

DEED OF VARIATION No 1

Between

..... ('the Provider') (ABN

of

and

..... ('Service Operator') (ABN.....)

of

RECITALS:

- A. The Parties entered into an Agreement in relation the provision of Residential Medication Management Review Services dated (the Principal Agreement).
- B. The Parties now wish to vary the Principal Agreement.

OPERATIVE PART:

The Principal Agreement is varied as follows:

- 1. Clause 1.4 is deleted in its entirety and the following is substituted:
 - '1.4 The Provider must ensure that the Reviews are provided in accordance with:
 - (1) RMMR Service Definition (a copy of which is Attachment 1 to this Variation); and
 - (2) the *Guidelines and Standards for the Collaborative and Pharmacist Residential Medication Management Review (RMMR) Program and Associated Quality Use of Medicines (QUM) Services* developed by the Pharmaceutical Society of Australia in June 2006 (or any revised guidelines issued by that body) including the following elements:
 - (a) identification of risk;
 - (b) resident profile;

- (c) data collection;
- (d) identification of medication related problems;
- (e) optimisation of medication;
- (f) formulation of recommendations;
- (g) documentation and reporting;
- (h) follow-up and monitoring; and
- (i) frequency of service.’

2. By inserting the following new clauses to immediately follow clause 1.4 as follows:

‘1.4A The Provider must provide Quality Use of Medicine Services (‘QUM’) in accordance with the QUM Service Definition, a (a copy of which is Attachment 2 to this Variation).

1.4B The Provider must ensure the conduct of the following selected QUM activities where agreed to by the Service Operator.

(Frequency can be listed as weekly, fortnightly, monthly, bimonthly, monthly etc to suit the needs of the Service Operator).

QUM Service	Frequency or Not Applicable
Medication Advisory Activities	
Participate in drug usage evaluation (DUE)	
Advise members of the health care team on a range of issues, including storage, administration, dose forms, compatibilities, therapeutic and adverse effects and compliance.	
Participate in Medication Advisory Committees.	
Assist in the development of nurse-initiated medication lists.	
Participate in policy and procedure development activities.	
Assist in the development of policies and procedures to address medication management concerns e.g. sleep, bowel or pain management, and infection control.	
Education Activities	
Provide in-service sessions for nursing staff and carers or residents on medication therapy, disease state management or prescribing trend issues.	
Provide drug information for medical practitioners and ACH staff, including provision of newsletters.	
Continuous Improvement Activities	
Assist the facility to meet and maintain medication management accreditation standards and to comply with regulatory requirements.	

Assess competency of residents to self-administer medications.	
Advise on and assess medication storage requirements, monitoring and standards, including storage and labelling, expired stock, security of medication storage areas and safe disposal of unwanted medications.	
Conduct medication administration audits and surveys on medication errors, altered dosage forms and psychotropic drug use.	
Assist with the development of, and report on, quality indicators and other quality measures.	
Other	

- 1.4C The Provider must adopt a “whole of facility” approach to providing QUM to assist the Service Operator in meeting *The Standards for Aged Care Facilities* specifically Standard 2.7 – Medication Management.
 - 1.4D The Provider must continually liaise with the Service Operator and monitor the outcomes of the QUM provided.
 - 1.4E The Provider must consult with the Service Operator or other appropriate health care provider to resolve any problems that may arise while conducting the QUM.
 - 1.4F If the Service Operator has more than one RMMR Service Provider, QUM activities are to be divided fairly and equitably between all RMMR Service Providers.
3. The Principal Agreement, as amended by this Deed of Variation, constitutes the entire agreement between the Parties.

