# Aged Care On-site Pharmacist Measure - Pharmacist Activities

This document provides details on the range of activities that can be undertaken by a pharmacist participating in the Aged Care On-site Pharmacist (ACOP) measure.

All participants in the measure must comply with the Rules governing the measure, and are subject to compliance activities conducted by the Pharmacy Programs Administrator (PPA) as per the Rules:

* Tier 1 - Community Pharmacy claims and receives payments
* Tier 2 - Residential Aged Care Home claims and receives payments

Pharmacists participating in the measure must maintain a [weekly timesheet and activities summary](https://www.ppaonline.com.au/wp-content/uploads/2024/06/ACOP-Weekly-Timesheet-and-Activities-Summary-Template.pdf) signed by a RACH representative to support claimed time on-site and ensure that activities completed are within the scope of practice as described in the [ACOP role description](https://www.pharmacycouncil.org.au/resources/pharmacist-education-programs-standards/Indicative-Role-Description.pdf). For compliance purposes, the PPA may review activities recorded in weekly timesheets and activities summaries against the activities that appear in the table below and the ACOP role description.

**Table 1: Accepted ACOP activities**

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| **Activity** | **Further description**  |
| Participate in GP rounds | Monitor GP prescribing and assist with provision of prescribing guidelines when required. |
| Case conferencing  | Attend, and if required, facilitate case conferencing for residents. |
| Liaise with community pharmacy supplying medications | Be a clinical point of contact and communicate issues related to supply of medications (e.g. out of stock medications, medication changes). |
| Assist in resident transitions of care | Conduct medication reconciliation to support continuity of care.Medication reconciliation may involve:* documenting allergies and adverse drug reactions
* documenting a best possible medication history (BPMH)
* reviewing current medication orders against the BPMH and the documented treatment plan and reconcile any discrepancies.

Assist with communications related to medications at transitions of care. |
| Frequent and timely reviews of medications | Conduct a review of medication and medical history. It is expected this process will include resident/family involvement, e.g. through an interview. Provide the results of any reviews to the responsible GP and monitor for any action taken, recommending case conferencing if necessary.Identify residents who may benefit from more frequent reviews of medications, such as:- Following hospitalisation- Following a specialist appointment- Following a fall- During a resident ‘sick day’ or while the resident is suffering from an acute illness (e.g. covid or dehydration)- In residents taking ‘high risk’ medications - In residents where medication-related restrictive practices are in place |
| Observation of medication rounds  | Observe medication rounds to assess and optimise administration and facilitation by nursing staff. |
| Audit of medication administration | Review medication administration of those residents who self-administer medications.  |
| Clinical audits and medicine use evaluations that support reduction of medication related harm and ensuring evidence-based practice | Such as 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. |
| Assist with implementing medication plans or other chronic condition medication/action plan | To assist with medication management, utilise where possible existing medication/action plans (e.g. asthma or anaphylaxis action plan, or deprescribing plan). If necessary, develop new medication plans to assist with management. |
| Audit of medication charts | Conduct an audit of medication charts (paper or electronic) to confirm they are completed fully, accurately and appropriately. |
| Audit of medication storage and disposal | Assessing for appropriate medication storage, checking labelling, expiry dates and documentation (e.g. for S8 medications, refrigeration temperatures). Review medication disposal and provide advice.  |
| Vaccination | The ACOP, if appropriately trained, can conduct and/or coordinate vaccinations as per state/territory legislation.An ACOP may also be required to document and assist with confirming vaccinationhistory. |
| Education | Provide education (such as on medications or disease management) through presentations, leaflets, or general discussion with GPs, RACH staff, residents and family members.Examples of education topics include:• Insulin and diabetes management• Psychotropics and restrictive practices• S8 medicines, including legislation• Inhaler and eye drop administration and storage• Cytotoxic medications and handling• Medication administration competencies |
| Medication Advisory Committee (MAC) meeting  | Establish where required, participate in, and optimise the MAC. This may extend to include providing advice on medication management policies and assisting the facility to comply with medicines regulatory requirements to meet legislative compliance. |
| Nurse-initiated medicines and emergency supply/imprest lists (including the palliative care core list) and management of drugs of dependence. | Provide input and oversight. |
| Review RACH quality indicator management | Assess and provide input on RACH reporting of quality indicators related to medication management (e.g. polypharmacy and psychotropics). |
| Assist with National Safety and Quality Health Service (NSQHS) compliance  | This may include providing advice on antimicrobial stewardship (AMS) and infection control. |
| Assist with RACH medication management policies and procedures to meet medicine regulatory requirements and legislative compliance | Reviewing RACH medication management policies and procedures. |
| Assist in electronic National Residential Medication Chart (eNRMC) implementation | Confirming medications have been transcribed accurately and charts are completed fully and appropriately. |