SESLHD PROCEDURE COVER SHEET

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TYPE OF DOCUMENT	Procedure
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EXECUTIVE SPONSOR	Executive Director, Operations
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POSITION RESPONSIBLE FOR THE DOCUMENT	Medication Management Team Lead Pharmacist, SESLHD
FUNCTIONAL GROUP(S)	Medicine Medicines and Therapeutics Related Policy Documents
KEY TERMS	PPMC, Charting, Partnered, Pharmacist, Prescribing, Medication
SUMMARY	This procedure details: • Process for pharmacists to document patients' regular medicines on admission • Requirements for pharmacist charting of medicines on admission • Requirements for collaborating medical officers undertaking this activity • Pharmacist competency requirements • Pharmacist credentialling process

Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

1. POLICY STATEMENT

This procedure outlines how a Partnered Pharmacist Medication Charting (PPMC) Credentialed Pharmacist can chart medications for patients in the inpatient medication administration record (MAR). It applies to hospitals within SESLHD where PPMC has been endorsed by the Head of Department of the unit.

2. BACKGROUND

The Partnered Pharmacist Medication Charting model of care improves patient safety and is associated with a reduced length of stay. PPMC facilitates accurate admission medication charting with a well-documented medication plan and multidisciplinary communication. This helps to prevent errors and reduces their impact on length of stay and cost to the healthcare system. Clinical areas such as Emergency Departments in NSW hospitals can benefit from this model of care, by improving the safety and quality of patient care, efficiency, saving medical officer time and supporting pharmacists to work to their full scope of practice. In 2024 a PPMC Model of Care was developed by the NSW Ministry of Health.

The PPMC Process involves a credentialed pharmacist and a senior medical officer (SMO) having a collaborative discussion about current medical and medication related problems. Decisions around the patient's medication plan will be made by the SMO, in consultation with the pharmacist. The pharmacist documents this plan in a PPMC progress note, which is signed by the SMO. The pharmacist charts these medications as authorised by the co-signed note. The SMO signature authorises the nurses to administer medications as charted by the pharmacist on the MAR. Once medications are charted, the pharmacist discusses the medication plan with the nurse to ensure provision of medications.

Definitions:

Partnered Pharmacist Medication Charting (PPMC)	A model of collaborative pharmacist prescribing whereby a PPMC Credentialed Pharmacist charts all patient medications in collaboration with a senior medical officer.
Best Possible Medication History (BPMH)	A detailed and accurate history of the patients' pre-admission medications using at least two reliable sources of information.
Medication Reconciliation	The formal process of comparing the best possible medication history with the currently prescribed list of medications at a transition of care, recognising and documenting intentional changes to medications and

	identifying and responding to discrepancies (unintentional changes to medications).
Senior Medical Officers (SMO)	Registrar level or above. Further limitations (such as exclusion of junior or unaccredited registrars) may be specified at the discretion of an individual site, based on their staffing profile.
Entrustable Professional Activity (EPA)	A structured task or activity undertaken in the workplace that allows supervisors to make a competency-based evaluation on the level of supervision required by the learner. The aim is to ensure the learner can independently undertake the task or activity after successfully attaining an appropriate level of entrustment.
Home medications	Medications taken by a patient at home.
Mini-CEX (mini clinical evaluation exercise)	A workplace-based assessment tool.
AdPha ClinCAT®	A validated structured, formal clinical pharmacy assessment tool.
Advanced Pharmacy Australia (AdPha)	National professional association for hospital pharmacists in Australia. Previously known as the Society of Hospital Pharmacists of Australia (SHPA)

3. RESPONSIBILITIES

3.1 Pharmacists:

- Pharmacists who are **not** currently credentialled in PPMC will not participate in PPMC-specific activities or documentation under any circumstance other than during the credentialing process.

PPMC Credentialed Pharmacists will:

- Follow the requirements of PPMC stipulated in this procedure.
- Not conduct PPMC if:
    - The patient is deemed to be outside of the PPMC Credentialed Pharmacist's scope of practice (e.g., they don't have experience in paediatrics)
    - Medication requires charting by specialty position/policy (e.g. clozapine)
    - A Medical Officer (registrar level or above) is not willing or available to have participate in any required part of the PPMC process or responsibilities listed below in section 3.3
    - The patient has been admitted under a medical unit/team that has not endorsed PPMC

- They have not conducted PPMC in the last 12 months and credentials have not been renewed.

