Needs Assessment Form

## Medication storage and ordering

|  |  |  |
| --- | --- | --- |
| 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? |
|       |
| Who is in charge of the drug store? |
|       |
| Who holds the poisons license? |
|       |
| How is the storeroom laid out (alphabetical, therapeutic groups)? |
|       |
| Describe the stock control system in place: for example, how are medications ordered? |
|       |
| Is there any wastage of medicines? Describe the processes (if any) to ensure that medication wastage is reduced. |
|       |
| What happens to medications that are out of date? |
|       |
| Action required (1) |
|       |
| Priority level: | [ ]  High | [ ]  Medium | [ ]  Low |

## Cold storage and cold chain

|  |  |  |
| --- | --- | --- |
| 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? |
|       |
| Action required (2) |
|       |
| Priority level: | [ ]  High | [ ]  Medium | [ ]  Low |

## Types of medication

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

## Medication dispensing/supply

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

## Ensuring medication compliance

|  |
| --- |
| How is the Patients’ compliance, and understanding of their medication assessed and monitored? |
|       |
| 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? |
|       |
| Do any Patients currently have Dose Administration Aids (DAAs) filled? |
|       |
| Who does this? |
|       |
| Describe the procedure for the filling of Dose Administration Aids. |
|       |
| Describe the documentation completed and protocols used when filling Dose Administration Aids. |
|       |
| Action required (5) |
|       |
| Priority level: | [ ]  High | [ ]  Medium | [ ]  Low |

## Medication record keeping

|  |
| --- |
| What sort of records are kept on the medications dispensed/supplied to individuals, and where are these records kept? |
|       |
| 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) |
|       |
| Priority level: | [ ]  High | [ ]  Medium | [ ]  Low |

## Security

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

## Health provider knowledge of medication issues

|  |  |  |
| --- | --- | --- |
| 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? |
|       |
| Action required (8) |
|       |
| Priority level: | [ ]  High | [ ]  Medium | [ ]  Low |

## Other issues

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

|  |
| --- |
| This program is funded by the Australian Government Department of Health as part of the Seventh Community Pharmacy Agreement. |
|  | CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au |