RMMR Service Definition

1. Responsibilities of the Approved RMMR Service Provider

1.1 An Approved RMMR Service Provider must ensure RMMR Services are conducted by an authorised Accredited Pharmacist who is able to respond appropriately to GP and ACH requests relating to RMMR Services and that the RMMR Services are conducted in accordance with the Guidelines and adhere to recognised professional standards and the following approved guidelines:

- i) *Guidelines and Standards for the Collaborative and Pharmacist Residential Medication Management Review (RMMR) and Associated Quality Use of Medicine (QUM) Services* developed by the Pharmaceutical Society of Australia in June 2006 (or any revised guidelines issued by that body); and
- ii) *Guidelines for Medication Management in Residential Aged Care Facilities* developed by the Australian Pharmaceutical Advisory Council in November 2002 (or any revised guidelines issued by that body).

1.2 Approved RMMR Service Providers are responsible for ensuring that:

- i) comprehensive RMMR Services are available to Eligible Residents in the ACH for which they hold a RMMR Service Agreement;
- ii) the outcomes of the RMMR Service are provided to the GP, where appropriate, to inform the GP's decisions on appropriate medication management strategies for the Eligible Resident;
- iii) the ACH is provided with the full name, accreditation details and up-to-date contact details for the Accredited Pharmacist who is authorised to conduct medication reviews at that facility; and
- iv) all claims for payment for RMMR Services are completed truthfully and accurately.

1.3 Approved RMMR Service Providers can nominate Accredited Pharmacists to conduct RMMR Services on their behalf:

- at the time of seeking approval from Medicare Australia to become an Approved RMMR Service Provider by including Accredited Pharmacists details in the application form; or
- subsequent to gaining approval as an Approved RMMR Service Provider, by providing the new Accredited Pharmacist details to Medicare Australia.

2. Communication when conducting a Collaborative and Pharmacist RMMR Service

2.1 To facilitate collaboration between pharmacists and GPs in the medication review process, the GP and Accredited Pharmacist should agree on a preferred way of communication on issues and information relating to the provision of medication reviews in that facility. This may include issues such as:

- i) understanding of the Pharmacist's role in the ACH;

- ii) contact arrangements for the various circumstances that may arise from the RMMR Service (eg. the GP and Accredited Pharmacist may decide that verbal communication is not required in situations where there are no recommended medication changes); and
 - iii) critical times where the GP and Accredited Pharmacist may meet within the ACH (eg. at Medication Advisory Committee meetings).
- 2.2 The RMMR Service Provider should ensure adequate communication with the Supply Pharmacist, DON or authorised representative and the ACH nursing staff.

3. Consent

- 3.1 The Accredited Pharmacist and other health professionals sharing information in the course of a medication review must not act in a way that is inconsistent with the National Privacy Principles in Schedule 3 to the *Privacy Act 1988*.
- 3.2 Consent from Eligible Residents to the conduct of medication reviews by the Accredited Pharmacist and the associated sharing of necessary information between health professionals should be obtained as part of the ACH's admission procedures.
- 3.3 When a new RMMR Service Agreement is entered into, the Approved RMMR Service Provider should confirm with the ACH that appropriate consent has been obtained by the ACH from Eligible Residents.
- 3.4 Requirements with regard to the consent to the GP component of the RMMR Service, when a Collaborative RMMR is conducted, are not included in these Guidelines. Requirements for the GP component of the RMMR Service are detailed under Item 903 of the Medicare Benefits Schedule.

4. Service Frequency

- 4.1 In the case of a Collaborative RMMR, the requesting GP will refer an Eligible Resident for a RMMR Service in accordance with professional practice and Explanatory Notes for Item 903 of the Medicare Benefits Schedule.
- 4.2 In circumstances where there is no GP request for a Collaborative RMMR, the Accredited Pharmacist nominated by the Approved RMMR Service Provider should work closely with the DON or authorised representative in selecting Eligible Residents for a RMMR Service. Priority should be given to Eligible Residents with the following characteristics:
- taking five or more regular medications,
 - taking more than 12 doses of medication per day,
 - suffering from multiple medical conditions,
 - admitted to the facility in the last four weeks,
 - had significant changes made to their medication regimen in the last three months,

- on medication with a narrow therapeutic index or requiring therapeutic monitoring,
- with symptoms suggestive of adverse drug reaction,
- with a sub-therapeutic response to treatment,
- suspected of non-compliance or not managing drug related therapeutic devices,
- self managing medications that are at risk due to language difficulties, dexterity problems, impaired sight or cognitive difficulties,
- increasing frailty; or
- changes in health status.

