

## AGED CARE ON-SITE PHARMACIST WEEKLY TIMESHEET & ACTIVITIES SUMMARY

Aged Care On-site Pharmacist (ACOP) Measure participants are required to maintain a weekly timesheet and activities summary for each engaged ACOP, per RACH.

**RACH Name:** Example RACH

**ACOP Name:** Example Name

Day & Date	Start Time	End Time	Total Break Time (unpaid)	Total Hours/Days*
<b>Monday</b> Date: 1/09/25	09:00	13:18	30 mins	0.5
<b>Tuesday</b> Date: 2/09/25	09:00	17:36	60 mins	1
<b>Wednesday</b> Date: 3/09/25	09:00	17:36	60 mins	1
<b>Thursday</b> Date: 4/09/25	09:00	17:36	60 mins	1
<b>Friday</b> Date: 5/09/25	09:00	13:18	30 mins	0.5
<b>Saturday</b> Date: 6/09/25	Did not work			
<b>Sunday</b> Date: 7/09/25	Did not work			
<b>Total Hours/Days:</b>				4.0
*Record as Half-day (0.5) or Full-day (1.0) blocks (excluding unpaid break entitlements). Half Day = 3.8 Hours, Full Day = 7.6 Hours.				

Activities	Description of activities performed this week
<b>Medication Management activities</b> <i>E.g. Medication Reconciliation, review of residents' medications</i>	Medication reviews x5 - notes provided to GP. Assistance at transitions of care x2. Medication reconciliation for x2 new residents. Identified x1 resident taking high risk medication requiring urgent discussion with GP.
<b>Quality Use of Medicines activities</b> <i>E.g. Clinical audits or participating in medication rounds</i>	Completed audit of medication room. Supervised 1x medication round.
<b>Clinical Governance activities</b> <i>E.g. Contribution to policies and procedures, MAC meeting attendance</i>	Attended MAC.
<b>Education</b> <i>E.g. Education to staff, GPs or Residents</i>	Education provided to 3x residents that self-administer inhalers. Began work on presentation covering antimicrobial stewardship as discussed at MAC.
<b>Other</b>	Attended Case Conferencing x2.

By signing this document, each party confirms that the information provided is true, accurate, and that all ACOP Measure Rules and requirements have been met.

**Aged Care On-site Pharmacist Signature:** \_\_\_\_\_ **Date Signed:** 8/09/25

**RACH Representative Name:** Example Name **RACH Representative Position:** RACH Manager

**RACH Representative Signature:** \_\_\_\_\_ **Date Signed:** 8/09/25

For more information regarding the ACOP Measure Rules, please visit [www.ppaonline.com.au](http://www.ppaonline.com.au)