

Medication Safety

A never ending story.....

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- The Homes of Peace - late 1800's
- 13 facilities for Older People
- 9 facilities for Younger People
- 500+ packages provided to people in their own homes
- HACC
- 1800++ employees




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Homes of Peace 1903



Lady Smiths Men's Ward 1903







Medication Safety: practicalities

- Chronic Disease
- Many Conditions
- Polypharmacy
- Defence of Independence
- 20 – 50 year scenario

Most Old People Live at Home

- Multiple medications
- Colours, shapes, doses, frequencies
- Nutritional state
- Eyesight, hand function, child proof containers
- Loneliness and depression
- Memory problems
- OTC's sundry other complementary and supplementary potions
- Advice from neighbours, friends, & magazines
- Important role of the pharmacist

Older People Living in their Own Home

- Arrival of HACC or Care Package often brings improvement: structure to the day, advice, encouragement, assistance.

Residential Care

Another raft of risks:

Control and responsibility – RAC

- High acuity, complex needs
- Staff – minimal, workforce shortage issues – turnover, training
- Inconsistent medical input
- Technology – a boon or a nightmare

Other Things

Environment Change:

From hospital ward style and systems, expectations and culture, to 'home-like' environment, resident lifestyle considerations, home versus workplace -practical issues

Other Things

Staff Shortage Issues:

- Turnover @ 20% - 30%
- Training, standards, risk management issues
- Quality of staff available for recruitment
- Interest of GPs

Residential Care

We have learned to cope:

- Medication competent care workers
- Policies, protocols, records
- Medication committee,
- RMMRs
- Quality systems,
- Attitude shift, constant effort

Today the Challenges....

- Issues of many changes to Drug Profiles /Charts
- Issues of many charts, and many signing sheets
- Scripts expiring and Dr's not renewing them in time
- Dispensing – legibility of script, balancing RACF requirements vs business, chasing up scripts,
- keeping up with new admissions, changes to prescriptions,
- dispensing against deadlines –and ensuring accuracy.
- Point of care administration – distractions are many,
- Culture of tolerance to interruptions
- Cultural issues of not taking the time to report – attitude of apathy “nothing changes anyway” or “I don't want to blame”
- Technology...new innovations, new issues...new challenges..
- Staff,..not enough staff, different type of staffing model..
- Imprest items..too many, not enough, what, where, how....

Today.....


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Our design has to be better than.....



***“Every system is perfectly designed
to achieve the results it gets” Don Berwick***

<http://go.to/funpic>

The Future?

The logo for Brightwater, featuring a stylized wave icon above the text "BRIGHTwater".

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Quality Improvement of the whole process
Tackle Sacred Cows
Explore Innovation

The Future

- Legislative change to design system appropriate to RAC
- Less medications – improve prescribing practices; advances in pharmacology, scientific discovery
- Electronic medication management
- Continued training
- Culture of dedication to the task at hand

MEDICATION BILL OF RIGHTS

Six RIGHTS and one RESPONSIBILITY

RIGHT PATIENT
RIGHT DRUG
RIGHT REASON
RIGHT DOSE
RIGHT TIME
RIGHT ROUTE

RESPONSIBILITY:
If one RIGHT is WRONG,

STOP

Address the wrong.

67 years ago a student nurse wrote in
her notebook.....

The logo for BRIGHTwater, featuring a stylized orange and white wave icon above the text "BRIGHTwater" in a serif font. The logo is positioned within a large purple circle in the top right corner of the slide.

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**“When giving medicine
apply your mind to
that work alone”**

Margaret Guilfoyle
Nursing student
Royal Perth Hospital
1944




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