

NSW Methadone Clinic Accreditation standards

NSW HEALTH DEPARTMENT

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusion of an acknowledgement of the source and no commercial usage or sale.

Copyright NSW Health Department 2000

State Health Publication No: (DTS) 010018

ISBN: 0 7347 3263 5

For more information and further copies, please contact:

Better Health Centre - Publications Warehouse

Locked Mail Bag 5003 Gladesville 2111

Tel. (02) 9816 0452

Fax. (02) 9816 0492

A full copy of this report can be downloaded from the
NSW HealthWeb/Net site: www.health.nsw.gov.au

November 2000

Reprinted February 2001

Introduction

In response to the recommendations of the NSW Drug Summit held in May 1999 the Government committed NSW Health to take action to improve methadone and other pharmacotherapy programs.

The NSW Government has also committed significant additional resources to expand the methadone program across the State. Given the extent of harms associated with opioid dependence it is imperative that methadone maintenance treatment is delivered effectively, efficiently and to a high degree of quality.

Methadone is the main option for the treatment of opioid dependence across Australia. Methadone treatment is the best researched of all treatments and has been shown through research to be effective in reducing heroin use, deaths from overdose, the spread of blood borne viruses such as HIV, hepatitis C, and crime.

This set of standards forms the basis of an accreditation program for all licensed methadone clinics in New South Wales. New, additional conditions have been imposed on all existing licences for methadone clinics that require clinics to join an approved quality assurance organisation and to achieve accreditation within a specified time-frame.

These standards will be used by approved quality assurance organisations to develop survey instruments and supporting documentation as part of the program to accredit methadone clinics across New South Wales.

These standards complement the quality of health care approach outlined in the Department's Framework for Managing the Quality of Health Services in NSW.



Andrew Wilson
Deputy Director-General,
Public Health and Chief Health Officer

Contents

Introduction . . . . .	.iii	Information Management . . . . .	.13
Continuum of care . . . . .	.1	Standard 1 Data Collection . . . . .	.13
Standard 1 Access . . . . .	.1	Data Collection Process . . . . .	.13
Standard 2 Entry . . . . .	.1	Reporting Systems . . . . .	.13
Standard 3 Assessment . . . . .	.2	Standard 2 Record Management . . . . .	.13
Standard 4 Care Planning . . . . .	.2	Standard 3 Medico-legal issues . . . . .	.14
Standard 5 Implementation of Care . . . . .	.3	Safe Practice and Environment . . . . .	.15
Prescribing		Safe Practice and Environment . . . . .	.15
Methadone Administration		Staff Health Issues . . . . .	.15
Takeaway doses		Security . . . . .	.15
Standard 6 Care Review . . . . .	.5	Fire Safety . . . . .	.15
Standard 7 Cessation of Treatment		Emergency Planning . . . . .	.15
Episode and Aftercare . . . . .	.6	Planning and Purchasing	
Leadership and Management . . . . .	.7	of Equipment and Supplies . . . . .	.16
Standard 1 Governance . . . . .	.7	Provision of Equipment	
Managers . . . . .	.7	and Supplies . . . . .	.16
Strategic and Operational Plans . . . . .	.7	Building requirements, functional	
Clinic Structure . . . . .	.8	design and layout . . . . .	.17
By laws, Policies and Procedures . . . . .	.8	Utilities (Water, Gas, Electricity	
Rights and Responsibilities . . . . .	.8	and Ventilation) . . . . .	.18
Ethics . . . . .	.8	Maintenance . . . . .	.18
Financial Management . . . . .	.8	Waste Management . . . . .	.18
External Providers . . . . .	.8	Improving Performance . . . . .	.19
Standard 2 Community Information		Performance Improvement	
Education . . . . .	.9	System . . . . .	.19
Human Resources Management . . . . .	.10	Performance Improvement	
Standard 1 Human Resources Planning . . . . .	.10	Methodology . . . . .	.19
Standard 2 Recruitment, Selection		Acknowledgments . . . . .	.20
and Appointment . . . . .	.10	Notes . . . . .	.21
Standard 3 Staff Responsibilities . . . . .	.11		
Standard 4 Staff Training and Development . . . . .	.11		
Standard 5 Supervision of Clinical Staff . . . . .	.12		

Continuum of Care

Standard 1 – Access

The Methadone Maintenance Clinic is accessible to the community it serves.

Accessibility means maximising the use of the methadone maintenance clinic by the target community. Particular strategies may be needed to reach and provide appropriate services for marginalised groups. These may include women with children, young people, Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds as well as people with disabilities.

- MMC 1.1.1 The community that the clinic serves is defined and the needs of the community are addressed in the planning and provision of services.
- MMC 1.1.2 The service provides disabled access.
- MMC 1.1.3 Hours of operation of the clinic are appropriate to the needs of the service users and are well publicised.
- MMC 1.1.4 The dosing location is as convenient as possible to the client's home or work.
- MMC 1.1.5 When the clinic is closed, signs and a telephone answering machine give the opening hours of the clinic and direct clients to appropriate local emergency services.
- MMC 1.1.6 The service has reasonable access to public transport and is located away from residential development.
- MMC 1.1.7 There is short-term parking available.
- MMC 1.1.8 The service users are satisfied with the ease of access of the clinic.

Standard 2 - Entry

The process of entry to the Clinic meets client needs and is facilitated through effective systems and a suitable environment.

