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CJA/GHLFA Consultation submission: Updating the guiding principles to achieve continuity in medication management

Submitted on 17 December 2021

Background information

https://www.safetyandquality.gov.au/our-work/medication-safety/quality-use-medicines

Consultation paper https://www.safetyandquality.gov.au/sites/default/files/2021-11/consultation-paper-updating-the-guiding-principles-to-achieve-continuity-in-medication-management.pdf

In 2021, the Australian Commission on Safety and Quality in Health Care (the Commission) was engaged by the Australian Government Department of Health to review and update the Guiding Principles.

Quality Use of Medicines and National Medicines Policy

The National Medicines Policy (NMP) underpins people's access, and use of medicines. Quality Use of Medicines (QUM) is one of the central objectives of Australia's NMP. It focuses on:

- Selecting management options wisely
- Choosing suitable medicines if a medication is considered necessary, and
- Using medicines safely and effectively.

Medicines include prescription, non-prescription, and complementary medicines.

Three national QUM publications relating to medication management include:

- Guiding principles to achieve continuity in medication management (July 2005)
- Guiding principles for medication management in residential aged care facilities (October 2012)
- Guiding principles for medication management in the community (June 2006)

Development of the original versions of the above guiding principles was overseen by the Australian Pharmaceutical Advisory Council, which has since been disbanded.

This consultation will focus on the guiding principles for achieving continuity in medication management. A Project Advisory Group has been convened to provide technical and strategic advice in updating the publication.

Due to the staggered timing of these reviews, the guiding principles in **residential aged care facilities** and **in the community** are subject to a separate consultation process that is currently underway.

(See pages 5 to 7 of the consultation paper for more information of the purpose, scope and background of this guiding principles update.)

Proposed featured themes throughout guiding principles

The literature review and environmental scan identified the important role that both collaboration and care-coordination and person-centred care play in continuity of care. Rather than stand-alone principles, these themes cross multiple areas in the Guiding Principles to achieve continuity in medication management and require consideration for strengthening across the principles.

1. Collaboration and care-coordination within the health system

REFER to Page 8 of the Consultation Paper

It is proposed that collaboration and coordinated care has greater emphasis throughout the 10 guiding principles in the National QUM publication. This will focus on improved collaboration and care coordination across health sectors and between healthcare providers – particularly when providing services for people with complex needs. Improved coordination has been shown to reduce the incidence of preventable hospital admissions, improve health and wellbeing and transitions of care, improve the interface between hospital and community providers, and provide additional support to caregivers.

Continuity in medication management across transitions of care requires a seamless transfer of information across care settings. Across the elements of transitions of care, the consumer/carer should be supported in navigating the journey across the continuum of care. The following elements are required:

- Information transfer in collaboration with patients
- Interdisciplinary collaboration between health care professionals
- Complete, accurate and timely information transfer
- Active coordination of information transfer
- Interoperability of information systems
- Use of standardised terminology e.g. medicines nomenclature
- User-friendly system design

Please indicate whether you agree or disagree with the recommendations listed below and if you disagree we would welcome your comment(s):

1. Recommendation - That collaboration and coordinated care have a heightened focus across the 10 principles by incorporating the outlined elements across the 10 principles.

Agree

2. Person-centred care

REFER to Page 9 of the Consultation Paper

It is proposed that person-centred care should have a heightened focus throughout the 10 guiding principles in the National QUM publication. The patient is the one constant through all of their health care transitions and should be recognised as the key stakeholders in their health care. This is to ensure clinicians and members of the healthcare team involve patients in every step of their transitions of care, meet their information needs and share the decision-making about their treatment options (including whether using a medicine is the best option).

