VERSION 1.2

Pharmaceutical Benefits Scheme Hospital Medication Chart (PBS HMC)

Implementation Guide

June 2021

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Australian Government
Department of Health

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Contents

Definitions and abbreviations

Term/Acronym	Definition
ACSQHC (the Commission)	Australian Commission on Safety and Quality in Health Care
The Commission	Australian Commission on Safety and Quality in Health Care
Department of Health (the Department)	Australian Government Department of Health
HSMEAG	Health Services Medication Expert Advisory Group
National Inpatient Medication Chart (NIMC)	The national standardised paper medication chart designed by the Commission for hospital inpatients
NSQHSS	National Safety and Quality Health Service Standards
PBS	Pharmaceutical Benefits Scheme also taken to include Repatriation Pharmaceutical Benefits Scheme (RPBS) unless otherwise stated
PBS HMC	A national standard PBS/RPBS compliant hospital medication chart
RPBS	Repatriation Pharmaceutical Benefits Scheme under the *Veterans' Entitlement Act 1986* includes all items on the Repatriation Schedule of Pharmaceutical Benefits and the PBS Schedule

About this guide

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1 About this guide

The PBS HMC Implementation Guide aims to assist healthcare organisations to implement the PBS HMC at a local level.

It outlines:

- the general principles of PBS HMC implementation
- a summary of planning considerations for implementation
- links to relevant resources for implementation including training and stakeholder communication
- detailed guidance regarding the requirements for making alterations to the chart if required to support local clinical needs
- guidance regarding printing
- contacts for further information.

The overarching principle of implementation is that the PBS HMC should be used with little or no modification. This is consistent with the quality and safety goals of standardisation for medication charts. It is understood however that some modification will be necessary to support local clinical or administrative requirements.

A main focus of this guide is to set out the minimum requirements for the chart from a safety and legal point of view and provide detailed guidance on the scope of changes to the PBS HMC which can be authorised at local levels (i.e. state/territory, private health service chain/local hospital network and individual health service organisation).

The guide also describes the process for managing PBS HMC issues which cannot be managed locally and which need to be referred to the national level for consideration.

The document can be referred to when justifying decisions about modifications.

About the PBS HMC

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2 About the PBS HMC

The Pharmaceutical Benefits Scheme Hospital Medication Chart (PBS HMC) is a national standardised medication chart that allows the prescribing, administration, claiming and supply of PBS and non-PBS medicines directly from the chart without the need for a separate paper prescription.

The PBS HMC was developed by the Commission and trialled in public and private hospitals across the country. The evidence-based chart builds on the National Inpatient Medication Chart (NIMC) and retains key safety features.

The PBS HMC use is supported for accreditation purposes. Health service organisations seeking accreditation against National Safety and Quality Health Service (NSQHS) Standard 4 Medication Safety are expected to demonstrate the use of a compliant standardised chart.

Non-conforming medication charts:

- cannot be used for PBS claiming purposes
- are not reflected in any nationally maintained support materials including education resources
- may create medico-legal risks for health service organisations in the event of patient harm related to medication misadventure.

Stewardship of the PBS HMC

The Commission is charged with maintaining the PBS HMC on behalf of the Australian Government Department of Health. Through the Health Services Medication Expert Advisory Group (HSMEAG), the Commission maintains an issues and communications log for the chart, provides guidance for effective implementation of the chart and support materials that support chart implementation.

3 Planning checklist and resources

3 Planning checklist and resources

Successful implementation of the chart relies on thorough planning and strong clinical engagement, as well as the establishment of monitoring and reporting mechanisms to ensure safe and effective implementation.

The following checklist summarises the main considerations for planning and the resources available to support the planning and implementation processes. They should form the basis of your project plan.

Need help?

Contact the Commission

For information about the implementation of the PBS HMC, including clinical and safety and quality aspects:

Email:
medsafety@safetyandquality.gov.au

Web: www.safetyandquality.gov.au

Contact the Department of Health

For more information about Commonwealth PBS policy or legislation / regulatory requirements relating to the PBS HMC:

Email: pbshmc@health.gov.au

For information about State or territory regulatory requirements contact your relevant jurisdiction.

