
Safer Medicines at Transitions of Care

Project Charter

OFFICIAL

Are you part of a health service or a healthcare professional involved in managing medicines with consumers at transitions of care?

Do you want to optimise medicines management at transitions of care and reduce medicines-related consumer harm?

Safer Care Victoria (SCV) is excited to invite health services to participate in the Safer Medicines at Transitions of Care (SMTC) Collaborative. This document provides information for health services interested in participating in this work. The SMTC Collaborative is part of the Safer Together Program (STP) at SCV. The STP is a multi-year program aiming to reduce harm and improve health outcomes through innovation, and by testing, learning, and fine-tuning improvements that can be implemented across the sector. Please see our website for further information about [SCV](#) and the attached FAQ to learn more about STP.

Background information

Transitions of care are when a person moves from one care provider to another. It is a period of high risk for medicines errors and miscommunication. Over 50% of medicine errors occur at a transition of care.² These errors are often preventable but can lead to significant harm. Patients discharged with incomplete medicines information are 2.3 times more likely to be re-admitted.³

- Medicines-related hospital admissions account for 2-4% of all admissions in Australia each year (250,000 admissions) with an estimated additional 400,000 medicine-related emergency department presentations.¹
- To address this, both global and national efforts have focused on improving transitions of care. Bundled interventions incorporating elements such as patient engagement, enhanced clinician to clinician collaboration and pharmacist-led medication reconciliation programs have proven effective in reducing re-admissions and emergency department visits.⁴
- The WHO's "Medication Without Harm" challenge aims to reduce severe, avoidable medication-related harm by 50% by 2025, with a key focus on transitions of care.⁵ In response, the Australian Commission on Safety & Quality in Health Care has outlined strategies to achieve this goal.⁶
- SCV is working on the Safer Medicines at Transitions of Care (SMTC) collaborative to reduce patient harm and unplanned re-admissions by partnering with health services to optimise medicines management during transitions.

¹ Lim, Renly et al. "The Extent of Medication-Related Hospital Admissions in Australia: A Review from 1988 to 2021." Drug safety vol. 45,3 (2022): 249-257. Available from: [The Extent of Medication-Related Hospital Admissions in Australia: A Review from 1988 to 2021 - PMC \(nih.gov\)](#)

² Medication reconciliation. Australian Commission on Safety and Quality in Health Care. Available from: [Medication reconciliation | Australian Commission on Safety and Quality in Health Care](#)

³ DRAFT Medication Management at Transitions of Care Stewardship Framework. Australian Commission on Safety and Quality in Health Care, 2024. Available from: [Medication Management at Transitions of Care Stewardship Framework \(safetyandquality.gov.au\)](#)

⁴ Avoidable Hospital Readmissions. Report on Australian and International indicators, their use and the efficacy of interventions to reduce readmissions. Australian Commission on Safety and Quality in Health Care, June 2019. Available from: [INVITATION TO REGISTER INTEREST \(safetyandquality.gov.au\)](#)

⁵ Medication Without Harm. World Health Organization. Available from: [Medication Without Harm \(who.int\)](#)

⁶ Medication without harm – WHO Global Patient Safety Challenge: Australia's response, 2020. Available from: [Medication without harm – WHO Global Patient Safety Challenge: Australia's response | Australian Commission on Safety and Quality in Health Care](#)

What are we trying to accomplish?

Working aim: By 30 June 2027, we will reduce 30-day unplanned, medicine-related re-admissions* originating from participating general medical units by 30%** in Victoria by improving medicines management practices*** that empower patients to safely transition from hospital to home.

* For adult patients 18 and over

** Percentage still to be finalised. Health Services will also individualise based on local service level data

*** As defined by the change package

SCV will partner with general medical units in Victorian health services to:

- Test and apply strategies that optimise medicines management practices during transitions of care.
- Reduce unplanned medicine-related hospital re-admissions and re-presentations.
- Help patients safely transition from hospital to remaining at home.
- Create a safer and more efficient health system for consumers and clinicians.

How are we going to achieve this together?

Utilising the Model for Improvement, SCV will partner with health services to test an evidence-based change package of ideas in their local context, monitor effectiveness of the interventions, and share learning and insights with other teams to determine ideas that can be spread and scaled across the state.

