Medication Management & Aged Care

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Legislation impacting on medication management in aged care homes

- State
  - *Drugs, Poisons and Controlled Substances Act* 1981
  - Drugs, Poisons and Controlled Substances Regulations 1995
- Apply in all establishments irrespective of any funding arrangements.

Legislation impacting on medication management in aged care homes

- State
  - Health Services Act 1988
    - NB Sec 108C & Regs 19, 20 only apply to supported residential services not funded by the Commonwealth
  - Health Records Act 2001
  - Nurses Act 1993
    - Sec 8C - endorsement of Div 2 nurses to administer medications

Legislation impacting on medication management in aged care homes

- Commonwealth
  - *Aged Care Act* 1997
- Applies only to high and low level care establishments that are Commonwealth funded. There are no specific controls on medication. Any standards about the handling of medication are indirectly applied through accreditation and therefore funding arrangements.

Legislation impacting on medication management in aged care homes

- Guidelines
- Codes of Practice
- Standards

Australian Pharmaceutical Advisory Council (APAC)

- Guidelines for Medication Administration in Residential Aged Care Facilities
- It should be noted that it is not the intention of APAC to prescribe general professional standards, nor processes relating to those outcome standards concerned with medication management in residential aged care facilities. Rather, APAC's aim is to ensure that implementation of individual professional standards is encouraged in a multi-disciplinary manner which will facilitate quality outcomes for residents. This requires a closer interaction between all stakeholders and the guidelines recommend ways in which this will be achieved.

APAC Guidelines - Contents

Nurses Board of Victoria

- Extended scope of practice for Division 2 nurses to administer medication.

Nurses Board of Victoria & Pharmacy Board of Victoria

- Guidelines for Registered Nurses, Student Nurses and Pharmacists regarding the use of Dose Administration Aids (DAA) for Clients in Care in Victoria
  - Persons who are not registered to administer medications by the NBV
  - www.nbv.org.au
  - www.pharmacybd.vic.gov.au

Pharmacy Board of Victoria

- Guidelines for Good Pharmaceutical Practice
- Service model for Pharmacy Services to Residential Care Facilities

Why are good medication management systems in aged care homes important?

- To optimise therapeutic outcomes
- To minimise medication misadventure
- To reduce risk – liability
- Compliance with legislation & standards
- Duty of care

How can this be achieved?

- ***Employers***
- clearly written polices and procedures should be in place which:
  - reflect legislative requirements, where appropriate
  - are user friendly
  - have a system of review
  - specify responsibilities of staff regarding the prescribing, dispensing, administration, storage and disposal of medications (define each of these)
  - specify requirements for the different routes of medication administration, and
  - incorporate a mechanism whereby the consumer of the medication can be correctly identified (eg. name, photograph).
- provide annual education update and medication competency assessment for staff to safely undertake the administration of medications.
- provide user friendly information on relevant drugs and poisons, relevant to the staff mix of the organisation.
- provide safe storage in line with legislation, where appropriate for all medicines.
- ensure medication errors are documented, reported and trended to identify opportunities for improvement.

How can this be achieved?

- Medication Advisory Committees
  - Follow APAC guidelines
  - Appropriate membership structure

How can this be achieved?

- Medical Practitioners:
  - Medication charts are completed and signed
  - Prescriptions are written for all medications ordered (problem has increased with computer prescribing) including when given by phone to pharmacists
  - Communication with nurses, pharmacists & residents

How can this be achieved?

- Nurses
  - ***Registered nurses 1, 3 and 4 and division 2 nurses endorsed to administer medication***
  - are accountable and responsible for their practice.
  - should be aware of their legislative requirements, practice standards and ethical responsibilities.
  - should participate in and/or be aware of decisions made by the organisation's Medication Advisory Committee.
  - must conduct an assessment of a person's individual and particular need regarding the most appropriate form of medication administration.
  - be aware that a particular DAA may not suit all people.
  - ensure that the client or their representative has agreed with the form of medication administration

How can this be achieved?