Contact Services Australia

For information about operational aspects of claiming from the PBS HMC:

Phone: 132 290

Email: pbs@servicesaustralia.gov.au

For information about functionality with dispensing software, contact your software vendor.

PBS HMC Planning Checklist

	Planning considerations	Tips and resources
☐	**Project governance**	Implementation of the PBS HMC requires comprehensive oversight including high level involvement through an executive sponsor and involvement of relevant committees (Patient Safety and Quality Committee/Drug and Therapeutics Committee).
☐	**Stakeholder engagement**	Key stakeholders to be involved in implementation include pharmacy, health information services, and medical and nursing personnel.
☐	**Clinical leadership**	Strong clinical leadership is important to support change management and ensure implementation issues are addressed in a timely way. Leadership at department and ward level should be considered, including the establishment of implementation champions to monitor and provide feedback.
☐	**Implementation strategy**	The implementation strategy for each organisation should be carefully considered. Consider options such as piloting, phased implementation and service-wide implementation.
☐	**Project management and resourcing**	Implementation of the PBS HMC is a complex project requiring appropriate project management and resourcing. Implementation should be supported by a comprehensive project plan developed with input from stakeholders and endorsed at Executive level. The project plan including the rationale for the change to the PBS HMC and the benefits realisation statement should be recommended to the relevant local committee and formally endorsed for action
☐	**Chart adaptation to local requirements**	This guide outlines the requirements for local adaptation including identifying which aspects of the chart may be altered. It should inform stakeholder consultation regarding local requirements.
☐	**Chart production and printing**	**High resolution artwork and printer instructions** are provided to ensure quality production of the chart. The PBS HMC must be printed with the 8-digit Authority Prescription Number (APN) in the allocated space. See also Frequently Asked Questions in the PBS HMC User Guide for more information about printing the PBS HMC. **https://www.safetyandquality.gov.au/our-work/medication-safety/medication-charts/national-standard-medication-charts/pbs-hospital-medication-chart**

3 Planning checklist and resources

PBS HMC Planning Checklist

Planning considerations		Tips and resources
☐	**Pharmacy software readiness**	Pharmacy must liaise with the software provider regarding software functionality for PBS HMC. The Department have now made available to hospitals and health services the electronic PBS HMC to support electronic prescribing, claiming and supply of medicines. Please refer to the PBS HMC User Guide for further information.
☐	**Communication**	A communication plan should be developed to support awareness and promote smooth implementation. The **PBS HMC User Guide** (https://www.safetyandquality.gov.au/our-work/medication-safety/medication-charts/national-standard-medication-charts/pbs-hospital-medication-chart) contains all relevant information and can be used as a source for local communications on various aspects. Fact sheets are also available to support communications with prescribers and pharmacists.
☐	**Education**	The **PBS HMC User Guide** provides comprehensive guidance for use of the chart and is the basis for education of users including prescribers, nurses and pharmacists. The **Fact Sheets** summarise the main benefits and process requirements for users.
☐	**Monitoring and reporting**	Change takes time and should be supported by a process of monitoring and feedback so that issues can be addressed in a timely way through communication, education and supervision. Monitoring also helps to communicate benefits arising from the implementation. Measures may include: chart completion, medication related incidents, transcription errors, clinician feedback, owing prescriptions.

Guidance for local chart preparation

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4 Guidance for local chart preparation

4.1 Modifications to the chart

The overarching principle of implementation of the PBS HMC is that it should be used with little or no modification. This is consistent with the quality and safety goals of standardisation for medication charts.

While it is understood that some modification will be necessary to support local clinical or administrative requirements, the overall layout of the PBS HMC is not to be altered and there must be no impact on the four page layout of the chart or the capacity for the chart to be transmitted as a single document. Additional folds risk patient safety by obscuring patient identification and other critical information and do not constitute part of the agreed, standard PBS HMC.

This section sets out the minimum requirements for the chart from a safety and legal point of view and provides detailed guidance on the scope of changes to the PBS HMC which can be authorised at local levels (i.e. state/territory, private health service chain/local hospital network and individual health service organisation).

This section also describes the process for managing PBS HMC issues which cannot be managed locally and which need to be referred to the national level for consideration.