3.2 Education and Training/Workforce Development /Medication Management Team Lead Pharmacist(s) will:

- Ensure eligible pharmacists successfully complete credentialling requirements prior to conducting PPMC independently.
- Maintain a current list and evidence of credentialling of all PPMC Credentialed Pharmacists at each SESLHD site.
- Conduct post-implementation audit as required by NSW Ministry of Health Model of Care (Appendix 6).

3.3 Medical staff:

- SMOs practicing in a PPMC endorsed unit will:
  - Only engage in PPMC with PPMC credentialled pharmacists in PPMC endorsed units.
  - Develop a medication plan in consultation with the PPMC Credentialed Pharmacist's clinical advice.
  - Sign the PPMC progress note promptly to enable the PPMC Credentialed Pharmacist to chart the medications.
  - Remain the authorised prescriber and ultimate decision maker.
  - Be responsible for any subsequent new medications or medication changes required, once PPMC has been completed for the patient.
  - NOT engage in PPMC if unable or unwilling to have collaborative discussion about admission medications and co-sign PPMC Progress Note within a suitable timeframe.
- SMOs practising in a unit that has not endorsed PPMC will not engage in PPMC on that unit even if they have engaged in PPMC in other units.

3.5 Nursing staff will:

- Administer medications as charted by the PPMC Credentialed Pharmacist, as per signed PPMC Progress note and verbal discussion with PPMC Credentialed Pharmacist in the same manner that is applied to Medical Officer charting.
- Discuss concerns regarding these orders with PPMC Credentialed Pharmacist or the SMO authorised prescriber.

3.6 Head of Department will:

- Endorse this procedure if supportive of PPMC in their unit.

- Head of Department or delegate (consultant) be involved in the OSCE component of Pharmacist PPMC credentialing.

4. PROCEDURE

4.1 Step 1 - Decision to undertake PPMC

- The PPMC Credentialed Pharmacist should prioritise patients who are considered high-risk of medication misadventure, are likely to be admitted, and have not had a BPMH completed, or medications charted for the current admission
- The PPMC Credentialed Pharmacist must identify all pre-admission medications taken by an individual (i.e. conduct a BPMH) and document these in the "Documentation by Medication History" in Medication List section of eMR
- The SMO must agree to PPMC for an individual patient by discussion with the PPMC Credentialed Pharmacist and be documented by the pharmacist in the PPMC note
- The Registered Nurse looking after the patient has an opportunity to discuss the medications or PPMC with the PPMC Pharmacist.

4.2 Step 2 – Collaborative discussion between Partner SMO and PPMC Credentialed Pharmacist

- Charting of medications by a PPMC Credentialed Pharmacist must occur only after a verbal discussion with the PPMC "partnered" SMO (ideally face-to-face), and after PPMC Progress Note has been co-signed by the SMO. The discussion should include, but not be limited to, the following information:
    - Reason for admission
    - Current clinical issues
    - Current management plan including any new medications to be initiated (e.g. Antimicrobials for an infection)
    - Any medications that should be withheld or modified.
    - Clinical issues that may influence potential for drug toxicity.
    - For example:
        - Assessment of renal function and need to withhold nephrotoxic agents or requiring adjustment of dose
        - Clinical issues that may be caused or exacerbated by medications
- Clinical issues that may be caused or exacerbated by medications.
    - For example:
        - Risk or presence of a bleed or potential procedure that would require withholding of antiplatelet or anticoagulant agents
        - Haemodynamic stability and appropriateness of charting antihypertensive agents
- VTE risk assessment and appropriateness of chemoprophylaxis

- Appropriateness of opportunistic vaccinations during the admission, if identified.
- A PPMC Credentialed Pharmacist should **not** chart any medications felt to be outside their scope of practice, in these circumstances the patient is not suitable for PPMC.