A breakthrough series (BTS) Collaborative structure (Figure 1) will be used to test and implement the change ideas to accomplish a common aim. This will involve 3 in-person learning/ collaboration sessions and 3 health service-based action periods, where changes are tested and adopted, adapted or abandoned (see Table 1 for further detail about activities). Teams maintain continual contact with each other and SCV through virtual coaching calls, online discussions, email, and monthly progress reports.

The SMTC Collaborative will run from February 2025 to June 2027.

Figure 1: The breakthrough series collaborative model

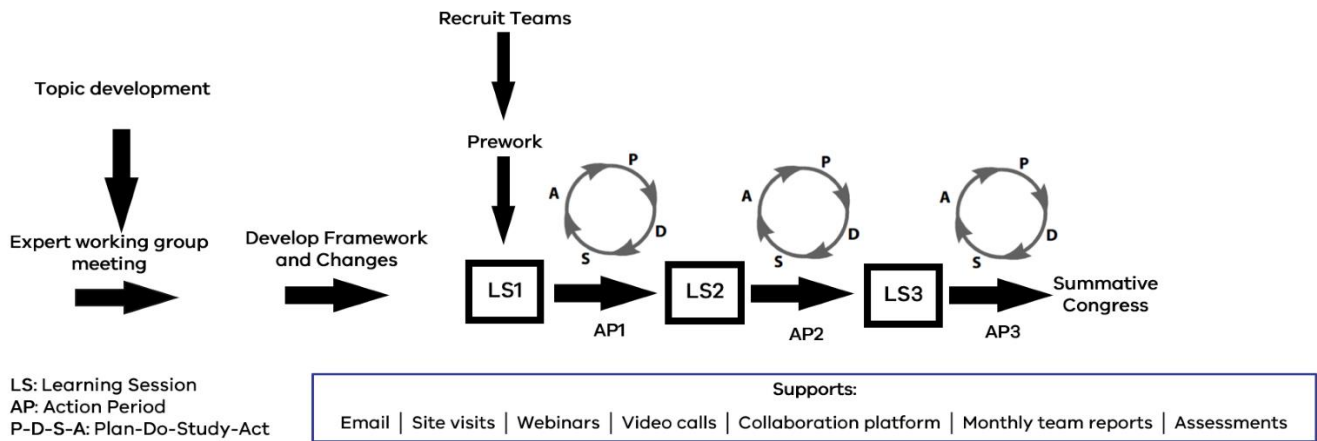


Table 1: Activities

Activity	Description
Health service recruitment process	<ul style="list-style-type: none"> Expressions of interest (EOI) close at 10am on Monday 23 December 2024. Services who have submitted an EOI will be notified of the outcome via email on Tuesday, 7 January 2025. Prior to the kick-off call in February, participating health services will be expected to establish their multidisciplinary project teams and appoint a project lead.
One-hour kick-off call & introduction to change package Tuesday 11 February at 1pm via Teams	<ul style="list-style-type: none"> A one-hour virtual kick-off call, via Microsoft Teams, will provide participating teams the opportunity to hear more about the SMTC Collaborative and provide information to support teams to begin preparing to implement SMTC. A change package will be provided to participating health services so that they can begin preparing to test and implement SMTC change ideas. Prior to virtual workshop 1 (Thursday 20 March), teams will: <ul style="list-style-type: none"> collect and share baseline data via an online platform Team Assurance complete a local high-level project plan including an individualised aim to share with other teams.
One-hour health service Executive sponsor meeting Wednesday 12 February at 1pm via Teams	<ul style="list-style-type: none"> A virtual one-hour health service executive sponsor meeting will be held to introduce executive sponsors to the project and to each other. Executive sponsor role & responsibilities as part of the project will be discussed, in addition to expectations of project teams.