- MMC 1.2.1 The clinic has a system for identifying and registering clients.
- MMC 1.2.2 All staff use written procedures for the registration and referral of clients.
- MMC 1.2.3 Informed consent for methadone maintenance treatment is obtained by the prescribing doctor.
- MMC 1.2.4 All clients are informed of their rights and responsibilities in a timely and effective manner.
- MMC 1.2.5 Fees and other charges are made clear to the client, both verbally and in writing, prior to commencement of the program.
- MMC 1.2.6 The service has a protocol in place for transfer of clients into or out of the service. The protocol is consistent with legislation and the NSW Methadone Maintenance Treatment Clinical Practice Guidelines.
- MMC 1.2.7 Throughout the care process care providers document all aspects of care necessary to assist communication.
- MMC 1.2.8 Clients with health issues such as pregnancy, HIV or other serious illnesses are given immediate care and appropriate referrals organised.

Recommended Reading

Bridging the gap: working cross culturally with alcohol and other drug issues. Rozelle: CEIDA, 1995.

Standard 3 – Assessment

Client care planning is supported by comprehensive assessment.

A detailed and appropriately planned and conducted assessment process enables the clinic to offer the client information about methadone maintenance services. This might include when and where the service is available, and procedures and policies covering confidentiality, behavioural boundaries, complaints and client rights.

- MMC 1.3.1 A comprehensive assessment of the client is performed by qualified staff.
- MMC 1.3.2 Assessments cover key areas including:
- a Socio-demographic data (name, address, gender)
 - b pattern of drug use
 - c health, social, economic and legal consequences of drug use
 - d the service user's perception of their need
 - e whether other agencies need to be, or are, involved
 - f identification of possible aftercare needs
 - g target outcomes for the care process
- MMC 1.3.3 Assessment is coordinated to reduce unnecessary repetition.
- MMC 1.3.4 Assessment is completed, documented and communicated to relevant persons
- MMC 1.3.5 Where a client is between 16 and 18 years of age, the client is reviewed by two independent medical officers before the application is sent to the Pharmaceutical Services Branch, NSW Health Department for processing and proof of age is provided.

Standard 4 – Care Planning

A coordinated plan of care, incorporating goals, is developed through collaboration between clients and the health care team to achieve desired outcomes.

Care planning ensures that service users receive appropriate, supportive and relevant services.

- MMC 1.4.1 Each client has a care plan that provides for their individual clinical, social and emotional needs.
- a The client is actively involved in formulating and reviewing the care plan.
 - b Treatment and / or referral for other Drug and Alcohol problems or other health issues, including mental health issues, is offered to clients as required
 - c Counselling/social services are available or referral to suitable persons or services are offered
 - d The plan, when relevant, is linked with other care plans developed for the client, such as those from probation and parole or social services.
- MMC 1.4.2 The length of treatment is determined by the client's needs.
- MMC 1.4.3 Updated lists of relevant resources and services are maintained and available for information and referral for staff and clients.
- MMC 1.4.4 The care plan is documented in the client record and includes:
- a whether methadone maintenance treatment will take place and if so, the justification, starting dose, early monitoring arrangements, initial harm reduction actions and case management arrangements
 - b the alternative management recommendation if methadone maintenance treatment is not used

Standard 5 - Implementation of Care

Care delivery is coordinated and provided according to the needs of the client, and the plan of care.

- MMC 1.5.1 Care is consistent with the NSW Methadone Maintenance Treatment Clinical Practice Guidelines.
- MMC 1.5.2 Care is delivered according to professional standards and statutory requirements.
- MMC 1.5.3 Care is delivered in partnership with the client.
- MMC 1.5.4 Clients acknowledge their rights and responsibilities in the implementation of care.
- MMC 1.5.5 Providers acknowledge their rights and responsibilities in the implementation of care.
- MMC 1.5.6 Rights and needs of clients are considered and respected by all staff. A charter of client rights or treatment agreement is displayed prominently and used in literature within the clinic.
- MMC 1.5.7 Care is co-ordinated to ensure continuity of care and follow-up to avoid duplication of the provision of service
- MMC 1.5.8 The plan of care and goals are revised in response to client progress and the client is actively involved in this process
- MMC 1.5.9 Client education is given by appropriate professionals
- MMC 1.5.10 Medico legal issues in relation to care are recognised, addressed, monitored and statutory requirements are met.
- MMC 1.5.11 Delivery of care is comprehensively and accurately recorded in the client record.
- MMC 1.5.12 Where a client is periodically detained, communication between the clinic and correctional facility is maintained in regard to dose and attendance.

- MMC 1.5.13 Care is delivered in a safe and comfortable environment.

Prescribing

- MMC 1.5.14 A full medical assessment is undertaken on admission including physical examination and history of dependence with corroborative evidence of addiction.
- MMC 1.5.15 Careful observation of the client is undertaken in the critical first few weeks while the client is stabilising on methadone and then reviewed regularly thereafter. Clients are seen daily by an experienced clinician for at least the first four days.

Methadone Administration

- MMC 1.5.16 Methadone is measured from equipment that is accurate and well maintained.
- MMC 1.5.17 Methadone administration and storage are recorded in the appropriate drug registers.
- MMC 1.5.18 Water or other fluids are supplied in an appropriate manner such as from main water supply or clean, well maintained equipment.
- MMC 1.5.19 Staff are aware of, and comply with, the NSW Methadone Maintenance Clinical Treatment Practice Guidelines on specific clinical situations including:
 - a missed doses
 - b vomited doses
 - c spilt doses
 - d concurrent drug use
 - e intoxication
 - f accidental overdose at the administration point
 - g selective detoxification
 - h dosing in police cells, gaol or periodic detention
 - i multiple administration points
 - j administering methadone to patients at home
 - k transfers – local, national and international
 - l community pharmacies

MMC 1.5.20 There is evidence that S8 drugs are used in accordance with statutory regulations governing documentation, administration, handling and storage; disposal of empty bottles and out of date drugs;

MMC 1.5.21 Accidental breakages, spillages of methadone bottles are reported to the Chief Pharmacist, Pharmaceutical Services Branch, NSW Health Department or a police officer.

