

HOW TO ACHIEVE CONTINUITY OF MEDICATION SUPPLY FOR AGED CARE PATIENTS?

When an aged care patient is discharged from hospital or transferred to a residential aged care facility from interstate, or has their Websterpak supplied by a pharmacy, then disruption may occur in several ways to continuity of supply of medications. This becomes a safety issue for older people and, in many cases, something can be done to ensure that supply continues, but it requires forethought and planning and good communication between GP, pharmacist and hospital.

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Scenario 1:

Tom is a 63 year old man who is discharged from hospital after undergoing hip surgery and is returned by ambulance to Shady Acres Nursing Home (NH). His discharge summary is faxed to pharmacy and GP, but not to the NH. He was commenced on warfarin prior to discharge from hospital, with aspirin having been ceased before admission. He was also taking Valerian for sleep and Panadeine for pain prior to admission. After his hip operation, he was commenced on a 2 week course of antibiotics in hospital, and Endone for pain management.

He was discharged on a Friday afternoon and returned to NH with 3 days supply of meds, but because his medication was not packed in a Websterpak and no discharge summary was sent to NH, staff could not administer his meds (public holiday Monday compounded these problems) and it became a safety issue for the patient.

Problems:

- Only 3 days supply of meds was sent home with patient by hospital, and not packed in Websterpak or similar dosage administration aid
- No prescriptions were written by hospital doctor for the patient on discharge
- No discharge summary was sent to NH listing his current medications, including any changes
- Inappropriate directions for Endone (1 prn) meant that it could not be administered by NH staff, so no pain medication was given to the patient for 3 days
- Also non-formulary items eg. Valerian & Panadeine being taken by patient prior to admission were ceased in hospital and not recommenced on discharge

The 20 cent Solution:

When a patient is transferred to hospital from NH in ACT they are now sent with a TRANSFER ENVELOPE containing all relevant information for admission. The envelope has a face sheet, which contains patient info and copies of all relevant documents, including Advanced Care Directive, and a Websterpak containing 7 day supply of patient medication are placed in the envelope. Ambulance staff have been briefed to give this envelope to the designated person in ED or Admissions. The envelope moves with the patient if they are admitted as inpatient. Prior to discharge from hospital, details are completed on the back of TRANSFER ENVELOPE and the hospital pharmacist ensures that it includes a discharge summary and Websterpak to be taken for 7 days after discharge. Ambulance staff return envelope with patient to NH.

TRANSFER ENVELOPE

Transfer Envelope between Residential Aged Care Facilities and Emergency Departments in ACT

- *(draft procedure for incorporation into ACT Hospitals and RACF procedure manuals)*

Policy

- The Transfer Envelope will be used as a communication tool between Residential Aged Care Facilities (RACF) and Emergency Departments (ED) whenever residents/patients are transferred between the two services in the ACT.

Procedure

- Both RACF and Emergency Departments will hold stock of the Transfer Envelopes.
- When it is determined that a resident is to be transferred from the RACF to the ED, staff at the RACF are responsible for completing the front page of the Transfer Envelope. The Transfer Envelope does not negate the need for the GP/Locum or facility staff to complete and include a transfer letter to ED.
- The RACF staff will include the following items in the envelope (where applicable):
 - Current medications
 - Copy of current medication chart and signing sheets
 - Copy of Advanced Care Directives
 - Copy of Enduring Power of Attorney, Guardianship or Designated Health Attorney
 - Transfer letter from GP/Locum (if available)
 - Transfer letter from RACF (if further detail is required).
- The Transfer Envelope will stay with the patient during their stay in the ED.
- When the patient is ready for discharge back to the RACF, the ED staff must complete the checklist on the back of the envelope. The Transfer Envelope does not negate the need for ED staff to complete the Discharge Summary. The aim of the envelope is to provide prompts for staff to ensure all discharge documentation and notifications have been completed and/or enclosed within the envelope.
- The ED staff will include the following items in the envelope (where applicable):
 - Discharge Summary
 - Details of follow up appointments
 - Patients own medications returned
 - New medications
 - Prescriptions for new medications
 - Consumables as required (eg clip remover)

Scenario 2:

Patricia is an 80 year old lady who can no longer live at home alone in Sydney, and her children decide to move her to a NH in Canberra. They ring up and book her into Shady Acres and arrive the next afternoon (Saturday) from Sydney with Patricia and are told that they need to find a local GP who will agree to take her on as a patient. She also has arrived without any medication, as this was forgotten in the panic when they left Sydney. She is pretty vague, but manages to recall her Sydney GP and pharmacy name.

Problems:

- How to find a local GP who can take her on as a patient?
- How to continue her medications until GP can see her?
- How to get her scripts from Sydney GP?

