



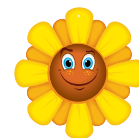
# Caring for Care Homes **NHS Plymouth**

The newsletter for Care Home staff, General Practitioners and Community Pharmacists within NHS Plymouth

Issue 1

December 2010

## Medicines Management in Care Homes Steering Group Update 2010



Welcome to the first Medicines Management in Care Homes Steering Group update. We hope to encourage everyone to work together to improve medicines management for this vulnerable group.

Through this Newsletter we will share good practice, learning and ideas to increase understanding and promote multidisciplinary working. Co-operation from everyone will be required for this to be effective and we hope that you consider our recommendations and are able to engage.

This Newsletter has been developed following the January 2010 Department of Health alert called 'The use of medicines in care homes for older people'. This alert is everyone's responsibility, The Care Home Steering Group would like to take this opportunity to encourage collaborative working across Plymouth and all key information will be distributed through this newsletter.

### Changes to medication: improving communication



One of the most vulnerable steps in the medication pathway is when a GP makes a change to a patient's medication, for example stopping a drug or changing a dose.

To avoid any confusion and to ensure that the details of any changes are communicated clearly between the GP, the care home and the pharmacy, we have agreed the following best practice process with the Care Home Steering Group and the Local Medical Committee:

#### GP changes medication during a visit to the care home:

- GP amends Medication Administration Record (MAR) chart, signs and dates.
- Care Home faxes copy of amended MAR chart to pharmacy for information

#### GP changes medication at the surgery:

- Details of the change faxed to care home (standard form can be used)
- Surgery phones care home to alert them that a fax is on the way
- Member of care home staff amends, signs and dates MAR chart. Second member of staff checks, signs and dates.
- Care Home faxes copy of information from GP to pharmacy for information.

An example communication form is attached.

### Is there a doctor in the house?



When a service user is feeling unwell or requires medical intervention it is worthwhile considering all options before arranging a visit from the GP. Obviously if a visit is felt necessary this must be arranged without hesitation.

Your local Pharmacist is available during their usual opening hours. They can provide advice on medication, interactions and side effects. This can be particularly useful if a service user has recently started a new medication and the carer is not sure if the symptoms the service user is experiencing could be due to the new medication.

NHS Direct also provide health advice, information and reassurance, 24 hours a day, every day via telephone or internet. This service can be useful out of hours when problems arise and advice is required.

If a Care Home decides a GP visit is necessary, Care Homes are reminded of the following:

- Contact the GP surgery as early as possible in the day to request a visit. This will enable the surgery to arrange their time efficiently and prepare for the visit.
- Ensure all service users who require a visit are named at the time of request to enable the GP to access the patient's notes before the visit.
- Whenever possible avoid asking the GP to see extra patients on arrival at the Care Home as they will not have access to the patient's notes.

It is essential that the service user receives the appropriate treatment without delay and by selecting the correct option for the patient this can be achieved.

### Significant incident reporting

Care Homes are reminded to continue to submit their significant incident report forms to the Medicines Management Team. Event reporting provides valuable learning to make the NHS safer for patients and this has already resulted in an agreed process to communicate medication changes. Please continue to submit your significant incident forms - they really make a difference!



## Improving the safety of warfarin for care home residents

The National Patient Safety Alert (NPSA) 18 – Actions that can make anticoagulant therapy safer is everyone's responsibility and it stated; 'Anticoagulants are one of the classes of medicines most frequently identified as causing preventable harm and admission to hospital. Managing the risks associated with anticoagulants can reduce the chance of patients being harmed in the future'.

It has been recognised that one of the most vulnerable points in the warfarin pathway for care home residents is communicating INR results and ensuring the required dose is administered. Through working together to ensure best practice across Plymouth and having consistent procedures and processes in place, the potential for error will be reduced and the service user's safety kept paramount.

**Prescribers** are reminded of the importance of ensuring all patients taking warfarin are supplied with a copy of the yellow book with the general information section fully completed by the prescriber.

