Needs Assessment Form

## Medication storage and ordering

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| --- | --- | --- | --- | --- | --- |
| Are medications currently stored on premises? | | | | Yes | No |
| If yes, are the medications supplied under Section 100, under prescription, directly from wholesalers, from the local hospital, or a mix of the above? | | | | | |
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| Who is in charge of the drug store? | | | | | |
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| Who holds the poisons license? | | | | | |
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| How is the storeroom laid out (alphabetical, therapeutic groups)? | | | | | |
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| Describe the stock control system in place: for example, how are medications ordered? | | | | | |
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| Is there any wastage of medicines? Describe the processes (if any) to ensure that medication wastage is reduced. | | | | | |
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| What happens to medications that are out of date? | | | | | |
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| Action required (1) | | | | | |
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| Priority level: | High | Medium | Low | | |

## Cold storage and cold chain

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| --- | --- | --- | --- | --- | --- |
| Are there cold storage facilities for cold storage items? | | | | Yes | No |
| Are medications kept at an appropriate temperature in the appropriate area? | | | | Yes | No |
| Is there a means of ensuring that the cold storage is the right temperature (i.e. is there a thermometer?) | | | | Yes | No |
| If there are any trips to outlying clinics or communities, how is the cold chain maintained? | | | | | |
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| Action required (2) | | | | | |
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| Priority level: | High | Medium | Low | | |

## Types of medication

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| Does the clinical staff of the AHS work off a set list, e.g. imprest list, standard medicines list or preferred medicines list? | | | |
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| ****Who decides what type of medication is kept?**** | | | |
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| ****And how is this decided?**** | | | |
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| ****How often is the imprest list revised?**** | | | |
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| ****Action required (3)**** | | | |
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| Priority level: | High | Medium | Low |

## Medication dispensing/supply

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| Where are the medications dispensed? | | | |
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| Describe how the medications are labelled. | | | |
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| Are caution and advisory labels being attached? | | | |
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| Who is dispensing the medication? Describe the checking system for dispensing medications. | | | |
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| How are possible interactions identified (e.g. reference books, computer program, doctor etc.), and who does this? | | | |
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| Where are the medications supplied to the Patient? | | | |
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| Does this area facilitate optimum communication between the health professional and the Patient? | | | |
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| What sort of instructions are provided to the Patient on the medication, and by whom? | | | |
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| What sort of training on medication issues is in place for the clinical staff (non-GP) to ensure maximum QUM? | | | |
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| Action required (4) | | | |
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| Priority level: | High | Medium | Low |

## Ensuring medication compliance

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| How is the Patients’ compliance, and understanding of their medication assessed and monitored? | | | |
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| Is there a system which ensures that Patients who are on multiple medications receive a regular review of these medications? If so, how does this occur? | | | |
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| Do any Patients currently have Dose Administration Aids (DAAs) filled? | | | |
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| Who does this? | | | |
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| Describe the procedure for the filling of Dose Administration Aids. | | | |
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| Describe the documentation completed and protocols used when filling Dose Administration Aids. | | | |
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| Action required (5) | | | |
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| Priority level: | High | Medium | Low |

## Medication record keeping

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| --- | --- | --- | --- | --- | --- |
| What sort of records are kept on the medications dispensed/supplied to individuals, and where are these records kept? | | | | | |
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| What records are kept within the Patient notes of when a medication was prescribed and dispensed, i.e. a medication chart? | | | | | |
|  | | | | | |
| Are records kept within the Patient file to indicate the following: | | | | | |
| When the medication was originally prescribed? | | | | Yes | No |
| The length of time the medication is to be used for? | | | | Yes | No |
| When the Patient must see the doctor next? | | | | Yes | No |
| When dispensing has occurred? | | | | Yes | No |
| Is the medication for an acute or chronic condition? | | | | Yes | No |
| Any allergies? | | | | Yes | No |
| Action required (6) | | | | | |
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| Priority level: | High | Medium | Low | | |

## Security

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| Describe the security arrangements and access for the medication store. | | | |
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| How are schedule 8 items (if present) stored? | | | |
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| Action required (7) | | | |
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| Priority level: | High | Medium | Low |

## Health provider knowledge of medication issues

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| --- | --- | --- | --- | --- | --- |
| Is clinical AHW training available in the area? | | | | Yes | No |
| What institution provides such training? | | | | | |
|  | | | | | |
| Does it include medication management? (Please describe) | | | | | |
|  | | | | | |
| Has there been any continuing education on medication related issues for any of the Aboriginal Health Services staff over the last 12 months? | | | | Yes | No |
| **If yes, who delivered this education, and what did the education comprise?**  **If no, would they like some? And in what areas?** | | | | | |
|  | | | | | |
| If the Aboriginal Health Workers or other staff have any queries about medications, who do they usually ask? | | | | | |
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| Action required (8) | | | | | |
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| Priority level: | High | Medium | Low | | |

## Other issues

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| Explain the current contact the Aboriginal Health Services has with a community or hospital Pharmacist. | | | |
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| Are any professional services such as medication reviews or concordance assessment provided by the local Community Pharmacist? | | | |
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| Action required (9) | | | |
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| Priority level: | High | Medium | Low |

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| --- | --- |
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|  | CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au |