4.3 Step 3 - Documenting the medication plan on admission

- The PPMC Credentialed Pharmacist will take the following actions/responsibilities:
    - Conduct a BPMH and document into the "Documentation by Medication History" medication list section of eMR.
    - Review and update allergy and adverse drug reaction information in eMR.
    - Document the medication plan in a new "PPMC Progress note", see Appendix 2. This plan will include:
        - VTE risk assessment, chemoprophylaxis to be administered or contraindication(s) to chemoprophylaxis
        - New medications required
        - Changes/cessation/withholding of home medications and rationale for each modification.
        - Medication-related follow-up requirements, outstanding investigations or monitoring to be undertaken by the admitting team
        - Name, designation and contact details of the PPMC credentialed pharmacist and partner MO
        - The PPMC Progress Note must contain the following line: *"Nursing staff to administer medications approved by the medical practitioner signatory and charted by the pharmacist as documented on this inpatient progress note."*
    - The PPMC Credentialed Pharmacist will send the medication plan (PPMC Progress Note) through the eMR system to the collaborating medical officer for authorising signature, see Appendix 3
    - It is the responsibility of the PPMC Credentialed Pharmacist to ensure that the PPMC Progress Note is signed by the collaborating medical officer before they chart medication administration orders.

Note: The SMO must sign the PPMC progress note before the PPMC Credentialed Pharmacist charts the medications. The SMO remains the authorised prescriber and ultimate decision maker in this model.

If there is a disagreement between the SMO and the PPMC Credentialed Pharmacist, the pharmacist and SMO will revert to standard roles/charting and PPMC will **NOT** occur.

4.4 Step 4 - PPMC Credentialed Pharmacist medication charting

- The orders for administration as charted by the PPMC Credentialed Pharmacist corresponding to the instructions within the co-signed PPMC Progress Note are legal orders for administration. They do not require MO cosignature.
- The PPMC Credentialed Pharmacist must complete the charting of the medications as per the authorized PPMC action plan on the appropriate medication administration record as soon as possible. All urgent medications must be charted without delay. Any potential or actual delay in charting must be communicated to the relevant SMO immediately.
    - Chart examples include an eMM program or paper-based fluid order chart, approved specialized medicine ordering chart or, in the event of an eMR downtime, the National Inpatient Medication Chart.
- The PPMC Credentialed Pharmacist, in consultation with the partnering SMO, may chart an alternate route, dose, and/or frequency of any pre-admission medications and may chart new therapies if required, as detailed in the co-signed PPMC Progress Note.
- All charting by the PPMC Credentialed Pharmacist must be consistent with NSW Health Policy Directives, including, but not limited to;
    - PD2022_032 - Medication Handling
    - PD2022_056 - Approval Process for Medicines and Their Use
    - PD2024_006 - High-Risk Medicines Management
    - PD2019_050 - Electronic Medication Management System Governance and Standards
- Medical officers from the admitting team are responsible for all medication charting requirements after the PPMC plan is actioned.
- Subsequent changes to the medication regimen after the PPMC plan is finalized **must not** be made by the PPMC Credentialed Pharmacist.

4.5 Step 5 – Medication Verification

- The PPMC Credentialed Pharmacist completing PPMC should verify non-imprest medications to organise appropriate supply to ensure timely administration as per usual pharmacy procedures.

4.6 Step 6 - Nursing handover

- Following the charting of medicines, the PPMC Credentialed Pharmacist must communicate the medication plan to the attending nurse, including:
    - The need for urgent administration of any medicines
    - Any additional medication-related monitoring or investigations that are required to be undertaken

5. DOCUMENTATION

- Documentation related to credentialling, and scope of endorsement will be completed and retained for each PPMC Credentialed Pharmacist and reviewed annually.

6. AUDIT

- The initial 30 PPMC episodes of care at a new PPMC facility will be audited (Appendix 6) and results reported to the SESLHD Drug and Therapeutics Committee.
- Continual monitoring and review of IMS+ notifications, with all incidents associated with the PPMC to be managed in accordance with NSW Health Policy Directive PD2020_047 - Incident Management
- The use of the Pharmacist Charting communication type and PowerNote will be audited monthly to ensure compliance with this procedure.