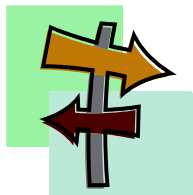
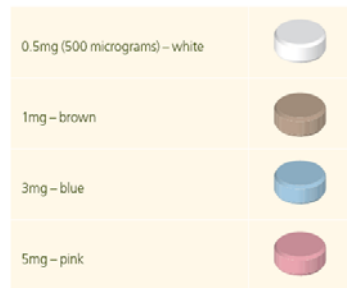
It is also important for warfarin dose changes to be confirmed in writing (e.g. fax) with the Care Home. If the dose is unchanged, avoid using the words 'take as before'. Written confirmation should still be provided stating the dose required in writing (e.g. fax). This enables all parties to double check that the dose to be administered has not been miscommunicated in the past.

**Pharmacies** are reminded that it is safe practice to check the latest INR result and current warfarin dose before dispensing. The Care Home can support this process by faxing the regular Pharmacy the latest INR results as soon as they are received. The Pharmacy can then keep their records updated with this information.

To support this process NHS Plymouth has produced warfarin good practice guidelines for Care Homes. These guidelines are intended to support Care Homes with the safe communication, administration and recording of this class of medication. An audit tool has also been designed to enable current practice to be reviewed.

**Care Homes** will have received a copy of the guidelines with this newsletter and are asked to review current practice against them. An audit tool has been provided to assist with this process.

To ensure a safe and robust pathway for the communication of INR results and warfarin doses in a care home setting, support is required from all parties involved. This may involve a change in current practice and we hope that you feel able to engage and support this process.



### 'As directed' provides no direction!

The use of 'as directed' is a particular problem for Care Homes as specific directions are required before any medication can be administered.

The term 'daily' should also be avoided and where possible the timing should be stated (e.g. morning, bedtime). It may also be necessary to specify a time for certain drugs (e.g. parkinsons). A lack of dose instruction will lead to delays in treatment while the dosage is confirmed.

There will be a minority of occasions when 'as directed' is appropriate (e.g. dressings, warfarin and insulin).

Items such as eye drops, creams, analgesics and 'when required' drugs should always have a clear dose provided. If the provision of an exact dose is not possible the quantity to be taken, dose interval and maximum daily dose should be used (e.g. one or two to be taken up to four times a day when required).

With eye drops it is particularly important to also state in which eye(s) the drops should be used (e.g. Instil one drop in the left eye three times a day). It may also be necessary to state the length of treatment (e.g. for 4 weeks).

Any prescription with an inappropriate "as directed" dose should be returned to the Prescriber for clarification and a specific dose added.

### Named contacts are the key to good communication



Good communication between all parties involved in medicines management is key.

A questionnaire distributed by the Medicines Management Team confirmed that where a named contact was in place a good working relationship existed between all parties.

Below are some of the benefits gained from having a named contact:

- Queries can be directed to the relevant person.
- Facilitates continuity.
- Improves working relationships and rapport.

Consider establishing named contacts and ensure that all parties involved are aware of who this is through exchange of details with your GP surgery, Care Home and Pharmacy colleagues.

**GP Surgery to Care Home  
Communication of change to medication form**



From:	To:
GP name, address & telephone number, or stamp	Care home name & address

**The medication for the following patient has been altered with immediate effect.**

Patient name:	Date of birth:
---------------	----------------

Details of change: (please print clearly and do not use abbreviations)  
Include full details of all medication stopped, started and/or altered

Reason for change:

This change is PERMANENT / TEMPORARY (delete as appropriate)

GP print name and sign:	Date:
-------------------------	-------

Action taken: (please tick when carried out)

At GP Surgery:

- GP has completed form clearly and in full
- GP surgery has phoned care home to alert fax has been sent

At Care Home:

- MAR chart amended if necessary
- MAR checked by a second member of staff
- Care Home has faxed the form to Pharmacy for information

**N.B. Contains personal information and must be sent in accordance with your own fax policy.**