- Pharmacists:
  - Membership of Medication Advisory Committee
  - Access to patient medication histories, relevant information
  - Maintenance of medication profiles
  - Communication with Doctors, nurses, carers, residents
  - Appropriate use of DAAs, compliance aids
  - Counselling

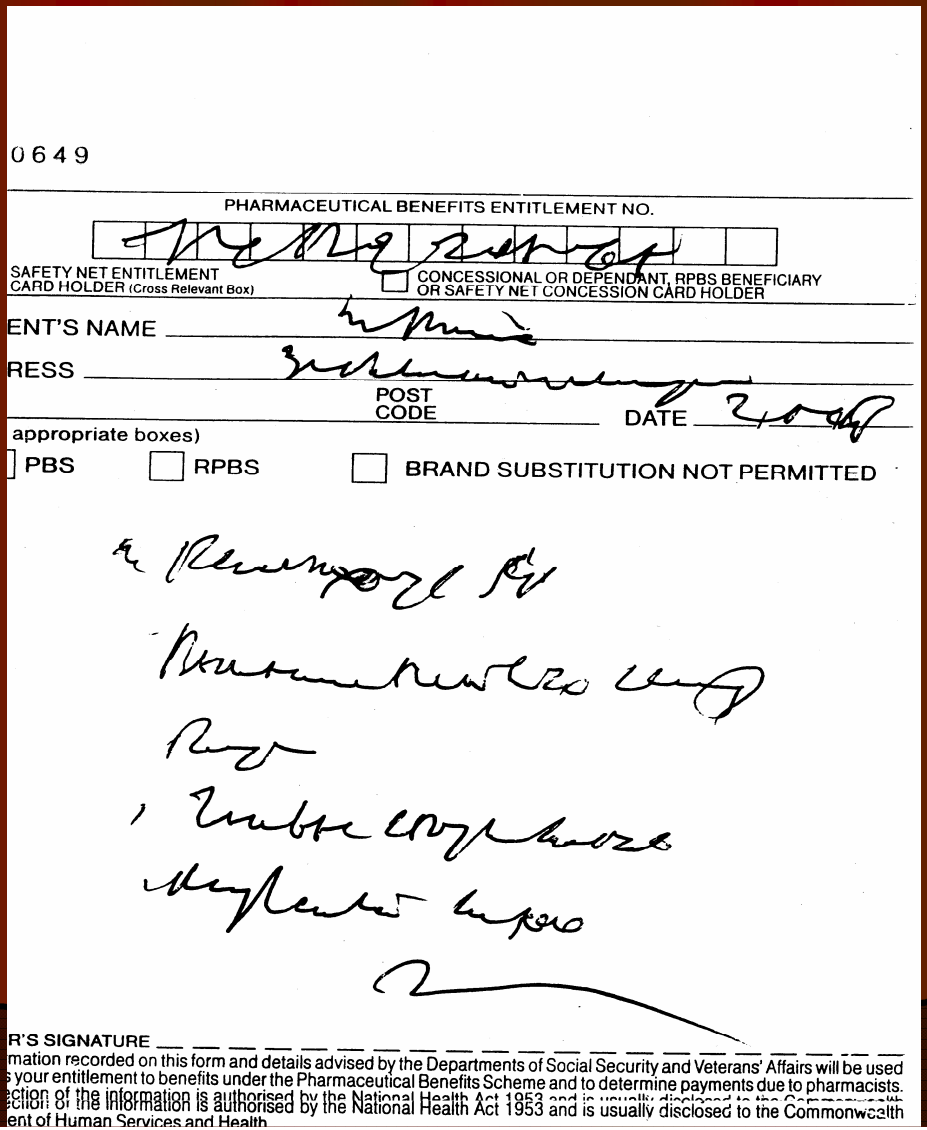
What can go wrong?

- Adverse reactions
- taking other medications, including complementary medicines, on the advice of well-meaning friends, relatives
- nurses, carers are in a good position to notice patient changes, compliance issues, misuse and/or abuse

Administration (Nurse/carer)

- Sources of potential error (nature of error)
  - identification of patient (wrong patient)
  - confusing name (wrong drug)
  - confusing packaging (wrong drug)
  - ambiguous/confusing directions (wrong dose, route or time)
  - brand confusion (wrong drug)

Prescriber's handwriting



0649

PHARMACEUTICAL BENEFITS ENTITLEMENT NO.

