

A final review of recommendations made following reports on dangerous drugs in Western Australian hospitals

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CHAPTER ONE

Overview

- [1] In 2017 and 2018, the Commission published two reports about the significant misconduct risks associated with the management of controlled drugs across WA Health.¹ The Commission made 19 recommendations for improvements in practices and procedures.
- [2] Around the same time as the Commission's first report, the WA Health system underwent significant change. The *Health Services Act 2016* was introduced and WA Health was devolved to independent Health Service Providers (HSPs) and their respective boards.
- [3] The Department of Health (DoH) assumed the role of system manager and became responsible for the overall management, performance and strategic direction of WA Health.
- [4] This report refers to DoH and HSPs collectively as 'WA Health'.
- [5] In 2019, the Commission conducted a review of the actions taken by WA Health and in 2020, the report was tabled in Parliament. Seventeen of the recommendations were closed.²
- [6] Two recommendations were left open to allow for the implementation of DoH's over-arching medicines handling policy.
- [7] The Commission considers WA Health has taken adequate action to address the remaining two recommendations.

¹ Corruption and Crime Commission, *Report on the Supply and Management of Schedule 8 Controlled Drugs at Certain Public Hospitals in Western Australia*, 20 June 2017. Corruption and Crime Commission, *Report on serious misconduct risks around dangerous drugs in hospitals*, 25 May 2018.

² Corruption and Crime Commission, *Review of recommendations made following reports on dangerous drugs in Western Australia*, 17 September 2020.

CHAPTER TWO

Background

Previous reports

- [8] In 2016, the Commission conducted an investigation into a pharmacist's drug theft from two large metropolitan hospitals. The investigation exposed systemic weaknesses in the management of controlled drugs.
- [9] On 20 June 2017, the Commission tabled a report in Parliament and made 10 recommendations to improve the storage and management of controlled drugs.³
- [10] On 25 May 2018, the Commission tabled a supplementary report that highlighted broader issues of theft and misuse of dangerous drugs within the WA Health system. A further nine recommendations were made.⁴
- [11] Both reports focussed on controlled medicines, specifically, Schedule 8 (S8) and Schedule 4 Restricted (S4 restricted) drugs which require stringent controls to reduce abuse, misuse, physical and psychological dependence.

First recommendation review

- [12] The Commission's first review commenced in 2019 and was finalised the following year.
- [13] The review considered WA Health's response to all 19 recommendations. The actions taken by HSPs were diverse and demonstrated a commitment to better manage the risks associated with controlled medicines.
- [14] Despite the advancements, the Commission noted variations in drug management processes and practices across WA Health, including within individual HSPs.
- [15] WA Health advised that all current S8 and S4 restricted drug policies were being consolidated into a single medicines handling policy. The proposed consolidated policy would provide guidance to HSP's and assist in achieving a level of consistency across WA Health, but was yet to be implemented.
- [16] Seventeen of the 19 recommendations were closed. Two were left open as they related to the implementation of policy across WA Health.

³ Corruption and Crime Commission, *Report on the Supply and Management of Schedule 8 Controlled Drugs at Certain Public Hospitals in Western Australia*, 20 June 2017.

⁴ Corruption and Crime Commission, *Report on serious misconduct risks around dangerous drugs in hospitals*, 25 May 2018.

[17] The Commission committed to a further review in 12 months' time.

CHAPTER THREE

Final recommendation review

[18] In September 2021, the Commission informed WA Health of the upcoming 12 month review for the outstanding two recommendations:

- Update and consolidate procedures and practices to align with the current statutory regime.⁵
- WA Health's Operational Directives and hospital policies be reviewed to ensure that policies for drug management, recording and reporting discrepancies are consistent across WA Health.⁶

[19] The Commission sought responses from WA Health on their implementation of the new medicines handling policy and its impact across previously identified key areas from the Commission's past reports:

- accountability;
- access;
- supply and receipt of controlled drugs;
- separation of duties when handling controlled drugs;
- registers and record keeping; and
- patient's own medication.

