***This document provides Aged Care Providers with a step by step guide to implementing a medicine imprest system in their aged care facility. Some key information first:***

**What is a medicine imprest system?**

* An imprest system allows registered health practitioners to access imprest medications.
* Medications are supplied to an aged care facility as ‘ward stock’ **and have not been prescribed for a specific resident.**
* Medications may include antibiotics, pain relief medications and other medications for urgent use, such as salbutamol inhalers and adrenaline and Schedule 4 and Schedule 8 medications often used for end of life care.

**Key Steps and Information**

**Step 1: Seek Executive/Management approval**

* Seek Executive/Management approval to establish an imprest system. Ensure they are aware of **benefits** and **compliance requirements** as listed below.

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| **Benefits** |  | **Compliance requirements** |
| * An imprest system can help mitigate a shortage of essential medications when prescribed medications are not accessible.
* Visits from GPs/Locums can occur out of hours. Medication changes may mean a time delay before pharmacy can deliver the appropriate medication. The resident’s condition may worsen or the resident may experience unnecessary discomfort whilst waiting for new medication. Having an onsite ‘imprest’ system means GPs and Locums can prescribe from the list of medications available on site.
* When prescribed medicines are not available, residents may be transferred to hospital to receive appropriate medication to manage a specific problem because the aged care facility does not have the medication on site or may have to wait 12 to 24 hours to get the medication from the pharmacy. Having an ‘imprest’ system means that GPs, Locums, In-Reach Teams or Palliative Care Services (NP) can prescribe, and the medication can be administered/commenced without delay.
* Support services (e.g. In-reach or palliative care services) providing out of hours care and can provide immediate onsite medications to residents from an imprest system.
 |  | * The aged care facility needs a **Health Services Permit (HSP)** to hold imprest stock. Application for an HSP is via an online form:

<<https://www2.health.vic.gov.au/dplicences>> * The aged care facility will require separate lockable storage to secure Schedule 2,3 and 4 imprest medication. Maintenance of a drug register is recommended for these drugs to keep track of the stock that is in imprest. This will help ensure that medicines are replenished, and also prevent misappropriation.
* **Schedule 8 substances** need to be stored in their own **compliant safe** and a **separate controlled drug register for recording transactions maintained.**
* The aged care facility requires **appropriately trained, authorised registered health practitioners to access and administer imprest medications. This includes nurses – RN Division 1 and EN Division 2 (endorsed)** but not personal care assistants.
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**Step 2: Speak with your key stakeholders**

* Speak with your Medication Advisory Committee (MAC), GPs, Pharmacist and Residential-in-Reach and Community Palliative Care provider to advise them of your intention to establish an imprest system.
* Discuss and identify their needs, expectations and requirements regarding the imprest system, e.g. policies and procedures, education and training for staff, changes to physical environments (secure storage cupboards), stock, costs, access to supplies, replenishing used medications, the type of orders accepted (paper, digital image etc), delivery after hours?
* Agree a plan of action based on their feedback and who will complete actions and by when.
* Conduct follow up meeting with stakeholders to communicate actions completed.
* In consultation with the aged care facility’s MAC and other key stakeholders, discuss and agree imprest stock - medication type, strength and route.

**Step 3: Obtain ‘Health Services Permit’ from Victorian Government**

* The aged care facility must have a permit from the Victorian Government to have an imprest system on site. Access on-line **Health Services Permit (HSP).** Application for an HSP is via an online form: <<https://www2.health.vic.gov.au/dplicences>>.
* There is a ‘new’ licence fee and a renewal fee. Costs depend on the nature and size of the aged care facility. Information about permit and licence fees can be found on the following link (**scroll down to Table 3 on the page**). <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/licences-and-permits-to-possess-and-possibly-supply-scheduled-substances/drugs-and-poisons-licence-permit-fees-schedule>
* Speak with your Pharmacist if unsure about how to complete permit requirements.

**Step 4: Implement required changes to your physical infrastructure and medication practice**

**Storage regulations for scheduled drugs**

* The Regulations specify that, for aged care services the approved provider:
	+ must store Schedule 4 medicine in a lockable storage facility.
	+ must store dispensed Schedule 8 medicine in a lockable room or a lockable storage facility that is firmly affixed to the floor or wall.
	+ must ensure that any storage facility for a Schedule 4 or 8 medicine is locked, except when it has to be opened to perform a specific action directly related to the medicine, such as to administer the medicine or do an inventory check
	+ may use a single storage system for dispensed Schedule 4 and dispensed Schedule 8 medicine for all residents receiving that medicine; approved providers do not have to keep separate storage facilities for residents receiving a high level of care and other residents.
* The above requirements apply to Schedule 4 and Schedule 8 medicine that is supplied on a prescription or a chart instruction written on a hospital medication chart (for discharge medicine) or a chart instruction written on a residential medication chart for a specific resident (i.e. dispensed medicine).
* If the aged care service maintains an imprest stock of medicine (i.e. medicine that is not dispensed) any Schedule 8 imprest stock must be stored in a drug cabinet that complies with the security criteria specified in the Regulations.
* The aged care facility must hold a **Health Services Permit (HSP)** issued by the Department of Health and Human Services (refer to link above) to maintain an imprest stock.

