Patients’ Own Medications
Policy Directive

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## Contents

1. Policy Statement .................................................................................................................. 3
2. Roles and Responsibilities .................................................................................................. 3
3. Policy Requirements .......................................................................................................... 4
4. Implementation & Monitoring ........................................................................................... 4
5. National Safety and Quality Health Service Standards ..................................................... 8
6. Definitions ........................................................................................................................... 8
7. Associated Policy Directives / Policy Guidelines and Resources ...................................... 9
8. Document Ownership & History ......................................................................................... 11
1. Policy Statement

It is important that hospital staff have access to information pertaining to patients’ current medicines and have a safe and consistent approach to the use of patients’ own medicines (POMs) during their hospital admission.

This policy is designed to promote safety and quality in the management and administration of medicines within SA Health, by:

- Facilitating access to comprehensive details of a patient’s current medicines.
- Ensuring that POMs are only administered to patients where it is safe and appropriate to do so.
- Facilitating the detection of issues with patients’ current medicines.

Ensuring POMs are safely and appropriately stored, transported and returned to patients or disposed of with consent.

2. Roles and Responsibilities

2.1 Chief Executive, SA Health

2.1.1 Ensures services across SA Health operate in accordance with this Policy Directive.

2.2 Director, Medicines and Technology Programs and Out of Hospital Pharmacy Services, System Performance and Service Delivery

2.2.1 Establishes this policy directive.

2.2.2 Ensures this policy directive is maintained and periodically reviewed to ensure consistency with current evidence, legislation and best practice.

2.3 Chief Executive Officers

2.3.1 Ensure there is a plan developed for implementing this policy directive.

2.3.2 Ensure employees, contractors, students and consultants are aware of, have access to, and comply with this policy directive.

2.3.3 Ensure breaches of this policy directive are handled appropriately in accordance with SA Health policy.
2.3.4 Delegate the day-to-day responsibility for complying with this policy directive to the relevant senior managers.

2.4 Executive Directors, Directors, Heads of Service/Departments and other senior managers

2.4.1 Ensure local protocols (or equivalent documents) are implemented to support the management of patients’ own medicines.

2.5 All SA Health employees, consultants, contractors and students

2.5.1 Adhere to the principles and aims of this policy directive and ensure they operate in accordance with it.

3. Policy Requirements

3.1 Background

The physical presence of medicines is a memory trigger for patients and assists health care professionals when establishing a medicine history. It is important that hospital staff have access to information pertaining to the patient’s current medicines to facilitate the documentation of a complete and accurate medicine history to improve patient safety and treatment outcomes.

The use of POMs can enhance the continuity of care for patients by facilitating the timely provision of essential medicines in emergency situations where a medicine is unavailable at the hospital/health facility. In addition, the use of POMs for inpatients provides opportunities for patient counselling and assessment of the patient’s ability to cope with their medicine.

It is critical that POMs are only used in inpatients where it is safe and appropriate to do so. Items brought into hospital by patients are often not readily identifiable or suitable for use so it is important that POMs are appropriately assessed before use. Timely assessment of POMs for inpatient use by appropriately trained and qualified staff members will be dependent on resources available at individual hospitals and health services. Thus, it is important that systems are in place to adequately assess POMs before they are used to treat patients. Suitable protocols and training procedures need to be set up by a multidisciplinary team of medical practitioners, nurses, pharmacists and pharmacy technicians.

3.2 Scope

This policy directive will apply to:

3.2.1 All staff (including consultants, contractors and students) involved in the admission and treatment of patients in SA public hospitals and health services and their subsequent therapeutic management.
3.2.2 All medicines and medicinal products currently used by patients prior to hospital presentation. This includes prescription medicines (including Drugs of Dependence), over-the-counter (OTC) and Complementary and Alternative Medicines (CAMs) (covered under the Complementary and Alternative Medicines Policy Guideline).

3.3 Key Principles

The following key principles must be adhered to by SA Health employees, including consultants, contractors and students

3.3.1 Local Health Networks (LHNs)/health services must have processes in place regarding POMs. These processes must incorporate the key principals described in this policy directive.

3.3.2 The Patients' Own Medications Policy Guideline outlines recommended processes to be adopted by Hospitals/Health Services in relation to POMs.

