



## Appendix 2: Communication Strategies for Medication Related Matters

### Rationale

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Effective communication on matters related to medications is important to ensure the safe use of medications. Accordingly, an effective strategy is required to facilitate the timely and effective communication on these matters.

This document is about communicating to staff at Ballarat Health Services (BHS) on 'general' matters related to medications. For example, when there is a 'product recall', 'disruption to the supply of specific medications', 'changes in product packaging', 'communicating observations or results from an audit or Riskman reports related to use of medications' and alerting BHS staff on the safety of particular 'clinical practice which is related to the use of medications'. The document also provides a general guide for the dissemination of information, when applicable, from the Medication Safety & Therapeutics Governance Committee (MTSC) to staff of BHS. It does **not** apply to clinical handovers or communicating information that are directly related to the care of a specific patient; communication on these matters should be as per established BHS process.

### Expected Objectives / Outcome

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General matters related to medication safety and, outcomes of the MTSC meetings, are communicated in a timely manner to relevant staff of BHS.

### Definitions

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Medication Safety & Therapeutics Governance Committee (MTSC). This is a multidisciplinary governance committee which provides oversight on matters related to the National Safety and Quality Health Service Standard 4 – Medication Safety, including approval of medications for use within BHS.

### Issues To Consider

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There are many ways to communicate such as using email, fax, memo, newsletter, phone and/or face-to-face. The mode of communication used should be based on the urgency, target audience, scope and nature of the information to be communicated, intended outcome and day/time the communication is to occur. Accordingly, it is challenging to be prescriptive on the exact mode of communication to be used. As a general guide, the following should be adopted:

1. Assess the urgency, target audience, scope and nature of the information to be communicated, intended outcome and day/time the communication is to occur.
2. Discuss, if necessary, with immediate line manager about the appropriate form of communication and target audience.

3. Initiate the communication process.

### **Communicating Medication Safety-related Matters:**

Examples of communicating medication safety-related matters include 'product recall' (see also NCP0177 Medication Recall Protocol), 'disruption to the supply of specific medications' and 'changes in product packaging'.

**Matters related to medication-safety should be directed to the attention of; the Director of Pharmacy, the relevant Deputy Director of Pharmacy, the Medication Safety Pharmacist, or the most senior pharmacist as soon as is practicable.**

The process below could be used as a guide when communicating to those affected:

1. Determine the urgency of the communication. For example, non-urgent communications can be via BHS's Medication Safety Newsletter, memo or, using emails. Urgent communications may require direct phone call or, overhead announcement via Switchboard.
2. Discuss with the Director of Pharmacy/delegate about the appropriate form of communication(s) and target audience. A combination of different modes of communication may be required (e.g. use of email, memo, phone calls etc). Of note:
  - As a general guide, medication safety-related matters may need to be communicated to nursing, pharmacy and medical staff, and/or patient flow coordinators (PFC).
  - When communicating with the medical staff, should consider whether there is a need to inform the relevant Heads of Medical Units or Clinical Directors. The Heads of Units/Clinical Directors can help facilitate the flow of information to his/her staff. Should also consider whether there is a need to inform Chief Medical Officer and his/her personal assistant. The CMO/delegate can also facilitate the flow of information to the relevant group(s) of medical staff, Executive Directors or others, for further actions.
  - When communicating with the nursing staff, should consider whether there is a need to inform the Director of Nursing. Communication with nursing staff may include Nurse Unit Managers – Subacute, Nurse Unit Managers – Acute, Acute Associate Nurse Unit Managers and Sub-Acute Associate Nurse Unit Managers.
  - If communicating with pharmacy staff, the Director of Pharmacy/delegate should be informed. The Director of Pharmacy/delegate will inform the relevant pharmacy staff.
3. When communicating on matters that are urgent/time critical, particularly, at the Close of Normal Business Hours or Weekends/Public Holidays, should consider personally alerting by phone, **if deemed appropriate**, the Director of Nursing, Patient Flow Coordinator, Director of Pharmacy and/or Chief Medical Officer. This is likely to ensure that communications to other staff are acted on by the relevant staff. The aforementioned individuals can be contacted, if a phone call is required, via Switchboard.
4. A Code Yellow may be activated in extreme circumstance, particularly on matters that are time critical. For example, Time Critical Medication Recall (see NCP0177 Medication Recall Protocol). This should only occur with approval from the Director of Pharmacy/delegate and where applicable, following consultation with relevant individuals (e.g. Ballarat Base Hospital Patient Flow Coordinator). In this circumstance, individuals such as Ballarat Base Hospital Patient Flow Coordinator, Chief Medical Officer, Director of Nursing and other relevant Heads of Units/Clinical Directors may need to be notified. These individuals, if required, may be contacted by phone via Switchboard.