Elements of the chart that cannot be altered by local health organisations are summarised in Table 1A and detailed rationale is provided in Appendix 1. Jurisdictional policy should also be considered.

Elements of the chart that may be altered at a local level, following appropriate consultation and approval processes, are summarised in Table 1B. They include administrative formatting that is not related to the clinical use of the chart such as:

- Use of coloured strips for chart identification
- Use of other general colour (except in sections that use red as an alert)
- Inclusion of a medical record number or barcode
- Hospital identification details
- Pharmacy identification details

Other aspects that may be altered based on local requirements include:

- The number of days covered by the chart
- The number of additional charts referred to
- The recommended administration times

The local process for preparing the chart for production or printing should be undertaken in a robust manner, with appropriate oversight and documentation, preferably with reference to this guidance document.

Table 1: Summary of requirements for PBS HMC modification

The overarching principle for implementation is that the layout of the PBS HMC is not to be altered and there must be no impact on the four page layout of the chart or the capacity for the chart to be transmitted as a single document.

A) PBS HMC sections that cannot be altered (detailed rationale is provided in Appendix 1)	
Patient identification	• must be included • format and content must remain unchanged
Patient weight and height	• must be included • format and content must remain unchanged
Hospital identification	• name and provider number must be included
Chart numbering	• must be included • format and content must remain unchanged
Period of chart validity	• must be included • format and content must remain unchanged
Authority Prescription Number	• must be included • format and content must remain unchanged
Allergies and adverse drug reaction alerts	• must be included • format and content must remain unchanged • red must be used and must be visible when viewing drug orders
Once only, pre-medication orders and nurse initiated medicines	• must be included (not as a separate chart) • format and content must remain unchanged
Telephone orders	• need not be included if telephone orders not permitted • if included, format and content must remain unchanged
Medicines taken prior to presentation to hospital	• must be included • format and content must remain unchanged if the facility does not have a separate medicine reconciliation form • if facility has a separate medicine reconciliation form this section should refer to that form and the requirement for it to be attached to the chart
Format for documenting order for Regular Medicines (includes variable dose medicine, VTE risk assessment, VTE prophylaxis and warfarin sections)	• format and content must remain unchanged • number of days for administration in the VTE prophylaxis section must remain unchanged. Number of days for other administration sections may be altered – see below • recommended administration times may be altered – see below

4 Guidance for local chart preparation

A) PBS HMC sections that cannot be altered (detailed rationale is provided in Appendix 1)	
Format for documenting orders for PRN medications	• must be a separate section • format and content must remain unchanged
Brand substitution	• must be included • format and content must remain unchanged
Pharmaceutical review	• must be included • format and content must remain unchanged
Prescriber details box	• must be included • format and content must remain unchanged
Discharge supply	• must be included • format and content must remain unchanged

B) PBS HMC sections that can be altered	
Hospital identification	Logo may be included
Pharmacy details	Organisations can add their pharmacy approval details to the designated area
Coloured strip	A coloured strip may be added to the PBS HMC to assist with rapid identification of the chart in the medical record
Colours	Red, black and grey have been used to alert and differentiate between sections of the chart. These colours may be varied, however, it is recommended that consideration be given to legibility after faxing and printing to ensure that safety is not compromised. Use of additional colours may generate additional printing costs.
Binding margin	The binding margin for the PBS HMC is located in the middle and for the PBS HMC long-stay on the left. Jurisdictions may choose to bind all medication charts from the left side.
Medical record number or machine-readable code	A medical record number or machine-readable code may be added to assist with identification and ordering of medication charts, in accordance with local hospital information service requirements
Recommended administration times	These may be altered in line with local practice and policy
The number of days for administration	The number of days for administration may be adjusted to meet local requirements. The need for transcription should be minimised as this can increase the risk of medication error.
The list of additional charts may be increased	The list of ancillary charts may be amended to suit local needs. It is acknowledged that fewer charts will reduce the risk of prescribing and administration error.

