University of South Australia

PHARMA-CARE
Pharmacists Actioning Rationa use of Medicines in Aged Care

PHARMA-Care National Quality Framework

October 2025

PHARMA-Care project team
UniSA Allied Health and Human Performance
University of South Australia

Table of contents

Suggested citation: Sluggett JK, Javanparast S, Gutteridge D, Calder A, on behalf of the PHARMA-Care Investigators. PHARMA-Care National Quality Framework. Adelaide: University of South Australia; 2025. doi: 10.25954/7kgp-6q42.

PHARMA-Care project webpage: www.tinyurl.com/2b9javxy

Purpose of the PHARMA-Care National Quality Framework

This framework guides credentialed pharmacists, aged care providers, professional societies, policy makers and other relevant stakeholders in the quality monitoring and evaluation of credentialed pharmacist services and quality use of medicines (QUM) in Australian residential aged care homes (RACHs). The framework identifies the key domains and enablers for quality monitoring, as well as quality indicators (QIs) for testing and further refinement, if needed. It also identifies areas for future development of QIs.

Credentialed pharmacist's activities in Australian aged care homes

Australian RACHs benefit from a range of services that can be provided by credentialed pharmacists. These services aim to support QUM in RACHs and are delivered through various Australian Government-funded initiatives:

- **Residential Medication Management Review (RMMR):** Credentialed pharmacists conduct comprehensive medicines reviews in RACHs on referral from the resident's usual general medical practitioner (GP). RMMRs involve the pharmacist gaining consent for the service, visiting the RACH to gather relevant information, speaking with the resident and/or their supporter and staff members, obtaining a best possible medicines history, conducting a clinical review, and providing a written report with recommendations. Up to two follow-up services within 1-9 months may be offered if deemed necessary.[1]
- **QUM services:** These are facility-wide services provided by a registered or credentialed pharmacist. Services may include contributing to the development of medicines-related policies and procedures, participating in the Medication Advisory Committee, delivering educational activities for RACH staff and residents, and engaging in continuous improvement activities.[2]
- **Aged Care Onsite Pharmacist (ACOP) Measure:** This initiative commenced in July 2024. It aims to support QUM in RACHs by enabling community pharmacists[3] and aged care providers[4] to employ credentialed pharmacists on-site. ACOPs contribute to a range of activities such as involvement in clinical governance and Medication Advisory Committee, ensuring continuity in medicines management through activities such as medicines reconciliation, medicines reviews, fostering collaboration with the health care team (including GPs and other pharmacists), communicating with residents and/or supporters regarding medicines-related decisions, and participating in continuous improvement and evaluation activities.[5]

---

[1] Program rules: Residential Medication Management Review, Pharmacy Programs Administrator, December 2024. https://www.ppaonline.com.au/wp-content/uploads/2024/07/RMMR-Program-Rules.pdf

[2] Program rules: Quality Use of Medicines, Pharmacy Programs Administrator, January 2025. https://www.ppaonline.com.au/wp-content/uploads/2024/07/QUM-Program-Rules.pdf

[3] Aged Care On-site Pharmacist (ACOP) Measure Tier 1. https://www.ppaonline.com.au/programs/aged-care-on-site-pharmacist-measure/tier-1

[4] Aged Care On-site Pharmacist (ACOP) Measure Tier 2. https://www.ppaonline.com.au/programs/aged-care-on-site-pharmacist-measure/tier-2

[5] Australian Pharmacy Council, Indicative Role Description: Aged Care On-site Pharmacist, April 2023. https://www.pharmacycouncil.org.au/resources/pharmacist-education-programs-standards/Indicative-Role-Description.pdf

The PHARMA-Care project

Establishing the **PH**armacists **A**ctioning **R**ational use of **M**edicines in **A**ged **Care** (PHARMA-Care) program is a four-year research project (2023-2027) funded by the Medical Research Future Fund. By establishing an objective, resident-focused quality monitoring program, the project supports the pharmacy profession and aged care teams to monitor and evaluate pharmacist services and QUM. It will provide the foundation for a national platform that routinely collects data and information to monitor QUM and deliver targeted feedback to RACHs.

