



Medication Safety for Older People

Presenter: Gail Rail Community Care Advisor

The Initiative

Development and implementation of a new
Community Medication Record



Organisational statistics

③ During the financial year of 2009/2010

→ our staff travelled **30,000,000** kilometres

→ conducted **2,874,560** community home visits

→ cared for **57,207** individual clients

The Initiative

Development and implementation of a new
Community Medication Record



Driver for change

QUALITY IMPROVEMENT OF MEDICATION DOCUMENTATION MANAGEMENT

- ③ to achieve a consistent organisational approach to medication documentation
- ③ increase recording capacity within the Medication Record
- ③ improve the storage methods of medication documentation

Steps in change process

- ③ a facilitated workshop which included
 - Blue Care state wide clinical subject matter experts
- ③ selected a basic Template, in the form of the “Compact” medication chart
 - Invited Compact Business Systems representatives
- ③ a large dose of goodwill and resolve

LIST OF ABBREVIATIONS APPLICABLE TO THE ADMINISTRATION OF MEDICATIONS		
RELATING TO TIME OF ADMINISTRATION	RELATING TO DOSE FORM	RELATING TO WEIGHT, MEASURE, STRENGTH
ac Before Food	cap, caps Capsules	ml cc Millilitre
pc After Food	elix Elixir	L Litre
mane Morning	inhal Inhalation	mcg Microgram
nocte Night	inj Injection	mg Milligram
BD Twice a day	lin Liniment	g Gram
TDS Three times a day	linct Linctus	kg Kilogram
QID Four times a day	mist, mist Mixture	cm Centimetre
QOH Every four hours	neb Nebuliser	
stat Immediately	pow Powder	
PRN When necessary	soln Solution	
ROUTE OF ADMINISTRATION	supp Suppository	GENERAL
TOP Topical	susp Suspension	Q1H 1 Hourly
NG Naso-Gastric	tab, tabs Tablets	Q2H 2 Hourly
PEG Percutaneous Endoscopic Gastrostomy	linct Tincture	Q4H 4 Hourly
O, PO Orally	ung Ointment	Q6H 6 Hourly
SCI Subcutaneous Injection	RELATING TO EYES	Q8H 8 Hourly
PR Per rectum	G Gutta/Drops	
PV Per vagina	LE Left Eye	
IM Intramuscular Injection	RE Right Eye	
IV Intravenous Injection	BE Both Eyes	
SL Sublingual		

GUIDELINES FOR USE OF MEDICATION RECORD
<ul style="list-style-type: none"> Medication Record must remain in Client Record, filed under the MEDICATION tab. Only the most current doctors orders may be filed with the Medication Record in the MEDICATION tab. Old orders must be filed with the correspondence or in the Archived Client Record. If unable to capture medication activities in this Medication Record, document appropriately in IPN03 Progress Notes. (e.g. Stat dose Medications or 3 monthly injections and/or PRN medications). Allergies written in red or allergy alert sticker visible on the front of the Medication Record. Ensure all other pages of the Medication Record have Allergy/Drug Alert circled. Outdated doctors orders should be removed from the Medication Record and filed in Client Record CORRESPONDENCE section in chronological order. Ensure client identification is on every page of the Record. (Client label or full name and date of birth). Client photo should be attached to the Medication Record if there is a risk that the staff member assisting / administering with medications has not met the client before, and/or there are 2 clients of the service residing in the same building. Photo should be signed and dated. Do not sign for medications that you have not observed the client taking.