The Commission's National Safety and Quality Health Service (NSQHS) Partnering with consumers Standard is about actively working with people who use the healthcare system to ensure that care is

safe, high-quality and meets people's needs. This Standard's focus is on 'person-centred care' and is supported by various resources including:

- Australian Charter of Healthcare Rights
- Informed consent
- Charter guide for people with cognitive impairment
- Information for consumers
- Decision support tools
- Health literacy
- Shared decision-making
- Person-centred care

Please indicate whether you agree or disagree with the recommendations listed below and if you disagree we would welcome your comment(s):

2. Recommendation - That person-centred care as outlined above has a heightened focus across the 10 guiding principles to ensure clinicians and members of the healthcare team involve patients in every step of their transition of care

Agree

3. Patient Safety and Quality Systems

REFER to Page 11 of the Consultation Paper

The literature review and environmental scan and the primary and hospital standards outlined the importance of patient safety and quality systems. The patient safety and quality systems standard across the hospital and community sectors are highlighted in the National Safety and Quality Health Service (NSQHS) Standards focusing on the hospital sector and the National Safety and Quality Primary and Community Healthcare Standards. It outlines that safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients. In both standards, patient safety and quality systems refer to:

- Development of policies and procedures related to the continuity of medication management and take action to improve adherence to policies, procedures and protocols
- Implementation of measurement and quality improvement strategies related to the continuity of medication management
- Identification and risk mitigation strategies related to medication management
- Incident and feedback and complaints management
- The identification of high-risk patient populations and social determinants of health
- The management of healthcare records that support continuity of medication management

Please indicate whether you agree or disagree with the recommendations listed below and if you disagree we would welcome your comment(s):

3. Recommendation 1: That a new GP titled Patient Safety and Quality Systems be added to the Guiding Principles publication

Agree

4. Recommendation 2: That the new GP outlines the need for systems that are used to support and promote safe and effective transitions of care via the development of:

- *policies and procedures*
- *measurement and quality improvement strategies*
- *risk management strategies*
- *incident and feedback and complaints management*
- *the identification of high-risk patient populations and social determinants of health*
- *the management of healthcare records*

Agree

GP 1 - Guiding Principle 1 - Leadership for Medication Management

REFER to Page 12 of the Consultation Paper.

GP 1 - Change to Clinical governance, leadership and organisational culture

The current GP 1 has the title Leadership for Medication Management. In its current form, GP 1 focuses on leadership alone to ensure that the systems exist and resources are provided to enable medication management across the continuum of care.

Governance structures at transitions of care require effective leadership and a supportive culture, e.g. organisational culture, clear guidance on who is responsible and accountable for care delivery with the view to continuous quality improvement in care delivery.

GP 1 could be reconfigured to have a heightened focus on the Clinical governance, leadership and organisational culture to address the continuity of medication management. This could include the need for a health service organisation to:

- ensure that they have safe systems in place with clearly defined roles and responsibilities, and that healthcare professionals are supported to transfer information about medicines accurately;
- regularly monitor and audit the timeliness and safe transfer of medication information;
- share information about good and poor practice to help improve systems and to encourage a safety culture.

As continuity of medication can involve care transitions that include movement of individuals from one healthcare system to another (e.g. state to commonwealth, primary to secondary), care being transferred to a different health care professional or team, a different level of care intensity (e.g. ICU to general ward) governance could include multidisciplinary representation on the different management structures.

Please indicate whether you agree or disagree with the recommendations listed below and if you disagree we would welcome your comment(s):

5. GP 1 - Recommendation 1 - Alter the focus of GP 1 to Clinical governance, leadership and organisational culture

Agree

6. GP 1 - Recommendation 2 - That GP 1 have a broader more contemporary alignment with the concepts of clinical governance, leadership, and culture.

Agree

7. GP 1 - Recommendation 3 - That GP 1 incorporates coordinated governance and leadership between hospitals (public and private), the community (general practitioner, pharmacist, and other health care providers), residential aged care facilities and patients/carers.

Agree

GP 2 - Responsibility for medication management

REFER to Page 13 of the Consultation Paper.

Responsibility refers to being entrusted with or assigned a duty or charge. In many instances, responsibility is assumed, appropriate with one's duties. Responsibility can be delegated as long as it is delegated to someone who has the ability to carry out the task or function. The person who delegated the responsibility remains accountable, along with the person accepting the task or function.

