

Glossary

Adherence aid. An aid that assists the patient to adhere to their medicines as prescribed, e.g. Dosette boxes, Webster pack, medicines list, alarms, pagers.

Adverse drug reaction (ADR). A drug response that is noxious and unintended, and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.¹

Adverse medicines event (AME). An adverse event due to a medicine. This includes the harm that results from the medicine itself (an ADR) and the potential or actual patient harm that comes from errors or system failures associated with the preparation, prescribing, dispensing, distribution or administration of medicines (a medication incident).¹

Assessment of current medication management. Review of a patient's current medication management including:

- reviewing all medicine orders and administration records to optimise medicine therapy, to ensure medicines are administered safely and appropriately and patient outcomes are optimised
- comparing patient's current medicines to the patient's MMP and data from the medication administration record, pharmacist clinical review, laboratory results and therapeutic drug monitoring
- providing advice on the selection of medicines to support therapeutic appropriateness, cost effectiveness and accessibility.

Clinical review. Review of patient-specific clinical information and patient parameters to evaluate their response to medication therapies and to detect and manage potential or actual medicines-related problems.

Continuous improvement. Systematic, ongoing effort to raise an organisation's performance against a set of standards or indicators.¹

Drug use evaluation (DUE). Authorised, structured, ongoing system for improving the quality of medicine use within a health service organisation. Medicine use is evaluated using pre-determined standards, and efforts are initiated to correct patterns of use which are not consistent with these standards. It includes a mechanism for measuring the effectiveness of these corrective actions.²

Health professional. Healthcare provider or clinician trained as a health professional. Includes registered and non-registered practitioner, or a team of health professionals providing health care who spend the majority of their time providing direct clinical care.¹

Health record. Patient's health record consists of, but is not limited to, a record of the patient's medical history, treatment or progress notes, observations, correspondence, medication chart, prescription records, investigations, test results and photographs.¹ The health record may be a hard copy or electronic format. The immediate health record

is the health record relating to that episode of care. The permanent health record contains all the patient's record for that health service organisation.

Health service organisation. A separately constituted health service that is responsible for the clinical governance, administration and financial management of service units providing health care. A service unit involves a grouping of clinicians and others working in a systematic way to deliver health care to patients and can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.

High-risk medicines. A medicine that is deemed high-risk, such as

- insulins and/or oral hypoglycaemic agents
- opioid analgesia
- immune suppressant therapy
- anticonvulsants
- aminoglycosides or vancomycin
- anticoagulants and antithrombotics
- intravenous potassium
- chemotherapy.

Interdisciplinary. Includes doctors, nurses and pharmacists and other health professionals.

Medication error. A preventable event that may cause or lead to inappropriate medication use or patient harm while medication is in control of the health professional, patient or consumer.¹ Such events may be related to professional practice, healthcare products, procedures, and systems, including prescribing; order communication; product labelling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.³

Medication history. Accurate recording of a patient's own medicines. It comprises a list of all current medicines including all prescription and non-prescription medicines, complementary healthcare products and medicines used intermittently; recent changes to medicines; past history of adverse drug reactions including allergies; and recreational drug use.¹

Medication incident. *See Adverse medicines event.*

Medicines list. Comprehensive list of all current medicines being used by the patient including complementary and alternative medicines and over-the-counter medicines.

Medication management plan (MMP). Documented continuing plan used by health professionals in collaboration with patients to develop strategies to manage the use of medicines for the patient. It includes a best possible medication history and lists issues identified during the assessment of the patient's current medication management and the medication management goals developed.⁴ Previously known as medication action plan.

Medication reconciliation. Process of obtaining, verifying and documenting an accurate list of a patient's current medications on admission and comparing this list to the admission, transfer, and/or discharge medication orders to identify and resolve discrepancies. At the end of the episode of care the verified information is transferred to the next care provider.¹

Near miss. Incident that did not cause harm but had the potential to do so.¹ This can be described as either an event that did occur but harm did not eventuate or an event that would otherwise have led to harm if it were not intercepted.

Patient vs consumer. The term patient has been chosen in this document to indicate all consumers of health care and their carers and recognises patients as active participants in their own health care.

Patients most at risk. Prioritise patients most at risk of medicines-related problems who:

- have medication misadventure as the known or suspected reason for their presentation or admission to the health service organisation
- are aged 65 years or older
- take 5 or more medicines
- take more than 12 doses of medicines per day
- take a medicine that requires therapeutic monitoring or is a high-risk medicine
- have clinically significant changes to their medicines or treatment plan within the last 3 months
- have suboptimal response to treatment with medicines
- have difficulty managing their medicines because of literacy or language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties
- have impaired renal or hepatic function
- have problems using medication delivery devices or requires an adherence aid
- are suspected or known to be non-adherent with their medicines
- have multiple prescribers for their medicines
- have been discharged within the last 4 weeks from or have had multiple admissions to a health service organisation.

Service agreement. The level and scope of clinical pharmacy service between the pharmacy and the health service organisation or individual ward or unit or otherwise as determined. The agreement may be written or implied and may include desired outcomes and evidence of provision, e.g. key performance indicators.

Therapeutic drug monitoring (TDM). Interpreting and monitoring of measured drug concentrations in body fluids to optimise medicine efficacy and minimise toxicity. TDM applies the disciplines of pharmacology, pharmacokinetics, pathology and clinical medicine.

References

1. Australian Commission on Safety and Quality in Health Care. National safety and quality health service standards. Sydney: The Commission; 2011.
2. SHPA Committee of Specialty Practice in Drug Use Evaluation. SHPA standards of practice for drug usage evaluation in Australian hospitals. *J Pharm Pract Res* 2004; 34: 220-3.
3. Runciman WB. Shared meanings: preferred terms and definitions for safety and quality concepts. *Med J Aust* 2006; 184 (10 suppl): S41-S43.
4. Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity in medication management. Canberra: The Council; 2005.