MMC 1.5.22 Contaminated methadone, returned takeaways or suspect liquids are destroyed by an Inspector from Pharmaceutical Services Branch, NSW Health Department or a police officer.

MMC 1.5.23 Where a fee is payable for dispensing, there is a system to assure financial accountability for staff and clients.

MMC 1.5.24 There are arrangements in place to minimise the exposure of children accompanying clients for dosing.

MMC 1.5.25 There is a policy that addresses non-payment of dispensing fees.

Takeaway Doses

MMC 1.5.26 Takeaway doses may be provided after three months stable participation in the program and are provided only after careful assessment of the client's stability and reliability, and never if there is concern that they will be misused.

MMC 1.5.27 Takeaway doses are authorised by the prescribing doctor but are discussed with the clinician(s) or pharmacist with whom the client has regular contact.

MMC 1.5.28 Assessment of suitability for takeaway methadone is clearly recorded in the clinical notes and includes:

- a details of indicators of stability
- b documentation of the absence of contraindications
- c details of any other psychoactive drugs being used.

MMC 1.5.29 A review of takeaway dosing arrangements is prompted by indications of instability or unreliability in a client receiving takeaway doses.

MMC 1.5.30 Takeaway doses are provided in new, non-breakable containers with child resistant lids and labels conforming to *NSW Methadone Maintenance Treatment Clinical Practice Guidelines*.

MMC 1.5.31 Takeaway doses are given in compliance with the *NSW Methadone Maintenance Treatment Clinical Practice Guidelines* and are signed and dated as they are given. There is an account of takeaways not given.

MMC 1.5.32 Takeaway doses are stored in a safe that complies with the Poisons Act 1966.

MMC 1.5.33 Takeaway doses are made up by an appropriately qualified pharmacist.

MMC 1.5.34 A record of takeaway doses is available and is easily retrievable.

Recommended Reading

NSW Methadone Maintenance Treatment: Clinical Practice Guidelines Sydney: NSW Health, 1999.

Kids Copy. Sydney: CEIDA, 1994

Standard 6 - Care Review

Care delivery is evaluated by the clinical team to ensure that care continuously meets client needs and assists in the improvement of care provision

Care review is an integral part of the care process. It establishes changes that have occurred since the initial assessment. The care plan and its implementation is reviewed regularly with the service user to:

- ensure relevance and effectiveness of the care package
- identify any unmet needs
- ensure service user satisfaction

- MMC 1.6.1 During the first week of methadone maintenance treatment care is reviewed by an experienced clinician who:
- a collaborates with the client to identify current problems, and provide treatment and support where possible;
 - b explains to the client the expected rate of methadone dose increase, the reasons why it is gradual and the risk of overdose if the methadone dose is increased too rapidly;
 - c assesses the client for evidence of opioid and other drug intoxication;
 - d provides education to the client about overdose risk, particularly the risk of combining other drugs with methadone and strategies to avoid and manage overdose;
 - e assess the client for opioid or other drug withdrawal states;
 - f continues the initial assessment;
 - g provides information to the client about risks of needle-borne infections and other health risks;
 - h provides more information about the operation and requirements of the methadone program.

MMC 1.6.2 After the first four weeks of methadone, the initial treatment plan is reviewed in collaboration with the client and a treatment plan that is documented in the client record specifies:

- a plans for the client's methadone dose
- b strategies to deal with drug use problems
- c strategies to deal with risk behaviours
- d strategies to deal with identified major medical, psychiatric and psychosocial problem areas

MMC 1.6.3 The client's treatment plan is reviewed at least every six months and revisions to the treatment plan are documented in the client record

MMC 1.6.4 Treatment outcomes are recorded as part of the clinic's outcome monitoring system. These include:

- a retention in treatment
- b prescriber / client satisfaction with dose level
- c heroin use
- d severity of heroin dependence
- e crime
- f non-opioid drug use
- g psychological functioning
- h social functioning
- i blood borne virus risk
- j respondents own assessment of treatment
- k reason for cessation of treatment

Standard 7 – Cessation of Treatment Episode and After Care

Clients are prepared for, and are confident about, their continuing management. Aftercare is integrated between the clinical team and community services to ensure the needs of the client are met.

Careful monitoring and recording of both planned and unplanned cessation of treatment is essential to ensure that the needs of the client are being met. Aftercare services are often crucial in maximising the long term effectiveness of the care plan.

- MMC 1.7.1 Reason for cessation of treatment episode is appropriately documented in the client record and outcome monitoring system.
- MMC 1.7.2 Clients are informed of discharge plans in a timely manner.
- MMC 1.7.3 Clients have the right to terminate their program at any time, organise a voluntary reduction or transfer to an alternate treatment provider.
- MMC 1.7.4 When clients have broken the terms of the treatment agreement and are either exited immediately or transferred elsewhere, the process is explained to the client and clearly documented in the client record.