4.2 Printing the chart

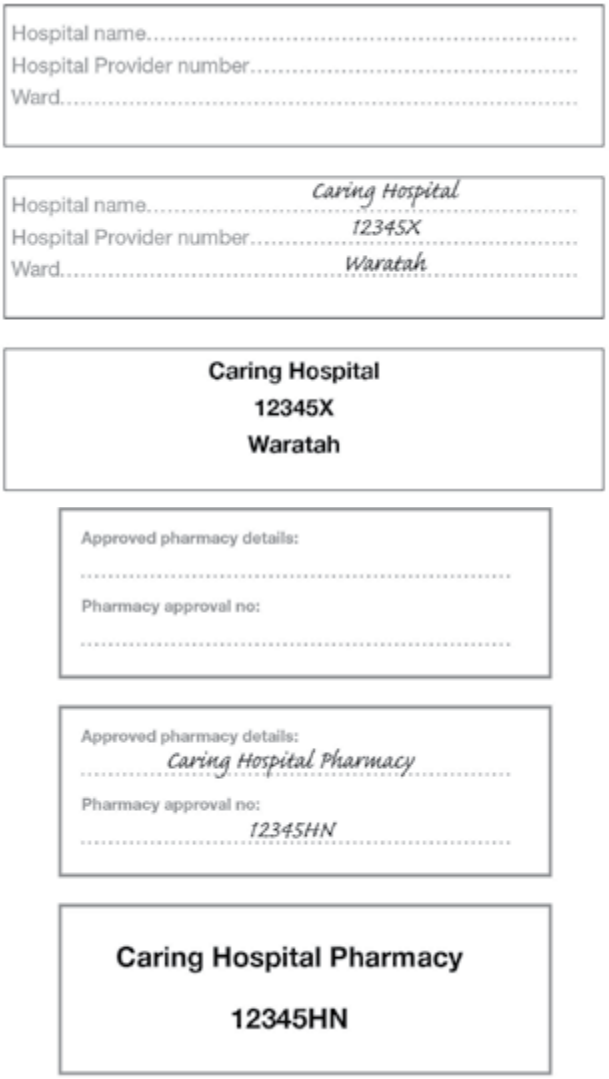
High quality production of the PBS HMC is important for ensuring patient safety.

High resolution print ready files may be downloaded from the Commission website together with detailed instructions for printing.

The high resolution PDF files should be sent to a professional printer.

The high resolution files are PDF files. Conversion to other file types is not recommended as it is likely to disrupt the layout.

Contact the Commission if you have any further questions about printing the charts. Please also refer to the Frequently Asked Questions in the PBS HMC User Guide for additional information about printing charts and the APN.



PBS requirements mean that the hospital approval and pharmacy approval numbers must be displayed on all PBS HMCs. A hospital organisation may choose to print their charts using any of the configurations shown – the last example with details printed onto the medication chart being the easiest.

Process for managing proposals for change to the PBS HMC

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5 Process for managing proposals for change to the PBS HMC

Changes to the PBS HMC will only be considered if they are evidence based and address a clearly identified patient safety issue.

Proposals for changes to the PBS HMC, other than those that can be made locally (Table 1B), are managed through a process aimed at maintaining standardisation and version control and providing an efficient and robust approval process.

While it is understood that some modification may be necessary to support local clinical or administrative requirements, the overall layout of the PBS HMC is not to be altered and there must be no impact on the four page layout of the chart or the capacity for the chart to be transmitted as a single document.

Individual health service organisations will have a governance group with responsibility for medication management (such as a drug and therapeutics committee). This group is responsible for maintaining, monitoring and ensuring safe use of the chart on a day-to-day basis. Issues identified through day-to-day use may need to be escalated and considered for a change to the national chart template. It is these changes that will need to be escalated to a jurisdictional oversight body.

A jurisdictional oversight body is a governance group with medication management responsibilities across multiple health services organisations or it may be an audit and risk committee that has broader responsibilities across an organisation.

The appropriate jurisdictional oversight body (or the equivalent arrangement) has responsibility for receiving and managing proposals for change to the chart template in a timely manner, and assessing whether the proposals warrant consideration at a national level. The oversight body should establish a structured approach to managing proposals for change, including:

- local policies and procedures outlining clear requirements for submissions for change;
- a register for PBS HMC change proposals; and
- systems and processes for communicating change decisions and implementing changes that are approved at a national level.

