

# PARTNERED PHARMACIST MEDICATION CHARTING PROCEDURE <sup>®</sup>

## DOCUMENT SUMMARY/KEY POINTS

- This document:
  - describes the process whereby a credentialed pharmacist may chart medications for patients in the inpatient medication administration record (MAR) at Sydney Children’s Hospitals Network (SCHN).
  - Details Pharmacist credentialing requirements to undertake partnered pharmacist medication charting (PPMC)
  - Provides an overview of requirements for partnered pharmacist charting of medications

## CHANGE SUMMARY

- N/A – new document.

## READ ACKNOWLEDGEMENT

- All medical, nursing and pharmacy staff must read and acknowledge (sign-off) they have understood the SCHN Partnered Pharmacist Medication Charting (PPMC) Practice Guideline.
- Training/Assessment required by Pharmacists:
  - Details included in this practice guideline
- Training/Assessment required by Nursing and Medical Staff:
- Nil additional training required

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> December 2024	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Pharmacy Educator	<b>Area/Dept:</b> Pharmacy

**Related Information:**

- **Medication Administration Practice Guideline:**  
<https://webapps.schn.health.nsw.gov.au/epolicy/policy/6238>

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## About this document

### Purpose:

This document:

- describes the process whereby a credentialed pharmacist may chart medications for patients on the inpatient medication administration record (MAR) at Sydney Children's Hospital Network.
- should be read in conjunction with:
  - NSW Health PPMC Model of Care
  - SCHN [Safe Prescribing Practice Guideline](#)
  - NSW Health Policy Directives:
    - Medication Handling Policy Directive ([PD2022 032](#))
    - Approval Process for Medicines and Their Use ([PD2022 056](#)),
    - High-Risk Medicines Management ([PD2024 006](#)),
    - Electronic Medication Management System Governance and Standards ([PD2019 050](#))

### Scope

Partnered Pharmacist Medication Charting (PPMC) has been endorsed by the following medical teams.

At SCH	At CHW
Emergency Department	Emergency Department
Oncology	General Medicine

**Only pharmacists who have met the credentialing requirements of these clinical areas may undertake PPMC for patients under the care of these teams.**

## Glossary:

Term	Description
Best Possible Medication History (BPMH)	A complete list of all medications taken by the patient at home, confirmed with at least two sources of information. Pharmacists are best placed to take a BPMH.
Entrustable Professional Activity (EPA)	A structured description of a task or activity undertaken in the workplace that allows supervisors to make competency-based decisions on the level of supervision required by the learner
Home medications	Medications taken by a patient at home
Medication Reconciliation	The process to ensure all home medications are charted, changed or withheld with rationale behind changes documented.
Mini-CEX (mini clinical evaluation exercise)	A workplace-based assessment tool
Objective Structured Clinical Examination (OSCE)	A clinical exam to assess the candidate's knowledge, skills and competence at the PPMC process
Partnered Pharmacist Medication Charting (PPMC)	A model of care where a credentialed pharmacist and a senior medical officer create a collaborative medication plan which is charted by the pharmacist.
Partnering Medical Officer	Medical officers partnering with pharmacists to chart medications, who are Senior Resident Medical Officer level or above.
SHPA ClinCAT®	A validated structured, formal clinical pharmacy assessment tool
Society of Hospital Pharmacists Australia (SHPA)	National professional association for hospital pharmacists in Australia

## Introduction to Partnered Pharmacist Medication Charting

Partnered Pharmacist Medication Charting (PPMC) involves Credentialed Pharmacists consulting with Medical Officers and making a collaborative medication plan for patients which is documented in a PPMC progress note with medical signature.

Credentialed Pharmacists, in consultation with the medical officer, will chart on the medication administration record (MAR) medications for administration by authorised clinicians.

Only pharmacists that are credentialed in Partnered Pharmacist Medication Charting can chart medications for the patients under the care of the medical unit that has endorsed PPMC for their patients.

## Pharmacist education and training

### Pre-requisites:

- Registered pharmacist with a minimum of 2 years post-internship, full time experience in hospital pharmacy
- A minimum of 6-months full time experience providing clinical pharmacist paediatrics inpatient services
- Successful completion of an SHPA ClinCAT® assessment within the previous 18 months
- Completion of a Mini-CEX of at least medium complexity that meets all performance outcomes
- Other unit or area specific training as appropriate as determined by local procedures

### Credentialing:

- Completion of online learning modules:
  - PPMC online learning module
  - Mandatory My Health Learning Modules outlined in PPMC online learning module
- Observed PPMC cases using the PPMC Entrustable Professional Activities (EPA) until the pharmacist has reached EPA level 4 or above
- Successful completion of the PPMC Objective Structured Clinical Examination (OSCE) requirements for that medical unit.
- Pharmacist credentialing will be delivered by the Lead Pharmacist – Workforce Development at SCHN or Senior Pharmacist who has achieved Entrustable Professional Activity level 5 and is suitably trained to deliver credentialing requirements.