MMC 1.7.5 Clients are not penalised for relapse or denied readmission unless there have been significant behavioural problems or multiple admissions to one facility and a repeat treatment episode is not in the best interest of the client or the program

MMC 1.7.6 Where applicable, communication between the prison system and the clinic is maintained and the transition from the community to prison and prison to the community progresses smoothly and efficiently.

MMC 1.7.7 Referrals and communication between the clinic and community services are timely, in writing and are documented in the client record.

MMC 1.7.8 The clinic arranges access to a variety of services and clients are aware of these services.

Recommended Reading

Supply of Methadone Syrup under the NSW Methadone Program. Notes for Community pharmacists. Sydney: NSW Health, 1999.

NSW Methadone Maintenance Treatment: Clinical Practice Guidelines. Sydney: NSW Health, 1999.

Leadership and Management

Standard I

The organisation is effectively and efficiently governed and managed, in accordance with its values and goals, to ensure quality of care.

Strategic management and development are essential to effective service operation and delivery, and to the development of good practice.

Private sector methadone clinics

Ultimate management responsibility within the private sector usually rest with the director(s) of the company. The director(s) has ultimate authority for decisions about major policy issues, finance, staffing, and service management and delivery. The director(s) of the company will also assume overall responsibility for evaluating performance against agreed targets and will need to have a close and effective working relationship with the senior manager of the clinic.

Public sector methadone clinics

Clinics within the NSW public health system are part of a much larger care system. Management responsibility for the drug and alcohol service usually rests with the director or coordinator of the area drug & alcohol service. The director/coordinator has authority for decisions about major policy issues, finance, staffing, and service management and delivery. The director/coordinator of the drug and alcohol service will also assume responsibility for evaluating performance against agreed targets and will need to have a close and effective working relationship with the manager of the clinic.

Managers

MMC 2.1.1 The director/coordinator delegates the necessary authority to the manager of the clinic and ensures their responsibilities are defined to enable the service to operate effectively.

MMC 2.1.2 The director/coordinator authorises an individual to act for the clinic manager when required.

MMC 2.1.3 The clinic manager provides leadership and acts in accordance with corporate policies, delegated authority and instructions of the director/coordinator and is responsible for the management of the organisation and its specific services.

MMC 2.1.4 The performance of the clinic manager is reviewed regularly.

Strategic and Operational Plans

MMC 1.2.5 The clinic's values and goals direct its actions and behaviour and are reflected in its culture.

MMC 2.1.6 The clinic's role is responsive to the needs and expectations of the clients and community it serves.

MMC 2.1.7 The clinic is planned, operated and evaluated in consultation and collaboration with all relevant stakeholders.

MMC 2.1.8 NSW Department of Health guidelines for establishing methadone clinics are followed.

MMC 2.1.9 The clinic's planning involves consultation with management, staff, the community, clients and other relevant health service providers and authorities.

MMC 2.1.10 Operational plans of the clinic are consistent with the organisation's strategic plan.

MMC 2.1.11 The clinic's operational plans are implemented and revised as necessary. Achievement of the plans is monitored and action taken to address any improvements required.

MMC 2.1.12 Where the clinic is part of an Area Health Service or multi-hospital system, the clinic participates in discussions and decisions on its current and future operations.

MMC 2.1.13 The clinic's services are integrated with other agencies providing drug, alcohol and other health services.

MMC 2.1.14 The clinic facilitates the establishment of a consumer group to represent the needs and expectations of its clients. The group play a consultative role in policy and procedure formulation.

Clinic Structure

MMC 2.1.15 Service delivery is facilitated by the structure of the clinic.

MMC 2.1.16 Established lines of responsibility, authority and communication support leadership, teamwork and integration of services both within the clinic and with other service providers.

MMC 2.1.17 Management is responsible for establishing clear lines of communication, responsibility and accountability for all staff.

MMC 2.1.18 The clinic structure is reviewed annually or whenever there is a significant change, such as alteration of the role of the clinic or its services.

By-laws, Policies and Procedures

MMC 2.1.19 The clinic's policies and procedures support the delivery of care and are consistent with the clinic's goals, accepted standards, the *NSW Methadone Maintenance Treatment Clinical Practice Guidelines*, statutory requirements and community responsibilities.

MMC 2.1.20 Compliance with the clinic's policies and procedures occurs within the clinic. The policies and procedures are reviewed and revised as necessary and, at least, every 3 years.

MMC 2.1.21 A policy and procedures manual is available to direct staff in respect of the operation of the clinic.

MMC 2.1.22 Protocols exist for the safe prescribing and provision of registered opioid maintenance drugs and are implemented by appropriate staff.

Rights and Responsibilities

MMC 2.1.23 Rights and responsibilities of clients are respected and are addressed through policies and procedures that are in accordance with the values of the clinic, professional codes of ethics and the NSW Methadone Maintenance Treatment Clinical Practice Guidelines.

MMC 2.1.24 The clinic explicitly informs the client of their rights and responsibilities.

Ethics

MMC 2.1.25 All activities are consistent with recognised ethical requirements of the professionals delivering care in the clinic.

Financial Management

MMC 2.1.26 Financial management is used in the achievement of the organisation's goals and strategic plans.

MMC 2.1.27 The director/coordinator oversees the finances of the organisation. Management processes are established to ensure the financial resources of the organisation are appropriately managed, reported and consistent with accepted standards and statutory requirements.

External Providers

MMC 2.1.28 When selecting external providers that are part of the clinical team, the compatibility of their clinic policy with the policies of the clinic is to be considered.

