

The Baron Report

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Special Report

Medication Management Shock



Participants at the Medication Management in Low Care Facilities Forum were stunned to find that advice they had repeatedly received from the South Australian Health Commission (SAHC) is in all probability wrong.

The issue is around the relevance of the Controlled Substances Act (state legislation) to low care facilities or hostels.

When *The Aged Care Act 1997* was introduced stakeholders sought clarification from the SAHC and were told that the Commonwealth may well decide that Nursing Home and Hostels were the same but that the State did not recognise that merger and continued to class them differently.

In the eyes of the SAHC, nursing homes were **health services** and needed to abide by the Controlled Substances Act; hostels were not and therefore did not come under the Act.

Acting on this advice, hostels managed their Schedule 8 or DDA's (Dangerous Drugs of Addiction) in a way they saw fit to protect both their residents and staff.

SO, WHAT'S THE PROBLEM?

The problem, it seems is that the SAHC in repeatedly

giving this advice did not consider that hostels may have changed in more than just name.

Feedback from the session indicated that Bill Dollman, Assistant Director Drug Strategy and Programs Branch of the SAHC appeared to be unfamiliar with the types of residents currently in Commonwealth funded Low Care Facilities. He indicated that the Commission had considered them in the same category as Boarding Home residents or those people living in supported accommodation under the Supported Residential Facilities and/or Retirement Villages Acts.

CURRENT LEGAL ADVICE

Rob Bonner, Senior Industrial Officer with the Australian Nursing Federation (ANF) advised the group of recent legal advice they had received on the matter.

This advice took a more in-depth approach and actually cross-referenced State and Commonwealth legislation.

The relevance of the Controlled Substances Act pivots on the operative words **health service**.

While the Controlled Substances regulations do define a **health service** as a "hospital or nursing home",

they go on to say "... covers any service dealing with health care/disability, etc."

ANF lawyers then cross-referenced this to the Aged Care Act 1997 eligibility criteria which indicates that a person can receive residential care "... only if: (a) the person is assessed as: (i) having a condition of frailty or disability ... (ii) incapable of living in the community without support ...".

Their argument is that in meeting this eligibility criteria, a residential facility whether low or high level is subject to the Controlled Substances Act as that facility is "dealing with health care/disability, etc" and is subject to compliance.

Certainly any facility with high care residents would have to meet the State criteria.

RAMIFICATIONS

Most low care facilities would appear to be currently noncompliant with the requirements of the Controlled Substances Act and, in all likelihood have limited ability to become compliant in the short term.

WHAT NOW?

Hopefully, by the time you

have received this newsletter, your administrations will have alerted the peak bodies (Aged and Community Services [ACS] and Australian Nursing Homes and Extended Care Association [ANHECA]) and they will be working on your behalf to seek their own legal advice.

We were informed that the Aged Care Standards and Accreditation Agency will also be exploring the legal status of this matter.

Remember that while logic suggests to us that the current legal opinion is sound, it is not uncommon for lawyers to disagree and there may yet be another facet to this of which we mere mortals are unaware.

We would also be hopeful that the peak bodies are networking and lobbying on your behalf for workable solutions that may include legislative change to make the laws more relevant and workable. (Clearly they would not be if we needed 24 hour RN coverage in all low care facilities.)

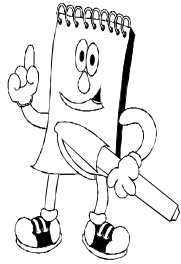
Finally, in house, you should thoroughly review your medication management systems using a risk management approach to ensure optimum safety for your resident, you staff and your organisation.

Current information for the Aged Care Industry

SAFE MEDICATION MANAGEMENT – A RISK MANAGEMENT APPROACH

Would you like to have something you have written or said published?

Simply mail, fax or e-mail us a copy with your details and we will try to make it happen.



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One of the goals of the Medication Management in Low Care Facilities Forum was to “reinforce that issues are complex with no clear cut answers”.

All speakers reflected this but some participants continue to express frustration at a lack of clear cut direction on a variety of issues.

Such is the complexity of medication management and, in fact, most aspects of professional nursing practice.

Feedback indicated that some participants have grasped basics making comments like:

“... need to go back and look at policies, procedures and audit processes.”

