



MEDICATION MANAGEMENT

GENERAL STANDARD
POLICY : 2.3,
REVIEWED DATE: JUL 2020
REVIEWED BY: S. PALTRIDGE

STATEMENT:

Adelaide Quality Care (AQC) will provide a system to ensure that clients/consumers medications are managed safely and correctly. Clients who are able to self-administer medication will be supported by staff who will assess their Medication Administration System (blister packs) Dose Administration Aids (DAA) e.g Webster Pak and check that all medications are stored safely and securely. For those clients who are unable to self-administer, qualified nursing staff, Assistance in Nursing (AIN), Certificate 3 Support Worker with Medication Competence will administer medications safely as per order, ensuring medications are then stored securely and appropriately.

AQC promotes duty of care principles which require staff to maintain a level of competency when reminding, supervising or administering medication.

Staff will administer all medications correctly as prescribed, through practices that comply with Legislation and this Medication Management Policy and Procedure Manual. AQC will take every step to ensure a safe, efficient and effective management of medications

Related to Expected Outcome:

2.3 Care plan development – MEDICATION MANAGEMENT

1.3 Information Management Systems

1.6 Risk Management

1.7 Human Resource Management

RELATED LEGISLATION:

Aged Care Act 1997

Controlled Substances Act 1984

Nurses Act 1999

Guiding principles for medication management in the community - July 2006

DVA Community Nursing Services

RELEVANT DOCUMENTS

AQC Medication Charts

AQC Consumer Consent

AQC Medication Management Policy, Procedure & Guideline

AQC Community Nursing Care (DVA and HCP)

AQC Incident & Risk Management Form

AQC Clinical Care Guideline

DEFINITION OF A SUITABLY QUALIFIED STAFF MEMBER

A suitably qualified staff member includes:

- A Registered Nurse,
- Diploma Enrolled Nurse or a Certificate Enrolled Nurse
- A Senior Personal Care Attendant credentialed for Medication Management

Management and competency to be assessed on an annual basis.

Excludes those who have a notation on AHPRA register against their name that reads 'Does not hold Board-approved qualification in administration of medicines'

ROLE OF NURSING STAFF IN MEDICATION MANAGEMENT (ROLES IN MEDICATION MANAGEMENT – SCOPE OF PRACTICE)

The Case Managers(should we consider Case Managers? As AQC is growing rapidly. So the auditors can be reassured) delegates a suitable nurse to each client based on Medication and individual care needs. The nurse providing cares takes responsibility for recording and keeping of all medications.

The overall management of medications is the responsibility of the Case Manager. Including staff development and education sessions, reporting of incidents, performance management of Nurses in relation to medication incidents, organising the administration chart and administration aids for each client.

Medications are administered by Registered Nurses, Diploma Enrolled Nurses, Credentialed Enrolled Nurses or suitably qualified personal care attendant. The Registered Nurse or suitably qualified delegate is responsible for the ongoing medication management for clients including review and updating of medication administration charts following changes to care by the Medical Officers, ensuring adequate supply of medications, check /monitoring the expiry dates of medications, recording / reporting medication incidents.

Scope of Practice - Registered Nurse (RN)

Education Requirements	Practice
Registered to the Australian Health Practitioner Regulation Agency (AHPRA)	<p>Administer medications via all routes from DAA</p> <p>(Routes of administration that are exceptional to routine practice require in service training and support prior to and during administration e.g. the administrator, of intravenous medication and administration of cytotoxic medications)</p> <p>Administration of Schedule 8 medications</p>
<p>Delegation and Supervision</p> <p>The Registered Nurse provides a level of supervision after considering the health status of the consumer and the skills of the support worker to whom the administration is to be delegated.</p>	

An RN may administer medications in Community Services if:

1. They hold a current Authority to Practice;
2. They have undergone an AQC competency assessment in medication administration including Schedule 8 medications;

The RN is responsible for safe medication administration by:

1. Administering medications according to relevant legislation and AQC Medication Policy.
2. Administering medication using the Five Rights in medication management (right consumer, drug, dosage, route and time).
3. Administration of medication from a valid medication order, i.e. that has been ordered by a Medical Practitioner or dentist
4. Administering of Scheduled 8 medications, intramuscular, intravenous, and subcutaneous medications.
5. Understanding the pharmacokinetics and pharmacodynamics of medications that are being administered.
6. Advising on the safe and appropriate storage of medication/s including all forms of Schedule 8 medications and injections.
7. Investigating and reporting medication incidents to the Case Manager as per AQC incident and risk management policy.
8. Reporting any medication side effects or adverse reactions.
9. Consulting with the Medical Practitioner and Pharmacy to report medication side effects, contraindications and adverse reactions.
10. Signing medication signing sheets/medication charts immediately following the administration of medications.
11. Ensuring safe storage of medication

12. Checking pharmacy delivery against the consumer's prescribed medication list where applicable.
13. Being willing to maintain contemporary knowledge and skills in relation to pharmacology and health assessment.

The RN role in Continuous Improvement

- Reports the side effects that the consumer may suffer as a result of taking medication;
- Participates in Continuous Improvement activities that may include medication audits; and
- Reports and documents medication incidents and errors.

Scope of Practice - Enrolled Nurse (EN)

Education Requirements	Practice
Registered to the Australian Health Practitioner Regulation Agency (AHPRA) "DO not have a notation" on their registration	Administer medications via all route (excluding, IV, IM) from DAA (Routes of administration that are exceptional to routine practice require in service training and support prior to and during administration e.g. the administrator, of intravenous medication and administration of cytotoxic medications)

An EN may administer medications in Community Care If:

1. They hold a current Authority to Practice Certificate and they do not have a notation on the Board register against their name reading "Does not hold Board-approved qualifications in administration of medicines."
2. They have undergone an annual AQC competency assessment in medication administration.

The EN is responsible for safe administration of medications by:

1. Administering medications according to relevant legislation and policy.
2. Administering medications from a valid medication order - i.e. one that has been ordered by a Medical Practitioner or Dentist.
3. Administering medications via the Five Rights in medication management (consumer, drug, dosage, route and time) then signing the medication signing sheet immediately following the administration.
4. Not signing medication sheets prior to administration of the medication.
5. Reporting to the Case Manager immediately in the event of a medication incident and/or error.
6. Undergoing annual competency assessment and maintaining current pharmacological knowledge.

The ENs role in Continuous Improvement

1. Reports the side effects that the consumer may suffer as a result of taking medication.
2. Participates in Continuous Improvement activities that include medication audits if requested.
3. Participates in medication related audits and surveys if requested.

Scope of Practice - Care Worker with/without Certificate III / AIN - May administer the following medication after completing relevant competencies.

<ul style="list-style-type: none"> • CHC30208 Certificate III in Aged Care. • CHC30308 Certificate III in Home and Community Care 	<ul style="list-style-type: none"> • Complete AQC competency • Administer medication only from Pharmacy packed Dose Administration Aid (e.g. Webster Pack)
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Care Workers / AINs are responsible for the safe assistance in medication administration by:

- Complying with this Medication Policy.
- Meeting medication competency standards prior to being able to participate in the administration of medication.
- Assist with administering oral medications via pharmacy packed Dose Administration Aids e.g. Webster Packs.
- Using Five Rights (as a minimum) when checking and signing with administration of medications from a dose administration aid - right consumer, right date and time and the right number of medications, right route.
- Supervising and observing the consumer taking the medications and confirming with the consumer their ingestion or completion.
- Signing the designated medication signing sheet as evidence that the medication has been ingested by the consumer.
- Recognising circumstances when appropriate action is to report observed consumer health condition rather than proceeding with administration of medication and seek the advice of the Case Manager.
- Promptly reporting to the Case Manager any inconsistencies observed with medication or changes in consumer condition prior to or following medication administration.
- Using approved AQC abbreviations if required on the signing sheets and providing further information in the consumer file e.g. refusal of medication - do not leave signature box empty.
- Never crushing medication unless it is approved and documented by the Medical Practitioner/pharmacist on the medication plan /chart.
- Offering support and education on the safe use and storage of medicines.
- Report immediately to the Case Manager any incidents, inconsistencies or errors that have arisen from medication administration and complete an Incident / Hazard Report; and
- Report any suspected changes in the consumer's health condition to the Case Manager that may be a result of medication administration.