### Additional requirements:

At SCH	At CHW
<p><b>ED Pharmacist:</b> The OSCE must be with an Emergency Department staff specialist and a Senior Clinical Pharmacist</p>	<p><b>ED Pharmacist:</b> The pharmacist must have 6 months of experience working in the Emergency Department. The OSCE must be with an Emergency Department staff specialist and a Senior Clinical Pharmacist.</p>
<p><b>Oncology Pharmacist:</b> The pharmacist must have a year of full-time experience working in oncology</p>	<p><b>General Medicine Patients</b> Once a pharmacist has completed the PPMC credentialing with final approval from the Senior Pharmacist and Emergency Department staff specialist, they may also</p>

<p>The OSCE must be with an Oncology Medical Officer and a Senior Clinical Pharmacist</p>	<p>partner with a medical officer from the General Medicine team to chart for patients under the care of General Medicine.</p> <p>The pharmacist must have 6 months of full-time experience working in general medicine to be able to chart for patients under the care of General Medicine.</p>
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## Recredentialing:

- If a pharmacist has a prolonged period of absence for 12 months or more, they will require supervised PPMC cases using the EPA workplace-based assessment tool until they reach EPA level 4 or above.

## PPMC Overview

Refer to [Appendix 1](#) – Partnered Pharmacist Medication Charting Workflow

## Decision for Pharmacists to Chart Medications

- The credentialed pharmacist will prioritise patients for PPMC based on their usual prioritisation processes, as per (2013), Chapter 8: Prioritising Clinical Pharmacy Services. Journal of Pharmacy Practice and Research, 43: S30-S31 and as per their workload capacity.
- Pharmacists have a duty of care to our patients to ensure safe and appropriate prescribing, dispensing and administration of medicines and that duty will not change with PPMC or outside of the PPMC framework. It is a routine practice every day that pharmacists will contact prescribers regarding orders that have been charted and there are concerns about the appropriateness of that order.

At SCH	At CHW
<p>Credentialed pharmacists can only partner with medical officers who are Senior Resident Medical Officer level and above.</p>	<p>Credentialed pharmacists can only partner with medical officers who are Registrar level and above.</p>

## Preparing for PPMC

- A patient should have all medications taken at home identified by a pharmacist and documented as per Best Possible Medication History protocols. There should also be a Pharmacy Admission Note that outlines all the usual relevant information for a patient admission.

## PPMC Collaborative Discussion

- Charting of medications by a pharmacist must occur only after a verbal discussion with the medical officer who is admitting the patient under their team's care, and should include, but not be limited to the following information:
  - Reason for admission including any new medications that need to be initiated
  - Current clinical presentation and issues
  - Current management plan, including factors that may affect medications such as planned surgery and nil by mouth status
  - Any home medications that should not be administered
  - Appropriateness for any vaccinations required during the admission
  - Stock availability and formulary considerations
  - Clinical issues that may influence potential for drug toxicity. For example: assessment of renal function and need to withhold nephrotoxic agents
  - Clinical issues that may be caused by or exacerbated by medications. For example: Risk or presence of a bleed or potential procedure that would require withholding of antiplatelet or anticoagulant agents
  - Haemodynamic stability and appropriateness of charting antihypertensive agents
- Every medication that is to be charted by the credentialed pharmacist must be discussed including the dose and frequency.
- The credentialed pharmacist will not chart any blood products.
- If there is disagreement from either pharmacy or medical, PPMC will not occur/be completed. The pharmacist will document their recommendations and escalate as per normal pathways. The responsibility for charting medications will remain with the medical officer.
- The pharmacist documents the medication plan as a PPMC progress note and sends this note to the partnering medical officer for authorising signature. Documentation must be signed by the medical officer and must specify the following as a minimum, "Nursing staff to administer medications approved by the medical practitioner signatory and charted by the pharmacist as documented on this inpatient progress note"

## PPMC Documentation

- The credentialed pharmacist will document the medication plan in the PPMC Progress Note. See [Appendix 2](#).
- The PPMC Progress Note must contain the following line: “Nursing staff to administer medications approved by the medical practitioner signatory and charted by the pharmacist as documented on this inpatient progress note.”
- The credentialed pharmacist will send the medication plan to the collaborating medical officer for authorising signature, using the review/cc function. See [Appendix 3](#). This will send the note for signature from the medical officer in their message centre. This must be signed prior to any charting by the credentialed pharmacist.
- In the event of an emergency, defined as “a patient requiring time critical medications and it is impractical for the partnering medical officer to sign documentation as they are delivering urgent care”, the medical officer will sign the PPMC Progress note as soon as possible. This must occur within 24 hours, and it will be the partnering pharmacist’s responsibility to ensure this is signed.
- The pharmacist will chart all medications on the Medication Administration Record as per the PPMC progress note as soon as possible. The communication type for charting will be “Pharmacist Charting”. See [Appendix 4](#). Any delays in charting must be communicated to the relevant medical staff member immediately.
- All charting by the credentialed pharmacist must be consistent with the following NSW Health policy:
  - Medication Handling in NSW Public Health Facilities – NSW Health ([PD2022\\_032](#))
- Medical officers are responsible for charting any further initiation of medications and for making any subsequent medication changes.