“When in doubt, do what you think is the safest option for the resident.”

But others are still looking for “more clear, exact

guidelines of what you are supposed to do and not do”.

The sad but true news is that such firm guidelines are not going to happen. Caring for people with complex health needs is just that – complex! A simplistic set of rules or guidelines will not meet our duty of care in every situation.

So, how do we meet our duty of care? How does a person or facility ensure that they are doing the “right thing” and providing “safe medication management”?

The ANF firmly believes the answer lies in having more qualified staff: RN’s with their superior assessment skills and EN’s who have a greater depth of knowledge than offered by Certificate III courses.

Another possible solution, with or without the advantage of fully qualified

staff is to apply a risk management strategy.

Using Risk management enables a person to fully review a situation, assessing the level of risk or problems inherent in that situation and develop and implement strategies to minimize that risk as far as possible.

Every aged care facility operating in the current climate of change and increasing complexity should be using this important strategy to ensure optimum safety in all areas.

Places, although limited are still available for the Risk Management in Aged Care full day session to be facilitated by Brian Sharp, Systems 3 on Thursday, 18th July. See enclosed circular for further details.

Congratulations

Winner of the Nursing Care Services Aged Care Quiz:

**Kathryn Zanker RN
Mt Carmel Hostel**

We wish to thank all those who participated in the Nursing Care Services Quiz. The criteria was the first neatest, correct answer after May 30th. That meant the first one selected after that date that met the criteria.

We appreciate that this criteria may have sounded a bit convoluted but it followed discussions with the Department of Consumers

Affairs about requirements.

We also wish to thank Wendy Dierickx at Nursing Care services for being so generous in providing the prize. They really are a good little agency that cares.



The Correct Answers were:

1. 1997
2. Aged Care Standards and Accreditation Agency
3. Continuous Improvement
4. Resident Classification Scale
5. Resident Lifestyle
6. Comments and Complaints
7. ACAT Assessment
8. Compliant
9. Documentation and Accountability
10. Certification

Doing Battle, Friendly Competition or?

by Neil Baron

From the outset I must declare that this article reflects my personal opinions and biases and as such please take from it what you will.

I like to use analogies in my musings so today we will be ranging from historic castles to footie ovals. The places where events happen and results bring either joy or sorrow.

That said I would like to delve into the preparatory process, or should I say the training regime that I feel would prove most beneficial to you in tackling the next accreditation round.

Firstly I see the event as a battle, friendly perhaps but a contest never the less. Others may say this is unfair; I respect their sentiments but would ask for evidence to justify their stance.

Some do see it as an adversary laying seige to their 'castle' and develop strategies to defend what is theirs. The protective mentality combined with fear of the unknown should not be underrated. Many do see the process as a battle.

If we are to do battle and to achieve a favourable outcome then we must follow some time-honoured traditions.

Be Prepared

Recognised as the motto of the Boy Scouts, we too should adopt this notion in

all of our dealings. While surprises have a place in our lives, that place is not in the middle of an accreditation visit.

Knowledge

Whether you are a noble lord, a great army, an individual sport competitor or a striving business executive you must have a good, no a very good, understanding of your opposition.

History is littered with great people who blundered due to a poor understanding of what was about to happen. The adage of "know your enemy" was coined around this concept.

You and your organisation will be judged, make no mistake about this. Do you fully understand the criteria for this judgement?

If not, why not and what can you do to correct the imbalance?

Pace

Again whether you are a sporting great or an avid trekker you need to ensure that you will last the distance.

There is little point in going out so strong that you cannot complete the event.

Remember the

picture of the walker near the finishing line in a state of complete exhaustion, reeling about and in obvious pain.

There have been DON/DOCs in a similar condition, hitting the wall or reduced to tearful wrecks.

Don't let it happen to you, plan your timeline so that you will be able to last the distance.

Training

Could you imagine your favourite football team going out to play a grand final without proper and adequate training?

Training that has been built up over time and has been tested for validity. Ever muscle in peak condition, every player knowing exactly what is required and ready to give it their all.

Sustenance

Have you ever seen Trevor Hendy on television discussing his colossal breakfast of how many Weetbix?

Or seen the menus of athletes in training. No skipped meals for them. No going all day on a cup of coffee and a dry biscuit.