The Care Workers role In Continuous Improvement:



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- May participate in Continuous Improvement activities that include medication audits;
- May participate in medication audits and related surveys; and
- Reports and documents medication incidents and errors.

PROCEDURES

ASSESSMENT – CONSUMERS

- **Private Consumers in the community**
- **Home Care Package Consumers**
- **DVA – Community Nursing Service Consumers**
- **NDIS**

Policy

Refer to Policy Statement within the Medication Management Policy and Procedure Manual.

Procedure

1. A Case Manager may undertake a medication assessment in consultation with the consumer and/or person responsible and the consumer's treating Medical Practitioner.
 - HCP consumers – their GPs will complete Comprehensive Medical Assessment
 - DVA consumers – the completed support plan will be forwarded by DVA.
 - NDIS / Disability consumers -
2. The initial assessment and any review is documented on the Medication Assistance Plan, the Care Plan and the consumers file (Refer to Assessment Policy).
3. The assessment will involve the following:
 - Encouraging the consumer's physical and cognitive independence.
 - Level of assistance and safety requirements.
 - Special requirements (i.e. enteral feeding, nasogastric)
 - Ability of the consumer to swallow medications and determine if medications should be crushed cut in half and/or altered in any way.
 - Allergies, drug sensitivities or adverse reactions.
 - Ability to self-medicate (refer to procedure on assessing consumers for Assistance: Self Medication).
 - Whether there are any behavioral, social, and psychological barriers that may affect compliance with medication administration.
 - Consumer limitations such as cognitive, coordination, physical, dexterity, vision that may impact on their ability to take their medications.
 - Pain management and use of analgesia.

Medication Assistance and Administration Plan

1. The assessment information is to be entered on the Medication Assistance and Administration Plan and the consumer reassessed as per program guidelines and as identified needs change.
 - HCP consumers – 6 monthly
 - DVA CNS clients –
 - NDIS



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2. The consumer Medication Assistance and Administration Plan is kept in the consumer file and a copy left in the home if medication management is part of the Care Plan.

Forms

- Medication Administration Assessment
- Medication Assistance and Administration Plan
- Medication Charts

PROCEDURE

ASSESSMENT: CONSUMER SELF ADMINISTRATION

Policy

Refer to Policy Statement within the Medication Management Policy and Procedure Manual.

The Assessment

1. The Case Manager will ensure that:
 - depending on program guidelines, consumers are assessed on their ability to manage their medications on admission and as care needs change.
 - the results of the assessment will be documented and a Medication Assistance and Administration Plan developed in consultation with the consumer/person responsible.
 - the consumer's ability to self-administer medication will be assessed annually using the Medication Self Administration Assessment Form and reviewed as per program guidelines or as care needs change. The results will be recorded on the Medication Assistance Plan.
 - the consumer is assessed to determine if they can self-administer medications. The consumer may require assistance with some medications but manage others independently.
 - the assessment is discussed with the Medical Practitioner (MP) and consumer /person responsible. Consumers are encouraged to maintain independence in this area for as long as possible, including managing their own medications in a safe and effective way.
 - where required a current list of medications is made available by the consumer at assessment depending on relevant program guidelines.
 - the consumer is encouraged to have their medications checked regularly by the MP.
 - any review must be documented, signed and dated on the existing Self Administration Assessment form.
2. Where a consumer is self-medicating the Case Manager will monitor that the consumer is able to:
 - responsibly administer their own prescribed medications and follow the pharmacy directions.
 - store their medications safely.
 - order and take receipt of the medications from the pharmacy.
 - inform the staff of any difficulty they may encounter while self-administering.
 - ensure that they have a sufficient supply of their own medications.
 - inform staff if they are taking any over the counter/alternative medicines if this is relevant to their funded program guidelines.
3. When a consumer's right to self-administer conflicts with the Case Manager assessment of the consumer to self-administer medication the Case Manager will:
 - discuss the safety concerns with the consumer/person responsible and MP.