**Dissemination of Information from MSTC:**

The MSTC meets regularly to discuss a range medication safety matters such as new medications approved, antimicrobial stewardship, medication incidents reported on Riskman, results from medication safety audits and changes to policies. The outcomes and recommendations of this meeting are communicated to the relevant individual or groups of individuals, and other committees.

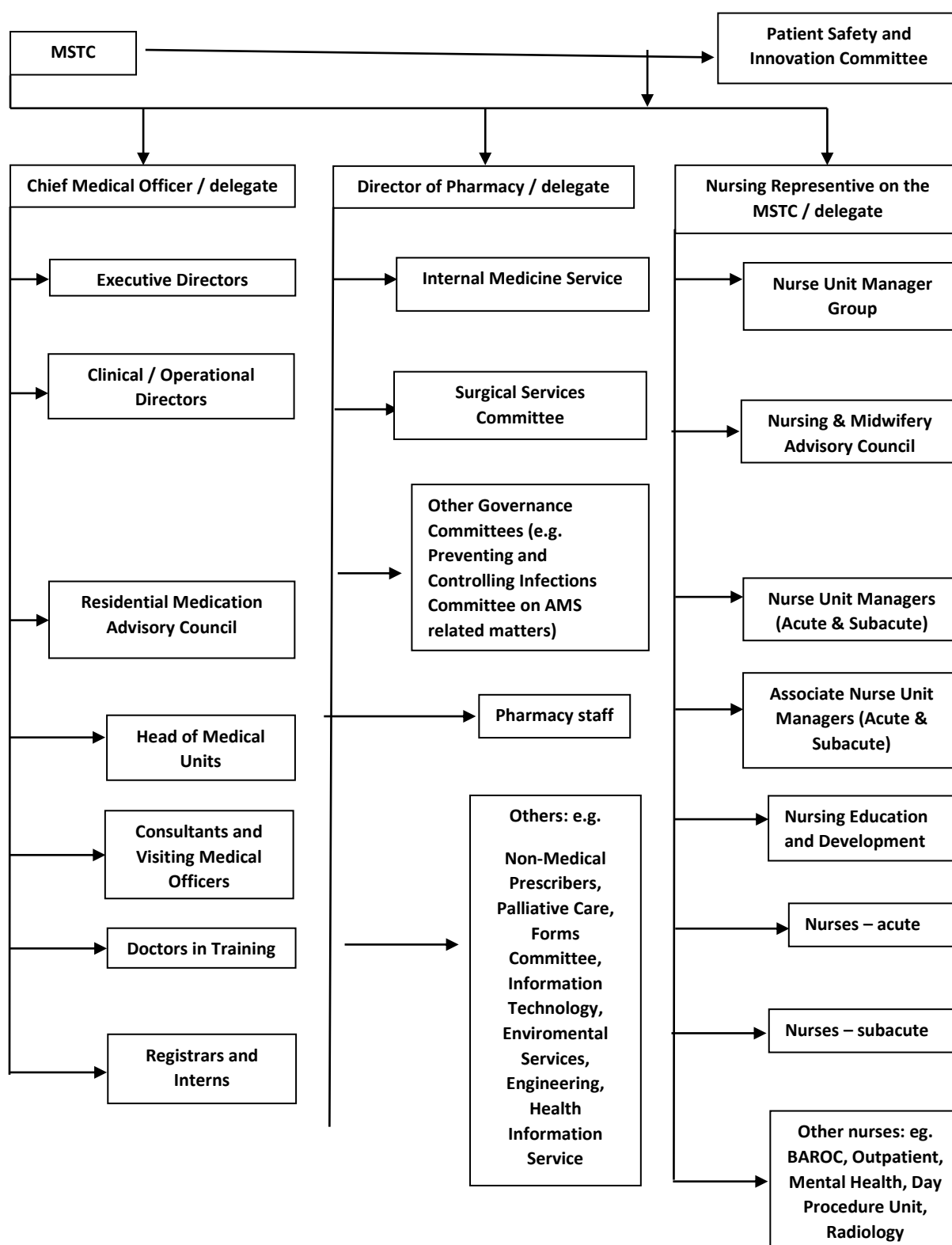
Given that MSTC considers a range of medication safety matters, it is challenging to be prescriptive on the exact communication pathway which the MSTC will adopt to disseminate its deliberation after each meeting. As a general guide, the MSTC will adopt the communication pathway, where appropriate, as given in Figure 1 (next page), via members of the MSTC viz. the nursing representative(s), Chief Medical Officer, Director of Pharmacy and, Director of Centre for Safety and Innovation (CSI). The pathway encompass communicating to higher and lower levels of the organisational structure.

**Related documents:**

NCP0177 Medication Recall Protocol

POL0077 Medication Management Policy

## Medication Safety Communication Pathway



**Figure 1.** General communication pathway for the dissemination of information from MSTC.