To date, the following activities have been undertaken as part of the PHARMA-Care project to develop this national quality framework, and identify the high priority QIs for monitoring credentialed pharmacist's services and QUM in RACHs:

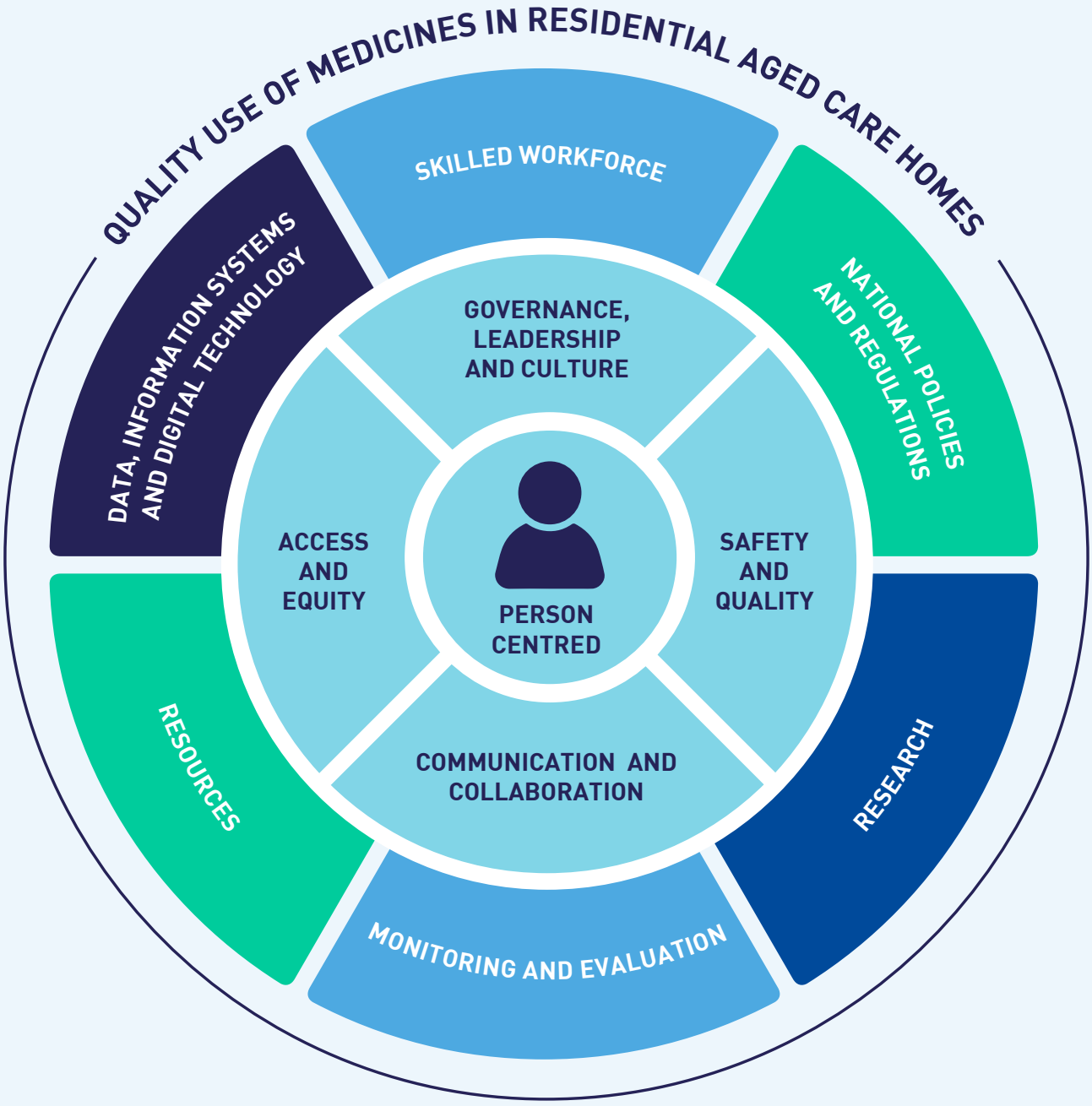
- A systematic review of Australian and international academic and grey literature has identified existing programs and QIs for monitoring pharmacist services and QUM in RACHs.
- A qualitative study including individual interviews (n=61) and focus groups (n=2) was undertaken to explore needs and preferences relating to QUM and credentialed pharmacist services in RACHs[6]. The participants included residents and families, GPs, pharmacists, RACH nurses and staff members, and individuals with expertise in policy and/or medicines safety initiatives.
- A Delphi study was undertaken to identify the areas of focus and high priority QIs for initial monitoring at the population-level, with consideration of importance, feasibility and whether the measure was amenable to change by a credentialed pharmacist.
- To develop the National Quality Framework, relevant health, aged care, and pharmacy quality frameworks in Australia and internationally were reviewed to determine key domains and their definitions. A working group was established to advise on the framework and a national stakeholders' workshop was held with national aged care and pharmacist services experts to finalise and endorse the framework, associated guidance, and QIs.

[6] Gutteridge DS, et al. Quality indicators for safe and effective use of medications in long-term care settings: A systematic review. Br J Clin Pharmacol. 2025 doi: 10.1002/bcp.70242.

