

Safety & Quality

An Integrated Perspective

National Federation of Voluntary Bodies

Person Centred
Medication Management

David Kieran
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NATIONAL WORKING GROUP

The Terms of Reference of the Working Group were as follows:

- To identify and examine the current position of medication management within the member organisations of the National Federation of Voluntary Bodies
- To identify and examine the factors that impact on medication management
- To identify and review both national and international '*best practice*' in medication management
- To consult with persons with intellectual disability, other agencies, stakeholders and professional bodies as appropriate
- To review and analyse all the information gathered throughout the research process
- To develop National Person-Centred Medication Management Policy Guidelines in the context of promoting inclusion, contribution, participation and quality of life of people with intellectual disability
- To develop a framework of training to;
 - a) train frontline staff and
 - b) train the trainers in Person-Centred Medication Management.

HISTORY

- April 2002
 - Policy Review by NFVB of member Organisations.

- 2003.
 - National Working Group set-up.
 - Project Worker appointed.

- 2004.
 - Policy Development Co-ordinator
 - Literature Reviews
 - Review & Analysis of Policies Member Organisations
 - Others - National & International
 - Consultations
 - Meetings
 - Numerous Drafts

- 2006
 - Final Draft

AIM

The aim of this project is twofold:

- To provide comprehensive evidence based information and guidelines on the development of person-centred medication management policy within member organisations.
- To agree and produce a framework of training and knowledge requirements for:
 - (a) People with an intellectual disability wishing to self-medicate,
 - (b) Organisation-delegated staff members involved in medication management process
 - (c) Trainers to train organisation-delegated staff members and significant others.

PURPOSE

- To **detail** '*best practice*' in the safe prescribing, ordering, dispensing, storing, administering, recording and monitoring of medication.
- To **clarify the roles and responsibilities** of the relevant personnel involved at each stage in the person-centred medication management process.

This will ensure that, "*The right person receives the right medication, in the right dosage, by the right route at the right time, using the right method and it is recorded and monitored correctly. By doing so, people with intellectual disability, registered nurses, organisation-delegated staff members and others are afforded maximum protection, by following the right standardised procedural policy guidelines*".

(Adapted from: Dimond, 2002)

THE DOCUMENT ENDEAVOURS TO

- Identify and facilitate the establishment of best practice in person-centred medication management;
- Promote the right of people with intellectual disability to self-medicate, where possible;
- Promote the optimum involvement of people with intellectual disability in their own medication management processes
- Provide Organisations with evidence based best practice guidelines in the development of person-centred medication management policies which are appropriate to the specific needs of those people with intellectual disability supported by the Organisation.

THIS DOCUMENT DOES NOT PURPORT TO

- Represent a mandate to member organisations on the medication management process;
- Place unnecessary restrictions on people with an intellectual disability;
- Interfere with the professional duties and responsibilities of registered nurses;
- Undermine the clinical judgement of and/or replace the necessity for consultation with registered medical practitioners, registered pharmacists, registered dentists, registered nurses and/or any significant others;
- Replace the need for an individual Organisational person-centred medication management policy.

DRAFT DOCUMENT

**PERSON-CENTRED MEDICATION
MANAGEMENT POLICY GUIDELINES**

**CONSIDERATIONS FOR FORMULATION OF POLICY GUIDELINES ON
PERSON-CENTRED MEDICATION MANAGEMENT IN THE MEMBER
ORGANISATIONS OF THE NATIONAL FEDERATION OF VOLUNTARY BODIES**

TABLE OF CONTENTS

1. Roles and Responsibilities
2. Consent
3. Prescribing of Medication
4. Dispensing and Labelling of Medication
5. Ordering and Transportation of Medication
6. Storage of Medication
7. Self-Medication
8. Administration of Medication
9. Scheduled Controlled Drugs
10. PRN Medication
11. Over-the-Counter Medication
12. Complementary Therapies
13. Emergency Administration of Anti-Epileptic Medication
14. Medication Recording Procedures
15. Medication Variances
16. Adverse Drug Reactions
17. Refusal of Medication
18. Withholding Medication
19. Monitoring and Reviewing of Medication
20. Disposal of Medication
21. Medication Aids
22. Person-Centred Medication Risk Management Plans
23. Person with intellectual disability Medication Support Plans
24. Person-Centred Medication Management Training

RECENT STUDY

- Journal of Intellectual Disability Research July 2007
 - Drug Administration Errors in an institution for individuals with intellectual disability: an observational study
- Conclusion. This study shows that administration errors in an institution for individuals with ID are common and that they are not formally reported through the voluntary reporting system. Furthermore, it identified some determinants that may be the focus for further improvements aimed to reduce error frequency.

