: 08 May 2024

PDS Reference No: D0351

Government of South Australia

SA Health

1. Name of Policy

High Risk Medicines Management

2. Policy statement

This policy provides the mandatory requirements for the management of high-risk medicines across SA Health services to ensure compliance with the *Australian Commission on Safety and Quality in Health Care* (ACSQHC) National Safety and Quality Health Service Standards.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS).

Specifically, SA Health employees, contracted staff and persons who provide services involving the management of medicines on behalf of SA Health.

4. Policy principles

SA Health's approach to the management of high-risk medicines is underpinned by the following principles:

- We aim to improve patient safety and minimise patient harm through directing SA Health services on the safe storage, prescribing, dispensing, and administration of high-risk medicines.
- We will identify and manage risks associated with the use of high-risk medicines.
- We will ensure a standardised approach to the use of high-risk medicines, including regular risk assessment and subsequent action planning.
- We support the clinical workforce in the safe management and use of high-risk medicines.
- We will assist hospitals and health services to meet the ACSQHC National Safety and Quality in Health Service Standards, particularly Standard 4 Medication Safety.
- We will support organisational leadership and governance to implement, monitor and evaluate strategies to safely manage high-risk medicines.

5. Policy requirements

LHNs and SAAS must:

- Demonstrate a high-risk medicines management strategy, including identification of high-risk medicines within a health service or area.
- Perform regular assessment of the risks associated with high-risk medicines, taking system-wide action to reduce these risks.
- Aim to improve staff awareness of high-risk medicines, the risks associated with their use, and the strategies used to address these risks.
- Report incidents involving high-risk medicines through the Safety Learning System (SLS) in accordance with the Clinical Incident Management Policy, including mandatory reporting of sentinel events involving high risk medicines.
- Ensure information is made available from Australian and International safety organisations to guide and assist health services in implementing strategies to identify and improve safe use of high-risk medicines.

- Meet accreditation standards including safe management of high-risk medicines as per Appendix 1: High-Risk Medicines Management Mandatory Instruction.
- Ensure medicines or medicine classes that are identified locally as being high risk (other than those specified in the Australian Commission on Safety and Quality in Health Care, APINCHS classification of high risk medicines) are included in each individual organisation's high-risk medicine strategy.
- Ensure that Electronic Medical Record (EMR) systems consider the safe prescribing, administration and monitoring of high-risk medicines. Where possible and practical, alerts must be built into systems and utilised to address predictable risks around high-risk medicines, for example alerts around maximum safe doses or need for monitoring of particular parameters when prescribing a high-risk medicine.
- Comply with the Australian Commission on Safety and Quality in Health Care – NSQHS Standards on High Risk Medicines

6. Mandatory related documents

The following documents must be complied with under this policy, to the extent that they are relevant:

- Australian Commission on Safety and Quality in Health Care – NSQHS Standards on High-Risk Medicines
- Clinical Incident Management Policy
- Risk Management, Integrated Compliance and Internal Audit Policy

7. Supporting information

- Australian Commission on Safety and Quality in Health Care, APINCHS classification of high-risk medicines

8. Definitions

- **Error** means: for the purpose of this policy, a failure in the treatment process that leads to, or has the potential to lead to, harm to the patient and includes an act of omission or commission. Errors rarely occur as the result of the actions of a single individual. They are usually the result of a series of system failures.
- **High risk medicine** means: any medicine which has a heightened risk of causing significant patient harm when used in error. For the purposes of this document, the minimum medicine groups for inclusion in an organisational high-risk medicines management strategy, where in use, are those specified in the Australian Commission on Safety and Quality in Health Care (ACSQHC) APINCHS taxonomy.
- **Incident** means: for the purpose of this policy, the potential or actual patient harm that comes from errors or system failures associated with the preparation, prescribing, dispensing, distribution or administration of medicines.
- **Medicine** means: a chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease or otherwise enhancing the physical or mental welfare of people. A medicine includes prescription and non-prescription medicines, including complementary and alternative medicines, irrespective of the route of administration**.**
- **Risk** means: the chance of something happening that will have a negative impact. It is measured by consequence and likelihood.
- **Safety Learning System (SLS)** means: the electronic system for the reporting and management of incidents and consumer feedback across SA Health.
- **Sentinel event** means: a medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.

- **Statewide services** means: Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the Risk Management, Integrated Compliance and Internal Audit Policy.

Any instance of non-compliance with this policy should be reported to the Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain

Title: High Risk Medicines Management Policy

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11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	02/10/2014	Senior Pharmacist, Medication Safety, Medicines and Technology Policy and Programs, Public Health and Clinical Systems	PE Approved version
2.0	08/05/2024	Deputy Chief Executive, Clinical System Support and Improvement	Updated template and content to align with SA Health Policy Framework. Updated APINCH list, EMR information, compliance monitoring.

12. Appendices

1: High Risk Medicines Management Mandatory Instruction

Appendix 1: High-Risk Medicines Management Mandatory Instruction

The following Instruction must be complied with to meet the requirements of this policy.

1. ACSQHC classification of high risk medicines

APINCHS safety improvement list

The original classification used in Australia was APINCH. An 'S' for 'systems' has been added to include other evidence-based practices known to improve safety such as independent double-checks and safe administration of liquid medicines by using oral dispensing syringes.

A	Antimicrobials	Aminoglycosides: gentamicin, tobramycin and amikacin vancomycin amphotericin – liposomal formulation
P	Potassium and other electrolytes	Injections of concentrated electrolytes: potassium, magnesium, calcium, hypertonic sodium chloride
I	Insulin	All insulins
N	Narcotics (opioids) and other sedatives	hydromorphone, oxycodone, morphine, fentanyl, alfentanil, remifentanil and analgesic patches Benzodiazepines: diazepam, midazolam thiopentone, propofol and other short term anaesthetics
C	Chemotherapeutic agents	vincristine, methotrexate, etoposide, azathioprine Oral chemotherapy
H	Heparin and other anticoagulants	Heparin and low molecular weight heparins (LMWH): dalteparin, enoxaparin Warfarin Direct oral anticoagulants (DOACs): dabigatran, rivaroxaban, apixaban
S	Systems	Medication safety systems such as independent double checks, safe administration of liquid medications, standardised order sets and medication charts etc

- This is not an exhaustive list.
    - Medicines or medicine classes other than those specified may also present a high-risk in specific settings, for example neuromuscular blockers. LHNs must consider identifying and including these in each individual organisation's high-risk medicines strategy.

- It is acknowledged that organisations may choose to classify medicines given at a particular dose, by a particular route or through a particular device as a high-risk medicine.