

Medication management in rural facilities

Charles Mitchell

Director CSEP,
University of Queensland



Senior Medical Advisor,
MSQ, QH



Medications – our reasons for being

- Most common intervention in health care



- But risks reduce benefits
- 2-3% hospital admissions are drug related
 - 50% preventable
- 3% hospitalised patients experience an ADR
 - 1 in 10 associated with patient harm
 - Omissions & overdoses most commonly reported

Factors contributing to errors

- Complex system with multiple steps
 - Many opportunities for error; often lack decision support
- Team factors e.g. communication, supervision & structure
 - Involves clinicians within hospital and community
 - transfer of information incl intra-hospital transfers
- Task factors e.g. chart design, protocols, availability & accuracy of tests

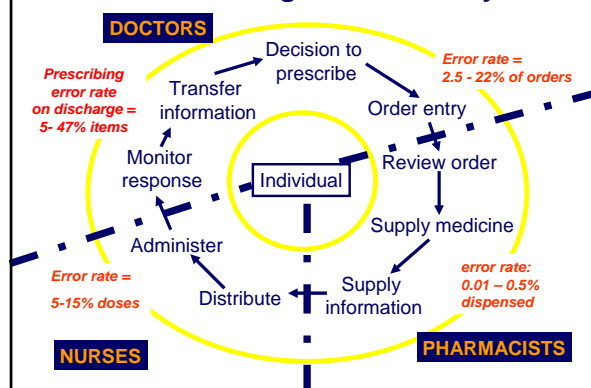
More factors...

- Environment factors e.g. staffing level, skill mix, workload, workflow, admin & managerial support
- Individual practitioner factors
 - Knowledge, skills, motivation & awareness of risks – assumptions!
 - Hungry Angry Late Tired (HALT)
- Patient factors e.g. beliefs, condition & communication ability

Aim of Medication Services Queensland

- Improve quality, safety & effectiveness of medication management working with Districts
- Consistently maximise benefit & minimise harm from medications
- Approaches include:
 - Access to appropriate medicines
 - Good decision support & defined risk management steps
 - Integrated & standardised systems
 - Good processes to support staff at each step in the medicines management pathway
 - Systems, tools
 - Staff training and competency

Medicines Management Pathway



Who is interested in safe medication practice?



- On the national agenda, QH strategic plan
- Workshop participants:
 - Nurses (CN, educators, NUM, DONs)
 - Safety / quality officers
 - Medical staff (registrars, MOs, DOMS)
 - Pharmacists (incl DOPs)
 - Others in QH
- New this time...
 - Sharing** local medication safety innovations

Medication Continuum

- Rural & Remote Nurses Training & Support
 - Reference Group established September 2008
 - Support package for Nurses undertaking 'supply' of medications – released early 2009
 - Workshops planned for statewide workshop
 - Will include medication safety, medication history, medication reconciliation and nurse risk awareness

Medication Continuum

• Training and Competency Modules

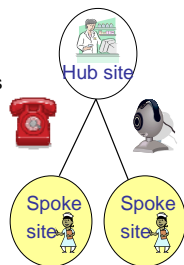
- Medication History
 - Currently being reviewed
 - Includes six new videos
 - Updated PowerPoint presentation including voice over
- Discharge Reconciliation & DMR (version 2)
 - Currently being reviewed
 - Current scenarios being revised

Medication Continuum

- Rural and Remote Strategy
 - Needs analysis of training and education requirements for rural and remote clinicians
 - Doctors, nurses, pharmacists and health workers

• Telepharmacy

- Ipswich-> Laidley
- Cairns -> Cooktown
- New hub-spoke sites: EOJ for 50/50 split funding with Districts for HP4 Pharmacists for first 12 months
- Mackay -> Moranbah, (Sarina, Clermont, Dysart)
- Pre-Telepharmacy Implementation Workshop for nurses
 - Medication History Taking*
 - Discharge Medication Records (DMR)*
 - Use of Medication Action Plan (MAP)



*Using modules developed by SMPU, Brisbane

Telepharmacy Process

SPOKE SITE NURSE

- Medication History taken & documented (eLMS)
- Fax/scan medication charts
- Daily handover of all inpatient medication issues
- Reconciles and prepares DMR for discharge (eLMS)

HUB SITE PHARMACIST

- Pharmaceutical Review – Medication Chart, Medication History, Auslab, iPharmacy
- Medication issues/actions documented MAP (eLMS)
- Clinical consult with patient (video conference)
- Review DMR (eLMS)

Multidisciplinary Clinical Meeting (video-link)