7. REFERENCES

Adapted with permission from

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8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
12 March 2025	1.0	New procedure. Approved at SESLHD Drug and Therapeutics Committee and SESLHD Patient Safety and Quality Committee.

Appendix 1 – Pre-requisites and credentialing for PPMC Pharmacists

Pharmacist pre-requisites to undertake PPMC Credentialing (taken from NSW MoH PPMC MoC)

Pharmacists must satisfy the pre-requisites below to be eligible to undertake PPMC credentialing:

- Registered pharmacist with a minimum of 2 years post-internship, full time experience in hospital pharmacy; **and**
- A minimum of 6-months clinical practice in a relevant medical unit or subspeciality (e.g. emergency, general medicine, aged care, rural medicine, paediatrics); **and**
- Successful completion of a recent validated workplace-based clinical assessment. This may include:
    - Recent ClinCAT®; **OR**
    - Mini-CEX of at least medium complexity that meets all performance outcomes; **OR**
    - Completion of AdPha Residency training program or ANZCAP equivalent recognition; **OR**
    - Other locally endorsed assessments of clinical pharmacist competency.

Pharmacist credentialing requirements for PPMC in NSW

Only pharmacists that have completed their PPMC credentialling will be authorised to undertake this activity. PPMC Credentialed Pharmacists are only authorised to undertake PPMC for patients being treated within a clinical or specialty area that is within their scope of practice after consideration of the pharmacist's education, training, experience and demonstrated competency.

Pharmacist PPMC Credentialing involves:

- Online learning modules
- Supervised PPMC cases using an Entrustable Professional Activity (EPA) workplace-based assessment tool until pharmacists reach EPA level 4 for independent credentialing, and level 5 to credential other pharmacists.
- Objective Structured Clinical Examination (OSCE) facilitated by a senior pharmacist and senior medical officer (registrar level or above) nominated by the medical unit.

Recredentialing

Credentials are maintained whilst a pharmacist is continuously undertaking the activity and have maintained their professional competency as defined by the Pharmacy Board of Australia. If there is a prolonged period of absence of 12 months or more, supervised PPMC cases using an EPA workplace-based assessment tool until pharmacists reach EPA level 4 for independent credentialing is required. Completion of an EPA/OSCE may also be required by the pharmacist when commencing at a new hospital site.

Appendix 2 - PPMC Medication Plan Progress Note Example (Cerner)

Partnered Pharmacist Medication Charting

Nursing staff to administer medication approved by the medical practitioner signatory and charted by the pharmacist as documented on this inpatient progress note.

Reason for Admission:

Current Clinical Issues:

Allergies: (Import from Allergy Tab)

VTE Prophylaxis (Considerations and Dose):

Current Home Medications:

(Automatically Import Medication List from eMEDS)

Changes to Admission Medications in Consultation with Medical Officer:

Partnering Medical Officer:

Pharmacist:
Pharmacist Contact Details:

Example:

Nursing staff to administer medications approved by the medical practitioner signatory and charted by the pharmacist as documented on this inpatient progress note.

Reason for Admission and Current Clinical Issues:
81 female, NWB Right Ankle 2ndry to pain/swelling

Current Home Medications
colecalciferol (cholecalciferol) 25 mcg oral capsule, 25 mcg= 1 cap(s), Oral, TWICE a day
Coumadin (warfarin) 1 mg oral tablet, As Per INR, Oral, daily
Coumadin (warfarin) 2 mg oral tablet, As Per INR, Oral, daily
furosemide (frusemide) 20 mg oral tablet, 20 mg= 1 tab(s), Oral, morning
irbesartan-hydrOCHLOROTHIAZIDe 300 mg-25 mg oral tablet, 1 tab(s), Oral, morning
Lipidil 48 mg oral tablet, 48 mg= 1 tab(s), Oral, evening
metoprolol 50 mg oral tablet, 25 mg= 0.5 tab(s), Oral, TWICE a day
paracetamol 500 mg oral tablet, 1000 mg= 2 EA, Oral, FOUR times a day, PRN
pregabalin 75 mg oral capsule, 75 mg= 1 cap(s), Oral, TWICE a day
thyroxine sodium 50 mcg (0.05 mg) oral tablet, 50 mcg= 1 tab(s), Oral, morning (on an empty stomach)