It is recommended that the need for individual professional responsibility as outlined in the original GP 2 be retained, and the updated GP 2 incorporate allocating responsibility to the steps in the medication management pathway. The updated GP should differentiate between organisational and professional responsibility. The WHO Medication Safety in Transitions of Care Technical Report assigns organisational responsibility to ensure there are systems and mechanisms to:

- identify and allocate resources, both in workforce and Information Technology
- invest in research to inform understanding of problems and solutions, particularly where health care contexts differ from those studied to date;
- plan, adapt, support and monitor improvement programmes; and
- develop mechanisms for education and training of health care professionals in quality processes and the use of digital technology to facilitate to the continuity of medication management.

Please indicate whether you agree or disagree with the recommendations listed below, and if you disagree we would welcome your comment(s):

Recommendations: That GP 2 be retained and broadened to address organisational responsibility, specifically:

8. Recommendation 1: That professional responsibility be retained in GP 2

Agree

9. Recommendation 2: That the updated GP 2 differentiates between organisational and professional responsibility to ensure there are systems and mechanisms to:

a. identify and allocate resources, both in workforce and Information Technology

b. responsibility for the implementation of routine use of validated measures of medication management services (e.g. quality indicators)

c. regular measurement of culture (e.g. validated measures of organisational culture) and an approach to quality improvement, which applies both within and across sectors.

d. develop mechanisms for education and training for health care professionals in quality processes and the use of digital technology

Agree

GP 3 - Accountability for medication management

REFER to Page 14 of the Consultation Paper.

Accountability refers to being answerable for one's actions, and the roles and responsibilities inherent in one's job or position. It is proposed that GP3 is merged with GP 2 - responsibility. In its current form, GP 3 outlines the relationship between responsibility and accountability in that each health care provider is individually accountable for his or her assigned responsibilities and focuses on individual responsibility.

Due to the relationship between responsibility and accountability, it is proposed that the elements of GP 3 be retained and combined with GP 2. It is also proposed that the Guiding Principle be inclusive of professional and organisation accountability.

Please indicate whether you agree or disagree with the recommendations listed below, and if you disagree we would welcome your comment(s):

10. Recommendation 1: That GP 3 be combined with GP 2 - Responsibility for medication management

Agree

11. Recommendation 2: That the content in GP 3 be retained and broadened to include organisational accountability

Agree

GP 4 - Accurate medication history

REFER to Page 15 of the Consultation Paper.

The intention of the existing GP 4 relates to documenting an accurate and complete medication history that can be used throughout an episode of care. In its current form, it focuses on activities related to building a Best Possible Medication History (BPMH) mainly within the hospital sector.

However, medication reconciliation is a two-step process which goes beyond the BPMH within the hospital. Medication reconciliation consists of two parts:

1. Building the Best Possible Medication History (BPMH): The BPMH is obtained by following a systematic process of interviewing the patient, family or caregiver and verifying the history with at least one other reliable source of information to determine the complete and correct list of the patient's actual medication use at the time of the transition.

2. Reconciling the BPMH with prescribed medication: The BPMH is compared with prescribed medication, any discrepancies identified and resolved (with or by the prescriber), and changes documented, thus updating the medication list.

In updating this guiding principle, consideration should be given to aligning with the intent of the various existing publications including but not limited to the NSQHS and the Primary and Community Healthcare Standards - Medication Safety Standard, the PSA Guidelines for comprehensive medication management reviews and the Society of Hospital Pharmacists of Australia (SHPA) Standards of practice in geriatric for pharmacy services and the WHO Global patient safety challenge: Medication without harm.

The updated guiding principle could also incorporate the role of Residential Medication Management Reviews or RMMRs (in-person or by telehealth during the COVID-19 pandemic) and Home Medicines Reviews (HMRs), contemporary interventions such as a Partnered Pharmacist Medication Charting (PPMC) model, tools to identify complex consumers who are at risk of hospital readmission early post-discharge, the evolving role of digital technology in supporting medication reconciliation as outlined in the PSAs position statement on digitally empowered pharmacists

Please indicate whether you agree or disagree with the recommendations listed below, and if you disagree we would welcome your comment(s):

12. Recommendation 1: That the intent of GP 4 be retained and be renamed Medication Reconciliation

Agree

13. Recommendation 2: That the updated GP 4 have a heightened focus on the two elements of medication reconciliation, a BPMH and reconciling the BPMH

