

Medication management
High Risk Medications
In
Residential Aged Care Services

Claudio Dellore

Ballarat Health Services
Residential Aged Care Services

Residential Services Quality Manager

Medication management
High Risk Medications in Residential Aged Care Services (RACS)

- Residents within RACS as with many older adults are at high risk for medication related problems.
- This is largely due to the number of diseases & changes that occur with age which is compounded by the need to have numerous medications, more than any other age group.

Medication management
High Risk Medications in Residential Aged Care Services (RACS)

BHS RACS medication management involves utilization of the associated industry framework including:

- Australian Pharmaceutical Advisory Council (APAC) guidelines
- Commonwealth Aged Care Standards

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High Risk Medications in Residential Aged Care Services (RACS)

- Medication Management Gap Analysis
(Comprehensive internal audit tool)
 - “Agency” Assessment module 4
 - “Agency” Results & Processes Guide

- Potentially serious implications for residents concerning two frequently used high-risk medications. i.e. Insulin & Warfarin

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Following consultation with stakeholders various aspects of the medication management system were reviewed

These included medication management governance documentation & worksheets.

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Insulin & Warfarin management concerns were reflective of a number of risk factors.

These included:

- Their high-risk status
- Frequency of use
- Largely elderly at risk population
- Size of the organisation / Multiple facilities
- Number of GPs / Community pharmacies
- Inconsistencies of process

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Insulin Management

GAP Analysis

Insulin / Diabetes management was identified as a clinical risk & scope for improvement

MAC were NOT SATISFIED in regards to having adequate information, its location & review of original/subsequent GP orders.

Risk associated with transcribing of BGL reportable level information on subsequent medication charts.

Initially reportable level written on chart & in progress notes by GP.

Practice evolved over time to the point that the BGL reportable level was being transcribed onto new charts by the RN.

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Insulin Management

Concerns associated with not readily knowing when & who made the initial order.

Noted that reportable levels were generic in nature.

Requirement for more individualized approach based linked to past history & current assessment charting

- A search for & review of Insulin Management resources that were available to best address our concerns was undertaken.
- Extensive communication / consultation with stakeholders

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Insulin Management

Meditrax Insulin Risk Management package

“**Insulin Risk Assessment component**”.

Trialed across the RACS facilities after consideration by MAC

Decision based on:

Provided a framework facilitating the assessment process, prompted improved documentation / communication

- Acknowledgement that residents hypoglycemic presentation differs significantly / variations of symptoms & severity
- Promoted responsiveness to individual's needs.
- Facilitate individualized review of management / treatment
- GP review of orders in conjunction with Medication Charts.

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Insulin Management

Insulin Risk Assessment - [Meditrax](#):

1. GP Contribution to Insulin Care Plan

- Normal BGL range for resident
- Monitoring BGL prior to Insulin administration
- Instructions for GP notification

2. Hypoglycaemia Check List / Action Plan

- Purpose to evaluate a resident for clinical symptoms of hypoglycaemia

Key aspects – General complaints, Neurological findings, Changes in Behaviour, Changes in Consciousness

- Action plan – Issues identified & Possible interventions listed
Actions to be taken. Person Responsible . Outcome.

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Insulin Management

Insulin Risk Assessment - Meditrax:

3. Insulin Risk Assessment Checklist

- Risk assessment for hypoglycaemia in diabetic using insulin
- Checklist of prompts for considerations:
 - P/H hypoglycaemia. Oral hypoglycaemic use. BP medications.
 - Alcohol intake. Falls history. Meal routine. Emotional stress exposure.
 - Thyroid disease. Renal/liver failure.
- Rating low < > Low to moderate < > Moderate < > High < > Very high
- Rating Score acts as a flag for subsequent actions.

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Insulin Management

Results

- The system facilitated improved communication & assists to flag the need for medical review.
- System requires little additional time
- More detailed , individualized, up-to-date & accessible information
- Assessment information > > management care plan < < reflective of the individual resident's needs.
- Facilitates /requires **RN & GP input** prior to completion

Outcome

- Residents health & insulin management regimes
 - Closely monitored**
 - Timely reviews undertaken**
 - Expected outcomes consistently met.**

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Warfarin Management

- Different processes across service / MAC GP representative / Pharmacists expressed concern at lack of consistency
- **GAP Analysis** confirmed Gp & Pharmacists perspective.