Scope of the PHARMA-Care National Quality Framework

The PHARMA-Care National Quality Framework has been designed to be applicable to credentialed pharmacist services in RACHs including the ACOP Measure and the RMMR/QUM schemes. The framework articulates an aspirational vision for the quality monitoring and evaluation of credentialed pharmacist services and QUM in RACHs. It outlines desired actions, roles, and responsibilities for those planning, implementing, and evaluating these services.

The framework is represented in the diagram below. It encompasses five domains (shown in light blue), surrounded by six key program enablers. Each domain is paired with a set of pragmatic QIs for ongoing testing and monitoring (where suitable QIs are available), alongside a description of the enablers. Domains where sufficient QIs are not available remain a priority area for future QI development.



Framework domains and enablers

The framework comprises five domains identified through an evidence-based consultative process. These are key areas for action in RACHs and include 1) person-centred; 2) governance, leadership, and culture; 3) safety and quality; 4) communication and collaboration; and 5) access and equity. Person-centred care is at the centre of the framework being the core element of all pharmacist services and QUM in RACHs.

By focusing on each domain, key stakeholders can improve the provision of high-quality pharmacist services that are safe, effective, efficient, and equitable. These domains also assist credentialed pharmacists and RACHs to think about how their decisions and plans will improve the experience of residents regarding their medicines. Each domain should be considered alongside the information contained in this guideline document, including definitions and implications for key stakeholders. Descriptions of each domain are provided in the table below.

Domain	Definition
1. Person-centred	The resident receives care that is respectful, appropriate, and responsive to their individual needs, goals and preferences, enabling them (and/or their designated supporter*) to make informed decisions about treatments.
2. Governance, Leadership and Culture	Integrated clinical governance structures to support a culture of safety, quality, and continuous improvement are needed to achieve QUM in RACHs. This should include a multidisciplinary Medication Advisory Committee (MAC).
3. Safety and Quality	Medicines need to be used appropriately, judiciously, safely, and effectively to reduce the risk of medicines-induced harm and achieve best possible health outcomes for residents.
4. Communication and Collaboration	Encouraging communication with residents/supporters, and collaborative approaches to care provision that involve communciation with other health professionals, including medical practitioners, both in the RACH and across sectors, will support QUM.
5. Access and Equity	All residents (and/or their supporters and RACH staff) have timely, safe, and reliable access to credentialed pharmacist services, medicines information, and required medicines.

* The term 'supporter' used throughout this document refers to the residents' family, carers and/or substitute decision-makers.

In the framework diagram (page 5), the domains are surrounded by six enablers: 1) data, information systems and digital technology; 2) skilled workforce; 3) national policies and regulations; 4) resources; 5) monitoring and evaluation; and 6) research. Enablers refer to the broader policies, systems, resources, and infrastructure needed to successfully apply key domains. Credentialed pharmacists and RACHs may have less control over these factors, however, their consideration is crucial in planning, implementing, and evaluating services to support QUM in RACHs. Key domains and enablers are interrelated, meaning that a comprehensive and holistic approach is needed to support QUM in RACHs. Enablers are described in the table on the next page.

Enablers	Definition
1. Data, information systems and digital technology	Interoperable systems, including digital technologies, to store, access, use, manage and share information in a secure, appropriate, and timely manner, are needed to support continuity of care and QUM.
2. Skilled workforce	Access to a skilled workforce, equipped with the knowledge and skills to use medicines appropriately, will support QUM.
3. National policies and regulations	Supportive and responsive external policy and regulatory environments can facilitate QUM and the provision of associated services, including by credentialed pharmacists.
4. Resources	Access to sufficient and equitably distributed resources (including funding) will aid the implementation and maintenance of high-quality services to support QUM.
5. Monitoring and evaluation	Ongoing monitoring, evaluation, and reporting within a continuous improvement cycle, including use of QUM indicators, can inform clinical practice improvements.
6. Research	Timely access to new evidence and activities such as supporting collaborative research activities can aid QUM through new knowledge and enhanced services to optimise health outcomes for residents.

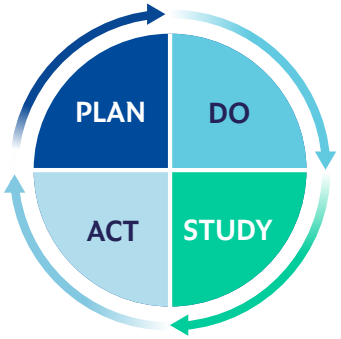
How the framework can be used

The PHARMA-Care National Quality Framework can be used by:

- The RACH governance and leadership team, including site specific and corporate Medication Advisory Committees, for strategic planning, monitoring, and evaluation purposes, and to inform development of tools and resources for credentialed pharmacist services.
- Credentialed pharmacists, to identify gaps, plan, implement, and monitor service provision and resident outcomes, and to meet their responsibilities.
- Residents and/or their supporters, to enhance their understanding of the scope of pharmacist services in RACHs and be empowered to be involved in medicines-related decisions.
- Researchers, program planners/evaluators and policy makers, to monitor medicines management in RACHs and inform future policy, practice, and funding support.

