LEARNING

Community, Indigenous and Sub Acute Services (CISS)

RACF Medication Safety
Registered Nursing Staff
Medication Management – Aged Care Accreditation Standard 2.7

This expected outcome requires that:

*Care recipients' medication is managed safely and correctly*

The focus of this outcome is on results for care recipients.
To achieve this:

- Staff demonstrate residents’ medication is managed safely and correctly
- Staff demonstrate compliance with the medication management system
- Staff can demonstrate the medication management system is safe, according to relevant legislation, regulatory requirements, professional standards and guidelines.
- Residents/representatives confirm they are satisfied that medication is managed safely and correctly
How do we ensure this?

- Policies and procedures are documented and staff know where to access them.
- Staff practices are developed and monitored to ensure understanding and compliance with processes and procedures.
- For example, quality assurance audits are conducted and reviewed, and the information gathered is shared with the relevant staff.
- Supervision of staff occurs including in relation to the use of assessment tools, equipment, and methods of managing medication.
Medical staff and Pharmacy

• How do we ensure regular evaluation and review of residents’ medication needs and preferences has been undertaken by a pharmacist or medical officer?

This must include consideration of:
- allergies
- each resident’s cognitive ability
- each resident’s pain management needs
- each resident’s swallowing and other physical abilities
- medication side effects, including polypharmacy
- monitoring of doses which may need to be regularly adjusted (for example, psychotropic medications, warfarin and insulin)?
Follow-up Actions

• Medication side effects reported to the medical officer
• Staff are aware of follow-up actions and protocols as a result of adverse drug reactions and adverse pathology results
• Proper recording and ordering of medication orders is documented

For example:
- Orders are reviewed for appropriateness
- Orders are current, legible, signed and dated, with the dose and time prescribed
- Medications are ordered using a secure communication system
- Urgent and out-of-hours orders are catered for
Medication Storage

- A level of security of medications appropriate for the medication and circumstances
- Refrigeration of medications as appropriate
- Dating of opened medications as appropriate (creams, ointments, etc)
- Correct and safe storage of medications is provided for residents who self-administer
Administration of Medications

• Correct identification of residents
• Administration record entries which do not contain alterations or erasure (as prohibited by law)
• Documented methods of alteration and administration and any equipment used to alter medication (for example, for the crushing of the medication) are provided
• Residents receive the correct medication, in the correct dose via the correct route and at the correct time
• Assessment of the skills and knowledge of all staff administering medications – annual and ongoing
• Administering of medication in a manner which promotes residents’ rights
6 Rights for Safe Medication Administration

1. The Right Patient
2. The Right Drug
3. The Right Dose
4. The Right Route
5. The Right Time
6. The Right To Refuse
Self-medication

- Assessment of the resident’s ability to self-administer
- Education for the resident to self-administer in a safe and correct manner
- Regular monitoring of the resident self-administering
- Consultation with residents/representatives and others (medical officers and health professionals) about the self-administration
Nurse-initiated Medications and PRN

Include and document indications of:

- reason for administration
- maximum dosages
- route of administration and any other administration instructions
- authorisations by resident’s doctor
Regular evaluation and review of the medication management system

- Processes for reviewing residents’ medications (including the use of PRN, psychotropic medications, drug interactions, and the use of nurse-initiated medications as appropriate)
- Regular review/use of multidisciplinary teams where possible
- Medication ordering processes, including emergency supplies
- Correctness of medications against medication records and orders
- Medication administration processes including for residents who self-administer
- Monitoring of the effectiveness and appropriateness of assessment tools
Other considerations

• Do the staff respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors? For example, how are medication incidents documented, reported and appropriately addressed?

• How do the staff ensure appropriate disposal of medications including that of ceased, contaminated, damaged and out-of-date medications?
Links to related expected outcomes

• Expected outcome 1.7 *Inventory and equipment*

• Problems with the ordering, storage and disposal of medications may indicate *gaps* in expected outcome 1.7 *Inventory and equipment.*
Expected outcome 2.1 Continuous improvement

- Medication management data (which may include prevalence of medication errors or use of psychotropic medications) may be used by the home to identify opportunities for improvement within the home in relation to medication management and linked expected outcomes.
Expected outcome 2.2 Regulatory compliance

- There are various state and territory laws and guidelines which govern medication management practices
- Follow guidelines, policies and procedures

The Health (Drugs and Poisons) Regulations 1996 legislates medications management, storage and access for the State of Queensland
Other Actions

- Assess and document effects and side-effects of medications
- If necessary, escalate your concerns
- Adjust care plan to reflect any changes in management
- If resident refuses medications, what are the nursing actions you must take?
Medication Management

Putting People First

Because we care!