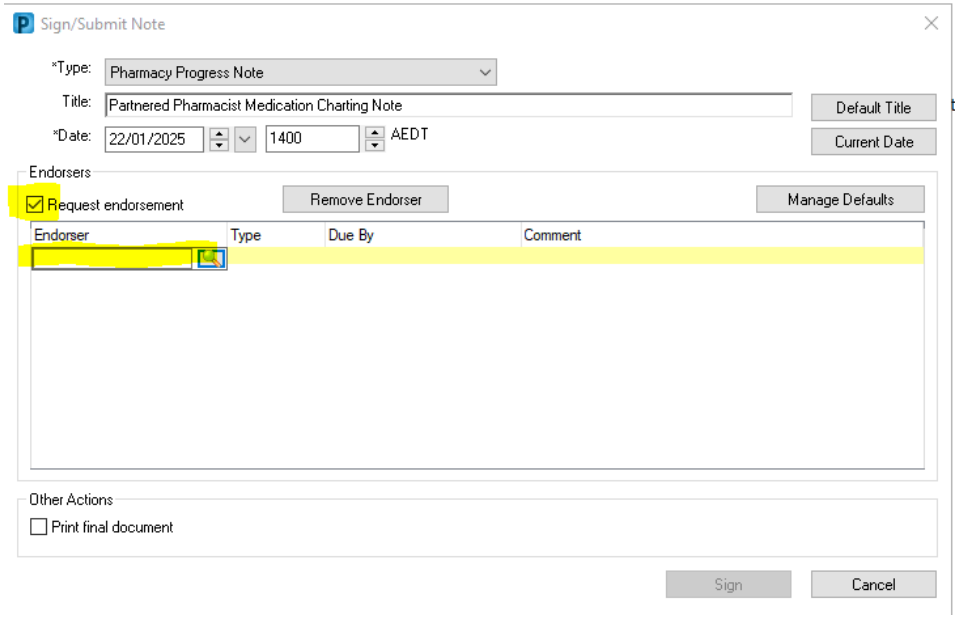
Changes to Admission Medications in Consultation with Doctor:
Oxycodone 2.5mg Q4H PRN
WH Warfarin and for Dr review later - ? need ankle aspiration
Continue regular medications
Cease IV frusemide - not required, continue regular frusemide

VTE Prophylaxis (considerations and dose)
Nil - warfarin

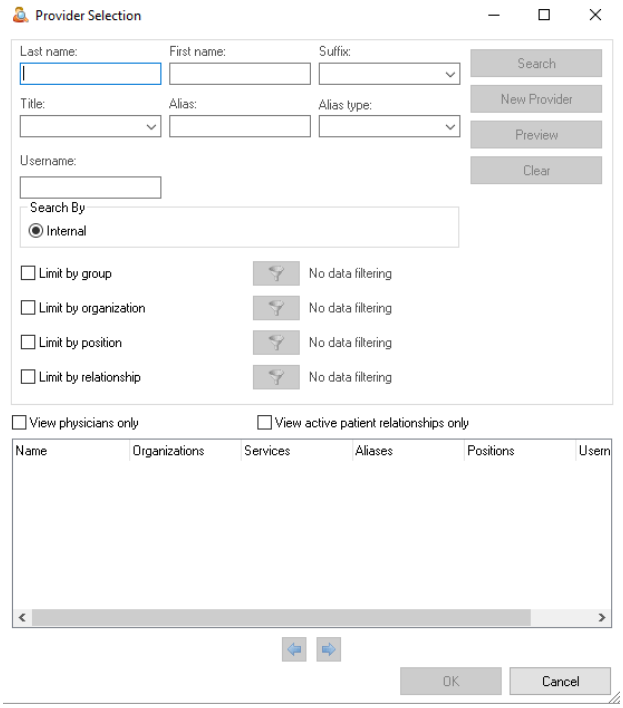
Partnered Medical Officer: Dr John Smith
Pharmacist: Sally Butamol – pager #1234