Agree

14. Recommendation 3: That GP 4 incorporates a person-centred care approach with a greater focus on coordinated care

Agree

15. Recommendation 4: That GP 4 highlights the role of digital technology in supporting medication reconciliation

Agree

16. Recommendation 5: That GP 4 incorporates evidence-based interventions to further facilitate medication reconciliation

Agree

17. Recommendation 6: That GP 4 outlines strategies for prioritising patients for medication reconciliation if it cannot be completed for all patients

Agree

18. Recommendation 7: That GP 4 addresses medication management outside of 'standard operating hours', in 'emergency situations' and in regional and remote areas

Agree

GP 5 - Assessment of current medication management

REFER to Page 17 of the Consultation Paper.

A comprehensive medication review is a multidisciplinary activity whereby the risks and benefits of each medicine are considered with the patient and decisions made about future therapy. It optimises the use of medicines for each individual patient. The review follows the medication reconciliation in GP 4. It is proposed that the intent of the current GP 5 be retained, however be expanded to differentiate

between the different transition of care settings and incorporate strategies such as digital technology to support medication reviews.

In updating this guiding principle, consideration should be given to aligning with the PSA Guidelines for comprehensive medication management reviews, the RACGP Silver Book, Part A, Medication management and the SHPA's Standards of Practice for Clinical Pharmacy Services. The updated GP 5 will need to be flexible enough to adapt to changing funding rules for these services. Guiding principles for medication review and reconciliation should address polypharmacy and deprescribing.

Across all sectors, use of digital health technology should be encouraged to facilitate and support medication reviews. The growth of Electronic Medical Records, Clinical Decision Support, Real Time Prescription Drug Monitoring Programs (PDMP), the My Health Record including Pharmacist Shared Medicines Lists and telehealth.

Please indicate whether you agree or disagree with the recommendations listed below, and if you disagree we would welcome your comment(s):

19. Recommendation 1: That the intent of GP 5 be retained and be renamed Medication Review to reflect contemporary terminology

Agree

20. Recommendation 2: That GP 5 reflects contemporary practice standards and guidelines

Agree

21. Recommendation 3: That GP 5 is broadened to be inclusive of the different types of transitions of care and the different high-risk populations

Agree

22. Recommendation 4: That GP 5 has a heightened focus on the use of digital health strategies

Agree

GP 6 - Medication Action Plan

REFER to Page 19 of the Consultation Paper.

There is very limited evidence that medication action plans (MAP) have been formally established or are in use within Australian healthcare, beyond singular components such as medication reconciliation documentation and medication reviews. In the contemporary setting, the development of a Medication Management Plan (MMP) is more widespread.

In updating this guiding principle consideration should be given to maintaining the intent of GP 6 be retained, and align with the intent of the various existing publications including but not limited to SHPA Standards of Practice for Clinical Pharmacy Services and the PSAs Guidelines for comprehensive medication management reviews and the RACGP Silver Book, Part A, Medication management.

The UK NICE guidelines and the NPS Prescribing Competencies Framework (2021) emphasises that the consumer is involved in the development of their MMP. It outlines that the decision-making process requires that healthcare professionals acknowledge consumer's views about their condition, treatment and goals of care, and that both healthcare professional and the consumer have a role in making

decisions about treatment. Principles from the guidelines could be incorporated into GP 6 to ensure a greater person-centred focus.

Please indicate whether you agree or disagree with the recommendations listed below, and if you disagree we would welcome your comment(s):

23. Recommendation 1: That the intent of GP 6 be retained and be renamed Medication Management Plan to reflect contemporary terminology

Agree

24. Recommendation 2: That elements of the existing GP 6 outlined below are retained:

- *it be developed with the consumer and relevant health care professionals as early as possible in the episode of care*
- *form an integral part of care planning with the consumer*
- *be reviewed during the episode of care and before transfer*
- *actual and potential medication management issues (problems and needs, including risk assessment) identified during assessment (GP 5)*
- *medication management goals*
- *actions/strategies in line with best evidence that are required to address the issues and achieve the medication management goals*

Agree

25. Recommendation 3: That GP 6 adopts a stronger patient-centred focus

Agree

26. Recommendation 4: That GP 6 be broadened to integrate principles of a medication management plan in the community and hospital sector and reflect contemporary practice standards and guidelines

Agree

GP 7 - Supply of medicines information to consumers

REFER to Page 20 of the Consultation Paper.