Where the jurisdictional oversight body considers that the proposal for change addresses a clearly identified patient safety issue and is supported by appropriate evidence (e.g. risk assessments, case reports, surveys, audits and incident reports) they will notify the Health Service Medication Expert Advisory Group (HSMEAG) and ask for consideration and possibly further evaluation of the proposal. The Health Service Medication Expert Advisory Group provides advice accordingly to the Commission.

Approved changes to the PBS HMC will be incorporated into the next scheduled version update (usually January of each year).

The Department will be contacted by the Commission to advise on the outcome of the safety assessment of the proposed modification.

The Department will then assess the modifications to consider PBS requirements and advise the applicant of this determination once complete. Modified charts will need to be incorporated into legislation prior to their implementation for claiming purposes.

Locally modified PBS HMCs

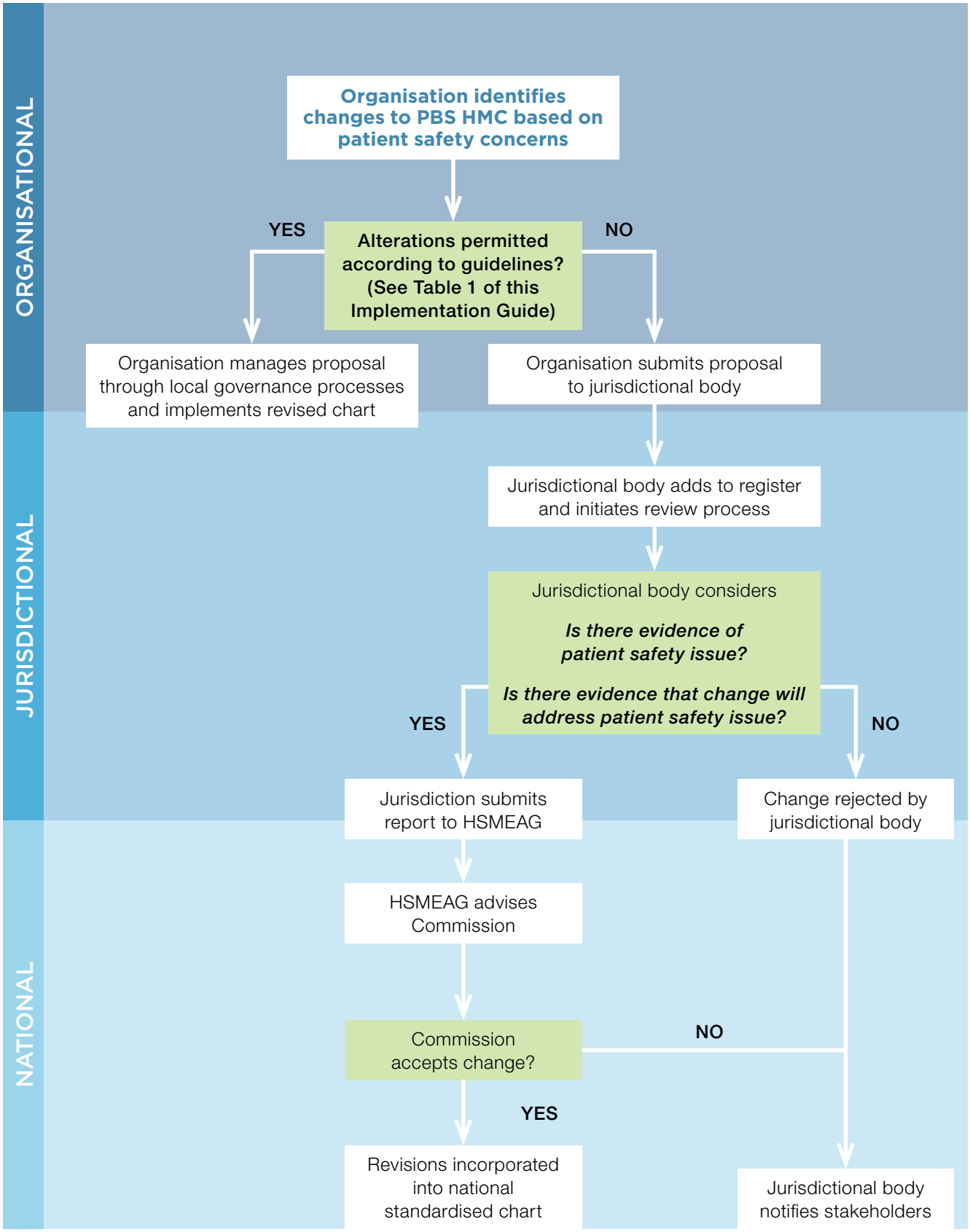
Hospitals and health services looking to implement modifications to the national chart, greater than the changes outlined in Table 1B of this document, will need to work closely with their local medication management governance group to risk assess proposed changes and monitor their implementation locally. The Commission does not endorse local modifications to the national chart. Local modifications made to the chart, outside of those in Table 1B, may render the chart ineligible for claiming purposes.