4.3 An Eligible Resident is entitled to one RMMR Service, either a Pharmacist RMMR or a Collaborative RMMR in any 12 month period following the previous RMMR Service.

4.4 An additional Collaborative RMMR Service may be conducted within fewer than 12 months after the previous RMMR Service for that resident where, in the opinion of the Eligible Resident's GP, an additional Collaborative RMMR is required due to a significant change in the Eligible Resident's medical condition or medication regimen.

5. Requesting a review

5.1 Where possible, the Approved RMMR Service Provider should notify an Eligible Resident's usual GP when that Eligible Resident is due for an annual medication review (i.e. where more than 12 months has elapsed since the previous RMMR Service). This will ensure that the GP has the opportunity to initiate a Collaborative RMMR where required.

5.2 Where a Collaborative RMMR is to be conducted, the GP will initiate a Collaborative RMMR, issue the Accredited Pharmacist with a written request for review of a particular Eligible Resident, and provide clinical information to support the review process.

5.3 In situations where the GP indicates that a Collaborative RMMR is not required but may be required in the foreseeable future, for instance, following an anticipated period of hospitalisation for the Eligible Resident, the RMMR Service should be scheduled accordingly.

5.4 Where a Collaborative RMMR is not required the Accredited Pharmacist may then conduct a routine Pharmacist RMMR for the Eligible Resident.

5.5 An additional RMMR Service (e.g. where the previous RMMR Service was conducted within less than 12 months) for a particular Eligible Resident may be requested in special circumstances as described under 4.2, by the Eligible Resident, the Eligible Resident's carer, DON or authorised representative, ACH staff or other health professional. In this case, the Approved RMMR Service Provider should notify the Eligible Resident's usual GP that a RMMR Service has been requested. Upon notification of such a request:

- i) the GP may decide to initiate a Collaborative RMMR, issue the Accredited Pharmacist with a written request for a RMMR Service of a particular Eligible Resident, and provide clinical information to support the review process; or
- ii) the GP may decide the Eligible Resident does not need an additional RMMR Service and notify the Approved RMMR Service Provider.

6. Review Process for New Residents

- 6.1 Generally an initial RMMR Service should be conducted for all new Eligible Residents as soon as possible and ideally within six to twelve (6-12) weeks of admission into the ACH. It is recommended that this initial medication review be conducted as a Collaborative RMMR where possible.
- 6.2 Where clinical needs dictate, the GP should request a Collaborative RMMR for a new Eligible Resident as soon as possible after admission so that the review can be scheduled appropriately. To facilitate this process the Approved RMMR Service Provider (or authorised Accredited Pharmacist as appropriate) or ACH staff may contact the GP about scheduling the initial medication review.
- 6.3. The GP may decide to initiate a Collaborative RMMR and issue the Accredited Pharmacist with a formal request for review of a particular Eligible Resident. Where the GP indicates that a Comprehensive Medical Assessment (CMA) for that Eligible Resident is being undertaken, the pharmacist component should be conducted after the CMA is completed, allowing the outcomes of the assessment to be incorporated into the supporting information.
- 6.4 Where the GP has not indicated that a Collaborative RMMR is required the Accredited Pharmacist can then conduct the first routine medication review as appropriate.