The framework should be used as part of a cycle of engaging with stakeholders, setting priorities, implementing QIs, and collecting, analysing, and interpreting data to identify areas for improving care and outcomes. This will be an iterative process, and the resulting learnings and subsequent practice changes may differ according to RACH characteristics and organisational context.

Resources such as the Plan, Do, Study, Act cycle[1] (i.e., **Plan:** what to do/when/by whom; **Do**: implementing the action plan; **Study**: analysing and reviewing the results; **Act**: deciding on follow-up plans and changes) and the Learning Health System Framework[2], which recognises that integrated evidence from stakeholders, evidence synthesis, data analysis and implementation is needed to improve care quality in changing environments, can help to inform this process.



[1] Plan-Do-Study-Act (PDSA) Worksheet, Institute for Healthcare Improvement, https://www.ihi.org/resources/tools/plan-do-study-act-pdsa-worksheet

[2] Enticott JC et al., A Learning Health System Framework to Operationalize Health Data to Improve Quality Care: An Australian Perspective. Front Med. (2021) 27;8:730021

Quality indicators aligned with each framework domain

To identify the high priority QIs for monitoring pharmacist services and QUM in RACHs, the PHARMA-Care team reviewed the existing international and national literature to identify relevant quality measures. Furthermore, 61 stakeholders including residents and their supporters (n=12), RACH staff (n=16), medical practitioners (n=11), pharmacists (n=19), and policy makers (n=3) were interviewed to understand their needs and preferences. A Delphi study was conducted where an expert panel (n=25) rated QIs through two rounds of online surveys.

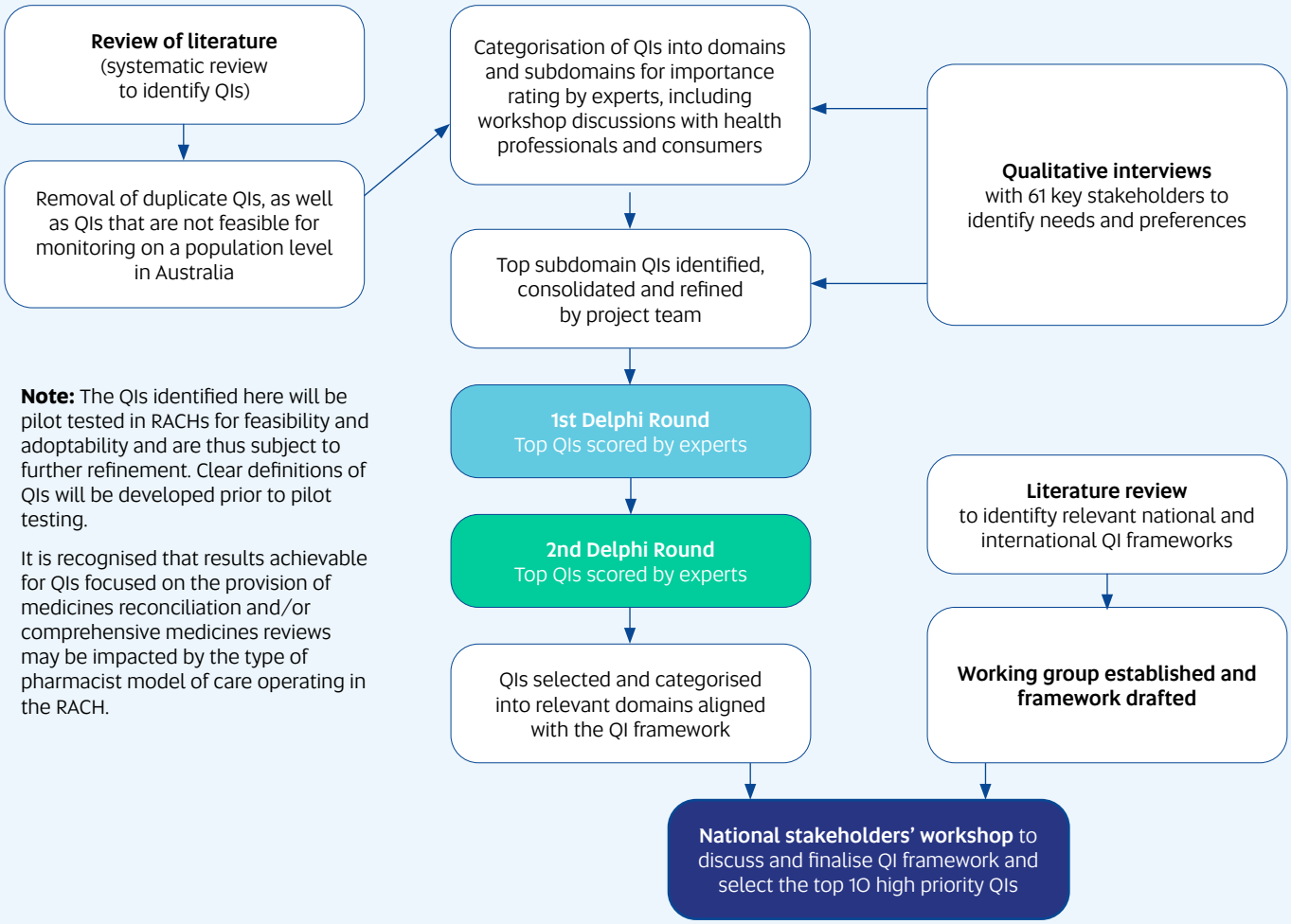
The high priority QIs from the Delphi survey were mapped onto the framework and discussed in-person at a national stakeholder workshop to select the top 10 high priority QIs, as described in the later sections of this document. The flowchart below provides an overview of the process for the selection of the QIs.

