

The MedGap Project

MEDICATION MANAGEMENT AFTER DISCHARGE FROM HOSPITAL USING AN INTERIM RESIDENTIAL CARE MEDICATION ADMINISTRATION CHART SUPPLIED BY AUSTIN HEALTH / NORTHERN HEALTH

RECOMMENDED POLICY & PROCEDURE

Preamble

- 1 Medication-related problems occur in up to two thirds of patients transferred from hospital to aged care homes (ACHs)¹.
- 2 Modified medication management procedures are required to ensure timely and safe medication administration for residents during the interim period between discharge from hospital and review by their General Practitioner (GP) at the ACH.
- 3 This policy is to be used in conjunction with, and does not replace the ACH's existing policies regarding the medication management of residents.

Policy

- 1 After a resident has been discharged from hospital, a hospital-provided interim medication administration chart can be used by aged care home staff for up to 7 days until the next medication review by the GP.
- 2 The Austin Health / Northern Health interim residential care medication administration chart does not need to be signed by a medical practitioner when it is accompanied by a copy of the corresponding discharge prescription that has been signed by the hospital medical practitioner.²

Standard Operating Procedure

This document provides a standard operating procedure (SOP) for managing residents' medications in the interim period following discharge from hospital to an ACH, before the resident has been reviewed by their GP.

Austin Health / Northern Health Interim Residential Care Medication Administration Chart (hereafter referred to as the 'interim medication chart')

- The purpose of the interim medication chart is to:
 - Provide an accurate list of the medications that the hospital medical team has prescribed for the resident to receive until they are reviewed by their GP.
 - Communicate medication changes made during the resident's hospital stay.

¹ Australian Catholic University and Aged Care Association Australia (2007). *For their sake: can we improve the quality and safety of resident transfers from acute hospitals to residential aged care?*

² It is not a legal requirement for the medication administration chart to be signed by a medical practitioner provided the medications have been prescribed by a medical practitioner and dispensed by a pharmacist (Drugs and Poisons Unit, Department of Human Services Victoria).

- Be used to record medication administration in the interim period (for up to seven days) until the resident's long-term ACH medication chart is written and signed by their GP.
- The interim medication chart is produced by the hospital pharmacist based on the hospital discharge prescription and will be accompanied by a copy of the discharge prescription signed by the hospital medical practitioner.
 - Before producing the interim medication chart, accuracy and completeness of the discharge prescription is reviewed by the hospital pharmacist. This review also involves identifying medication changes by reconciliation with medications prior to admission and the inpatient medication chart.
- The interim medication chart will contain a complete list of the resident's current medications and is designed to replace the pre-admission medication chart, EXCEPT when the only change made in hospital is the addition of new medication(s) (e.g. uncomplicated hospital admission requiring the addition of an antibiotic) - in this case the interim chart is to be used in conjunction with the ACH pre-admission medication chart (This will be clearly documented in the "Comments" field of the interim chart).
- The interim medication chart will list both the GENERIC medication name and one BRAND name. The brand listed will be the brand dispensed by the hospital if medications have been supplied, but it may not necessarily correspond with the brand dispensed by the community pharmacy.

Procedure

1. Check medication availability and organise further supply

Facility administering from original packaging

- 1.1 Check whether there is adequate supply of the resident's current medications to correspond with the interim medication chart (i.e. new, changed and existing medications).
- 1.2 Contact community pharmacy to inform of resident's arrival and have medications dispensed (if necessary) prior to next scheduled dose.

Facility administering from dose administration aid

- 1.3 Contact community pharmacy to inform of resident's arrival and ensure medications are delivered to the facility in a dose administration aid prior to resident's next scheduled dose.
- 1.4 If medications are not available in a dose administration aid in time for next scheduled dose, administer medications from the original dispensed packaging (if available).

2. Organise medical review and long-term ACH medication chart

- 2.1 Contact resident's usual GP to inform of ACH admission. Request a medical review of resident by GP within 7 days. Inform GP that an interim medication chart has been provided and will be used in the interim period.

3. Administer medications using interim medication chart

- 3.1 Record medication administration on the interim medication chart until long-term medication chart has been updated / written.
- 3.2 File interim medication chart in resident's ACH file upon completion of its use.

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The Austin Health / Northern Health Interim Medication Administration Chart and this Policy and Procedures document were developed by Austin Health, Northern Health, North East Valley Division of General Practice and Monash University Centre for Medicine Use & Safety, in consultation with the Aged Care Standards & Accreditation Agency, Australian Nursing Federation, Nurses Board of Victoria, and the Victorian Department of Human Services (Drugs and Poisons Unit, Aged Care Branch, Ambulatory & Continuing Care Programs Branch, Quality Use of Medicines Program), with financial support from the JO & JR Wicking Trust.