Standard 2 - Community Information/Education

Community concerns about methadone are addressed by pro-active community liaison/education

- MMC 2.2.1 There is evidence of initiatives to develop working relationship with the public and private sector, including general practitioners, other health professionals, Corrective Services, the local police, the ambulance service and consumer groups.
- MMC 2.2.2 There is appropriate and timely communication with stakeholders in the local community (eg. local council, Chamber of Commerce, Local Safety Committee, police service and community welfare) about the service.
- MMC 2.2.3 Care offered by the clinic is in concert with, and augmented by, appropriate community education to build a constructive relationship between the clinic, clients and the community.
- MMC 2.2.4 There is a community liaison and education policy in place which serves to allay community concerns about methadone maintenance programs in the community, and addresses related stigma and misconceptions.
- MMC 2.2.5 The priorities of the local community are addressed in the clinic's community liaison and education policy.

Human Resources Management

Standard 1 – Human Resources Planning

Human resources planning ensures the organisation is staffed to achieve its goals and values.

Planning is required to ensure that staff have the skills, qualifications and experience to respond effectively to the needs of clients.

- MMC 3.1.1 Human resources planning is undertaken to support and meet the clinic's business plan. Staff are involved in this process.
- MMC 3.1.2 Planning ensures that appropriately qualified and/or trained staff are available.
- MMC 3.1.3 Workload monitoring is used to ensure appropriate numbers and skill mix of staff are available to achieve client and clinic outcomes.

Standard 2 – Recruitment, Selection and Appointment

Staff are appointed through a recruitment, selection and appointment procedure that complies with statutory requirements and is consistent with the organisation's human resources policy

Clinics need to establish and maintain effective procedures to ensure that they are able to recruit and select staff with appropriate skills and motivation.

- MMC 3.2.1 Clinics establish and maintain effective procedures to ensure that they are able to recruit and select staff with appropriate skills and motivation.
- MMC 3.2.2 Staff are appointed through a recruitment, selection and appointment procedure that complies with statutory requirements and is consistent with the organisation's human resources policy

- MMC 3.2.3 Responsibilities and accountabilities guide and direct staff to ensure the clinic's values and goals are achieved and quality care is maintained.
- MMC 3.2.4 Sufficient numbers of registered nurses, pharmacists and support staff are employed for the efficient and effective operation of the service.
- MMC 3.2.5 Management is responsible for employing appropriately qualified staff under award conditions or above award enterprise agreements.
- MMC 3.2.6 On appointment, staff receive a written statement of their accountabilities and responsibilities that specifies the qualifications required for the job, lines of authority, accountability, functions and responsibilities, terms and conditions of employment frequency and type of staff appraisals.
- MMC 3.2.7 Staff have job descriptions with delineation of roles and responsibilities.
- MMC 3.2.8 Staff are aware of professional codes and standards and demonstrate professional behaviour towards colleagues and clients.
- MMC 3.2.9 Accurate and complete personnel records are created and maintained, and are confidential. They are accessible to authorised personnel including the relevant employee.
- MMC 3.2.10 A formal orientation process exists and all staff have undertaken same.

Standard 3 - Staff Responsibilities

The clinic is directed and staffed by persons appropriately qualified by training education or experience

- MMC 3.3.1 Management is responsible for compliance to NSW Health Department rules, regulations and legal requirements (clinic license and so on).
- MMC 3.3.2 Staff are aware and understand the documented procedures relating to Schedule 8 drugs in accordance with policy and statutory requirements including:
- a documentation
 - b administration, handling and storage
 - c disposal of empty bottles and out of date drugs
 - d accidental breakages
 - e spillage
- MMC 3.3.3 Staff are responsible for client observation, maintaining client files, noting and reporting observations and incidents to the medical staff / management.
- MMC 3.3.4 Staff are aware of their responsibilities to children under the Children & Young Peoples Care and Protection Act 1998 and are observant of children attending the clinic with their parents/others and report to the person in charge any behaviour or condition which may negatively impact on child well-being

Standard 4 – Staff Training and Development

A comprehensive program of staff training and development meets individual and organisational needs

- MMC 3.4.1 There is a structured orientation program for new staff that aims to prepare them for their role.
- MMC 3.4.2 There is evidence that staff have reasonable opportunity to attend on-the-job training, in-service education programs that are appropriate to their work and include input from multidisciplinary providers and consumers.
- MMC 3.4.3 There is adequate supervision and support with evidence of staff debriefing after crisis situations.
- MMC 3.4.4 There is evidence that management or staff-in-charge attend conferences, meetings and relevant training sessions.
- MMC 3.4.5 A documented staff appraisal system exists that is based on the staff member's job description and which identifies strengths in performance and areas for improvement.
- MMC 3.4.6 There is evidence that the staff member is involved in the appraisal of their performance.
- MMC 3.4.7 Information from staff appraisals is documented and access to this information is confined to the staff member involved and authorised personnel.
- MMC 3.4.8 All staff participate in regular meetings and team conferences.
- MMC 3.4.9 Where there are students requiring supervision, there are adequate numbers of experienced and qualified staff available.
- MMC 3.4.10 Staff receive annual cardiopulmonary resuscitation training.
- MMC 3.4.11 Where computers are used training and backup support are provided.

