

Delivering national messages regarding safe and effective use of medicines in Australian hospitals and across the continuum

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National Prescribing Service Limited



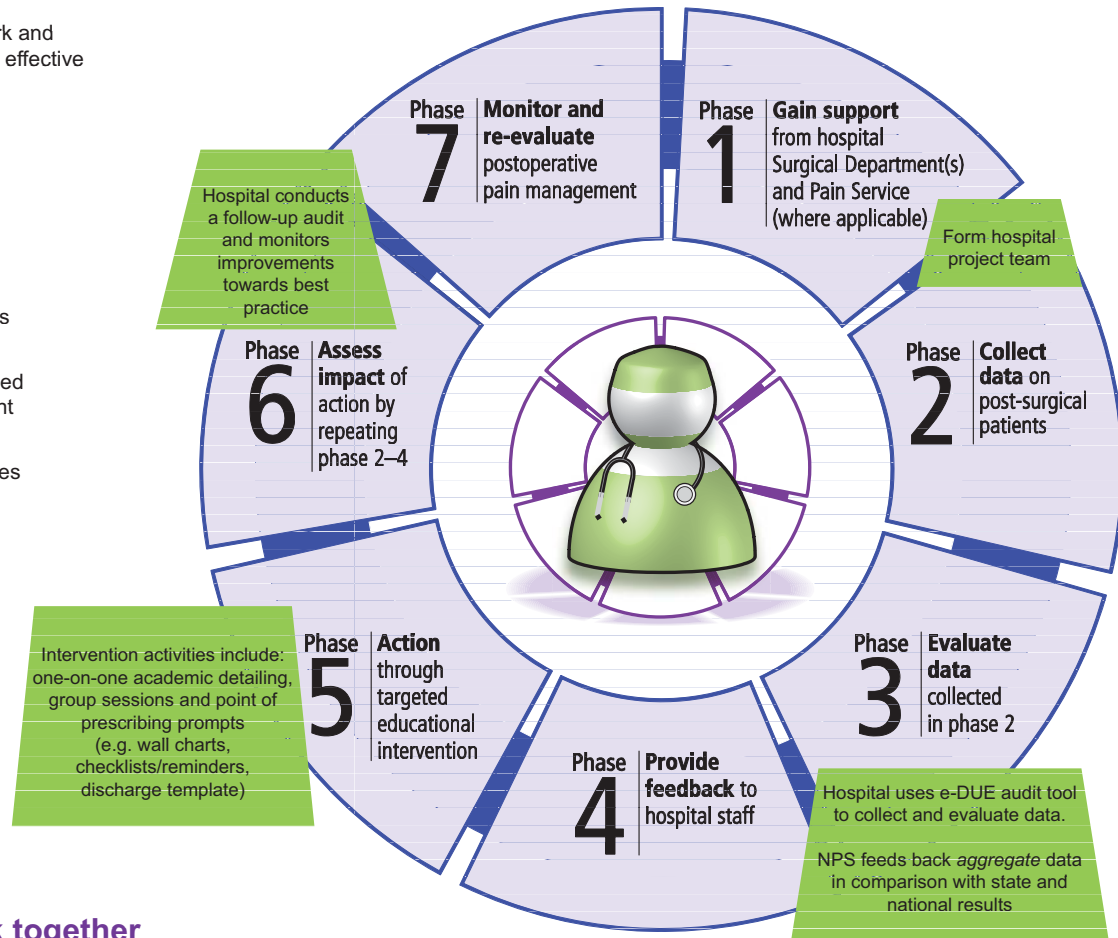
Figure 1: DUE Cycle for APOP

Objective

- To describe a unique national framework and methodology used to promote safe and effective use of medicines

Methods

- The National Prescribing Service has funded and coordinated a national drug use evaluation (DUE) program in Australian hospitals, in partnership with the state-based quality use of medicines (QUM) organisations.
- QUM issues are identified via state-based member consultation highlighting current gaps between evidence and practice
- A national expert advisory group provides strategic direction and advice on:
 - current gaps in practice
 - quality indicators/measures
 - key messages and educational intervention tools.
- Hospitals are recruited on a voluntary basis.
- The national project team develops the data collection tools (paper and electronic) and educational resources.
- DUE methodology (Figure 1), is used to implement quality improvement activities.



How NPS and States work together

NPS provides:

- National leadership and coordination
- Electronic e-DUE audit tool
- Training, in partnership with DATIS, on behaviour change
- Dedicated website
- Communication with key stakeholders.

State-based coordinators provide:

- Access to hospitals via existing networks
- Hospital recruitment and site visits
- Guidance and support to hospital project teams
- Updates to hospital teams regarding other states' activities
- Liaison between hospitals and the national project team.

Diffusion of innovation

- An APOP DUE toolkit is available via the NPS website for hospitals to undertake continued quality improvement activities. www.nps.org.au/due_hospitals

Hospital DUE activities 2003-09

- Engaged 148 public and private hospitals in five states across the three projects:

- Community Acquired Pneumonia Towards Improving Outcomes Nationally (CAPTION) – 37 hospitals
- Acute Postoperative Pain (APOP) management – 62 hospitals
- Discharge Management of Acute Coronary Syndromes (DMACS) – 49 hospitals

- Measurable improvements in prescribing practices and medicine management across a number of key indicators.

Conclusions

- This unique national framework and methodology has facilitated the engagement and participation of a large range and number of acute health care facilities on a broad range of QUM issues.
- This national approach has ensured a consistent and standardized approach to promoting safe and effective use of medicines.
- Embedding this activity in everyday practice should be considered a priority for all committed to QUM.

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Supporting quality use of medicines