The e-Health Solution:

ACT Division of General Practice has recently surveyed GPs to find out who is prepared to take on new aged care patients in the ACT. This information is available under controlled conditions to NH DoNs and includes GPs in geographical area of particular NH

E-health network also provides a solution, in that it stores scripts centrally from each GP participating in the scheme, anywhere in Australia. These could theoretically be made accessible to a pharmacy elsewhere in Australia, but dispensing of repeats may need a change in state legislation. This could allow retrieval of Patricia's repeats by the Canberra pharmacy in this case. Alternatively, the pharmacy could ring her Sydney pharmacy and request a copy of the patient's medication summary to be faxed and repeats posted to the pharmacy, as dispensing is permitted on receipt of a faxed copy of the script.

Scenario 3:

Irene's GP decides to join a corporate practice some distance away, which is not easily accessible to her and the policy of the corporate practice is not to allow its GPs to visit NH patients.

Also the pharmacy rings to say that she has owing scripts from the GP who has moved, and they cannot pack her Websterpak without new scripts to cover these drugs, including Norspan (schedule 8).

Problems:

- While Irene's family is finding another GP prepared to take her on, it is necessary to get GP cover as soon as possible, because she is confused and has had a recent fall
- The pharmacy notifies NH that it cannot pack her Websterpak as she has run out of certain scripts, including Schedule 8 (narcotic) and authority scripts
- There are scripts still owing from her previous GP who has joined a corporate practice and taken her records with him

What if GP or Meds Unavailable?

ACT Division of General Practice has recently become the successful tenderer with ACT Health to provide a GP In-Hours Locum Service (GPADS) to aged care residents throughout ACT

When an aged care patient's GP cannot provide a service within 24 hours, then GPADS can be requested by NH to visit the patient. If service is required after-hours or on weekends, CALMS after-hours locum service will see the patient.

An Emergency Drug Imprest Supply is now available in most NH in ACT to provide a basic list of emergency drugs for GPADS doctor to utilize if pharmacy is closed

Emergency Supply List

- **Amoxicillin 500mg**
- **Amoxicillin + Clavulanic Acid 250mg**
- **Cephalexin 500mg**
- **Trimethoprim 300mg**
- **Metronidazole 200mg**
- **Risperidone 1mg**
- **Morphine Sulphate 10mg/ml**
- **Metoclopramide 10mg/2ml**
- **Metoclopramide 10mg**
- **Chlorsig Eye oint**
- **Loperamide 2mg**
- **Nitrolingual Spray**
- **Fruzemide 40mg**
- **Oxycodone 5mg (GP or RN only)**
- **Norspan Patch 5mcg (GP or RN only)**
- **Prednisolone 5mg**
- **Paracetamol 500mg**
- **Paracetamol + Codeine**

Scenario 4:

Tom's Websterpak is not delivered from supply pharmacy, and when staff of NH inquire, they are told that he has run out and his GP has not supplied scripts as requested.

In this case, the supply pharmacy will normally dispense one owing supply to allow a Websterpak to be completed, but if the GP has not provided a new script by next Websterpak, then supply stops.

Problems:

Websterpaks are usually packed on a 2 week cycle by supply pharmacies and, although most scripts are usually for one month supply, problems arise because of variations in pack sizes, increased dose, antibiotics, hypnotics (Temaze 20) and narcotic analgesics (Panadeine Forte 20)- and also GPs not writing one month supply

The Black Hole:

- Owing scripts can represent up to \$15,000 per month for the “out of pocket” expense for an average pharmacy supplying a NH (2009 unpublished ACT survey). If the pharmacy does not have a script to send to Medicare for claiming, then there is no reimbursement available for those items dispensed to fill Websterpaks. In the ACT survey one pharmacy supplying several NHs had an amount of \$60,000 in owing scripts in the month of the survey.
- Owing scripts cannot be supplied for S8 and authority items, so they cannot be included in the patient’s Websterpak, which confuses NH staff.
- Often pharmacies reach a point where, if they cannot get owing scripts written by certain GPs, then they may be forced to cut supply to the patient as a last resort.
- Individual GPs estimate that it takes up to 2 hours per week to catch up on owing scripts, equivalent to one practice session of 4 hours per fortnight. This potential time-saving could be streamlined using the e-health process, as explained above, with about 5% saving in GP time and cost right across Australia.

Summary

- When an aged care patient is discharged from hospital or transferred to a residential aged care facility from interstate, or has their Websterpak supplied by a pharmacy, then disruption may occur in several ways, as shown by these examples, to continuity of supply of medications for them. This becomes a safety issue for older people and, in many cases, something can be done to ensure that supply continues, but it requires forethought and planning and good communication between GP, pharmacist and hospital and the involvement of the patient.
- REMEMBER-SIMPLE SYSTEMS WORK BEST!