High Risk Medication Management Policy

1. Purpose

The purpose of the *High Risk Medication Management Policy* (the policy) is to ensure the WA health system implements best practice standards and risk mitigation strategies for the safe management of high risk medications. This policy aims to improve patient safety and to minimise patient harm when high risk medications are used.

While all medications carry risk of adverse events if prescribed, administered or dispensed inappropriately, high risk medications carry an increased risk of causing significant patient harm or death if they are misused or used in error.

This policy is to be read in conjunction with:

- MP 0122/19 Clinical Incident Management Policy
- MP 0139/20 Medicines Handling Policy
- National Safety and Quality Health Service Standards: Medication Safety

This policy is a mandatory requirement for Health Service Providers under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016.*

2. Applicability

This policy is applicable to all Health Service Providers except Health Support Services, and PathWest Laboratory Medicine WA.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

3.1 Governance

Health Service Providers must establish a high risk medication management program which is governed by a Medicine and Therapeutics Committee (MTC), or equivalent governance committee. It is the responsibility of the MTC to determine and maintain a high risk medication list, monitor use of high risk medications and to develop mitigation strategies to manage identified risks.

3.2 High Risk Medication List

Health Service Providers that provide inpatient care must identify and maintain a list of medications that are deemed high risk within their patient population and clinical setting, in accordance with the National Safety and Quality Health Service Standard: Medication Safety. High risk medication lists may vary between hospitals and health care services depending on the patient cohort and services provided.

At a minimum, the following classes of high risk medications recommended by the Australian Commission for Safety and Quality in Healthcare, and associated with the 'APINCHS' acronym, must be included in a high risk medication list (unless medication class is not prescribed in the hospital or health service).

A	Antimicrobials
P	Potassium and other electrolytes; Psychotropic medications
I	Insulin
N	Narcotics / Opioids; Neuromuscular blocking agents
C	Chemotherapeutic agents
H	Heparin and other anticoagulants
S	Safer Systems (e.g. safe administration of liquid medications)

Health Service Providers must maintain and review the local high risk medication list annually (or earlier in response to emerging needs) to identify potential risks (including storage, prescribing, dispensing, administration and monitoring) and develop risk mitigation strategies.

3.3 Local policy, protocols, procedures and guidelines

Health Service Providers must develop a local high risk medication management policy which includes:

- governance arrangements
- roles and responsibilities
- procedures, protocols and/or guidelines to identify and manage high risk medications
- minimum requirements for storage, prescribing, dispensing or administering high risk medications.

Health Service Providers providing care which will involve treatment with intravenous potassium or vinca alkaloids are required to have local guidelines which adhere to the minimum safety requirements outlined in the following:

- Intravenous (IV) Potassium Standard
- Vinca Alkaloids Standard

3.3.1 Strategies to minimise risk with high risk medications

When developing protocols, procedures and/or guidelines Health Service Providers must consider safety principles such as:

- regular review of local and wider system incidents and near-misses and the use of prospective analysis and redesign of workflows and systems to prevent reoccurrence of the same errors
- appropriate monitoring of patients receiving high risk medications to minimise the risk of adverse events and ensure a timely response to manage should they occur
- strategies to reduce or eliminate risk of error (e.g. restrict supply of high risk medications to areas of specified use where possible, employ a fully independent

double check for key high risk medications, ensure appropriately trained staff are involved with patient treatment).

Health Service Providers that use Electronic Medical Record (EMR) systems and electronic Medication Management (eMM) systems must consider the safe prescribing, administration and monitoring of high risk medications. Where possible and practical, alerts must be built into these systems and used to address the predictable risks around high risk medication use.

Health Service Providers must consider the eMM system contains:

- alerts for the maximum safe dose of high risk medication
- requirement for monitoring of certain parameters when prescribing or initiating a high risk medication.

3.4 Reporting of clinical incidents involving high risk medications

Health Service Providers must:

- report clinical incidents (including near-misses and sentinel incidents) involving high risk medications (medication incidents) using the clinical incident management system.
- review the clinical incidents through the local safety and quality management systems as per MP 0122/19 Clinical Incident Management Policy to assist redesign of risk management plans and prevent further errors.

4. Compliance Monitoring

The Medicines and Technology Unit (MTU) on behalf of the System Manager, will monitor compliance with this policy by requiring Health Service Providers to submit a report annually using the High Risk Medication Management Policy Compliance Audit Tool via REDCap® by 28 February each year. MTU will develop a report of audit findings on an annual basis.

The System Manager may also request Health Service Providers to provide the following additional information to ensure alignment with policy requirements:

- Education for the awareness of high risk medications.

The System Manager may audit at any time should a non-compliance issue be identified.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- Intravenous (IV) Potassium Standard
- Vinca Alkaloids Standard
- High Risk Medication Management Policy Compliance Audit Tool (Fillable PDF for local use only-2025)

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- N/A

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Clinical incident	A clinical incident is an event or circumstance resulting from health care provision (or lack thereof) which could have or did lead to unintended or unnecessary physical or psychological harm to a patient. Clinical incidents include: • Near-Miss: an incident that may have, but did not cause harm, either by chance or through timely intervention. • Sentinel events: a subset of serious clinical incidents that has caused or could have caused serious harm or death of a patient. It refers to preventable occurrences involving physical or psychological injury, or risk thereof.
High risk medication	Any medication that has a heightened risk of causing significant or catastrophic harm when prescribed, administered or dispensed in error and includes: • medications with a low therapeutic index • medications that present a high risk when administered via the wrong route This term has been assigned to these medications to draw attention to their potential dangers, so that all clinicians involved in their use will treat them with the special attention and respect they require.
Medication incident	A failure in the medication management process that leads to, or has the potential to lead to, harm to the patient and includes an act of omission or commission. Errors rarely occur as the result of the actions of a single individual. They are usually the result of a series of system failures.
Risk	Risk is the effect of uncertainty on objectives (either positive or negative).
WA health system	The WA health system is comprised of: (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to this policy may be directed to:
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9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0131/20	10 February 2020	February 2023	Original version
MP 0131/20 v.2.0	18 December 2025	December 2028	Policy review and amendment, as detailed below.
• Title updated to 'High Risk Medication Management Policy'. • Purpose section refined. • Policy requirement sections strengthened, redefined and updated. • Policy requirement 3.3.1 updated to include considerations for Health Service Providers using Electronic Medical Record (EMR) systems and electronic Medication Management (eMM) systems around use of alerts built into these systems (where possible and practical). • Policy requirement 3.4 updated to include the review of clinical incidents involving high risk medications to prevent the reoccurrence of the same errors. • Compliance monitoring section updated to include revised High Risk Medication Management Policy Compliance Audit Tool, and the requirement for annual reporting to the Medicines and Technology Unit. • Related documents: Inclusion of revised High Risk Medication Compliance Audit Tool. Review and minor amendments to Intravenous (IV) Potassium Standard and Vinca Alkaloids Standard. • Removal of supporting information documents: Guidelines for Managing Specific High Risk Medications Relevant to the Organisation, Guiding Principles for Timely Administration of Medications, Clinical Audit Tool and Key Performance Indicators for High Risk Medication Policy.			

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance Division, Department of Health
Approval date	5 February 2020

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