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- if the consumer wishes to self-administer and the practice is identified as unsafe by the Case Manager the consumer /person responsible will complete a Consumer Risk Assessment Form.
- Control measures to monitor the consumer's ability to self-medicate should be documented in the 'Consumer Risk Assessment Form' and the progress notes.
- The Case Manager will continue to monitor the consumer and document in the progress notes any changes or strategies.

Forms

- Consumer Risk Assessment Form
- Medication Assistance and Administration Plan
- Medication Self Administration Assessment



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PROCEDURE

PRESCRIBING: MEDICATION CHART

Policy

Refer to Policy Statement within the Medication Management Policy and Procedure Manual.

Definitions

Medication signing sheet	Method used to record the administration of medication
Medication chart	Used by MPs to record medication and treatment orders, and by nursing staff to record and monitor the administration of such medications and treatment.(Guiding principles for medication management in the community. APAC 2006).

Use of Medication Signing Sheets

1. Medication that is to be administered to a consumer by AQC staff should be in Dose Administration Aid e.g. Webster Pack when the medication is in tablet form.
2. Medication Signing Sheets should only be required when the consumer or person responsible is not able to manage their own medication and program guidelines indicate assistance needs to be given.
3. Under **no** circumstances is a AQC staff member permitted to transcribe onto a Medication Signing Sheet.
4. If it has been determined that a consumer requires assistance with, or administration of, some medication they must have a Medication Signing Sheet.

Forms

- Medication Signing Sheet (Webster Pack)

PROCEDURE

ADMINISTRATION: CONSENT

Policy

Refer to Policy Statement within the Medication Management Policy and Procedure Manual.

Procedure

1. A consumer's ability to consent to treatment including administration of medications is assessed on admission to AQC
2. When is Consent valid - In order for the consent to be valid the consumer must:
 - be able to understand the treatment/activity proposed and understand the risks associated.
 - be aware of alternative treatments/activities
 - understand the impact of undertaking no treatment/activity.
 - agree to the proposed treatment/activity.
3. Where written consent is required and a consumer is not able to comprehend or is unable to communicate their choice, a lawful substitute consent must be obtained. This is **mandatory when a child is a consumer of a community service.**
4. The consumer has the right to:
 - refuse treatment/activities.
 - withhold or withdraw consent at any time. This can be in writing, verbally or through their actions.

Staff have a duty of care to explain the implications of refusal (Refer to Duty of Care and Dignity of Risk Policy).

5. Refusal of a consumer to take their medication:
 - It is the responsibility of the person administering/assisting with medication to inform the Case Manager and to document the refusal of medication in the consumers file.
 - An Incident / Hazard Report must be completed.
 - The treating Medical Practitioner (MP) will need to be notified once the Case Manager determines the risk of this refusal. The consumer needs to be consulted before the MP is informed.
6. Obtaining written consent (when the consumer has a person responsible)
 - A person responsible is identified as a person who is known to the AQC and can act as a substitute decision maker in the event that the consumer is unable to make their own decisions.
 - Where a child is receiving services the family/person responsible should administer medications. Where this is not possible the policy and procedures for administration are adhered to and the Consent for Medication Administration is signed by the child's person responsible.



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7. Obtaining written consent (when the consumer has no person responsible)

- If the consumer is incapacitated, assessed as not competent and does not have a person responsible application may need to be made to the Guardianship Tribunal to appoint a substitute decision maker.