<p>Two-hour virtual workshop</p> <p>Thursday 20 March 2025</p>	<ul style="list-style-type: none"> • Introduction to improvement science and initial check-in with teams
<p>All-day in person collaboration sessions</p> <p>1. Thursday 15 May 2025</p> <p>2. Thursday 14 August 2025</p> <p>3. Thursday 26 February 2026</p>	<ul style="list-style-type: none"> • Three all-day in person learning collaboration sessions • Project team members will convene in person (with location to be confirmed closer to date) to: <ul style="list-style-type: none"> ○ Share successes & learn from setbacks ○ Collaborate with & learn from other project teams ○ Learn about improvement science and how to execute projects using this methodology ○ Engage with health service executive sponsors
<p>Monthly 1:1 virtual check-in calls / site visits alternating with virtual workshops</p>	<ul style="list-style-type: none"> • Dates to be confirmed • Virtual workshops to teach improvement science
<p>Interim evaluation session</p> <p>Thursday 25 June 2026</p>	<ul style="list-style-type: none"> • All-day in person interim evaluation session • Project teams will convene in person to: <ul style="list-style-type: none"> ○ Share most successful change ideas and how they were implemented ○ Share biggest challenges and learnings ○ Plan for sustaining the gains ○ Plan for spread & scale
<p>Monthly coaching call drop-in sessions</p>	<ul style="list-style-type: none"> • Monthly drop-in sessions to share successes, address challenges & share specific change ideas tested and how implemented • Coaching calls tailored to health service needs. • Dates to be confirmed.
<p>Ongoing SCV support</p> <p>June 2026 to June 2027</p>	<ul style="list-style-type: none"> • To help teams sustain the gains. • To help spread and scale. • Dates to be confirmed.

Who is eligible to apply?

Victorian health service teams working in adult general medical units are eligible to apply. If you are interested, you will need to establish a project team and will need endorsement from an executive sponsor within your service. More details are below in the project team section.

Why apply?

The Collaborative will enable project teams in health services to optimise medicines management at transitions of care and reduce medicines-related consumer harm. Teams will have the chance to:

- Design, test and implement changes that improve processes and systems within their service and improve medicines management at transitions of care.
- Align with Australia's response to the WHO Global Safety Challenge and The Commission's Medication Management at Transitions of Care Framework.
- Align with the National Safety and Quality Health Service (NSQHS) Accreditation Standards.
- Learn from and collaborate with health services across the state who are improving medicines management at transitions of care.
- Build staff capability in improvement science.
- Contribute to safer use of medicines, one of 4 key priorities in the Safer Together program.

What can you expect from us?

- A change package, listing a suite of evidence-based change ideas that can be tested at your local health service to improve medicines management at transitions of care.
- A measurement strategy, outlining what data to collect to understand if change has led to an improvement.
- Training and support in improvement science methodology via in-person workshops, coaching calls, site visits and the SCV online learning platform
- SCV Project team support in the form of Project Lead and access to an advisory group with subject matter expertise.
- Access to consumers with lived experience at live events and webinars to help inform the improvement work and provide insight from their experiences.
- Space for collaboration and learning between other participating health services across Victoria.

What do we expect from you?

Participating health services must commit to the duration of the Collaborative, until June 2027 and will be expected to:

- Designate an influential senior leader as an executive sponsor (e.g. Director level or above), who will connect the goals of the Collaborative to strategic initiatives at their service, while supporting and removing barriers for the core team to successfully complete the project.
- Appoint a project lead (working primarily in a general medical unit) to coordinate a multidisciplinary core project team responsible for completing the improvement work. See the recommendations for the project team outlined below.
- Involve a consumer as part of the project team to actively contribute to the improvement work
- Consent to sharing de-identified individual-level patient data (via data sharing platform) to SCV for project evaluation.
- Share de-identified data with other health services to support learning and collaboration.
- In our experience, optimal results are achieved when teams can devote time to:

- Host project team meetings
- Test changes frequently using rapid Plan-Do-Study-Act cycles
- Submit regular and routine project measure data to data sharing platform
- Complete and share reports on progress for in-person sessions and peer-to-peer learning
- Attend Collaborative workshops and coaching calls
- Be creative, innovative, and committed to improving care
- Collect feedback from clinicians and consumers to evaluate their experiences

Project team

It takes the efforts of a team to be successful in improvement. We recommend having the following representatives in your project team (please note that this is a guide only):

- Project lead working within a general medical unit, preferably with strong medicines experience
- Clinical champions, ideally 3 to 5 depending on the size of your service (relevant medical, nursing, pharmacy, and allied health staff)
- Consumer lead
- Data support role (this could be the project lead, clinical champions, quality team member or rotating students/trainee)
- Wider team members as required (ward clerks, IT support)
- Executive sponsor to identify strategic alignment with wider health service objectives, ensure adequate resource is available and to mitigate risks for the project team

How will SMTC be measured?