They eat properly because they know that if they don't their body will

let them down.

This area, I believe, is one in which health professionals really do let themselves down. Come on, start right now to ensure that you are getting a proper diet, (no that is not a cigarette, swallowing a snickers and gulping an iced coffee) in a pleasant environment.

R & R

Relaxation and recreation has been a critical feature of armies since time immemorial. Why? Because every good leader knows that you can only flog any beast for so long before you have major problems. Take that same advice for yourself and your staff. This area will pay great rewards in regards to the other areas previously mentioned. A relaxed person will learn and retain more, will recover from injuries and stress faster, will be more alert and will last the distance.

It's only common sense really, but some might say that sense is not so common.

Remember nobody will thank you for a poor result, most importantly yourself. Don't set yourself up to fail, ensure that you are happy with the final result. Protect your castle and all that live there in.

Let the battle begin.



Medication Management in Low Care Facilities – What We Did Find Out

Other articles have highlighted the complex issues with no clear-cut answers but there were issues that were able to resolved or agreed upon.

1) Signing for Multidose Systems:

Whether administered by RN's, EN's or Carers, multidose administration should be signed as a single entry.

By using a multidose system, considering the 'five rights' of administration, responsibility for the right medication and dose has been delegated to the Pharmacist or Pharmacy service and in normal circumstances is not delienated by any other person.

The ANF indicated that in unusual cases where a drug is to be withheld or a single dose isolated for any reason, the pack should be sent to the Pharmacy for re-packing.

NBSA representative, Sara Mill indicted this would depend on the situation and, in these unusual circumstances, the RN may take a risk management approach and isolate the drug in the best interests of the resident as a one-off occurrence.

2)Funding :

SA facilities can expect a funding increase in July. An opportunity exists to advise and plan now for staffing cost increases (immediately or for the next enterprise bargaining [EB] round) before funds are allocated elsewhere. .

3) Administration of Suppositories:

Under the Specified Services Provisions of the Aged Care Act 1997 suppositories are only to be administered to high care residents by an RN.

There is no specified requirement re: low care.

Julie Mills, on behalf of the Agency will seek clarification on this matter and get back to us.

4) Pharmacy Packaging Errors:

The acceptable rate of packaging errors for pharmacies and for nursing medication errors is 0%. Realistically, we know errors occur.

One local pharmacy (Hospital Pharmacy Service) is able to demonstrate an error rate of 0.04% and this may be used as a benchmark against which to measure the service you are using.

There is no requirement that facilities double check pharmacy packaging on receipt unless they have a reason for doing so and have established this as their policy and practice.

5) Signing for Medications:

If there are persistent problems of not signing for

medications (particularly by Agency staff), the facility may want to review its systems, its external contract agreement with the Nursing Agencies and its own practices.

Sara Mill (NBSA) reminds us that the documentation is to ensure the resident has, in fact received the medication as ordered. In some cases, that may be able to be validated by telephone contact and that contact documented.

6) Further Forums:

Both verbal and written feedback was overwhelming in expressing need and support for a further session to explore progress on issues raised at this forum.

N & C Baron & Associates are happy to host such a forum with input from the major players in October (tentative date – Friday, October 18th). Keep us informed of your progress, issues, needs and questions.

Thorny Three – Can You Afford To Miss It?

As the third annual Thorny Issues Conference *Thorny Three: Knowing Your Rights – Getting It Right* approaches, the question you need to ask is “Can I afford to miss it?”

While some suggest that they have a foolproof system where the Accreditation process is a mere formality, most do not have that level of confidence. And some, who believed they did have it down pat, have been sadly (and in some

cases, devastatingly) mistaken.

More frequently, post accreditation questions arise like: “How do we deal with the differing directions from different auditors? One came and told us to sign our medications a certain way, which we did although we had reservations; the next on a later visit said that was wrong.”

“What makes the professional opinion of an auditor more valuable or right

than my own professional opinion?”

“How do I know what of the auditor's advice I have to follow and what is just that ‘free advice’ but not a requirement?”

If accreditation is more than “just a formality” for your facility or any of these questions have crossed your mind then

YOU CAN'T AFFORD TO MISS THORNY THREE.

Wednesday
July 17th

Good venue
Lovely food
Great presenters
Excellent networking opportunity

You deserve to be there