Forms

- Consent for Administration of Medication
- Incident/Hazard Report Form

ADMINISTRATION OF MEDICATION

Policy

Refer to Policy Statement within the Medication Management Policy and Procedure Manual.

Procedure

1. Where required by program guidelines the Case Manager ensures:
 - the safe management of medications in AQC.
 - that following assessment, all consumers receive medications as prescribed by the Medical Practitioner (MP) and administered by an appropriate individual.
 - that where AQC is involved appropriately trained staff administer medications.
 - that persons responsible / family members are involved in the management of medication where appropriate and possible.
2. According to their scope of practice the Case Manager/care worker ensures:
 - they refer directly to the MP's instructions.
 - only medications ordered by a Medical Practitioner (MP) are to be administered.
 - they follow a strict protocol for checking the identity of the consumer on each occasion.
 - the consumer's allergies and any previous adverse drug reactions are checked before administration.
 - that the same person who selects a consumer's medication should administer that medication.
 - the medication administration is recorded at the time the medication is administered.
 - medications are administered directly from the dose aid/container supplied from the pharmacy.
 - they read the pharmacy label on any dose administration aid/container and check the correlation with the dose aid (i.e. they are one and the same); e.g. eye/ear drops, topical creams, nasal sprays, patches, inhalers.
 - that if they are unsure of the medication order, the appropriateness of the medication or any other query, they need to contact the Case Manager before the medication(s) are administered.
 - they remain with the consumer until the consumer has swallowed the medication(s).
 - that any suspected adverse drug reactions to prescription medicines, over the counter medicines or complementary medicines should be reported to the Case Manager, Medical Practitioner, and consumer/person responsible and documented in the consumer file and complete an Incident/Hazard Report Form.
 - where a consumer has cognitive impairment or there are children residing in the home medications need to be stored in a safe place.
 - medication orders are not to be transcribed by staff administering medication.

Placing Medication in Food or Fluids for Administration

1. Medications are not to be placed in a food/beverage for others to administer unless the medication is ordered as a medication that needs to be dissolved in water e.g. Metamucil.

2. Medications are not to be placed in beverages or plates of liquid/semi liquid food e.g. cups of tea, cereal.
3. Medications may only be placed in foods/beverages if the consumer has been assessed as having swallowing difficulties and the consumers MP is aware. In this circumstance the following choices are preferable for administration:
 - the fruit is pureed or is jam - it is preferable to use portion size serves if possible;
 - placement of the medication in the fruit/jam is not contraindicated;
 - staff spoon the medication into the consumer's mouth;
 - staff witness the consumer swallowing the medications;
 - staff remains with the consumer until all the medications have been taken.
4. If a consumer experiences difficulty swallowing this is to be referred to the Case Manager for an assessment and appropriate measures put in place, i.e. referral to the Medical Practitioner, an allied health professional,



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PROCESS – Self Administering Clients

1. On arrival at a clients' home the healthcare worker will check the clients blister pack to ensure the correct day/time slots have been administered.
2. The healthcare worker will check with the client in the event there is an error identified.
3. The health care worker will photograph the error and send it through to the office.
4. The office will complete an incident report
5. The office will notify the clients relative / representative (and possibly the GP)
6. In the event the issue continues and it is evident that the client does not have the cognitive capacity to self-administer medications, discussions will occur with the client and their relative / representative to identify other ways in which the medications can be administered accurately on an ongoing basis

PROCESS – Suitability Qualified

1. The client's inability to self-medicate will have already been established
2. The clients blister pack will be stored in a safe area
3. The careworker / nurse will access the blister pack and the administration record
4. The correct drugs will be administered as per the administration record
5. The administration records will be date / time signed
6. The medications will be returned to the safe location

In the event there has been any deviation from the above process, the staff member is to notify head office via I-Care so the matter can be reviewed / investigated.

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