Electronic prescribing and the electronic PBS HMC

The introduction of the electronic PBS HMC to support electronic prescribing is a recent opportunity that hospitals and health services may like to consider as an alternative to the paper based PBS HMC. Please see the PBS HMC User Guide for more information.

5 Process for managing proposals for change to the PBS HMC

Figure 1: Summary of processes for organisational, jurisdictional and national approval of PBS HMC changes



Appendices

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Appendix 1: Sections of the PBS HMC that must not be altered without national approval

Section	Rationale
Patient identification	• Either a patient identification label should be attached, or the patient's name, date of birth, gender and unit record number must be printed legibly. • If an identification label is used, the first prescriber must print the patient's full name by hand under the label, to reduce the risk of ordering for the wrong patient. • Writing the patient's name is in addition to attaching a label and acts as a double check for pre-labelled charts.
Patient weight and height	• Patient weight and height must be documented to assist staff in calculating doses safely, especially for paediatric patients, and for certain high risk medicines.
Hospital identification	• The name of the hospital is important for identifying the source of the prescription • The provider number must be present for claiming
Chart numbering	• The number of charts in use must be identified, for example chart 1 of 2. • Any additional ancillary charts must also be identified on the main chart. This is to provide an alert to minimise the risk of omission of medicine or inappropriate prescribing.
Period of chart validity	• The PBS HMC is only valid as a PBS/RPBS prescription if the period of chart validity is documented.
Allergies and adverse drug reaction alerts	• The PBS HMC includes a section to record the medicine and the reaction, if known. This is to assist prescribing decisions. • The ADR section must be clearly visible whenever medicines are prescribed administered or reviewed. • Red is used to draw attention to this important section.
Once only and nurse initiated medicines and pre-medications	• The PBS HMC includes a separate section for once only and nurse initiated medicines and pre-medications to distinguish them from regular medicines and therefore minimise the risk of unnecessary administration. • It is important that this section is included on the PBS HMC rather than a separate chart to minimise the risk of omission and to provide a complete medication history.

Section	Rationale
Telephone orders	• Telephone orders should generally be discouraged, unless they are essential due to work practice restrictions, such as rural and private hospitals and facilities without resident medical staff. • Some metropolitan sites have limited telephone orders to one dose, by blacking out the remaining three of the four boxes. • Where telephone orders are permitted, the medication chart must include capacity for two nurses to sign for a telephone order, which must be co-signed by the prescriber within 24 hours of the order.
Medicines taken prior to presentation to hospital	• There should be space on the medication chart to record medicines taken by the patient prior to admission. • Some sites may record this information on a separate form which is designed to facilitate reconciliation and accompanies the medication chart. This will assist with the medication reconciliation process on admission, during transfer and at discharge. • Where dedicated medication reconciliation forms are used, sites may refer to the alternative form in the 'medicines taken prior to presentation' section. Dedicated medication reconciliation forms must be accessible along with the current medication chart at all times.