Standard 5 – Supervision of Clinical Staff

Clinical staff with case management responsibilities have access to regular and organised supervision that supports them in their work and in developing improved practice

- MMC 3.5.1 A written policy outlines the type, expectations and frequency of clinical supervision sessions.
- MMC 3.5.2 Clinical supervision takes place for a session at least once a month.
- MMC 3.5.3 Supervision takes place in addition to regular team meetings or clinical review sessions and emphasises self-development.
- MMC 3.5.4 The supervisor is a clinician who has appropriate training and experience in both supervision and methadone maintenance treatment.
- MMC 3.5.5 The goals and structure of supervision are negotiated between the supervisor and staff member in line with the clinic's supervision policy.
- MMC 3.5.6 Matters discussed during supervision are confidential.
- MMC 3.5.7 The supervisor is a senior clinician.

Information Management

Standard 1 – Data Collection

Client care, management services, education and research are facilitated by collection and aggregation of data and its transformation into information

Data Collection Process

MMC 4.1.1 Relevant, accurate quantitative and qualitative data are collected in a timely and efficient manner for the delivery of client care and management of services.

MMC 4.1.2 The collection of data complies with professional and statutory requirements.

Clinic Record Data

MMC 4.1.3 Every client has a record that is sufficiently detailed to enable continuity of care, evaluation, education, research and medico-legal integrity.

MMC 4.1.4 All clients are uniquely identified within the clinics.

MMC 4.1.5 Persons who provide care, document details in the clinical record. All entries are legible, dated and signed with designation.

MMC 4.1.6 All documents associated with care given are filed in the clinical record. These should be originals whenever possible.

Reporting Systems

MMC 4.1.7 Useful, timely and accurate information is made available to staff in an understandable format for use in delivery of client care and management services.

Standard 2 - Record Management

Integrity, safety, access and security of records are maintained and state and national requirements are met.

MMC 4.2.1 The clinic has record systems for the documentation of client records and all information relating to prescriptions and drug registers which includes an up-to date Ward register of Drugs of Addiction (H32) and Register of Drugs of Addiction (H31) in accordance with relevant statutory requirements.

MMC 4.2.2 Client records are archived securely and stored for the requisite statutory period.

MMC 4.2.3 Client records are maintained to facilitate efficient and effective patient care

MMC 4.2.4 Observations and incidents are documented in the client records by medical / nursing staff as they occur.

MMC 4.2.5 Client records are kept in a secure location (eg a lockable filing cabinet or storage room) that ensures confidentiality and accessibility to authorised staff.

- MMC 4.2.6 Client records include as a minimum:
- a the client's full name, address and phone number
 - b a photocopy of identification required for the program
 - c a treatment agreement signed and dated by the client
 - d next of kin, significant other or who to contact in an emergency
 - e a full physical description of the client
 - f a copy of pathology done at the commencement of the program
 - g a written medical assessment
 - h ongoing pathology reports
 - i expired scripts
 - j correspondence concerning the client
 - k consent to release of information
 - l Pharmaceutical Benefits Scheme documentation

MMC 4.2.7 There are specific measures taken to ensure confidentiality and protection of electronically stored client records.

MMC 4.2.8 Electronic records are maintained and continually updated as required and comply with statutory requirements.

MMC 4.2.9 Electronic records are backed up regularly to disk and a copy is kept in the safe.

MMC 4.2.10 A record of takeaway doses is available and can be easily retrieved.

MMC 4.2.11 All records required under the provisions of the Poisons and Therapeutic Goods Act are retained on the premises for a period of two years from the date of the last transaction date.

Standard 3 – Medico-legal issues

Medico-legal requirements for information are adhered to

MMC 4.3.1 Confidentiality of client and staff information is preserved.

MMC 4.3.2 Access to client information adheres to relevant professional and statutory requirements.

MMC 4.3.3 Notifications are routinely made to PSB when a client commences or discontinues Methadone Maintenance Treatment.

Recommended Reading

Health Information Privacy Code of Practice 1996

Safe practice and environment

Standard I

The safety of all persons within the clinic is protected.

The clinic is planned and operated in accordance with NSW Health policies to ensure safety for clients, staff and visitors and the secure storage of drugs.

Sufficient security – physical, electronic and procedural – reduces the possibility of personal harm or property loss within the Clinic. Due to the type of risks, some facilities may require higher levels of security than others.

The clinic has equipment that complies to relevant standards and is serviced or certified regularly in accordance with recommendations from the manufacturer. The equipment is operated by appropriately qualified staff enabling the service to operate efficiently and effectively.

Safe Practice and Environment

MMC 5.1.1 Operation of the clinic is safe and regular hazard identification and reduction is undertaken.

MMC 5.1.2 Specialised equipment is operated by appropriately qualified and trained staff.

MMC 5.1.3 There is a documented safety and security policy and procedures.

MMC 5.1.4 Procedures are in place to prevent loitering outside and at the entrance of the clinic.

Staff Health Issues

MMC 5.1.5 There is a reporting system for accidents and incidents involving staff and clients.

Security

MMC 5.1.6 Protection of clients, staff and the resources of the organisation is achieved by a coordinated approach to security measures.

MMC 5.1.7 Clients who are unable to maintain their own safety are monitored but not restricted except where their own safety, or the safety of others, is at risk.

Fire Safety

MMC 5.1.8 Fire risk is minimised by:

- a complying with relevant statutory requirements, codes of practice and Australian Standards
- b ensuring activities that are a fire risk, are eliminated, minimised or performed in a safe manner
- c inspection from an appropriate fire authority in the past three years or in the event of any major building reconstruction
- d taking action in response to recommendations made following an inspection by the appropriate fire authority

Emergency Planning

MMC 5.1.9 There are documented plans to deal with emergencies including medical emergencies, fire and threats of violence and these are reviewed and updated yearly.

