Policy Frameworks
MP 0131/20
Effective from: 10 February 2020

High Risk Medication Policy

1. Purpose

The purpose of the *High Risk Medication Policy* is to mandate the minimum requirements for the safe management of high risk medications across Health Service Providers.

While all medications carry risk of adverse events if prescribed, administered or dispensed inappropriately, high risk medications are those that have an increased risk of causing significant patient harm or death if they are misused or used in error. The objective of this Policy is to improve patient safety by requiring the implementation of risk reduction strategies and best practice standards for prescribing, dispensing or administering high risk medications.

This Policy is a mandatory requirement under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

This Policy supersedes the following policies:

- OD 0561/14 *WA High Risk Medication Policy*
- OD 0647/16 *National Standard for User Applied Labelling of Injectable Medicines, Fluids and Lines*
- OD 0658/16 *Prescription and Management of Intravenous Patient Controlled Analgesia*

2. Applicability

This Policy applies to the following Health Service Providers:

- Child and Adolescent Health Service
- East Metropolitan Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- WA Country Health Service

To the extent that the requirements contained within this Policy are applicable to the services purchased from contracted health entities, Health Service Providers are responsible for ensuring these requirements are accurately reflected in the relevant contract and managed accordingly.

3. Policy requirements

3.1 High Risk Medication List

Each facility within a Health Service Provider that provides inpatient care must identify and maintain a list of medications that are deemed high risk within their patient population and

clinical setting, in accordance with the National Safety and Quality Health Service Standard: Medication Safety. High risk medication lists may vary between hospitals and health care services depending on the patient cohort and services provided.

At a minimum, the following classes of high risk medications recommended by the Australian Commission for Safety and Quality in Healthcare, and associated with the 'APINCHS' acronym, must be included in a high risk medication list (unless medication class is not prescribed in the hospital or health service).

A Antimicrobials
P Potassium and other electrolytes; Psychotropic medications
I Insulin
N Narcotics / Opioids; Neuromuscular blocking agents
C Chemotherapeutic agents
H Heparin and other anticoagulants
S Safer Systems (e.g. safe administration of liquid medications)

3.2 High Risk Medication List Review Process

Each Health Service Provider hospital and health care service must maintain and periodically review their local high risk medication list based on a structured multidisciplinary risk assessment to identify potential risks (including storage, prescribing, dispensing, administration and monitoring) and risk mitigation strategies for each medication class. Refer to *Guidelines for Managing Specific High Risk Medications Relevant to the Organisation Appendix 1: High Risk Medication Risk Mitigation Strategies* for guidance.

3.3 Local policy, protocols, procedures and guidelines

Each Health Service Provider must have its own local high risk medication policy which includes governance arrangements, roles and responsibilities, procedures for identifying and managing high risk medications and which is supported by protocol, procedures and/or guidelines for safe management of identified individual high risk medications.

Health Service Providers must consider safety principles when developing protocols, procedures and/or guidelines for all identified high risk medications. Refer to *Guidelines for Managing Specific High Risk Medications Relevant to the Organisation*. These documents must include guidance around appropriate patient monitoring to ensure a timely response to adverse events associated with medication treatment.

To increase the safe use of high risk medications, Health Service Providers must bring this Policy (MP 0131/20) to the attention of all medical, nursing/midwifery and pharmacy staff.

3.3.1. Mandatory standards for intravenous potassium and vinca alkaloids

Health Service Providers are required to have local guidelines which adhere to the minimum safety requirements outlined in the *Mandatory Standard for Intravenous Potassium* and *Mandatory Standard for Vinca Alkaloids*.

3.4 Reporting of clinical incidents involving high risk medications

Clinical incidents involving high risk medications (medication incidents) must be reported in the clinical incident management system and reviewed through local quality management systems as per *Clinical Incident Management Policy 2019*.

4. Compliance monitoring

Health Service Providers are responsible for complying with this Policy.

As deemed necessary, the System Manager may request that Health Service Providers provide the System Manager with clinical data and evidence of compliance in relation to the requirements of this Policy.

Suggested Key Performance Indicators for auditing clinical practice against this Policy can be found in *Clinical Audit Tool and Key Performance Indicators for High Risk Medication Policy.*

5. Related documents

The following documents are mandatory pursuant to this Policy:

- Mandatory Standard for Intravenous Potassium
- Mandatory Standard for Vinca Alkaloids

6. Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- Guidelines for Managing Specific High Risk Medications Relevant to the Organisation
- Guiding Principles for Timely Administration of Medications
- High Risk Medication Policy Compliance Audit Tool
- Clinical Audit Tool and Key Performance Indicators for High Risk Medication Policy

7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Clinical incident	A clinical incident is an event or circumstance resulting from health care provision (or lack thereof) which could have or did lead to unintended or unnecessary physical or psychological harm to a patient. Clinical incidents include: • **Near Miss:** an incident that may have, but did not cause harm, either by chance or through timely intervention. • **Sentinel events:** a subset of serious clinical incidents

	that has caused or could have caused serious harm or death of a patient. It refers to preventable occurrences involving physical or psychological injury, or risk thereof.
High risk medication	Any medication that has a heightened risk of causing significant or catastrophic harm when prescribed, administered or dispensed in error and includes: • medications with a low therapeutic index, • medications that present a high risk when administered via the wrong route This term has been assigned to these medications to draw attention to their potential dangers, so that all clinicians involved in their use will treat them with the special attention and respect they require. Refer to 'Guideline for managing specific high risk medications relevant to the organisation.
Medication incident	A failure in the medication management process that leads to, or has the potential to lead to, harm to the patient and includes an act of omission or commission. Errors rarely occur as the result of the actions of a single individual. They are usually the result of a series of system failures.
Protocol	Refers to a site-specific operating guidance document.
Risk	Risk is the effect of uncertainty on objectives (either positive or negative).

8. Policy contact

Enquiries relating to this Policy may be directed to:

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9. Document control

Version	Published date	Effective from	Review date	Effective to	Amendment (s)
MP0131/20	10 February 2020	10 February 2020	February 2023	Current	Original version

10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance Division, Department of Health
Approval date	5 February 2020

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