QIs presented in this framework can serve as measures to monitor activities relevant to the five domains. The QI results can highlight what is functioning well and where practices can be enhanced.

Taking proactive steps based on these insights can help to minimise medicines-induced harm in RACHs, thus improving the overall experience of residents and their supporters. As there are overlaps between domains, some of the QIs relate to more than one domain. The table in page 9 presents the top 10 high priority QIs and outlines the corresponding framework domains associated with each indicator. The two medication management QIs that are already monitored as part of the existing National Aged Care Mandatory Quality Indicator Program are not included in the table.

Although available QIs have been selected to address the domains in this framework, the majority assess the domain of safety and quality. Some of the QIs cover governance and leadership. A small number of QIs relate to collaboration and communication, person-centred care, and access and equity, and QIs relating to these domains require further investigation and development.

Outcome indicators were not prioritised at this stage, but remain a priority for ongoing QI development in RACHs.



Note: The QIs identified here will be pilot tested in RACHs for feasibility and adoptability and are thus subject to further refinement. Clear definitions of QIs will be developed prior to pilot testing.

It is recognised that results achievable for QIs focused on the provision of medicines reconciliation and/or comprehensive medicines reviews may be impacted by the type of pharmacist model of care operating in the RACH.

QIs - Quality Indicators	Related Domain
Definition: Percentage of care recipients who were involved, as much as they wanted, in decisions about medicines. **Numerator:** Number of care recipients or supporters who responded to the following statement: "I was involved as much as I wanted in making decisions about my medicines while I was in the RACH". i) yes, ii) no, iii) unsure. **Denominator:** Total number of care recipients or supporters that completed the survey.	• Person-centred
Definition: Percentage of RACHs that have a multidisciplinary medication advisory committee (MAC) that meets at least quarterly. **Numerator:** Number of RACHs that had at least one multidisciplinary MAC meeting, that included a pharmacist, within the last quarter. **Denominator:** Total number of RACHs during the last quarter.	• Governance, Leadership and Culture • Safety and Quality • Access and Equity
Definition: Percentage of care recipients for whom the pharmacist documents a best possible medicines history within seven days of admission. **Numerator:** Number of care recipients who entered the RACH for the first time or returned from hospital during the measurement period where the pharmacist documented a best possible medicines history within seven days. **Denominator:** Total number of care recipients who entered the RACH for the first time or returned from hospital during the measurement period.	• Safety and Quality • Access and Equity
Definition: Percentage of care recipients who received a comprehensive medicines review in the last six months. **Numerator:** Number of care recipients who have received a comprehensive medicines review in the last six months. **Denominator:** Total number of care recipients during the last six months.	• Person-centred • Safety and Quality • Access and Equity
Definition: Percentage of care recipients who received a comprehensive medicines review where the pharmacist discussed the outcomes of the medicines review with the care recipient or their supporter. **Numerator:** The number of care recipients who received a comprehensive medicines review where the pharmacist discussed the outcomes of the medicines review with that care recipient or their supporter during the measurement period. **Denominator:** Total number of care recipients receiving a comprehensive medicines review during the measurement period.	• Person-centred • Communication and Collaboration
Definition: Percentage of RACHs that have anticipatory medicines available on imprest. **Numerator:** Number of RACHs that have anticipatory medicines available on imprest suitable for use by care recipients during their last week of life. **Denominator:** Total number of RACHs.	• Access and Equity
Definition: Percentage of care recipients, without a contraindication, who received the influenza vaccination over a 12-month period. **Numerator:** Number of care recipients classified into one of the following four categories (i) vaccination documented as administered, (ii) vaccination contraindication documented, (iii) vaccination declined documented, or (iv) vaccination status unknown (i.e., not documented). **Denominator:** Total number of care recipients during the last 12 months.	• Safety and Quality
Definition: Percentage of care recipients who received an antianxiety and/or hypnotic medicine. **Numerator:** Number of care recipients charted for at least one antianxiety or hypnotic medicine for regular or pro re nata (PRN or when required) administration during the measurement period. **Denominator:** Total number of care recipients during the measurement period.	• Safety and Quality
Definition: Percentage of care recipients that concurrently used three or more psychotropic medicines. **Numerator:** Number of care recipients who were charted for concurrent use of three or more psychotropic medicines for regular administration during the measurement period. **Denominator:** Total number of care recipients during the measurement period.	• Safety and Quality
Definition: Percentage of care recipients charted a new psychotropic medicine who received a comprehensive medicines review within six weeks of commencing the psychotropic medicine. **Numerator:** Number of care recipients charted a new psychotropic medicine for regular administration who received a comprehensive medicines review within six weeks. **Denominator:** Total number of care recipients newly charted a psychotropic medicine for regular administration during the measurement period.	• Person-centred • Safety and Quality • Access and Equity