- Back cover
- Quality Assurance panel

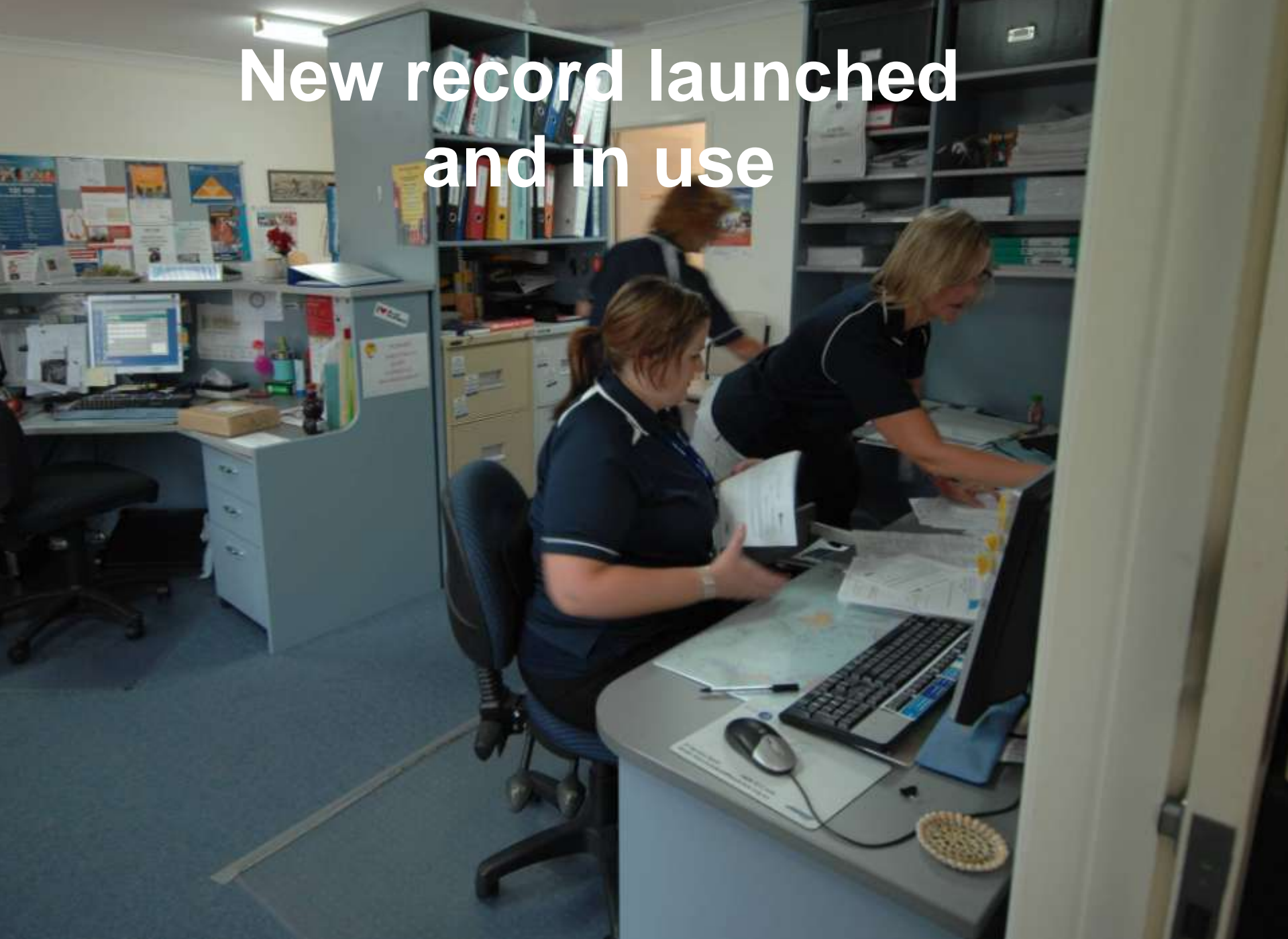


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New record launched and in use



Evaluation results

Results after 12 months:

- ③ all staff spoken with had reported positive response to the document with not one single complaint
- ③ Service Managers responded positively to a consistent document throughout the State, especially when inter transfer of staff occurred
- ③ 12 month Record was widely welcomed as a time saver
- ③ the most significant change required was the filing location of the Medication Record within the Client File – dedicated space

Incident Statistics

Review of raw data revealed the following:

- ④ medication errors did not increase, there was a decrease of 21% over a range of error criteria.

Resulting improvements



Thank you for your attention
Are there any questions?