## Pharmacist Medication Charting

- Once the PPMC progress note is signed by the partnering medical officer, the pharmacist will then chart the medications on the MAR as per the agreed medication plan.
- In an emergency the PPMC progress note may be signed by the partnering medical officer within 24 hours. An emergency is defined as: “when a patient requires time critical medications, and it is impractical for the partnering medical officer to login to a computer as they are delivering urgent care.” It is the pharmacist’s responsibility to ensure the note is signed by the doctor.
- The pharmacist must complete the charting of medications as agreed with the medical officer. All urgent medications must be charted as soon as possible. Any delays in charting must be communicated to the relevant medical staff member immediately.
- The pharmacist must discuss the medication plan with the nurse responsible for the administration of the medications for the patient, including any urgent medications to be given, any medication related monitoring and availability of medications.



## Medication verification and ordering

- The credentialed pharmacist will order any non-impresst medications and verify all high-risk medication orders.
- The credentialed pharmacist will document completion of a pharmaceutical clinical review in the eMR.

## Handover

- Following the charting of medicines, the pharmacist must communicate the medication plan to the attending nurse, including:
  - The need for urgent administration of any medicines
  - Any additional medication-related monitoring or investigations required

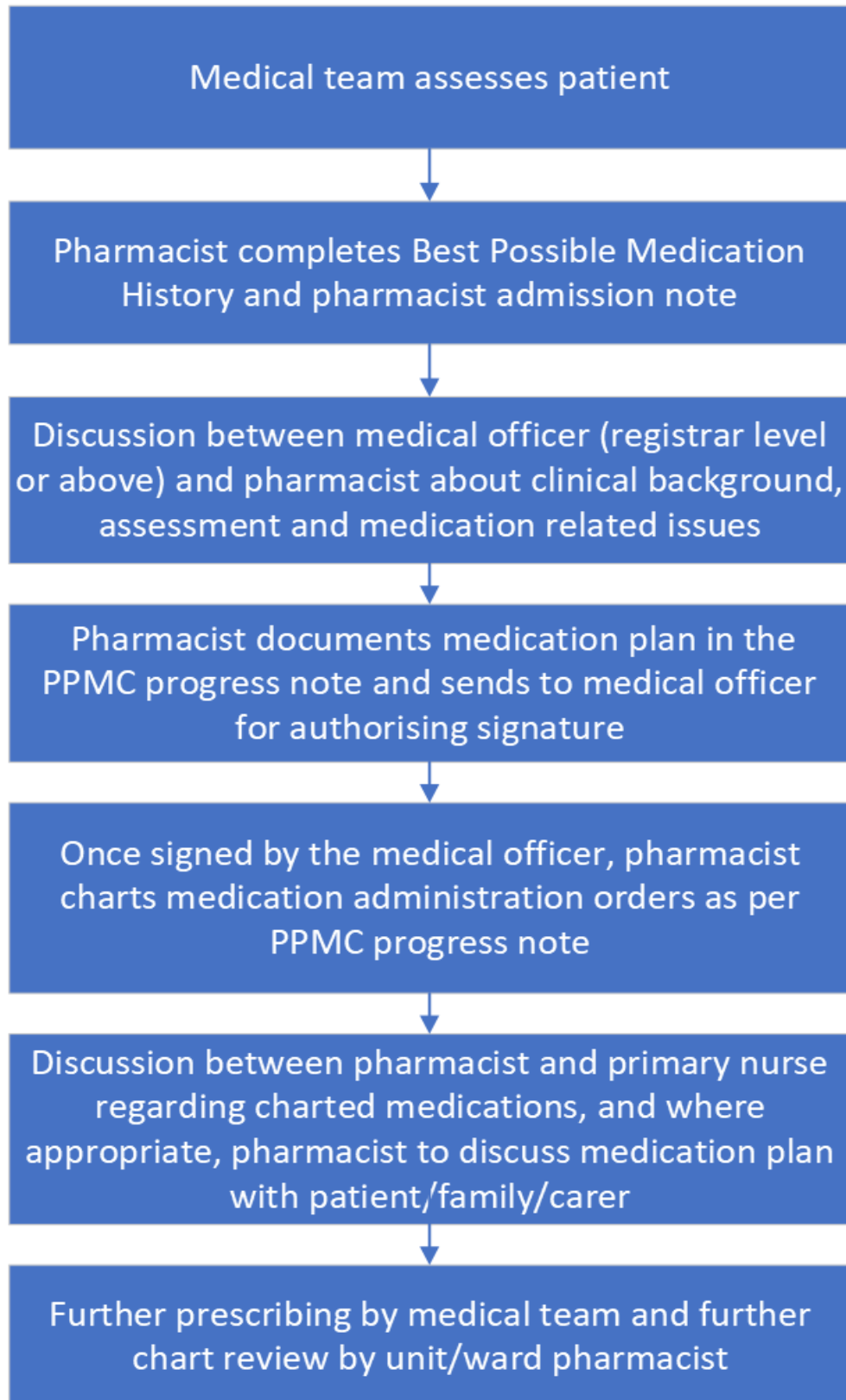
## PPMC Monitoring

- A current register of all PPMC Credentialed pharmacists will be maintained by the SCHN Lead Pharmacist – Workforce Development. This register will be held by the local Drug and Therapeutics Committee.
- This model of care will be monitored using reports to check signing of the PPMC progress note by medical staff and with medication error audits.

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## Appendix 1: PPMC Workflow



## Appendix 2 – Document in Progress Notes

**\* Final Report \***

Author: Georgia Lloyd (Pharmacist)

Nursing staff to administer medications approved by the medical practitioner signatory and charted by the pharmacist as documented on this inpatient progress note.

**Reason for Admission:**  
POOR FEEDING

**Current Clinical Issues:**  
#Poor feeding  
#constipation

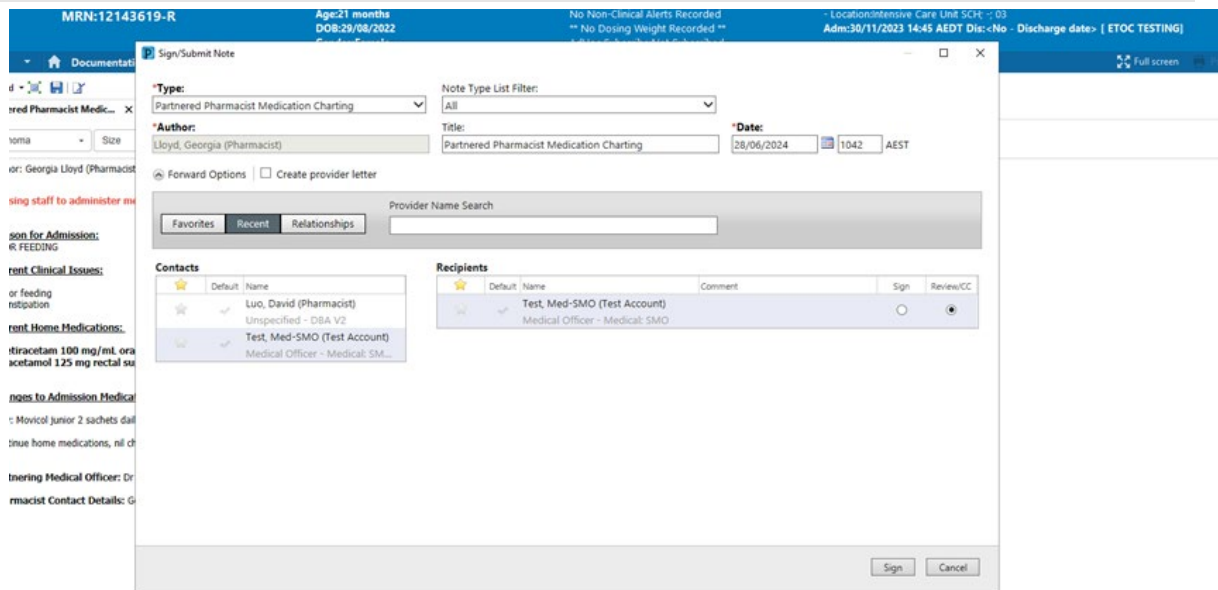
**Current Home Medications:**  
levetiracetam 100 mg/mL oral solution 100 mg, Oral, BD  
paracetamol 125 mg rectal suppository 1 suppository, Rectal, QID

**Changes to Admission Medications in Consultation with Medical Officer:**  
New: Movicol junior 2 sachets daily  
Continue home medications, nil changes

**Partnering Medical Officer:** Dr Smith  
**Pharmacist Contact Details:** Georgia Lloyd #1234

Action	Performed By	Performed Date	Action Status	Comment	Proxy Personnel	Requested By	Requested Date	Request Comment
Perform	Lloyd, Georgia (Pharmacist)	28/06/2024 10:56 AEST	Completed					

## Appendix 3 – Send Medication Plan to Medical Officer



## Appendix 4 – Communication type – Pharmacist charting

