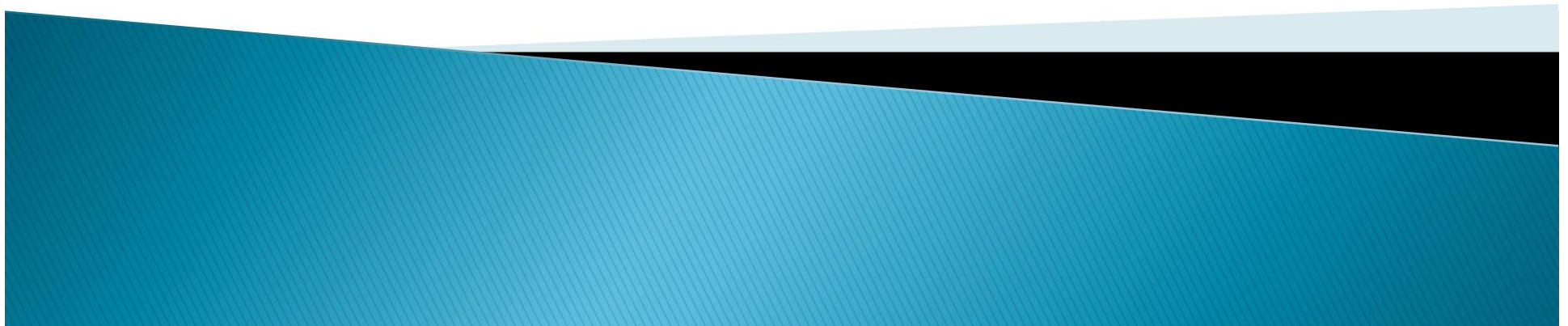


# Common problems in medicines management

In care home settings

Jackie Smith Clinical Pharmacist



# Responsibilities to our patients/residents

“Residents have the right to access their medicines at the times they need them, and in a safe way” (CQC Essential standards of quality and safety Outcome 9).

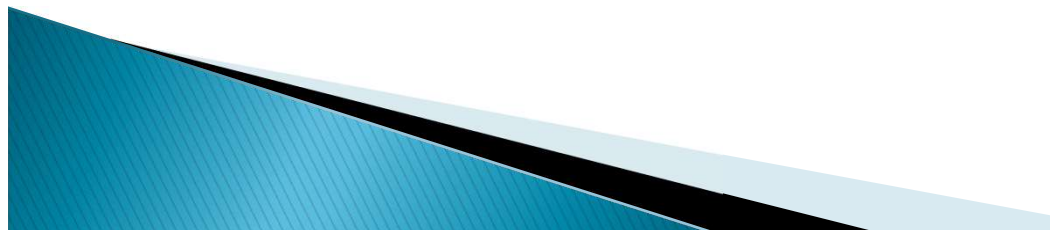
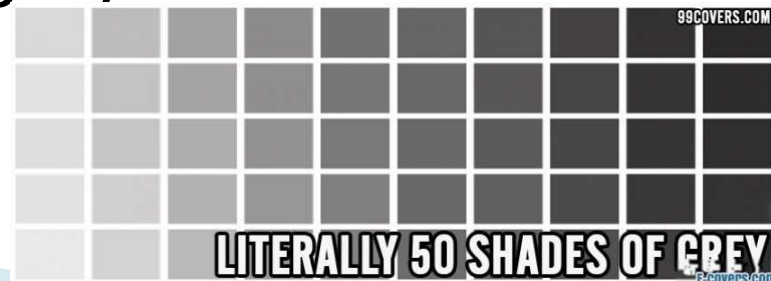
- ▶ This means that they must be available, stored safely, administered as prescribed and recorded appropriately



# The role of CQC



- ▶ CQC are regulators
- ▶ Safety in all aspects of medicine management
- ▶ Dignity and respect– mental capacity issues, the right of refusal, best interest decisions
- ▶ Processes and patient centred care
- ▶ Meeting the needs of the individual
  