MMC 5.1.10 Emergency plans comply with relevant statutory requirements, codes of practice, Australian Standards and are coordinated with statutory and civil authorities as appropriate.

MMC 5.1.11 Staff are trained and are familiar with procedures and equipment provided for emergencies.

MMC 5.1.12 The local police and security firm are provided with an up-to-date list of key holders to the premises.

Planning and Purchasing of Equipment and Supplies

MMC 5.1.13 Planning of facilities and selection of equipment and supplies involves relevant staff and is in consultation with appropriately qualified personnel.

MMC 5.1.14 When planning and purchasing equipment and supplies, consideration is given to, at least:

- a infection control
- b occupational health and safety
- c waste creation and disposal
- d cost benefits

Provision of Equipment and Supplies

MMC 5.1.15 Safe and efficient practice is ensured through the provision of appropriate equipment and supplies that support the clinic's role and level of service.

MMC 5.1.16 Medication cups are new, plastic and disposable.

MMC 5.1.17 Takeaway bottles comply with standards set out in NSW Methadone Maintenance Treatment Clinical Practice Guidelines

MMC 5.1.18 There is adequate well-maintained equipment for general and emergency medical use.

MMC 5.1.19 There are documented policies and procedures governing the use of equipment in the clinic.

MMC 5.1.20 Electrical equipment complies with relevant safety and performance standards issued by the Standards Association of Australia and other relevant authorities.

MMC 5.1.21 Stocks of methadone are recorded in a drug register, showing all doses given each day (in ml) and the balance of syrup at the end of the day. Entries in the drug register are made on the day the pharmacist or clinic receives, dispenses or administers methadone syrup.

MMC 5.1.22 Reconciliation of stock balances are made at the completion of each bottle and the correct balance entered in the drug register.

MMC 5.1.23 Specialised dispensing equipment is supplied and maintained including:

- a a competent or automatic dispensing pump
- b equipment for methadone measurement i.e. weigh scales, measuring cylinder and funnel.

MMC 5.1.24 There are adequate supplies of 2ml, 5ml and 10ml syringes.

MMC 5.1.25 There are adequate facilities and equipment for storing pathology specimens of blood and urine (i.e. a refrigerator for storing specimens of blood and urine and separate refrigeration to maintain cool chain).

MMC 5.1.26 There are adequate supplies of sterile equipment for specimen collection.

MMC 5.1.27 There is adequate supply of equipment for resuscitation including:

- a Air Viva, oxygen cylinder
- b Guedal airways (various sizes)
- c large and small masks (pocket masks)
- d breathing system filters
- e CPR Chart on wall near resuscitation equipment

MMC 5.1.28 There is a supply of first aid equipment including

- a latex gloves
- b cotton wool swabs
- c disinfectant/skin cleaning swabs
- d bandaids/bandages (various sizes)
- e tongue depressor
- f disposable thermometer
- g micropore (various sizes) steri strips
- h scissors

MMC 5.1.29 An adequate supply of naloxone ampoules is kept at all times.

Building requirements, functional design and layout

MMC 5.1.30 The building is of sound construction, preferably brick.

MMC 5.1.31 The street number is prominently displayed at the front and rear (if accessible) of the premises.

MMC 5.1.32 Warning signs are visible around the perimeter advising of constant electronic surveillance.

MMC 5.1.33 There is adequate security lighting and it is connected to a separate electrical circuit if possible.

MMC 5.1.34 The perimeter doors are of solid construction and fitted with adequate locking devices.

MMC 5.1.35 The entry doors are fitted with a door viewer or closed circuit TV.

MMC 5.1.36 The perimeter windows are of reasonable construction and fitted with adequate security.

MMC 5.1.37 The front entrance of the clinic is able to be viewed to monitor congregation.

MMC 5.1.38 The building is planned to provide a safe exit for staff in an emergency.

MMC 5.1.39 The interior glass areas should be shatter proof and provided with adequate security.

MMC 5.1.40 The dispensary area is of reasonable construction, separate from other areas and capable of being locked.

MMC 5.1.41 The safe used to store daily supply of methadone is kept locked at all times.

MMC 5.1.42 A full torch and drill resistant safe of suitable size fitted with key combination lock is used to secure bulk supplies of methadone.

MMC 5.1.43 A monitored intruder alarm system is fitted consisting of a control panel, sensors and duress facility siren and strobe warning light.

MMC 5.1.44 A duress alarm is available and within reach of staff during client contact periods.

MMC 5.1.45 Client entry and exit to the clinic is able to be controlled.

MMC 5.1.46 People entering the clinic are visible from reception.

MMC 5.1.47 There is a means of observing clients at all times while they are in the clinic.

MMC 5.1.48 An adequate waiting room/courtyard facility off the street of a minimum of 20 square metres (accommodating 5 to 6 clients seated or 10 to 12 clients standing) with a separate external off street waiting area (for smokers) is provided. Where the average number of clients per hour exceeds 60 there is a separate waiting area for doctors.

MMC 5.1.49 A small hatch with a ledge is installed to allow the dose/water to be passed to the client.

MMC 5.1.50 Client entry to the dosing area is able to be controlled for privacy and security.

MMC 5.1.51 A floor plan is in place that does not allow clients entering and leaving the methadone administration area to have contact.

MMC 5.1.52 Acoustics are sufficient to allow confidential discussions to take place.

MMC 5.1.53 A toilet is installed that has provision for supervised urine samples to be collected.

MMC 5.1.54 Floor coverings in dosing area are non-slip and resist spillage.

