

Interim Medication Administration Chart (IMAC) Clinical Guideline

Version No.: 2.0
Approval date: 08/09/20

INFORMAL COPY WHEN PRINTED



Contents

| | | |
|-----|--|---|
| 1. | Introduction | 3 |
| 2. | Background | 3 |
| 3. | Definitions | 3 |
| 4. | Principles of the standards..... | 3 |
| 5. | General | 4 |
| 6. | Workforce implications..... | 5 |
| 7. | Safety, quality and risk management..... | 6 |
| 8. | Appendices | 7 |
| 9. | References..... | 7 |
| 10. | Document Ownership & History..... | 8 |

INFORMAL COPY WHEN PRINTED

Interim Medication Administration Chart (IMAC) Clinical Guideline

1. Introduction

Continuity in medication management is an essential component of quality use of medicines. Providing an up-to-date medication administration chart makes an important contribution to patient safety when transferring patients from hospitals to residential care facilities (RCFs) and the SA Prison Health Service (SAPHS); helping to reduce omissions of critical medicines and the potential for re-admission to hospital.

The implementation of a standardised Interim Medication Administration Chart (IMAC) in SA Health hospitals and health services aims to enhance patient safety by supporting continued administration of medicines during transitions of care.

The IMAC should be used for patient discharges from SA Health hospitals or health services to RCFs and the SAPHS. Local Health Network Drug and Therapeutics Committees (LHN DTCs) (or equivalent committees) may also approve the use of the IMAC for patient transfers to other health care facilities according to local LHN/health service procedures.

The IMAC must not be used for inter-hospital transfers.

2. Background

This guideline has been developed by the South Australian Medicines Advisory Committee (SAMAC) in response to an identified need for a standard SA Health IMAC to support continuity of medicines management on discharge from public hospitals to RCFs and SAPHS.

3. Definitions

- **interim medication administration chart (IMAC)** means: a chart generated on discharge by the discharging hospital, based on the discharge prescription and reconciled with the patient's inpatient medication chart prior to discharge, for patients discharged to residential care facilities. It is only to be used until the patient is reviewed by their general practitioner (within 7 days of hospital discharge)
- **residential care facilities (RCFs)** means: special-purpose facilities which provide accommodation and other types of support, including assistance with managing medicines and personal care. For the purposes of this clinical guideline this term refers to all types of residential care facilities, including paediatric and aged care facilities.
- **SA Prison Health Service (SAPHS)** means: a health service, part of the Central Adelaide Local Health Network (CALHN), delivering a range of primary health care services to prisoners located across the state-run prisons.

4. Principles of the standards

National Safety and Quality in Health Services (NSQHS) Standards

Standard 1 aims to ensure:

- > There are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care.

Standard 4 aims to ensure:

- > That clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use.

Standard 6 aims to ensure:

- > That there is effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation, to support continuous, coordinated and safe care for patients.

Aged Care Quality Standards

Standard 7 aims to ensure:

- > Clinicians are sufficient, skilled and qualified to provide safe, respectful and quality care and services.

Standard 8 aims to ensure:

- > Systems are in place for the delivery of safe and quality care and services

National Disability Insurance Scheme (NDIS) Practice Standards

Core Module 2 aims to ensure:

- > Clinicians are competent to safely administer appropriate medicines to meet the needs of the participant.

5. General

This clinical guideline should be read in conjunction with LHN/health service clinical handover and discharge procedures.

- 5.1 Use the SA Health standard IMAC (see Appendix 1 for an example).
- 5.2 An IMAC will be required for most transfers; however there may be some circumstances when an IMAC is not required, e.g. alternative arrangements are in place following advice from the receiving facility as per local practice.
- 5.3 LHNs/health services must have procedures in place regarding the supply of the IMAC, including determining any exemptions.
- 5.4 When discharge medicines are not required the receiving facility may need an IMAC to allow ongoing administration of medicines until review by the receiving health care team.
- 5.5 **Discharging inpatients** - All medicines continuing after discharge, including 'prn' medicines, must be prescribed on the IMAC. A maximum of 7 days if clinically appropriate can be prescribed to allow sufficient time for review by the receiving health care team.
- 5.6 **Discharging patients from Emergency Departments** - If there are no changes to the patient's regular medicines it may be appropriate to annotate this and only prescribe new medicines or any changed medicine orders on the IMAC.
- 5.7 All medicines must be prescribed in accordance with the principles of the [National Inpatient Medication Chart \(NIMC\) User Guide](#) , [SA Health Policy Directive - Spell It](#)

Out and LHN/health service prescribing procedures (or similar documents), for example ensuring:

- > Generic medicine names are used when appropriate;
- > Known allergies and previous adverse drug reactions are documented;
- > Standardised abbreviations and terminology is used.

5.8 Medicines ordered for a limited duration or only on certain days -

When a medicine is ordered for a limited duration, or only on certain days, this must be clearly indicated on the IMAC using crosses (X) to block out days/times when the medicine is **NOT** to be given.

If a medicine is to be administered for a period shorter than 7 days, the prescriber must indicate the date/time when the medicine is to cease.

- 5.9 The 'Last Dose Given' sections on the IMAC must be completed.
- 5.10 The IMAC must be reconciled with the NIMC (or equivalent) according to LHN/health service procedures.
- 5.11 The IMAC is not a discharge prescription. LHN/health service discharge procedures (or similar documents), including procedures for writing discharge prescriptions, must be followed.
- 5.12 The IMAC does not replace the discharge summary or letter. LHN/health service clinical handover and discharge procedures (or similar documents) must be followed.
- 5.13 Prescribers must ensure the IMAC, discharge prescription and discharge summary/letter all contain the same correct information about the medicines continuing after discharge.