SAFETY NET ENTITLEMENT CARD HOLDER (Cross Relevant Box)

CONCESSIONAL OR DEPENDANT, RPBS BENEFICIARY OR SAFETY NET CONCESSION CARD HOLDER

ENT'S NAME

RESS

POST CODE

DATE

appropriate boxes)

PBS RPBS BRAND SUBSTITUTION NOT PERMITTED

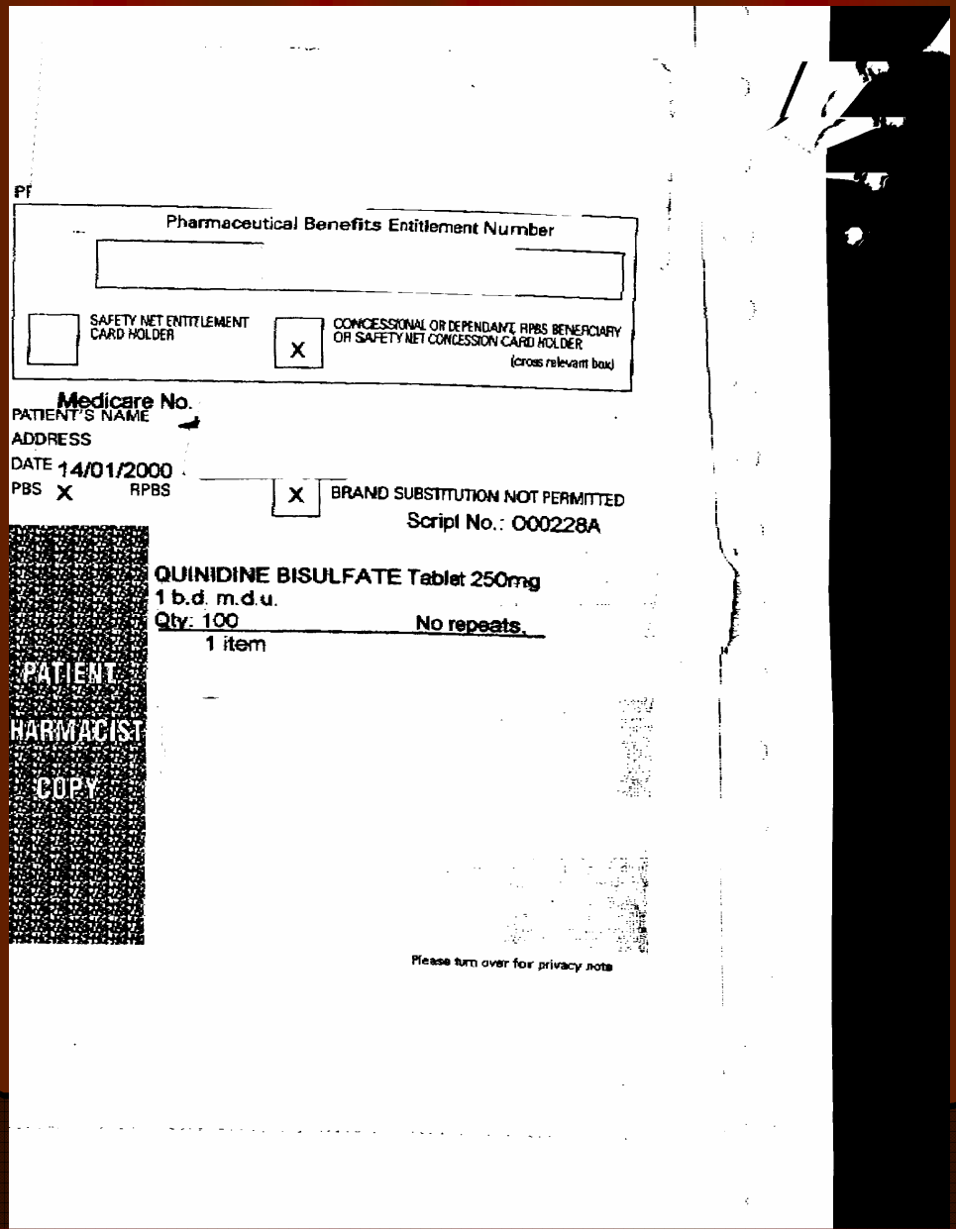
R'S SIGNATURE

mation recorded on this form and details advised by the Departments of Social Security and Veterans' Affairs will be used your entitlement to benefits under the Pharmaceutical Benefits Scheme and to determine payments due to pharmacists.

ection of the information is authorised by the National Health Act 1953 and is usually disclosed to the Commonwealth

ent of Human Services and Health

Wrong drug - should be QUININE



PF

Pharmaceutical Benefits Entitlement Number

[ ] SAFETY NET ENTITLEMENT CARD HOLDER

[X] CONCESSIONAL OR DEPENDANT, RPBS BENEFICIARY OR SAFETY NET CONCESSION CARD HOLDER
(cross relevant box)

Medicare No.