A measurement strategy has been drafted during the planning phase of the SMTC Collaborative. These measures will be refined during the interim evaluation of the Collaborative and will be used to measure the success of the Collaborative before teams enter a period of sustaining results and aiming to spread and scale.

See Table 2 below for an overview of the measures that will be collected

Table 2: Draft overview of measures

Measure	Method of collection
Primary outcome measures	
30-day re-admission rate due to a medicine complication^ where the index admission originated from a participating general medical unit	SCV
Secondary outcome measures	
30-day emergency department re-presentation rate due to a medicine complication^ where the index admission originated from a participating general medical unit	SCV
30-day all-cause re-admission rate where the index admission originated from a participating general medical unit	Participating health services
7-day all-cause re-admission rate where the index admission originated from a participating general medical unit	Participating health services
Process measures	
% of general medical patients where medicines history is taken, verified with multiple sources, and documented within 24 hours of admission	Health service auditing
% of general medical patients where medicines reconciliation is completed within 24 hours of admission	Health service auditing
% of general medical patients where pharmacist was involved in the discharge process (e.g., completed medicine management section of discharge summary, prepared discharge prescription, completed discharge reconciliation, dispensed medicines, prepared & provided a patient friendly medicine list to patient, counselled patient)	Health service auditing
% of general medical patients where person managing medicines at home receives medicines counselling at the time of discharge with relevant visual/ written information (e.g., discharge summary, patient friendly medicine list)	Health service auditing
% of general medical patients where medicines information is sent to the next care provider at the time of discharge (e.g., discharge summary,	Health service auditing

Interim Medicine Administration Chart (IMAC), faxing webster packing pharmacy current medicine list)	
% of general medical patients where a referral is sent for a medicines review for patients at high-risk of readmission at the time of discharge (e.g., telehealth hospital follow-up, HARP, HMR, community pharmacist, GP pharmacist, GP, RMMR review) (optional – for teams who want to test use of a re-admission risk screening tool)	Health service auditing
% of general medical patients who receive follow-up telehealth medicines review where the patient is taking their medicines as prescribed within 7 days after discharge (assessed during hospital telehealth follow-up) (optional for teams implementing a telehealth follow-up medicines review)	Adherence tool during post-discharge medicines interview
% of general medical patients where pharmacist charts home medicines within 24 hours of admission (optional for health services that implement Collaborative Pharmacist-led Charting and Prescribing)	Health service auditing
Balancing measure	
Average length of stay for patients in participating general medical units for the previous 7-days	Participating health services

^ medicine complication as defined by set of codes produced by e-health and validated by clinicians

Table 3: Planned key dates

Activity	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Jul 26 onward	Jun 27
Expression of Interest Open	4-23																				
Expression of Interest Closes	23																				
Health Service Notification		7																			
Kick-off call (1 hour)			11																		
HS Executive sponsor call			12																		
Virtual workshop (2 hours)				20																	
Learning/ collaboration session 1 (all day)						15															
Action period 1 (coaching calls & site visits)																					
Learning/collaboration session 2 (all day)									14												
Action period 2 (coaching calls, site visits, virtual learning)																					
Learning/ collaboration session 3 (all day)															26						
Action period 3 (coaching calls, site visits, virtual learning)																					
Interim evaluation session (all day)																				25	
Spread and scale (SCV support continues)																					
Summative event																					TBC

SECTION 2: FOR COMPLETION

How to apply

Applications close at 10am on Monday 23 December 2024. We recommend the application be completed by an executive sponsor in collaboration with a proposed project lead.

STEP 1: Review the following documents:

- SMTC project charter for further details about the project and SCV.
- SCV-STP-FAQs for more information about SCV and STP.

STEP 2: Decide on your project team, including your executive sponsor.

STEP 3: Complete the [online expression of interest \(EOI\) form](#).

STEP 4: EOIs will be reviewed by the project team against key criteria, and you will receive email notification about the outcome of your application by **Tuesday 7 January 2025**.

When do I start?

The kick-off call for healthcare services will be held online, Tuesday 11 February 2025 from 1pm to 2pm.

Who do I contact if I would like more information?

If you would like further information about the SMTC project, please contact the SCV Quality Use of Medicines Improvement team via email: QUMimprovement@safercare.vic.gov.au