System Deficits Identified

Pharmacy emailed INR results & order with LLC manager

If manager absent information may be not accessible to staff

Subsequent issue - no orders available for RN to view / check medication received from pharmacy

Manager print order + filed separately away from medical records.

Lack of readily accessible orders (INR reading, Dose & next order)

Difficulty in looking at history & variations.

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Warfarin Management

System in place for LLC & HLC differs > due to matters relating to different models of care & staffing profiles

Low Level Care

Medication required in Webster pack for PCA use

Administered by PCA under supervision of RN.

Warfarin packed in “Orange” coloured Webster frame

Require drugs to be packed by pharmacy for LLC

Medication only packed until next due INR

Communication of order between GP & Pharmacist, warfarin dispensed

Pharmacist pack & dispense medication with verbal order from GP

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Warfarin Management

High Level Care

Pharmacy dispense warfarin supply in original packages to facilities

Reliant for RN to access INR results & then dosage order

Communication of warfarin order between facility & GP > INR result

RN / EN Endorsed administer dose as per order

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Warfarin Management

- Scope for improvement & greater consistency across all RACS could be achieved.
- Communication of Warfarin orders >>> subject to changes < > INR pathology results

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Warfarin Management

A consistent & simplified approach in the management of warfarin & associated practical considerations required responses to questions.

- How are INR pathology test dates / results communicated?
- Does this occur in a timely manner?
- Which services/ health professional are involved?
- What changes / modification were necessary?

Commenced establishing a universal process > communication > INR results, warfarin orders, dispensing & administration

Warfarin Management Low Level Care

KEY REQUIREMENT
GP Facility, Pharmacist & Pathology to be aware of INR Test date.

1. Pharmacist

- Pharmacist contacts GP
- INR result & Warfarin Order

2. Pharmacist Dispenses Medication

- Warfarin dispensed (Webster pack) – GP orders
- Warfarin Communication Sheet (WCS)
Entry & Original retained by pharmacy
Copy sent to facility

3. Facility

- WCS copy + Anti-Coagulant Treatment Sheet >> Medication chart
 - Systematically replace with >> updated WCS from pharmacy
- Original WCS copy retained – pharmacy until full & then >> facility / medical history

4. Facility

- Warfarin given PCA > Document Anti-Coagulant Treatment Sheet + Medication chart < Managed overseen RN
 - Procedure required 2 PCA to check & sign every time.
 - Current Warfarin pack kept in LOCKED drugs cupboard.
 - Advanced deliveries – separate locked cupboard / RN responsible > put out for administration

7. GP

Reviews results
Issues subsequent Orders

6. Pathology Dept.

Conduct test / Forward result to GP

5. Facility

INR booked by facility

KEY REQUIREMENT
GP, Facility & Pathology to be aware of INR Test date

1 GP

- Reviews INR results / Resident
- Issues subsequent Medication order & INR date

5. Pathology Dept.
Conduct test / Forward result to GP /RACS

2. Facility

- Contacts GP
- RN – INR results & Warfarin orders

4. Facility
Next INR booked by facility

3.Facility

- RN / EN Endorse administer dose as per order
- Documented Anti-Coagulant Treatment Sheet >> Medication chart
 - Warfarin Communication Sheet (WCS) is completed
- Current Warfarin stored in resident locked draw for administration
- Resident prescribed stock locked medication cupboard / room

Completed WCS is placed in resident medical history

Pharmacist

- Pharmacist dispenses range of dose/s to facility – GP prescription

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Warfarin Management

Result / Outcome

- Clarification of responsibilities of GP, Pharmacist, Pathology dept. & facility staff.
- An associated “INR reading, Warfarin dosage & administration” protocol facilitates compliance.
- Warfarin Communication Sheet , Anti-coagulant treatment form & medications chart kept together
- “Warfarin Communication sheet” facilitates communication process & desired outcome
- MAC GP rep feedback– system greatly improved, uniformity of system

Re-inforced by the 3 contracted community pharmacy & evident by internal review.

- Previously identified communication issues were resolved.
- System currently on trial within HLC / for formal feedback