The current version of GP 7 outlines the form, content and resources available for the provision of information to consumers. It is proposed that these elements of GP 7 be retained, however developed further to reflect a more individualised patient-centred approach and align with the messages in Australia's response to the WHO global patient safety challenge, which state that:

- there is a need to use technology to provide better medicines information to patients, so that they are better equipped to be shared decision makers in their medication management
- providing consumers with access to better medicines information promotes 'healthy challenge' between consumers and their healthcare providers
- in order to provide appropriate health care, consumers and their health care providers need access to information so that they can make informed decisions about the benefits and risks of different treatments

- medication safety at transitions of care is improved when consumers understand their medicines and have access to their medicines information; and
- better communication of health information by health professionals to consumers can improve health literacy for consumers.

The Commission's work on health literacy and partnering with consumers has highlighted the importance of understanding the diversity of people, tailoring strategies for vulnerable groups, and the importance of developing high-quality, easy to understand, health information in collaboration with consumers.

Please indicate whether you agree or disagree with the recommendations listed below, and if you disagree we would welcome your comment(s):

27. Recommendation 1: That GP 7 is retained and renamed 'Share medicines information with consumer'

Agree

28. Recommendation 2: Ensure information within GP 7 continues to align with all relevant professional practice standards and that the resource list in GP 7 are updated

Agree

29. Recommendation 3: Adapt content within the Medication Safety Standard relevant to the provision of medicines information and medicines information resources to address transitions of care

Agree

30. Recommendation 4: Multimedia and multi-lingual resources are co-designed with consumers to be available to cater the needs of individualised groups

Agree

GP 8 - Ongoing access to medicines

REFER to Page 22 of the Consultation Paper

The intent of the current GP 8 is that the consumers and/or their carers should receive sufficient supplies of appropriately labelled medicines and information about how to obtain further supply of medicines. It is proposed that the content of GP 8 be retained, and expanded to incorporate potential complexities associated with ongoing access to medicines and strategies to support uninterrupted access.

Health service organisations need to have policies, procedures, and guidelines in place to ensure the supply of medicines for a person is not interrupted, and adverse outcomes are avoided. In development of the MMP with the consumer, the plan for ongoing access to medicines should also be incorporated and considered prior to prescribing. This includes but not limited to how to manage and respond to:

- situations where a new medicine or an urgent change to the dose of an existing medicine is prescribed (for instance, how changes to dose administration aids are managed)
- an unexpected local medicines shortage impacting on access within the hospital and/or community pharmacy

- how ongoing access should be managed if the prescribed medication is not listed on the Pharmaceutical Benefits Scheme (PBS) / is under the Special Access Scheme (SAS)
- barriers to accessing medication in regional and remote areas

Please indicate whether you agree or disagree with the recommendations listed below, and if you disagree we would welcome your comment(s):

31. Recommendation 1: GP 8 have a heightened focus on the communication with consumers for medication access:

A. when they are prescribed a new medicine or have an urgent change
B. during stock shortages
C. for regional/remote areas

Agree

32. Recommendation 2: For regional/remote areas, strategies and tools to support uninterrupted medication supply on transfer to a RACF such as the IMAC

Agree

33. Recommendation 3: A greater emphasis on the use of digital technology to improve access and continuity of care

Agree

34. Recommendation 4: Information under appropriate labelled medicines in GP 8, be moved to provision of medicines information under GP 9

Agree

35. Recommendation 5: That GP 8 has greater emphasis and more information on:

A. the need for medication reconciliation prior to DAA packing for the first time, and after changes to medicines or hospital admission
B. resources for accessing medications for complex conditions such as, Special Access Scheme, depots, S100

Agree

GP 9 - Communicating medicines information

REFER to Page 24 of the Consultation Paper.