3.3.3 Patients and their carers should be instructed to bring all current medicines and their medicines list (if applicable) into hospital. The patient information sheet Bringing Your Medicines into Hospital should be offered to patients where possible.

3.3.4 POMs must be used to assist the documentation of a complete and accurate medicine history by a pharmacist or other appropriately skilled health care professional.

This should be undertaken at the time of presentation or admission, or as early as possible in the episode of care, in accordance with APAC Guiding Principle 4, outlined in Continuity in Medicine Management - A Handbook for South Australian Hospitals.

3.3.5 POMs brought into hospital must be documented.

3.3.5.1 Details of POMs must be documented according to the LHN/health service local procedures (or similar documents), including details of where POMs have been stored.

3.3.5.2 If POMs are returned home, it must be documented that the medicines have been sent home and with whom.

3.3.6 POMs must be stored and transported safely and securely.

3.3.6.1 POMs must be clearly identifiable to ensure that they are able to be returned to the patient where appropriate, as they remain the property of the patient.

3.3.6.2 If a patient's own medicine is a drug of dependence (DD) (Schedule 8 medicine) dispensed as part of a Medication Assisted Treatment for Opioid Dependence Program (MATOD), e.g. methadone liquid or sublingual buprenorphine (with or without naloxone), discuss with your
pharmacist before returning the medicine to the patient or carer, particularly if the date for administration has passed.

3.3.6.3 Single use, transparent, green patients’ own medicine bags (POMs bag) such as the POMs Bag must be used for storing and transporting POMs within and between LHNs/health services.

3.3.6.4 If a patient’s DDs cannot be sent home, they must be recorded on the relevant DD form/register and stored in the DD cupboard in accordance with state legislation, the Code of Practice for the Storage and Transport of Drugs of Dependence and LHN/health service local procedures (or similar documents).

3.3.6.5 If a patient’s own Restricted Schedule 4 Medicine cannot be sent home, they must be recorded on the relevant form/register and securely stored in accordance with LHN/health service procedures (or similar documents) and the Storage and Recording of Restricted Schedule 4 (Prescription Only) Medicines Policy Directive.

3.3.6.6 POMs must be stored in accordance with the manufacturers’ recommended storage requirements, e.g. correct temperature.

3.3.7 POMs may only be administered to patients where it is deemed safe and appropriate to do so.

3.3.7.1 The decision to allow the use of POMs during admission will be made by the individual LHN/health service, taking into consideration any resource implications and ensuring that this policy is adhered to.

3.3.7.2 POMs may only be administered to patients if they have been and written into the patient’s medicine plan by the treating health practitioner prescriber (HPP).

3.3.7.3 The decision to withhold or provide treatment using a POM must be considered within the context of risk versus clinical need.

3.3.7.4 POMs must be assessed for suitability by appropriately skilled health care professionals before they may be administered to patients.

3.3.7.5 Patient/carer consent must be provided and documented prior to administration of any of their own medicines within the hospital/health service.

3.3.7.6 Self-administration of medicines (patient’s own or hospital
supplied) must be in accordance with any relevant policies or procedures regarding medicines self-administration.

3.3.8 POMs should be reconciled with all other medicines at discharge.

3.3.8.1 It is important that all patients’ medicines are reviewed prior to discharge by a pharmacist or other appropriately skilled health professional to ensure that patients receive the correct medicines that are in accordance with the discharge plan.

3.3.8.2 This must include a complete review of a patient's current medicine, in accordance with APAC Guiding Principle 5, as outlined in Continuity in Medicine Management.

3.4 Risks

Potential risks associated with encouraging patients to bring POMs into hospital may be:

- Difficulty in correctly identifying POMs
- Incorrect identification of medicines
- Use of expired or damaged medicines
- Potential for patients to self-administer medicines without the knowledge of hospital staff
- Incorrect or unsafe storage and transport of POMs
- Failure to identify if a dispensing error has been made
- Diversion of medicines
- Failure to return medicines on discharge, if appropriate

These risks can be mitigated by strict adherence to the provisions outlined in this policy directive.

4. Implementation & Monitoring

Chief Executive Officers will be responsible for implementation of this policy directive to ensure health services within their control have systems in place for the appropriate management of patients’ own medicines.