The National Quality Framework: What does it mean?

The tables below describe what each of the key domains may mean for different groups including residents and their supporters, credentialed pharmacists, aged care provider organisations and policy makers, funders and regulators, as well as the key roles and responsibilities under each domain. Other staff working in RACHs such as nurses and personal care workers, as well as general medical practitioners GPs, also play an important role in medicines management and QUM in RACHs. To ensure key domains are addressed, all health professionals need to be aware of medicines-related policies, procedures and strategies, be involved in QUM activities within their scope of practice, and communicate and collaborate with credentialed pharmacists in a timely manner to ensure optimal health outcomes for residents of RACHs.

Person-centred The resident receives care that is respectful, appropriate, and responsive to their individual needs, goals and preferences, enabling them (and/or their designated supporter) to make informed decisions about treatments.	
What it means for residents and their supporters	• I (and/or my supporter) feel safe and supported to make informed decisions about my medicines. • I (and/or my supporter) am asked about my preferred treatment options and am provided with individualised care that considers my needs and preferences. • I (and/or my supporter) feel safe to ask questions about my medicines and feel confident that they will be considered. • I (and/or my supporter) am actively involved in the medicines review process.
What it means for credentialed pharmacists	• I value the resident and put them at the centre of all services that I provide. • I discuss, respect and consider residents' needs and preferences to provide choice and support informed decision-making. • I provide the opportunity for residents (and/or their supporters) to ask questions or raise concerns about medicines. • I involve residents (and/or their supporters) in the medicines review process as much as they wish to be involved.
What it means for aged care provider organisations	• The organisation promotes person-centred care and values a rights-based approach to care. • The organisation has systems, policies, and procedures in place to support residents (and/or their supporters) to make informed decisions about medicines. • The organisation provides training and resources to staff and visiting health professionals to support person-centred care.
What it means for policy makers, funders and regulators	• They enhance the focus on a rights-based approach and person-centred care in guidelines for credentialed pharmacists and other staff working in RACHs. • They facilitate flexible funding models that support person-centred care. • They ensure that the perspectives of residents (and/or their supporters) are captured in evaluation activities via qualitative and quantitative methods.

Governance, Leadership and Culture

Integrated clinical governance structures to support a culture of safety, quality, and continuous improvement are needed to achieve QUM in RACHs. This should include a multidisciplinary Medication Advisory Committee (MAC).

What it means for residents and their supporters	• I (and/or my supporter) feel confident that the RACH has skilled staff, and the necessary systems, policies and procedures in place for managing my medicines. • The RACH provides opportunities for me (and/or my supporter) to share views and contribute to decisions about medicines management. • I (and/or my supporter) feel safe to provide feedback and/or raise concerns about the way that my medicines are managed.
What it means for credentialed pharmacists	• I provide leadership and contribute to clinical governance in the RACH to support QUM. • I am involved in the development and review of medicines-related policies, procedures and other continuous quality improvement activities. • I am confident that appropriate systems and structures are in place to support me to provide optimal resident care (including access to required systems and data). • I am accountable for QUM activities in the RACH.
What it means for aged care provider organisations	• The organisation has a clinical governance system in place that includes policies, procedures, structures (including MAC), and other continuous quality improvement initiatives to identify and mitigate risks and support QUM. • The organisation has a transparent, accountable and responsive culture to facilitate QUM and ensure policies and procedures are effectively translated into practice. • The organisation ensures other staff working in RACHs are informed about medicines-related policies and procedures and they are actively involved in activities that fit within their scope of practice.
What it means for policy makers, funders and regulators	• Provides sufficient funding for QUM in RACHs, including access to multidisciplinary MACs. • Facilitates flexibility in the delivery of credentialed pharmacist services (e.g., virtual MAC participation). • Provides adequate resources to support clinical governance and QUM in RACHs. • Supports clinical governance and leadership in monitoring and evaluation of pharmacist services and QUM through data collection (including QIs), interpretation and quality improvement initiatives.