Appendix 3 - PPMC Medication Plan Progress Note Co-sign Example (Cerner)

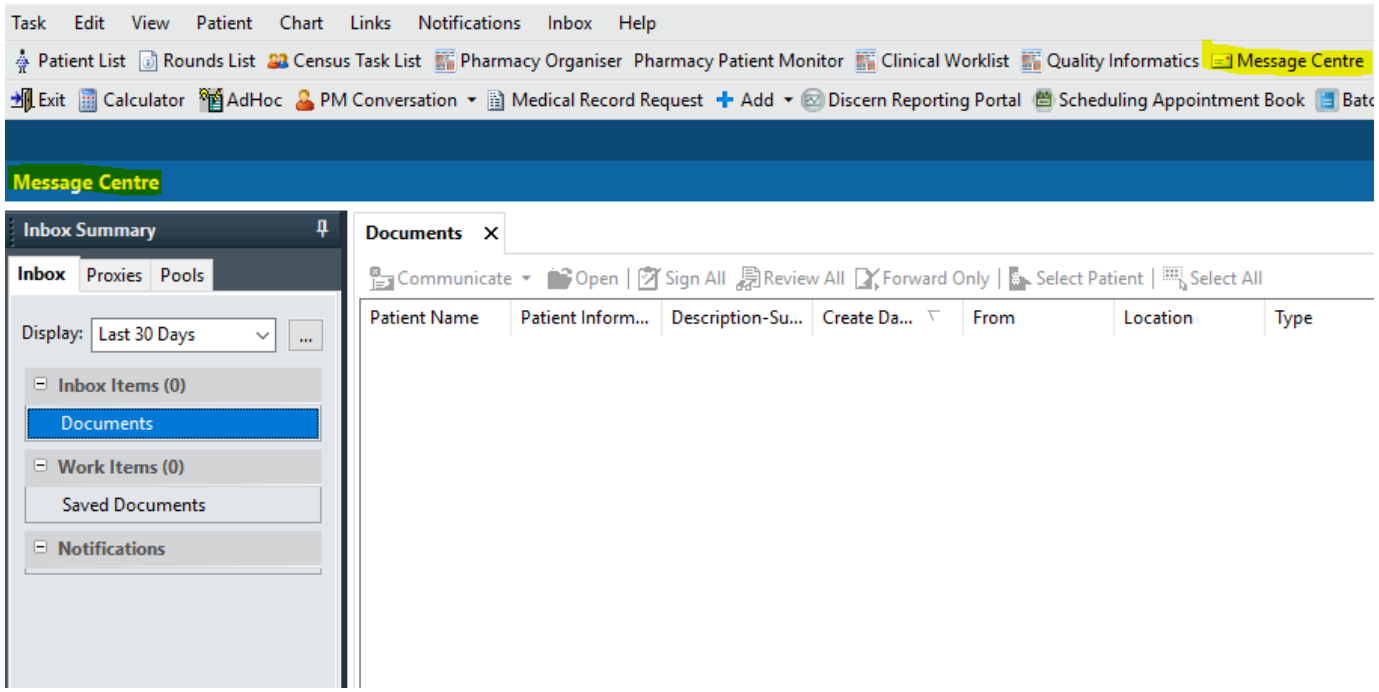
Step 1: PPMC Pharmacist Requests co-signature from Partnering Medical Officer