- ▶ There are no shades of grey!!!–



# Practical aspects–your responsibilities!!

- ▶ Ordering– timing & caring time, variety of methods, complexity, stock management, prescription issues
- ▶ Supply issues–timely deliveries, availability of stock
- ▶ Receipt of stock–missing items, caring time checking in, unwanted items received
- ▶ **Solutions?– Supernumerary time –electronic systems, good communication & relationship between home, pharmacy &GP**



# Practical aspects–your responsibilities!!



- ▶ Administration– length of drug rounds, accountability, assurance of correct drug?, process driven not patient focused, changing doses, refusal
- ▶ Record keeping–inconsistent standards, accountability, inconsistently managed (to identify missed residents to return to)
- ▶ **Solutions–electronic systems, good policies, consistent practice, time management focus**



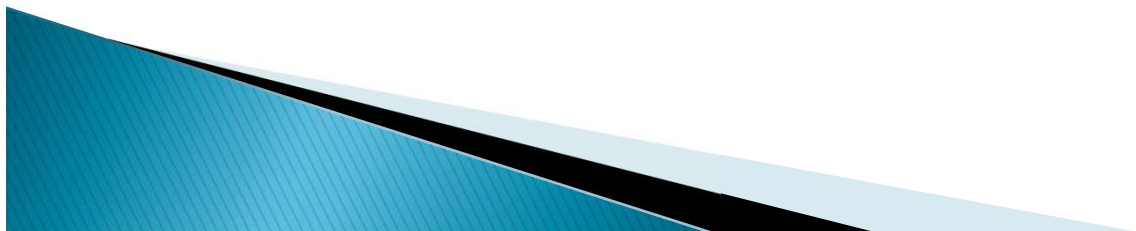
# Practical aspects–your responsibilities!!



- ▶ Storage–stock management to minimise excess, access to dressings,emollients etc, CD safe custody regulations, self administration
- ▶ Destruction”returns”– make it minimal, contracts for nursing homes, carrying forward “prn” medication, accountability for every dose, too much waste!!!
- ▶ **Solutions–vigilance in appropriate ordering, electronic systems. (Have a conscience about waste medicines!!!)**

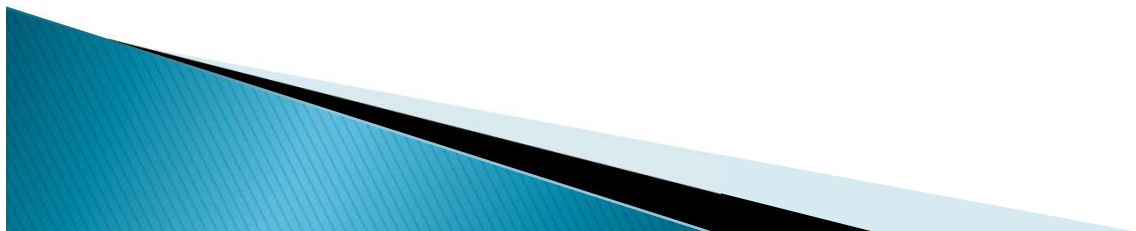
# Clinical aspects– healthcare responsibilities!!!

- ▶ GP communication–poor transfer of information, remote prescribing processes, updating records
- ▶ Communication between professionals–no links, still paper driven, poor pathways
- ▶ Supporting non–clinical staff–ensuring staff can deliver what is required safely, respecting their knowledge of residents
- ▶ **Solutions–commissioning, electronic systems!!**



# Clinical care aspects–patient centred– Room for improvement.....

- ▶ Managing pain–use of pain assessment tools
- ▶ Managing swallowing difficulties–correct use of thickeners, appropriate liquids
- ▶ Managing dementia–refusal, pain, antipsychotics
- ▶ Managing specific conditions e.g Parkinson’s–use of support tools
- ▶ Managing bowels–minimise laxatives
- ▶ Managing “prn” medication
- ▶ Managing inhalers–need for spacers e.g aerochambers for all MDIs
- ▶ Managing skin care–barrier creams, emollients





# Risks –where does it go wrong?

We must not put non-clinical staff in situations which require clinical decisions

- ▶ Transfer of care
  - Hospital discharge
  - Registering with new GP
  - Moving from one environment to another
- ▶ Communication between professionals
  - Pharmacists, community services, GPs
  - Working together



Over to you.....

