**QUM Agreement  
  
The provision of Quality Use of Medicines Services**

This document evidences the Service Agreement provided by the Aged Care Facility (ACF) identified below, to the Service Provider identified below, for the provision of Quality Use of Medicines (QUM) Services. A signed version of this document must be uploaded to the PPA Portal by the Service Provider when registering the ACF under the QUM Program. Claims and payments cannot be made prior to the Service Agreement being approved by PPA.  
  
Please note, if the ACF is part of a broader corporate or not-for-profit group, this Service Agreement should be signed by both the ACF Manager and a representative from the group head office, where one exists.

**Details**

|  |  |  |
| --- | --- | --- |
| **Aged Care Facility (ACF)** and **Service Provider** | | |
| **Aged Care Facility** | Name | **[insert full name of ACF]** |
| NAPS ID | [insert NAPS ID] |
| ABN | [insert ABN] |
| Address | [insert address] |
| Email | [insert email address] |
|  | Number of eligible beds | [insert number of eligible beds] |
| **Service Provider** | Name | **[insert business/ provider name]** |
|  | ABN | [insert ABN] |
|  | Address | [insert address] |
| **Commencement date** | | [insert date] |
| **Date of expiry** | | [insert date] |

**Extension of existing QUM service agreement**

If this is an extension of an existing agreement between the named parties in this service agreement, with no break in service, please tick this box:

**If this box is ticked, then completion of the Notice of Termination to other Service Providers section is not required to be filled out.**

**Exclusivity**

The ACF must not, during the Term of this Agreement, enter any arrangement with a Service Provider other than the above listed Service Provider for the provision of QUM Program Services to the Facility.

**Notice of Termination to other Service Providers**

In order for the PPA to approve this Agreement, the ACF must have issued 30 days’ notice to their previous QUM or Aged Care On-site Pharmacist (ACOP) Service Provider where applicable. To verify, please complete the table below:

|  |  |  |
| --- | --- | --- |
| **Confirmation of Notice to other Service Providers** | | |
| Please tick the boxes according to whichever applies:   * The ACF was not participating in the QUM program or the ACOP Measure at the time of signing this Agreement. * The ACF was previously participating in the QUM Program and notice has been provided to the previous QUM Service Provider * The ACF was previously participating in the ACOP Measure and notice has been provided to the ACOP Service Provider * The ACF was previously participating in Tier 2 of the ACOP Measure and notice of cessation of the ACOP(s) engagement has been provided.   If the second or third box (above) was ticked, please provide details of relevant service relationships below.  *Please note that filling in this form does not constitute notice of termination and termination should be clearly communicated with the existing provider(s) where applicable.* | | |
| **Program/Measure** | **Date Notice of Cessation Provided** | **Termination Date** |
| Notice of cessation must be provided before signing this service authorisation | | |
| ACOP | <enter date> | <enter date> |
| QUM | <enter date> | <enter date> |

**Work Plan**

In this schedule the parties should specify the agreed description and requirements of the QUM Service(s) to be provided by the Service Provider, including the type and frequency of the QUM Service(s) and any specific deliverables or service requirements.

The table below provides a list of the kinds of the QUM Services that may be included in this Schedule. The Provider must provide **at least two** of the QUM Services listed in this table. Frequency can be listed as weekly, fortnightly, monthly, or any other frequency as required to suit the needs of the Facility, however at least two activities must be provided each quarter.

| **QUM Services** | **Frequency** or “Not provided” |
| --- | --- |
| **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 facility 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. |  |

**Signatures and Obligations**

By signing this QUM Service Agreement, each party is confirming that they meet all eligibility requirements in relation to QUM Program and that they will comply with the obligations set out below.

**Aged Care Facility (ACF) obligations under the QUM Program**

ACFs participating in the QUM Program are subject to [PPA’s General Terms and Conditions](https://www.ppaonline.com.au/wp-content/uploads/2019/01/Pharmacy-Programs-Administrator-General-Terms-and-Conditions.pdf) and must adhere to the [QUM Program Rules](https://www.ppaonline.com.au/wp-content/uploads/2024/07/QUM-Program-Rules.pdf).

**Provider obligations under the QUM Program**

Providers participating in the QUM Program are subject to [PPA’s General Terms and Conditions](https://www.ppaonline.com.au/wp-content/uploads/2019/01/Pharmacy-Programs-Administrator-General-Terms-and-Conditions.pdf) and must adhere to the [QUM Program Rules](https://www.ppaonline.com.au/wp-content/uploads/2024/07/QUM-Program-Rules.pdf). This includes, but is not limited to:

* Ensuring that the ACF or any eligible resident is not charged a fee for the provision of QUM services
* Ensure that the QUM Service descriptions and requirements in table above are not inconsistent with the Program Rules
* Ensure that all Claims for Payment are true, correct and not misleading.

**Termination**

Either party may terminate this Agreement at any time during the Term by giving 30 days’ notice in writing to the other party.

**Service Provider Signature:**

NAME ………………………………………………….

SIGNATURE ………………………………………….

DATE……………………………………………………

**ACF Manager Signature:**

NAME ………………………………………………….

EMAIL ADDRESS ……………………………………

TELEPHONE…………………………………………..

SIGNATURE …………………………………………..

DATE…………………………………………………….

**ACF Head Office Signature:**

*Note – this signature is only provided where the ACF is part of a corporate or not-for-profit group of ACFs.*

NAME ………………………………………………….

POSITION……………………………………………..

EMAIL ADDRESS ………………………………………

TELEPHONE…………………………………………..

SIGNATURE …………………………………………

DATE…………………………………………………..