Step 2: Select MO

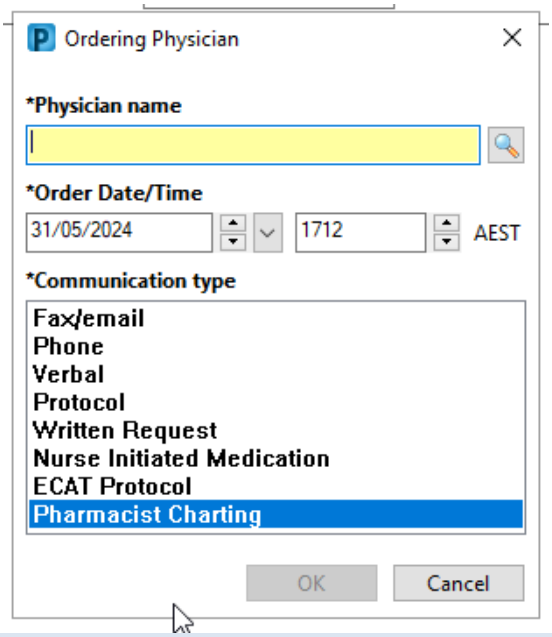


Step 3: MO reviews and co-signs or refuses PPMC Note from Message Centre

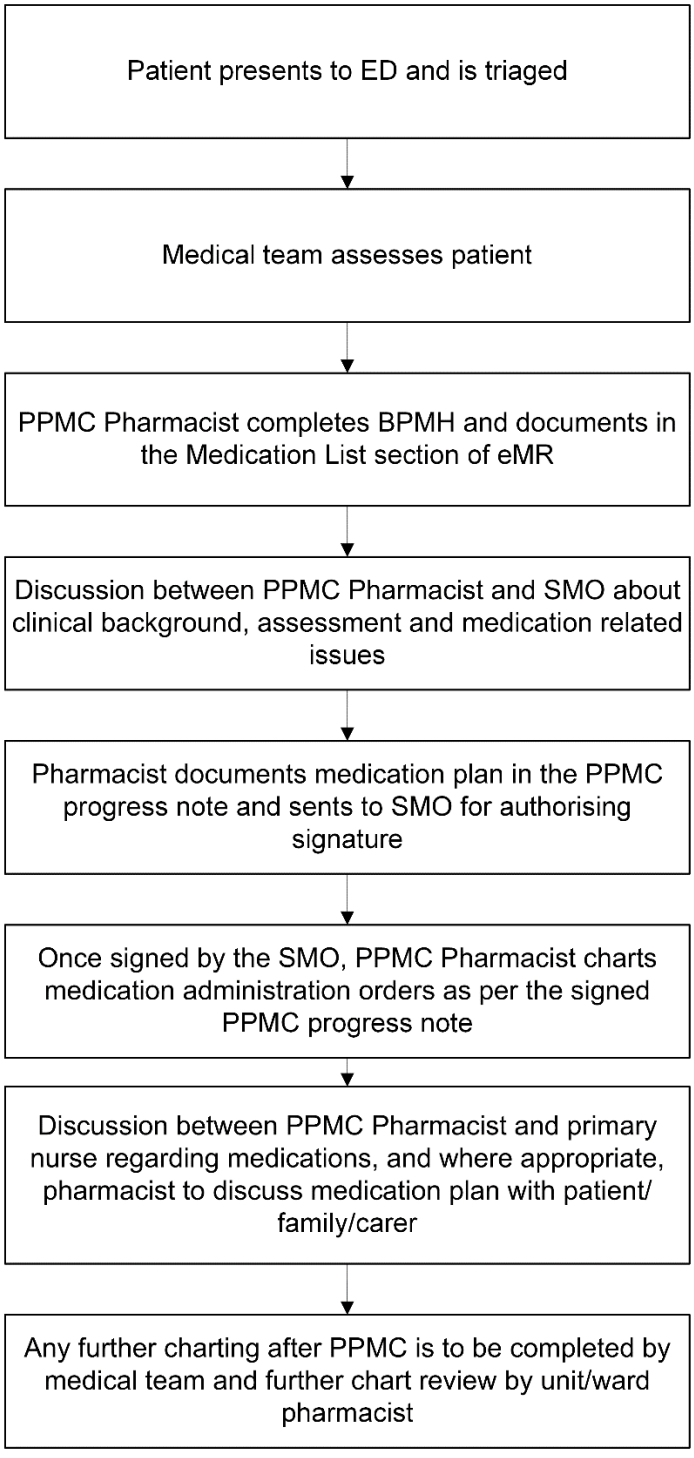


Appendix 4 - PPMC Digital System Requirements (Cerner Powerchart)

The PPMC Credentialed Pharmacist will be allocated the PPMC role in the electronic medication management system (Cerner, PowerChart), complying with Electronic Medication Management System Governance and Standards (PD2019_050) - Link. This role allows the PPMC Credentialed Pharmacist to chart the agreed medications for the patient as per the medication plan, without the need for co-signature. In addition, the role has the standard pharmacist permissions in PowerChart.