Safety and Quality

Medicines need to be used appropriately, judiciously, safely, and effectively to reduce the risk of medicines-induced harm and achieve best possible health outcomes for residents.

What it means for residents and their supporters	• I (and/or my supporter) know that my medicines are reviewed regularly to ensure I only take medicines that are needed. • I (and/or my supporter) am confident that my medicines are administered in a timely and safe manner by skilled staff. • I (and/or my supporter) am confident that my medicines are used safely and appropriately, and in a manner tailored to meet my needs. • I (and/or my supporter) feel that I am protected from unintended harms from medicines as much as possible.
What it means for credentialed pharmacists	• I regularly review residents' medicines in a timely and responsive manner. • I facilitate QUM in the RACH, via activities such as early detection of medicine errors and ensuring safe and timely access to medicines for administration. I use standard tools and guides to undertake and monitor these activities. • I provide education to residents (and/or their supporters), RACH staff and visiting health professionals. • I identify areas for quality improvement and initiate and evaluate activities to support QUM.
What it means for aged care provider organisations	• The organisation has appropriate systems, policies and processes to ensure safe and effective medicines use. • The organisation facilitates access to a skilled credentialed pharmacist workforce to support QUM. • The organisation identifies training needs and provides QUM resources to upskill RACH staff and visiting health professionals.
What does it mean for policy makers, funders and regulators	• Provides adequate funding and sufficient monitoring systems (including QI monitoring) to support QUM in RACHs. • Provides sufficient resources and tools to support safe and effective use of medicines and reduce harms. • Supports continued access to credentialed pharmacists and high-quality service provision in RACHs.

Communication and Collaboration

Encouraging communication with residents/supporters, and collaborative approaches to care provision that involve communciation with other health professionals, including medical practitioners, both in the RACH and across sectors, will support QUM.

What it means for residents and their supporters	• I (and/or my supporter) receive information about treatment options in a way that we understand, including the potential benefits and harms of medicines, so that informed consent can be provided. • I know that health professionals and carers communicate regularly to ensure I am taking the most appropriate medicines, including when I see a different health professional or if I go to hospital.
What it means for credentialed pharmacists*	• I provide information to residents (and/or their supporters) in a way that they understand. • I communicate effectively with RACH staff, and visiting and external health professionals, to discuss and resolve medicine-related issues. • I document my conversations and activities to ensure information is available to other members of the care team. • I am recognised as a part of the care team, making a valuable contribution to residents' health outcomes.
What it means for aged care provider organisations	• The organisation provides systems, policies, procedures and training to support interprofessional communication and collaboration regarding medicines management, including via MACs. • The organisation ensures other staff working in the RACH are aware of and involved in QUM activities within their scope of practice. • The organisation takes steps to include the perspectives of the interdisciplinary team in medicines-related initiatives. • The organisation facilitates access to systems and data (e.g., care plans, medicines administration charts, case notes) required by health professionals to provide medicines management activities.
What does it mean for policy makers, funders and regulators	• Supports interprofessional communication and collaboration through flexible funding models that allow sufficient time for communication between health professionals and the resident (and/or their supporter) and implementation of required actions. • Develops and implements QIs to measure communication and collaboration in medicines management in RACHs. • Supports development, testing and research into new interdisciplinary models of care in RACHs

* While the guide provides recommendations for credentialed pharmacists, there are implications for others involved in medicines management in RACHs, including GPs.

Access and Equity All residents (and/or their supporters and RACH staff) have timely, safe and reliable access to credentialed pharmacist services, medicines information and required medicines.	
What it means for residents and their supporters	• Regardless of my background, language, culture, and location, I (and/or my supporter), am informed about and can access credentialed pharmacist services and advice in a timely manner. • My RACH can quickly access all the medicines that I need (including those medicines which are only used occasionally).
What it means for credentialed pharmacists	• I provide individualised, culturally appropriate services to all residents. • I tailor the services I provide to enable care to be delivered in a timely and responsive way. • I support access to all required medicines, including anticipatory medicines and medicines charted for use only when needed.
What it means for aged care provider organisations	• The organisation works with the credentialed pharmacist and community pharmacy to ensure timely access to medicines and pharmacist services. • The organisation ensures the resident (and/or their supporter) is informed about community pharmacist and credentialed pharmacist services that are available. • The organisation monitors and acts to ensure credentialed pharmacist services are equitably distributed.
What does it mean for policy makers, funders and regulators	• Ensures access to the credentialed pharmacist workforce and required medicines in all RACHs, regardless of their location, size and ownership. • Supports flexible models of service delivery to support QUM in RACHs. • Supports cultural awareness and access to interpreting services for diverse groups of residents and/or supporters. • Develops measures to monitor and evaluate access and equity through qualitative and quantitative ways. • Ensures access to training, incentives, and other support systems for credentialed pharmacists to enable them to work within their scope of practice across multiple RACHs, and to support vulnerable population groups.