General Managers, Executive Directors, Directors, Heads of Service/Departments are accountable for developing, implementing and monitoring local procedures (or equivalent documents) to support the management of patients’ own medicines.
5. National Safety and Quality Health Service Standards

6. Definitions

In the context of this document:

- **clinical trial medicines** means medicines that a patient has been provided as part of a clinical trial (research study) in which they are currently participating.

- **complementary and alternative medicines (CAMs)** mean medicines that are defined by the Therapeutic Goods Administration (TGA) as therapeutic agents consisting principally of one or more designated ingredients, each of which has a clearly established identity and/or a traditional use. The TGA definition includes vitamins, minerals, nutritional supplements, herbal, certain aromatherapy preparations, homeopathic products and traditional medicines such as Aboriginal traditional medicines, traditional Chinese medicines and Ayurvedic medicines. Other terms used to describe these medicines include ‘natural medicines’ or ‘herbal medicines’. Further information is available in the [Complementary and Alternative Medicines Policy Guideline](#).

- **current medicine** means all the medicine(s) that a patient is taking prior to hospital admission. This includes prescribed, OTC, complementary, alternative and clinical trial medicines. Also see Patient’s own medicines.

- **drugs of dependence (DDs)** mean medicines defined in the Controlled Substances Act 1984 (SA) as Schedule 8 poisons (controlled drugs). Controlled drugs are substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

- **health practitioner prescriber (HPP)** means a health practitioner authorised to undertake prescribing within their scope of practice in accordance with SA Health policy.
Medication Assisted Treatment for Opioid Dependence (MATOD) Program means the opioid pharmacotherapy program operating in South Australia that allows accredited and trained medical or nurse practitioners to prescribe methadone liquid or sublingual buprenorphine (with or without naloxone) to maintain/treat opioid drug dependence. MATOD is delivered through public providers such as Drug and Alcohol Services South Australia (DASSA), community prescribers (mostly general practitioners), and forensic prescribers.

over-the-counter (OTC) medicines means medicines that may be sold directly to a consumer without a prescription. OTC medicines can be supplied as:

- pharmacy medicines (included in Schedule 2 to the Poisons Standard); or
- pharmacist-only medicines (included in Schedule 3 to the Poisons Standard); or
- general sales medicines that are not included in any of the Schedules to the Poisons Standard.

patients' own medicines (POMs) mean the medicines patients bring into the hospital at admission, or that is brought in from an external source at a later point during their stay in hospital. These are the current medicines that patients have been taking prior to their hospital/health service visit and may include prescription medicines, over-the-counter (OTC) medicines and complementary medicines.

prescription medicine means medicine that may only be obtained with a written prescription from an authorised prescriber (e.g. medical practitioner, dental practitioner, nurse or midwife practitioner, or optometrist).

restricted Schedule 4 medicines means Schedule 4 medicines defined in the Storage and Recording of Restricted Schedule 4 (Prescription Only) Medicines Policy Directive that require additional controls for their security and accountability.

7. Associated Policy Directives / Policy Guidelines and Resources

Relevant Legislation, Policies and Documents

Code of Practice for the Storage and Transport of Drugs of Dependence

Complementary and Alternative Medicines Policy Guideline
Continuity in Medicine Management Handbook

Continuity in medicine management SA APAC Indicators May 2010

Controlled Substances Act 1984 (SA)

Patients' Own Medicines Policy Guideline

Storage and Recording of Restricted S4 Medicines Policy Directive

The Poisons Standard (the SUSMP)

Associated Resources

Patient information sheet Bringing Your Medicines into Hospital

Checklist Assessment of Patient's Own Medicines for In Hospital Use

References

1. Chan, E.W., Taylor, S.E., Marriott, J.L. and Barger, B., ‘Bringing patients’ own medicines into an emergency department by ambulance: effect on prescribing accuracy when these patients are admitted to hospital’, Medical Journal of Australia 2009; 191 (7): 374-377


6. SA Health. Continuity in medicine management SA APAC KPIs

7. Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity in medicine management
8. Document Ownership & History

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Updated to include management of patients’ own medicines that require
additional controls in accordance with the Storage and Recording of Restricted
Schedule 4 (Prescription Only) Medicines Policy Directive. Also included information on
the management of medicines dispensed as part of a Medication Assisted Treatment for
Opioid Dependence (MATOD) Program.

30/01/13 V1 Portfolio Executive
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