MMC 5.1.55 The location and storage of drugs is not visible to clients.

MMC 5.1.56 A safe exit is provided for staff during incidents.

MMC 5.1.57 If smoking on the premises is not permitted NO SMOKING signs are displayed.

MMC 5.1.58 There is adequate storage for equipment.

MMC 5.1.59 There is adequate seating for clients, staff and waiting clients.

Utilities (Water, Gas, Electricity and Ventilation)

MMC 5.1.60 The power supply is protected and locked.

MMC 5.1.61 Adequate ventilation / airconditioning is installed and maintained with documented evidence.

Maintenance

MMC 5.1.62 The environment within the clinic is clean and safe for clients, visitors and staff.

MMC 5.1.63 Registers of clinical and non-clinical equipment are maintained.

MMC 5.1.64 A clean, safe environment is ensured through regular maintenance.

MMC 5.1.65 The landscaping is well maintained and prevents concealment.

MMC 5.1.66 Mechanical and electrical equipment is regularly serviced. There is a service record for all equipment documenting maintenance.

MMC 5.1.67 Medical equipment is maintained and replaced as necessary, in particular specialised dispensing equipment.

MMC 5.1.68 Current information and scientific data from manufacturers concerning their product are available for reference and guidance for the operation and maintenance of plant equipment.

MMC 5.1.69 Equipment is replaced according to a program for upgrading and replacement.

MMC 5.1.70 Doorways, corridors, ramps and stairways are kept free of obstruction.

Waste Management

MMC 5.1.71 The labels on empty methadone syrup bottles are defaced and the bottles are rinsed before disposal.

MMC 5.1.72 Schedule 8 drugs not required or date expired are destroyed by either an Inspector from the Pharmaceutical Services Branch, Department of Health or a police officer in accordance with Clause 42 of the Poisons and Therapeutic Goods Act.

MMC 5.1.73 Schedule 4 drugs are disposed of through a contaminated waste service.

MMC 5.1.74 Sharps, medical waste and all contaminated waste are disposed through a contaminated waste service.

MMC 5.1.75 Confidential documents are destroyed before being disposed.

Recommended reading

NSW Police Service Minimising the risks: methadone clinic. Sydney, 1995.

NSW Health, Capital Works Branch, Design Series DS-28, Health Building Guidelines for Drug and Alcohol Service, October 1993.

NSW Methadone Maintenance Treatment: Clinical Practice Guidelines. Sydney: NSW Health, 1999.

Improving Performance

Standard I

A culture of improving performance, consistent with the clinic's values and goals, exists throughout the organisation, with leadership and direction from the director/co-ordinator and manager.

Improving performance is a continuous process of recording and reviewing service delivery and associated activities against standards. It helps the clinic to respond effectively to clients' needs.

Performance Improvement System

- MMC 6.1.1 The director/coordinator is responsible for ensuring there is a system of performance improvement that is consistent with the values and goals of the clinic.
- MMC 6.1.2 The manager is responsible for coordinating and evaluating the performance improvement system and its day-to-day management.
- MMC 6.1.3 The performance improvement system supports a culture of continuous improvement, sets priorities for quality activities and ensures a planned and coordinated approach.
- MMC 6.1.4 Clinical outcome indicators are collected for each client and are used to inform individual client care and evaluate program effectiveness.
- MMC 6.1.5 All staff have a responsibility for, are committed to, and demonstrate active involvement in quality cycle-identification, planning, implementation and evaluation to improve performance.
- MMC 6.1.6 The manager and staff evaluate the effectiveness of the performance improvement system and take action to address any improvements required.

MMC 6.1.7 Feedback from all stakeholders is collected and used to inform problem identification and areas for improvement.

MMC 6.1.8 Critical incident monitoring and review is undertaken.

MMC 6.1.9 Formal complaint and grievance procedures exist and are utilised by staff and clients.

Performance Improvement Methodology

- MMC 6.1.10 Quality activities are documented and enable continuous performance improvement and must incorporate the following elements:
- a monitoring, assessing, analysing and evaluating activities
 - b taking appropriate and timely action
 - c evaluating the effectiveness of any action taken
 - d feeding back results
- MMC 6.1.11 The clinic demonstrates improvement resulting from quality activities.
- MMC 6.1.12 Confidentiality of clients, staff and other care providers is protected within quality activities.

Recommended Reading

NAAA Complaints Pack NSW Users and AIDS Association Sydney 1998

Acknowledgments

The Drug Programs Bureau, NSW Health Department is indebted to the individuals and drug services that helped to develop these standards, particularly:

Sue Banks – Regent House

Keiran Connolly – Regent House

Paul Green – Bayside Clinic

Jennifer Holmes – The Langton Centre

Stephen Newhouse – Bayside Clinic

Mary Louise White – The Langton Centre

The Drug Programs Bureau would also like to thank the staff of the following organisations for their comments on the draft standards:

Ambulance Service of New South Wales

Central Coast Area Health Service

Central Sydney Area Health Service

Corrections Health Service

Far West Area Health Service

Hunter Area Health Service

Illawarra Area Health Service

Kirketon Road Centre

Mid North Coast Area Health Service

Mid Western Area Health Service

New South Wales Users and AIDS Association (NUAA)

Northern Rivers Area Health Service

Northern Sydney Area Health Service

South Eastern Sydney Area Health Service

South Western Sydney Area Health Service.

Notes

Notes

A series of horizontal lines for writing notes, arranged in two columns. Each column contains 18 lines, for a total of 36 lines on the page.