6. Workforce implications

- SA Health Chief Executive will:
 - > Ensure SA Health services are aware of this clinical guideline.
- Director of Medicines and Technology Policy and Programs will:
 - > Establish, maintain and periodically review this clinical guideline to ensure consistency with current evidence and nationally agree best practice.
- Local Health Network Chief Executives will:
 - > Ensure the health services within their area of control have systems in place to ensure that clinical practice is in accord with this clinical guideline
 - > Ensure sufficient resources are in place to enable effective clinical practice, appropriate education and training for employees, and on-going evaluation of the effectiveness of the clinical guideline
 - > Delegate the day-to-day responsibility for establishing and monitoring the implementation of the guideline to the relevant senior managers.
- Executive Directors, General Managers, Heads of Service/Department and other senior managers will:
 - > Ensure that all clinical staff are aware of this clinical guideline

- > Develop, implement and monitor local processes that support the operation of this clinical guideline.
- SA Health employees, including consultants, contractors and students will:
 - > Ensure they are familiar with the requirements of the clinical guideline
 - > Adhere to the principles and aims of this guideline and ensure they operate in accordance with them.

7. Safety, quality and risk management

National Safety and Quality Health Service (NSQHS) Standards

| | | | | | | | |
|---|---|--|---|--|--|--|---|
|  National Standard 1 Clinical Governance |  National Standard 2 Partnering with Consumers |  National Standard 3 Preventing & Controlling Healthcare-Associated Infection |  National Standard 4 Medication Safety |  National Standard 5 Comprehensive Care |  National Standard 6 Communicating for Safety |  National Standard 7 Blood Management |  National Standard 8 Recognising & Responding to Acute Deterioration |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Aged Care Quality Standards


| | | | | | | | |
|--------------------------------------|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input checked="" type="checkbox"/> | 8 <input checked="" type="checkbox"/> |
| Consumer Dignity & Choice | Ongoing Assessment & Planning with Consumers | Personal Care & Clinical Care | Services & Supports for Daily Living | Organisation's Service Environment | Feedback & Complaints | Human Resources | Organisational Governance |

National Disability Insurance Scheme (NDIS) Practice Standards

| CORE MODULE | | | | SUPPLEMENTARY MODULES | |
|--------------------------------------|---|---|--------------------------------------|---|--------------------------------------|
| 1 <input type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Rights and Responsibilities | Governance and Operational Management | Provision of Supports (to participants) | Provision of Supports (environment) | High Intensity Daily Personal Activities Module | Early Childhood Supports Module |

8. Appendices

Appendix 1

 **Government of South Australia**
SA Health

INTERIM MEDICATION ADMINISTRATION CHART
Use for transfers from public hospitals to residential care facilities

MR-IMAC Hospital: _____

Allergies and Adverse Drug Reactions (ADR)
 Nil Known Unknown (tick appropriate box or complete details below)

| Medicine (or other) | Reaction / type / date | Initials |
|---------------------|------------------------|----------|
| | | |
| | | |
| | | |

UR No.: _____
Surname: _____
Given Name: _____
Second Given Name: _____
D.O.B.: _____ Sex: _____

Sign: _____ Print: _____ Date: _____
Prescriber to print patient name and check label correct: _____

Year 20..... This chart should list ALL prescribed therapy that is to continue after discharge

| Regular and when required medicines (Prescriber must enter administration times) | | | Record of drug administration | | | | | | | | |
|---|-------------------------------|----------------------|-------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Date | Medicine (print generic name) | Tick if Slow Release | State Admin Time | DD/MM | DD/MM | DD/MM | DD/MM | DD/MM | DD/MM | DD/MM | DD/MM |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

For patient to retain on discharge

SA Health
Created March 2018

Sensitive: Medical (When completed) - I2 - A2 Medication chart number _____ of _____

INTERIM MEDICATION ADMINISTRATION CHART MR-IMAC

PRINTED

9. References

Associated Policy Directives and Policy Guidelines:

- [Preventing Adverse Drug Events Policy Directive](#)
- [Preventing Adverse Drug Events Policy Guideline](#)

Associated national documents:

- Australian Pharmaceutical Advisory Council (APAC), 2005; [Guiding principles to achieve continuity in medication management](#)
- Australian Commission on Safety and Quality in Health Care, 2016; [NIMC User Guide](#)

Resources:

- SA Health, November 2010; [Continuity in Medication Management, a Handbook for South Australian Hospitals](#)
- [Spell It Out Guidelines](#)

The authors would like to acknowledge the Northern Adelaide Local Health Network procedure, *Continuity in Medication Management – Interim Medication Chart*, and the NALHN IMAC that formed the basis of the SA Health IMAC and the first version of this clinical guideline.

10. Document Ownership & History

Document developed by: Medicines and Technology Programs, System Leadership and Design

File / Objective No.: 2017-10869 | A2004117

Next review due: 30/04/2025

Policy history: Is this a new policy (V1)? **N**
 Does this policy amend or update an existing policy? **Y**
 If so, which version? V1
 Does this policy replace another policy with a different title? **N**

ISBN No.: 978-1-76083-251-3

| Approval Date | Version | Who approved New/Revised Version | Reason for Change |
|---------------|---------|---|---|
| 08/09/20 | V2 | Don Frater, Deputy Chief Executive, Systems Leadership & Design Department for Health and Wellbeing | Amended to include: <ul style="list-style-type: none"> • The SA Prison Health Service in the scope of the guideline • Additional and updated national standards • Some minor grammatical changes |
| 07/12/18 | V1 | Safety and Quality Strategic Governance Committee | Original approved version |