WA Health's latest response

[20] On 4 October 2021, WA Health provided the Commission with written responses. The Commission conducted a review of the responses provided by each HSP and DoH.

[21] The Medicines Handling Policy (Medicines Policy) came into effect on 1 December 2020.⁷

[22] DoH also released a suite of documents to accompany the Medicines Policy. The supporting documents provide guidance on key areas of risk identified in the original Commission reports, including but not limited to:

- distribution of medicines;
- access to Pharmacy Departments;

⁵ Recommendation 6 from the CCC, *Report on the Supply and Management of Schedule 8 Controlled Drugs at Certain Public Hospitals in Western Australia*, 20 June 2017.

⁶ Recommendation 1 from the CCC, *Report on serious misconduct risks around dangerous drugs in hospitals*, 25 May 2018.

⁷ WA Health, *Medicines Handling Policy* (MP 139/20).

- administration and record keeping for S4 restricted and S8 medicines;
- oral liquid S4 restricted and S8 medicines; and
- patients' own medicines.

[23] The Medicines Policy is a framework that underpins all medicine related policies, procedures and guidelines. Using a risk based approach, it affords HSPs autonomy in prescribing operational policies that work best for their facilities. All HSPs must comply with the framework and are required to conduct an audit of compliance annually.

[24] In their responses, HSPs confirmed that all policies, procedures and practice standards had been reviewed, amended and/or created to reflect the new requirements of the Medicines Policy.

The Commission's review

[25] WA Health have now implemented an overarching policy framework which aligns with the current statutory regime, specifically the *Medicines and Poisons Act 2014* and *Health Services Act 2016*.

[26] Implementation of the Medicines Policy has resulted in a number of old policies being rescinded and/or consolidated at both DoH and HSP level in order to achieve a more consistent approach across WA Health.

[27] The consistency across WA Health is aided by various mandatory requirements set out in the Medicines Policy. For example all HSPs must ensure:

- The Chief Pharmacist controls access to the Pharmacy Department, and Pharmacy Policy includes methods for monitoring access to controlled drugs.
- Policies prescribe the access and storage of medicines. These must preclude access by unauthorised persons, include control measures for keys and access codes, and detail how security breaches will be managed.
- All process records for scheduled medicines are kept in a manner that will allow subsequent auditing. This includes storage and access of archived records.
- The chain of custody must be maintained for all S4 restricted and S8 medicines, so that transfer of responsibility is clear at each transaction point.

- Distribution of S4 restricted and S8 medicines must be recorded, including an auditable verification of delivery, separation of duties (where possible) and clear direction on the roles responsible for each stage of the distribution process.

[28] HSPs confirmed that where policies could not be implemented to achieve a mandatory requirement, risk assessments have been conducted. These assessments document and outline the appropriate controls put in place to mitigate any identified risks.

[29] On the evidence provided, HSPs have implemented the Medicines Policy and aligned their own policy, procedures and practices to this overarching framework. These changes address the highlighted areas of inconsistency from previous Commission reports.

[30] While the Medicines Policy will achieve a level of consistency across WA Health, it is acknowledged that variances will remain across HSPs due to differences in size, operational processes and complexity of individual facilities.

CHAPTER FOUR

Conclusion

- [31] The Medicines Policy and supporting documentation aligns with current legislation for governing medicines. Its implementation across WA Health aims to provide a more consistent, risk-based approach to the management of medicines.
- [32] HSPs confirm the Medicines Policy has provided a best practice framework for handling medicines within their facilities. In addition to identifying risks, it defines controls for mitigating the risk of drug diversion.
- [33] Irrespective of the implementation of policy, the Commission acknowledges that management of controlled drugs will remain an area of continued misconduct risk for WA Health to mitigate.
- [34] In addition to policy, strong governance frameworks are required to evaluate and ensure continued compliance with policy, across HSPs. Only then can success of the Policy be measured.
- [35] The Commission considers WA Health has taken adequate action to address the remaining two recommendations.
- [36] The Commission considers all recommendations closed.