

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**

**The National Residential Medication
Chart (NRMC)**

Skills assessment

for nursing and care staff
in residential aged care



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Acknowledgment

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Audience

This medication skills assessment is intended for all nursing and care staff in Residential Aged Care Facilities (RACFs) who deliver medicine/s to residents using the National Residential Medication Chart (NRMC).



Exceptions

This skills assessment is designed to meet the needs of Residential Aged Care Facilities (RACFs) in the support of their nursing and care staff to ensure safe and accurate delivery of prescription medicines, non prescription medicines and nutritional supplements, to residents using the NRMC.

This skills assessment is *not* intended to be an advanced skills assessment on medication management processes across different organisations, nor is it aimed at assessing clinical judgment related to complex medication regimes, pharmacology or poisons legislation. This skills assessment is exclusively aimed at assessing a person's ability to correctly deliver medicines from the NRMC.



Purpose

Using a medication chart in RACFs requires a specific set of knowledge and skills and this varies depending on the type and complexity of the medicine/s and resident characteristics. Skills assessment is all about providing a way of building the skills and knowledge that nursing and care staff need to safely deliver prescription medicines, non prescription medicines and nutritional supplements to residents. The purpose of this skills assessment is to provide a record of assessment of the ability of nursing and care staff to deliver prescription medicines, non prescription medicines and nutritional supplements from the NRMC.



Delivery

This assessment has a mixed mode delivery which includes a take home reading assessment (section one), written assessment (section two) and on site observational assessment (section three). It is based on adult learning principles with mutually agreed plans for improvement and development as necessary. The language is in plain English with options for contextualising specific assessment questions in section one to fulfill organisational requirements.

Assessment

Assessment occurs across four sections that integrate techniques of questioning through multiple choice and short answer questions, observation and assessment. Assessment involves assigning a score for each question and an overall score for each section as determined by a qualified assessor/educator. The total score is calculated in section four, where assessment results are communicated to the staff member with areas of improvement discussed and mapped to individual scope of practice and organisational goals.

Section one: User guide for nursing and care staff



Section one requires that each staff member using the NRMC to deliver medicines has either read the user guide booklet and/or viewed the CD powerpoint supplied with the NRMC support package.

Section two: Characteristics of the NRMC*



Section two provides orientation and revision of the NRMC for nursing and care staff who deliver prescription medicines, non prescription medicines and nutritional supplements from the NRMC.

**It is a requirement that staff review the NRMC user guide and/or CD powerpoint prior to this section of the skills assessment assessment.*

Section three: The medication round



Section three involves an observation of a medication round using the NRMC. The person being assessed will be observed as they conduct a medication round in the course of a normal working day. It is important to have the observation occur as it would on any other day. The person should be relaxed and the observer unobtrusive. Constructive feedback should be given at the end of the observation. Positive interaction with residents is a highly desirable element of this section.

Section four: Assessment results and professional development



Section four provides the overall assessment results and also outlines opportunities for professional development in areas that may require further education and/or practice. It is not anticipated that all staff will score a perfect 100% and any gaps identified can be written into the development plan.

Medication Skills Assessment for nursing and care staff using the NRMC

Name of person being assessed _____

RN / EEN / EN / AIN / PCA / DCW / Other (circle)

Name of assessor _____ Date ___/___/___

Experience level with medication administration (circle)

Beginner (3 months/6 months/9 months)

Moderate (1- 2 years/ 3 - 5 years)

Experienced (6 - 8 years/ 10+ years)

General comment (if applicable): _____



Section one: User guide for nursing and care staff

The person being assessed has read and/or viewed the user guide

Y/N

Date _____ Assessor Signature _____



Section two: Characteristics of the NRMC

Please circle *a, b, c, or d* to indicate your answers to the following questions

2.1 The NRMC was developed to:

- a) set national standard for medication charts in residential aged care
- b) reduce medication errors through effective chart design
- c) remove the need for GPs to write traditional medication prescriptions for most medicines
- e) contain specific sections for variable dose medicines, insulin, nutritional supplements
- d) all of the above

/2

2.2 The duration or *maximum* length of the NRMC is:

- a) 1 month
- b) 12 months
- c) 3 months
- d) 4 months

/2

2.3 List 5 different sections of the NRMC below

1. _____
2. _____
3. _____
4. _____
5. _____

/5

2.4 Circle *T* for true, or *F* for false to indicate your answers to the following questions

- a) The NRMC is based on evidence T / F
- b) Blood Glucose Levels (BGLs) are not recorded on the NRMC T / F
- c) Nutritional supplements are recorded and monitored in the NRMC T / F
- d) The NRMC is based on legislation T / F
- e) Only registered nurses can use the NRMC for the delivery of medicines to residents T / F
- f) Pharmacists can supply most medicines from the NRMC without a traditional prescription T / F
- g) Residents on more than 11 regular medicines will require more than 1 NRMC T / F
- h) Allergies and adverse reactions are not documented on the NRMC T / F
- i) The NRMC has a section for insulin and BGL recording T / F
- j) Medicines must be signed for when given T / F