It is proposed that the content regarding the information required to be transferred in GP 9 be retained, and that the types of transitions of care be broadened as well as the mode of supply of medicines information. Some of the frequent transition points in health care settings are:

- admission to hospital, community setting or primary care, where a medication history is taken, the inpatient prescription commenced and medications are started, changed or discontinued
- transfer from one area within the hospital to another, particularly between units with a change in practice of documentation, such as a transition from paper to electronic medication records.

This is often encountered from emergency department to intensive care unit, operating theatre to a clinical ward

- referral from primary care setting to secondary/tertiary care
- discharge from hospital, where a discharge prescription or instructions are issued; and
- transfer from one hospital to another hospital or to a residential care setting

Various digital health systems aimed at improving information documentation and the sharing of medicines information have already been implemented across Australia. Digital health strategies include active ingredient prescribing, integrated electronic health records (including the My Health Record), electronic medication management (including administration records) and secure messaging. Optimal care is provided when health disciplines do not act in isolation but in concert with each other, facilitated by the existence of digital solutions with adequate interoperability between sectors and different health professions.

GP 9 should have a heightened focus on strategies to support the communication of medicines information that is timely, comprehensive and reflects the medication management plan. As mentioned in GP 8, the Interim Residential Care Medication Administration Chart (IRCMAC) was developed as a strategy to address continuity of medicines supply and reduce omissions of critical medicines and potential for readmission to hospital

Please indicate whether you agree or disagree with the recommendations listed below, and if you disagree we would welcome your comment(s):

36. Recommendation 1: That the content of GP 9 is retained and broadened to include the various types of transitions of care

Agree

37. Recommendation 2: That GP 9 outlines strategies to facilitate the sharing of information including:

A. *digital technology*
B. *the IMAC*
C. *national on-screen presentation of discharge summaries*

Agree

GP 10 - Evaluation of medication management

REFER to Page 25 of the Consultation Paper.

The existing GP 10, includes a list of questions that can be used by the health care provider to evaluate the application of each of the guiding principles. These 'evaluation' questions allow within-and between-facility monitoring of implementation of the guiding principles. These questions will be reviewed separately and updated according to their ongoing relevance once the final set of guiding principles are determined.

The option to adapt these as 'reflective questions' within each individual guiding principle should be considered. If adopted in this way GP 10 could be renamed to evaluation and quality improvement and have a heightened focus on resulting action following reflection, and moved within the hierarchy to follow a revised GP 1 and 2.

Please indicate whether you agree or disagree with the recommendations listed below, and if you disagree we would welcome your comment(s):

38. Recommendation 1: That GP 10:

A. *be renamed as 'Evaluation and quality improvement'*
B. *have a heighted quality improvement focus*

Agree

39. Recommendation 2: As it relates to organisational governance, it be moved up after GP 3

Agree

40. Recommendation 2: That the existing 'evaluation' questions be adapted and incorporated as 'reflective questions' where relevant within each guiding principle

Agree

Additional questions

REFER to Page 8 (as well as the Background section on pages 5 to 6) of the Consultation Paper.

Most of the questions within the Consultation paper have already been incorporated into this survey tool. Only those that are additional to these have been included here for stakeholder consideration including whether you wish to identify whether:

- All of the current GPs still relevant to medication management to achieve continuity of care
- There are any gaps or additional GPs that should be included
- Some of the existing GPs on similar topics, apart from those already identified, could be 'grouped together'
- There might be alternative ways to incorporate the areas of importance or increased emphasis in medication management into the updated Guiding principles
- You have any useful resources or guidance materials that should be referred to or included
- The format meets the needs of stakeholders and, if not, what alternative format would be more suitable (refer note below).

(Note: The format will be revised when the Guiding principles to achieve continuity in medication management are updated. In considering an updated format, consideration needs to be given as to what is the best way to ensure that the new publication remains up to date, accurate and relevant over time. The medication management landscape has changed significantly since their publication in 2005, and the landscape is likely to continue to change in many important medication management areas over the coming months and years.)

We welcome your comments to the additional set of questions included below:

41. Are all the current guiding principles still relevant to medication management within the existing Guiding principles to achieve continuity in medication management?