**Recording requirements for scheduled drugs**

* Approved providers must maintain, and be able to retrieve, accurate and complete records of transactions (including administration) for Schedule 4 and 8 medicines. It is recommended to maintain records for S2 and S3 medicines.
* Approved providers are required to keep a drug register for records of administration of Schedule 8 imprest stock.
* Each facility should have a documented policy on what constitutes an order, ensuring there is no miscommunication. Verbal orders have a high potential for misinterpretation, or even being denied.

**How are ‘imprest’ medications used and checked?**

* Medications are dispensed from the ‘imprest’ only when a legal order from a Medical Practitioner (or person authorised to prescribe medications in Victoria: Nurse Practitioner with prescribing rights, Dentist or Authorised Podiatrist) has been received.
* The medical practitioner may be the resident’s GP, a locum or associated with a residential in-reach or palliative care team.
* Once an order is received, the specific dose of the prescribed drug may be taken from the ‘imprest’ cupboard and checked out via the aged care facility’s checking method (usually two people check the order and perform a drug count and then record this information in the transaction record or DD book).
* Additional required medication may be used from the ‘imprest’ system until the pharmacy can supply the resident’s prescription.
* The facility will need to have a process in place for determining minimum levels of medicines withing the imprest stock.
* Staff from the aged care facility must NEVER label ‘imprest’ drugs with a specific resident’s name and then place them with the resident’s other medication. Resident’s medication must be prescribed and dispensed specifically for them.
* The ‘imprest’ medication is an emergency/ out of hours supply of medications only, where a few doses of a medication may be given whilst awaiting supply from pharmacy. The ‘imprest’ cupboard is not a pharmacy or dispensing cupboard.
* To be safe, treat all medications in ‘imprest’ cupboard as Schedule 8 drugs (DDs) and count and record all transactions as such.

**Medication management - Nurses in residential aged care facilities – legal requirements**

* Link to State Government information detailing medication practice requirements in aged care for nurses: <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/medication-in-aged-care/nurses-in-residential-care-legal-requirements>

**Medication Imprest Systems and Pharmacy - How does it work?**

* The permit holder (i.e. the aged care service) should provide the pharmacy with a copy of their HSP to demonstrate that the service holds a current permit and to identify the poison schedules of the medications that may be obtained.
* When an ‘imprest’ drug is ordered, the pharmacist may supply the drug in accordance with regulation 15(1)(f) and must make a record of the transaction. ‘Imprest’ drugs are not supplied on prescription, so the pharmacist need not attach additional labels to the original containers. The Purchase Order should be uniquely identifiable with a specific purchase order number, dated, with the name and signature of the nurse making the order.
* The permit holder should store ‘imprest’ drugs separately from medications supplied on prescriptions and should manage them as described in the approved Poisons Control Plan for the HSP.
* When a nurse has a medical practitioner’s written or verbal instructions to administer an ‘imprest’ drug to a resident, the nurse may remove the required dose(s) of medication from the ‘imprest’ store and must make a record of the transaction.
* If/when the medical practitioner provides a prescription, authorising the pharmacist to supply the medication for the resident, the pharmacist must supply the quantity specified on the prescription, must label the corresponding container in the manner described in regulation 29 and must make a record of the transaction**. It is not acceptable to attach a dispensing label, corresponding to the subsequent prescription, to the container that was removed from the ‘imprest’ store.**
* The container, from which the initial dose(s) of an ‘imprest’ drug were obtained, will then contain fewer doses and should be returned to the ‘imprest’ store.
* Regulation 45 makes it an offence to administer drugs, obtained on prescription, to any person other than the person named on the prescription. Hence, a container of medication, obtained on prescription, must not be used to replace a container that was removed from the ‘imprest’ store.
* A replacement container of an ‘imprest’ drug may be supplied when the progressively reducing number of doses of the drug necessitates replenishment.

**Are Imprest Medications the same as Nurse Initiated Medications?**

* NO!
* Registered Nurses may under certain circumstances administer doses of ‘over the counter’ medication IF the aged care facility has a Nurse Initiated Medication policy/ procedure which has been implemented.
* If the aged care facility has such a procedure, the aged care facility must supply the medications for resident use.
* Residents who receive Nurse Initiated Medications, should then be seen by their GP to countersign the order and review the resident.

**Step 5: Update Medication Management Policy and Procedures**

* Review and update key policies and procedures to include the establishment of imprest system and practice changes e.g.
	+ Medication Management
	+ End of life care
	+ Adverse events management
	+ Mandatory education and training
* Useful Victorian Government links regarding medication management in aged care and storage and record keeping:
	+ <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/medication-in-aged-care>
	+ <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/medication-in-aged-care/aged-care-medicine-storage-record-keeping>

**Step 6: Provide education and training (policy, procedures and practice)**

* Review current scope and content of medication management education and training for all staff. In consultation with the aged care facility’s MAC and other key stakeholders, discuss and agree changes to education and training to ensure safe and compliant practice of imprest medications and administration of same.
* Educate all RNs in the use, storage and administration of medications from an ‘imprest’ cupboard.

**Step 7: Monitor use and include as part of the aged care facility’s quality improvement system**

* Monitor and report use of system to MAC and staff meetings to assess use of the system and identify opportunities for improvement (stock, practice etc)

**Resources:**

In addition to the links included in this guide (accessed March 2021), information was also obtained from the Imprest Medication Systems for RACFs – Frequently asked questions: <https://smrpcc.org.au/wp-content/uploads/2020/04/Imprest-RACF-Medications-FAQs-April-2020_c.pdf>