Appendix 1: Sections of the PBS HMC that must not be altered without national approval

Section	Rationale
Regular medicines	**Variable dose section:** • The format of this section facilitates ordering of medicines that require variable doses based on pathology results or as a reducing protocol. • The medicine level should be entered together with the date. The prescriber's initials, actual administration time and the initials of the person administering the dose must accompany each dose. • If a second variable dose medicine is required, or twice daily dosing is appropriate, the regular medicines section should be used following the format for variable dose orders described above. **Venous thromboembolism (VTE) risk assessment and prophylaxis sections:** • The format of this section has been designed to support documentation of VTE risk, contraindication and prophylaxis orders. • Healthcare-associated VTE is a national health safety and quality issue. Research demonstrates that including a prompt for VTE risk assessment and for prophylaxis prescribing improves the rate of VTE risk assessment and of appropriate prophylaxis prescribing. • Regular re-assessment of VTE risk is important for ensuring prophylaxis is applied (or removed) appropriately, according to the patient's condition. For this reason, modification of the days for administration is not permitted. **Warfarin section:** • The warfarin section is highlighted in red to indicate that it is a high risk medicine. • A recommended standard dose time (such as 1600 hours) allows the medical staff responsible for the care of the patient to review the INR (international normalised ratio) result and prescribe the dose, rather than an on-call doctor who may not be familiar with the patient's medical history. This dose time may be modified to a later time for rural or private facilities, where a visiting medical officer cares for the patient. • The indication and target INR range must be documented when warfarin is initially ordered. • The INR should be documented at a frequency appropriate to the patient's condition. The dose, prescriber's initials, initials of the person administering the warfarin and the initials of the second person checking the administration should also be documented. • The PBS HMC includes an anticoagulant education record to indicate that the patient has received verbal and written information, as appropriate.

Section	Rationale
Regular medicines	**Regular medicines section:** • Prescribers should enter administration times, as this minimises the risk of errors that may result from incorrect interpretation of the instructions by the nursing staff. • In addition to signing the order, prescribers must also print their name at least once on the chart and provide contact details, such as pager number or prescriber number in the prescriber details box, to minimise delays in clarifying orders (see below). • Recommended administration times must be listed in the centre margin for easy reference. The suggested administration times may be amended to meet local needs. Health service organisations may find it helpful to ensure that administration times are standardised between wards. • A pharmacy box must be included to provide space for pharmacist's annotation. • An indication box must be included to provide clarity, especially where a medicine may be used for more than one indication. • The red 'tick if slow release' box is included as a prompt to prescribers to consider whether a modified release or immediate release preparation is required. • The administration record provides space to record up to eleven days of therapy. The last column is partially blocked out to ensure that a new chart is written during the day. • Codes for not administering medicines must be listed in the centre of the chart for easy reference.
PRN (as required) medicines	• A specific section must be included on the medication chart for PRN (as required) medicines, rather than including them in the regular medicines section, to minimise the risk of these being administered regularly. • The prescriber must document the dose and hourly frequency, as 'PRN' does not provide sufficient information for the medicine to be administered correctly. Indication and maximum daily PRN dose (that is, maximum PRN dose in twenty four hours) must be provided to ensure safe and appropriate administration and to minimise the risk of overdose. The prescriber must check the regular medicines section for possible duplicate orders. • Where appropriate, the prescriber may indicate the maximum number of doses to be administered or maximum duration for the order by crossing out parts of the administration section. • Staff administering the medicine must document the actual dose given. The person administering each dose must check the maximum PRN dose in 24 hours and also check the timing of the previous dose (either PRN or regular).

Section	Rationale
Pharmaceutical review	• A section for clinical pharmacist review must be included to ensure that all orders are clear, safe and appropriate for that individual patient, to minimise the risk of an adverse drug event.
Prescriber details box	• In addition to signing the order, prescribers must also print their name at least once on the chart and provide contact details, such as pager number or prescriber number in the prescriber details box, to minimise delays in clarifying orders.
Discharge supply	• A section has been included on the chart to minimise the risk of transcription errors for discharge medicines. For each medicine, the prescriber should indicate whether discharge supply is required, including the duration/quantity. Prescribers must provide their signature, printed name and the date the discharge medicine is ordered. The pharmacist should ensure the discharge information is complete. • When there is a change in dose for a discharge medicine, a new order should be written, the discharge section completed and the administration section crossed out.

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