Quality Use of Medicines Service definition

1. Policy framework

- 1.1 Quality Use of Medicines (QUM) is an important arm of Australia's National Medicines Policy. It recognises that in order to achieve quality use of medicines, consumers must be provided with the most appropriate treatment, and have the knowledge and skills to use medicines to their best effect. QUM depends on committed teamwork between all members of the health care team. Pharmacists have a particularly important role to play in promoting the quality use of medicines, through promoting good treatment choices, good communication with consumers and collaboration with other health practitioners including GPs. Approved RMMR Service Providers and QUM Service Providers are required to work closely with the ACH in ensuring optimal health outcomes for residents.
- 1.2 A "whole of facility" approach to QUM is to be adopted by the pharmacists. There is a need to identify activities involved in facility-wide medication management and QUM services (as distinct from individual, resident-focused, medication management reviews) and understand how they relate to individual reviews and to facility needs. These services impact on QUM at a facility, rather than individual level.
- 1.3 The Approved RMMR Service Provider must ensure that QUM services are conducted in accordance with the Guidelines and adhere to recognised professional standards and the following approved guidelines:
- *Guidelines and Standards for the Collaborative and Pharmacist Residential Medication Management Review (RMMR) and Associated Quality Use of Medicine (QUM) Services* developed by the Pharmaceutical Society of Australia in June 2006 (or any revised guidelines issued by that body); and
 - *Guidelines for Medication Management in Residential Aged Care Facilities* developed by the Australian Pharmaceutical Advisory Council in November 2002 (or any revised guidelines issued by that body).
- 1.4 Payment for QUM services forms part of the RMMR Service payment and is not paid separately. The RMMR Service Provider, in consultation with the ACH, may arrange for a different pharmacist to provide the agreed QUM services. In this case agreement will need to be reached between the Approved RMMR Service Provider and the pharmacist providing QUM Services. It is the responsibility of the Approved RMMR Service Provider and the ACH to ensure that the ACH receives appropriate QUM services.

2. Agreement between the RMMR Service Provider and ACH

- 2.1 It is the responsibility of ACH and the contracted Approved RMMR Service Provider to develop and agree on the specified activities that are best catered for the individual needs of the ACH.

2.2 The RMMR Service Agreement should include specific QUM activities that are agreed between the ACH and the Approved RMMR Service Provider. The Approved RMMR Service Provider and the ACH may negotiate a range of QUM activities that are best suited to the ACH.

3. QUM Activities

3.1 The following are examples of QUM activities that may be included in the RMMR Service Agreement between the ACH and the Approved RMMR Service Provider:

i) Medication Advisory Activities

- Participate in drug usage evaluation (DUE);
- Advise members of the health care team on a range of issues, including storage, administration, dose forms, compatibilities, therapeutic and adverse effects and compliance.
- Participate in MACs;
- Assist in the development of nurse-initiated medication lists;
- Participate in policy and procedure development activities;
- Assist in the development of policies and procedures to address medication management concerns e.g. sleep, bowel or pain management, and infection control.

ii) Education Activities

- Provide in-service sessions for nursing staff and carers or residents on medication therapy, disease state management or prescribing trend issues;
- Provide drug information for medical practitioners and ACH staff, including provision of newsletters.

iii) Continuous improvement Activities

- Assist the facility to meet and maintain medication management accreditation standards and to comply with regulatory requirements;
- Assess competency of residents to self-administer medications;
- Advise on and assess medication storage requirements, monitoring and standards, including storage and labelling, expired stock, security of medication storage areas and safe disposal of unwanted medications;
- Conduct medication administration audits and surveys on medication errors, altered dosage forms and psychotropic drug use;
- Assist with the development of, and report on, quality indicators and other quality measures.

EXECUTED AS A DEED

Service Provider

SIGNED for and on behalf of (ABN.....)
of
.....
on

Date
by:

Name of Authorised Signatory

Authorised Signatory signature

in the presence of:

Name of witness

Signature of witness

Aged Care Home

SIGNED for and on behalf of (ABN.....)
of
.....
on

Date
by:

Name of Authorised Signatory

Authorised Signatory signature

in the presence of:

Name of witness

Signature of witness