/10

2.5. List 2 abbreviations and their meaning when residents have not received their medicines?

1. _____ 2. _____

/2

2.6. Where are commonly used abbreviations located in the NRMC?

/1

2.7. Where are the prescriber details located on the NRMC?

/1

2.8. Where are the special considerations for each resident written?

/1

2.9. List 3 things to consider with PRN medicines

1. _____
2. _____
3. _____

/3

2.10. List 3 things to consider when taking a phone order?

1. _____
2. _____
3. _____

/3

2.11. Where is the resident ID for each resident located?

/1

2.12. What are the important things you must do when you think you have made an error and why is this important?

/3

2.13. What are the 6 rights of medication administration on the NRMCM?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

/6

2.14. How do you confirm if a medication has been ceased on the NRMCM?

- a) Someone tells you
- b) The order has a stop date written in the medicine order
- c) The order has a line through it
- d) The administration section has 2 diagonal lines through it and an entry written that says "ceased" with a date and prescriber initials.
- e) b, c and d.
- f) None of the above

/2

2.15. Where are you required to document if a resident refuses a medicine?

/2

2.16. How do you confirm if there is a special consideration relevant to the resident and medicines?

- a) The resident tells you
- b) The front page of the NRMC states information in the special considerations box
- c) You just know that they do
- d) None of the above
- e) All of the above

/2

2.17. When the medical practitioner makes a change or ceases an order on the NRMC, how is this communicated to the pharmacy?

- a) You phone the pharmacy
- b) Someone else phones the pharmacy
- c) You send a copy of the changed or ceased order to the pharmacy
- d) You send a copy of the changed or ceased order and the front page of the NRMC to the pharmacy
- e) None of the above

/2

2.18. What happens to the NRMC once it is completed (i.e reached its expiry date and there is no more room for signing, or when the resident has left the facility)?

- a) It is destroyed
- b) It is sent to the pharmacy
- c) It is sent to the resident's medical practitioner
- d) It is archived along with the residents notes and files
- e) None of the above

/2

/50



Section three: the medication round observational assessment

Can the person being assessed demonstrate the following, effectively and in a timely manner

- 3.1. Locate the NRMC for the resident? **/10**
- 3.2. Identify the correct resident? **/10**
- 3.3. Locate any special considerations for the resident and take these into account? **/10**
- 3.4. Locate where allergies and ADRs are documented? **/10**
- 3.5. Locate information where resident with similar name alert is written? **/10**
- 3.6. Locate the regular medicine order? **/10**
- 3.7. Locate and check the short term medicine order? **/10**
- 3.8. Locate the dose, route and frequency of an order? **/10**
- 3.9. Locate where BGLs are recorded? **/10**
- 3.10. Locate insulin orders and administration section? **/10**
- 3.11. Locate variable dose orders, pathology and administration section? **/10**
- 3.12. Locate nutritional supplement directions, weight monitoring and intake sections? **/10**
- 3.12. Interact appropriately with residents (confidential/polite/professional/respectful) ? **/10**
- 3.13. Consider questions from the resident? **Y/N/NA**
- 3.14. Ensure the resident has taken the medicine/s successfully, via correct times and route? **/10**
- 3.15. Document medicine administration correctly? **/10**

Section four: Assessment results and professional development

Total scores

Section one: User guide

Y/N

+

Section two: Characteristics of the NRMC

/50

+

Section three: The medication round

/150

=

/200

Level of skills assessment (circle to indicate the appropriate level)

- ✓ Highly competent (a score of 85% (170) or above)
- ✓ Above average (a score of 75% (150) or above)
- ✓ Competent (a score of 65% (130) or above)
- Not yet competent (a score of 64% below 128)

Identified area/s for improvement

Safety	Y / N
Accuracy	Y / N
Documentation	Y / N
Time management	Y / N
Communication	Y / N
Interaction with resident	Y / N
Technical (e.g. infection control/storage/)	Y / N
Professional boundaries	Y / N
Organisational guidelines	Y / N
Other	Y / N specify _____

Development plan as applicable _____

Date for review if applicable ____/____/____

Assessor signature _____ Assessed person signature _____