Conclusion and next steps

The PHARMA-Care National Quality Framework aims to guide RACHs and credentialed pharmacists in monitoring and evaluating credentialed pharmacist services and QUM. The domains and related QIs provide guidance on key areas of action and measures to monitor and assess performance.

In the next phase of the PHARMA-Care project, QIs will be refined, and standardised definitions will be developed, including for the QIs describing specific classes of medicines. The QIs will then be evaluated using several routinely collected health and aged care datasets.

The QIs will also be trialled in a selected number of RACHs to evaluate their feasibility.

Following this, the PHARMA-Care National Quality Framework will be updated to include information on suggested QI specifications, potential data sources, frequency of data collection and analysis, and interpretation, to assist stakeholders with future planning. It will also clarify specific roles and responsibilities for RACH leadership, credentialed pharmacists, and others involved in implementing, monitoring, evaluating, and resourcing pharmacist services in RACHs.

Acknowledgements

The PHARMA-Care project is supported by a Medical Research Future Fund 2022 Quality, Safety, and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists Grant (grant ID MRFMMIPOOOO19). The funders had no role in study design, methods, data collection and analysis, and the preparation of this framework. We acknowledge inputs from the project chief investigators, consumer and project advisory groups, national quality indicator framework working group, and those who granted their time to participate in interviews, focus groups and the Delphi process.

Project team members

A/Prof Janet Sluggett, Dr Sara Javanparast, Dr Daria Gutteridge, Ms Annabel Calder, Dr Georgina Hughes.

Project Chief Investigators

A/Prof Janet Sluggett, Prof Maria Inacio, Prof Gillian Caughey, A/Prof Jyoti Khadka, Prof Gregory Peterson, Dr Andrew Stafford, A/Prof Lisa Kalisch Ellett, Dr Shane Jackson, Prof Peter Hibbert, Dr Monica Cations, Ms Megan Corlis, A/Prof Solomon Yu, A/Prof Malcolm Clark, Dr Jodie Hillen, Dr Natalie Soulsby, Prof Elizabeth Manias.

Project partners

Australian Government Aged Care Safety and Quality Commission, Australian Commission on Safety and Quality in Health Care, Pharmaceutical Society of Australia, Advanced Pharmacy Australia, Royal Australian College of General Practitioners, Ageing Australia, Australian Nursing and Midwifery Federation SA Branch, Eldercare, Embedded Health Solutions, Medi-Map, South Australian Health and Medical Research Institute, Flinders University, University of Tasmania, Macquarie University.

Project Consumer Advisory Group members

Ms Megan Corlis (Chair), Ms Anna Sheppeard, Mr Allan Patching, Ms Christine Schwarz, Ms Helen Radoslovich, Ms Pauline Robinson, Ms Tara Quirke.

Project Advisory Group members

E/Prof Lloyd Sansom (Chair), Prof Julie Ratcliffe, A/Prof Craig Whitehead, Mr Steven Waller, Ms Anne-Marie Gillard, Dr Mandy Callary, A/Prof Juanita Breen, Dr Mohamad Mahat, Mr Jerry Yik, Mr Chris Campbell, Ms Wendy Keech, Dr Natalie Soulsby, A/Prof Keith Evans, Ms Anna Sheppeard, Ms Jo Wagner, Mr Sankit Lalseta, Ms Claire Bekema, Ms Anne Moehead, Dr Anthony Marinucci.

Framework working group members

Prof Gillian Caughey, Prof Peter Hibbert, Mr Steven Waller, Dr Jodie Hillen, Dr Natalie Soulsby, Ms Helen Radoslovich, Ms Anne-Marie Gillard, A/Prof Keith Evans, Dr Tesfahun Eshetie, Dr Sara Javanparast, Dr Daria Gutteridge, A/Prof Janet Sluggett.

Endorsement

This framework has been endorsed by:

Ageing Australia

Australian Nursing & Midwifery Federation (SA Branch)

Pharmaceutical Society of Australia

ADVANCED PHARMACY AUSTRALIA

University of South Australia

PHARMA-CARE
Pharmacists Actioning Rationa use of Medicines in Aged Care