PATIENT'S NAME

ADDRESS

DATE 14/01/2000

PBS X RPBS

[X] BRAND SUBSTITUTION NOT PERMITTED

Script No.: C00228A

PATIENT COPY

QUINIDINE BISULFATE Tablet 250mg
1 b.d. m.d.u.
Qty: 100 No repeats.
1 item

Please turn over for privacy note

Dose platforms

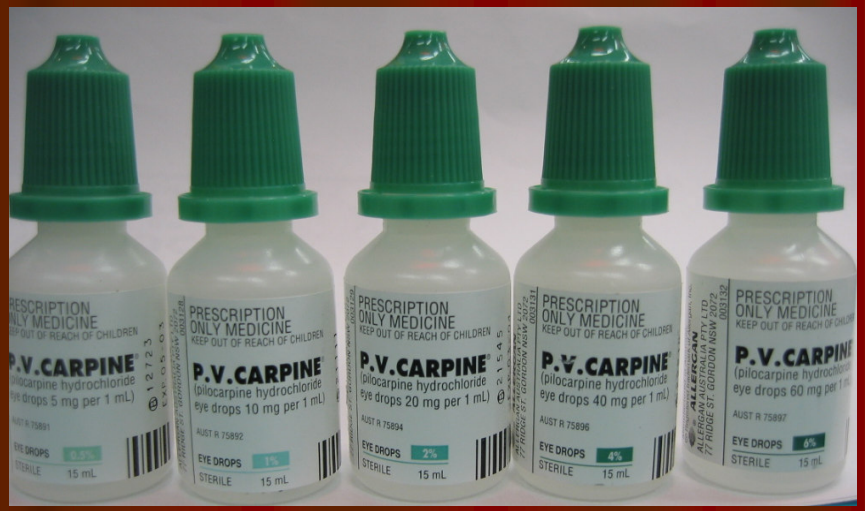
Packaging of seven commonly prescribed drugs for one patient

Product No	No of weeks per pack	Format of week	Day starting week	Location of print	Colour of print
1	2	Up one side, down the other, clockwise	Sun/Mon	Foil side	Turquoise
2	1	Parallel rows of 4 and 3 days	Mon	Foil side	Maroon
3	2	Heart shaped circle per week, clockwise	Sun/Mon	Foil side	White on red (red on white for 2 days a week)
4	4	Parallel rows	Mon	Both sides†	Blue, striated silver background
5	2	Parallel rows	Mon	Blister side	Red
6*	1	Up one side, down the other, clockwise	Sun/Mon	Foil side	Black
7	2	Parallel rows	Mon	Foil side	Reversed grey on foil

*Replaced 7.

†But one line is in fine print between middle two, manufacturer's name being more prominent

Similar Packaging




PRESCRIPTION ONLY MEDICINE
KEEP OUT OF REACH OF CHILDREN
MAXOLON™
METOCLOPRAMIDE HYDROCHLORIDE
ANHYDROUS 10mg
25 Metoclopramide Tablets
Each tablet contains Metoclopramide
Hydrochloride Anhydrous 10 mg
AUST R 11153
ICN
PRESCRIPTION ONLY MEDICINE
KEEP OUT OF REACH OF CHILDREN
Mogadon®
Nitrazepam
5 mg
AUST R 13751
25 tablets
ICN

Similar/confusing names

Eg. Cardiprin/Cardizem, Losec/Lasix, Lamictal/Lamisil, Moxacin/Maxolon, Capoten/Gopten, Amfamox/Alphamox,

Prednisone/Prednisolone, Renitec/Ranitic

Similar/confusing names

- Similar names contribute to medication misadventure when they are confused due to poor handwriting, lookalike or sound similar when verbal instructions are given.

Coronial matters

- Melphalan 5mg daily - 5 tablets daily
- Methotrexate - daily instead of weekly
- Cocaine mouthwash - 10% 10ml qid
- Phenytoin
- Cephalexin
- Trimethoprim
- Dothiepin
- Midazolam

Where to

- Risk management
- Change of culture from punishment to voluntary reporting programs so that all can learn
- ‘Near miss’ reporting

Who makes errors?

- Every human being
- We see what we want to see, hear what we expect to hear
- distractions and interruptions
- visual impairment - reading, color blindness

The patient may have heard

- But did they understand?

Our aim

- To ensure that the right patient gets the right medication in the right dose at the right time by the right route for the right duration
- to do no harm
- if you do not know - ask never guess

Thank You