Yes

42. Are there any gaps or additional GPs that should be included in the updated Guiding principles to achieve continuity in medication management?

Yes

Please provide details:

Question 31, recommendation 1 for GP8 mentions the need for a heightened focus on the communication with consumers for medication access when they are prescribed a new medicine or have an urgent change, during stock shortages or for regional/remote areas.

While these are all necessary, what is missing is the need for pre-planning of medication management during community emergencies such as floods or bushfires, even in metropolitan areas. Alongside this is the need for urgent communication to consumers **during** such emergencies about how to manage and access medications.

For example, during the 2019/2020 bushfires across Australia, many people lost access to their medications due to things like roadblocks or medication histories, paper prescriptions or digital devices being destroyed by fire. In some areas, even the local pharmacies burned down. While the Federal Government did allow people to access medications without prescriptions in some cases, much more could be done to help individuals and communities develop contingency plans for medication access to use before and during such emergencies.

We have provided links for some chronic illness/disability emergency plans in our response to Question 45.

43. Apart from those already identified, could some of the other GPs on similar topics be 'grouped together' when updating Guiding principles to achieve continuity in medication management?

No

44. Are you satisfied that the areas of importance or increased emphasis in medication management that have been identified, will be incorporated into the GPs as proposed, in updating Guiding principles to achieve continuity in medication management?

Yes

45. Please provide details of any resource(s) or guidance materials that should be referred to or included when updating the Guiding principles to achieve continuity in medication management. (This could be in the form of resource titles; reference; website links; case studies; tools; exemplar/new models of practice/care.)

- CreakyJoints Australia: Managing Arthritis and Other Chronic Conditions During Natural Disasters https://creakyjoints.org.au/news-and-features/managing-arthritis-and-other-chronic-conditions-during-natural-disasters/
- Collaborating 4 Inclusion: Person-Centred Emergency Preparedness (P-CEP) Toolkit https://collaborating4inclusion.org/pcep/
- NDSS: Managing your diabetes in an emergency https://www.ndss.com.au/wp-content/uploads/resources/flyer-emergency-managing-your-diabetes.pdf
- NDSS: The needs of people with diabetes and other chronic conditions in natural disasters and emergencies https://www.ndss.com.au/wp-content/uploads/resources/booklet-emergency-guide-services-councils-not-for-profit.pdf

Demographic information

The following questions will collect demographic information. The names of organisations may be included in reporting of this survey.

Please complete all demographic information and click submit at the end to ensure your survey is submitted

46. Are you responding on behalf of your Organisation

Yes

Please provide the name of your Organisation, email address optional if we need to follow up comments

Global Healthy Living Foundation Australia and CreakyJoints Australia

Rosemary Ainley email: rainley@creakyjoints.org.au

47. What is your main role in the organisation?

- *Clinical Director/Head of Department*
- *Executive (CEO, President, Executive)*
- *Chair/member of the RACF Medication Advisory Committee (MAC)*
- *Doctor*
- *Nurse Practitioner*
- *Nurse*
- *Pharmacist*
- *Member / representative*
- *Other (please specify)*

48. Which best describes the capacity in which you are responding?

- *Clinician / health professional (please specify below)*
- *Manager / administrator*
- *Allied Health Professional (please specify below)*
- *Pharmacist (please specify below)*
- *Consumer / patient / carer / person with lived experience*
- *General practitioner*
- *Nurse practitioner*
- *Educator / trainer*
- *Researcher / academic*
- *Please specify*

Editor and Patient Advocate

49. Which of the following best describes where you are located?

Metropolitan

Regional or rural

Remote

Not applicable (e.g. national organisation)

50. In which state or territory are you based?

- *ACT*
- *NSW*
- *NT*
- *SA*
- *TAS*
- *QLD*
- *VIC*
- *WA*
- *Not applicable (e.g. national organisation)*

Thank you very much for the time you have taken to provide feedback on the Consultation on the Guiding principles to achieve continuity in medication management?

Your contribution will be used to refine these Guiding Principles ahead of finalisation.

If you have any further questions or require further information, please contact the medication safety team by email: medsafety@safetyandquality.gov.au, or by calling the Commission on (02) 9126 3600.

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