Appendix 5 – PPMC Workflow



Appendix 6 – PPMC Quality Assurance Audit Tool

PPMC Initial Evaluation Tool

NSW Health seeks to evaluate the Partnered Pharmacist Medication Charting (PPMC) pilot trial. Your input is greatly appreciated and will help to inform the quality improvement of PPMC. For any questions or concerns regarding this survey, please contact Caoimhe Scales, Senior Allied Health Project Officer, NSW Ministry of Health e: caoimhe.scales@health.nsw.gov.au

* Required

* This form will record your name, please fill your name.

1. Please select the LHD/SHN where the Pharmacist was providing PPMC *

- ◯ CCLHD
- ◯ HNELHD
- ◯ ISLHD
- ◯ MLHD
- ◯ MNCLHD
- ◯ NSLHD
- ◯ SESLHD
- ◯ SNSWLHD
- ◯ SWSLHD
- ◯ WNSWLHD
- ◯ JHFMHN
- ◯ SCHN
- ◯ SVHN
- ◯ Other

2. What is the local PPMC audit tracking number for the patient's chart that you are reviewing? *

Please do not include any identifiable details here (i.e. do not list the patients MRN).

3. Please name the facility (e.g. the Hospital) where the Pharmacist was providing PPMC *

4. Please provide the location (i.e. name of the medical unit, ward, or clinic) where the Pharmacist was providing PPMC

5. Did PPMC occur in an LHD/ SHN approved medical unit or emergency department? *

- ◯ Yes
- ◯ No

6. What was the date that PPMC occurred for this patient? *

7. Did the Senior Medical Officer (SMO) co-sign the PPMC Pharmacist progress note? *

SMO= registrar or above

- ◯ Yes
- ◯ No

8. Did the Pharmacist chart the medications **after the SMO co-signed** the PPMC progress note? *

- ◯ Yes
- ◯ No

9. If medications were charted by the Pharmacist **before the SMO co-signed** the PPMC progress note, was this because the patient was seen in an Emergency situation? *

Emergency situation: where a patient requires time critical medications and it is impractical for the medical officer to sign documentation as they're providing care to that patient.

- ◯ Yes
- ◯ No

10. Please describe what the emergency was, as per the description in the Pharmacist's progress note

11. Was a Best Possible Medication History (BPMH) documented? *

- ◯ Yes
- ◯ No

12. Was an immunisation history documented? *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

13. Did the PPMC Pharmacist identify any vaccinations to be administered during the admission? *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

14. Was VTE prophylaxis listed in the medication chart where indicated? *

As per PD2019_057 NSW Health Prevention of Venous Thromboembolism

- ◯ Yes
- ◯ No
- ◯ Not Applicable

15. How many *pharmacist-charted* **home** medication errors were identified? *

Home medication error= medication not charted as per BPMH with no reason for omission or change documented.

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10
- ◯ >10

16. Please list the *pharmacist-charted* **home medication error(s)** including the name of the drug and a description of the error below *

Drug error description examples: dose too high, PO charted not IV etc.

17. Please select the type(s) of error(s) that were made in the *pharmacist-charted* **home** medications *

- ☐ Omitted Drug
- ☐ Wrong dose
- ☐ Wrong route
- ☐ Wrong/ unnecessary drug
- ☐ Wrong formulation
- ☐ Other

18. How many *pharmacist-charted* **new** medication errors were identified? *

New medication error= medication charted differently to PPMC progress note.

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10
- ◯ >10

19. Please list the *pharmacist-charted* **new medication error(s)** including the name of the drug, and a description of the error below *

Drug error description examples: dose too high, PO charted not IV etc.

20. Please select the type(s) of error(s) that were made in the *pharmacist-charted* **new** medications *

- ☐ Omitted Drug
- ☐ Wrong dose
- ☐ Wrong route
- ☐ Wrong/ unnecessary drug
- ☐ Wrong formulation
- ☐ Other