RESULTS

- Include Wrong time with at least one error = 25.4%
- Exclude Wrong time with at least one error = 22.4%
- During this period no drug administration errors were reported.
- Administration Technique measures were the most frequently occurring category, followed by omission errors and wrong dose errors.
- The errors were in general of intermediate seriousness

INTERMEDIATE SERIOUSNESS

- Judged by raters as unlikely to cause damage.
- Did not look into adverse events (recognised as limitation by authors)
- Even non-serious errors may be indicators of failures in the drug distribution system that potentially lead to more serious errors. (Accepted by authors)

CONCERN/S

- None of the observed errors were reported
- Reflective of substantial underreporting characteristic of such systems
- Reasons
 - Failure to see benefits of reporting
 - Lack of knowledge on good practice
 - May not even be aware that mistakes are being made

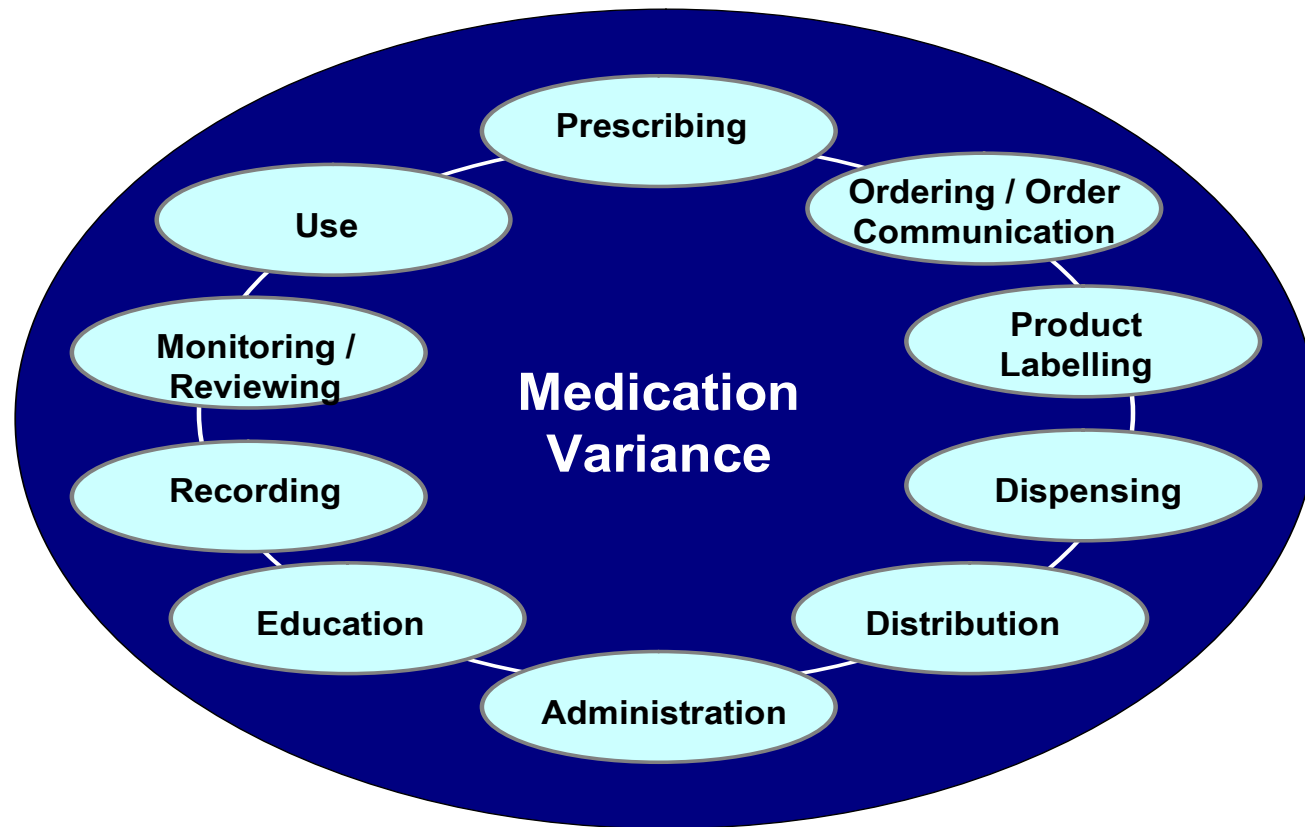
OTHER ISSUES OF SIGNIFANCE

- Suggest distribution robot (Medication Administration Appliance) may lower incidence of error
- Workload (Number of Drugs/Day/Client and number of Doses/day/Client) showed no statistically significant association with medication error
- Lack of association between experience of caretaker and the risk of errors

STUDY CONCLUSION

'Drug administration to individuals with ID is prone to serious errors, because individuals themselves (usually the final safety check) are not alert and therefore cannot intervene when an error occurs'.

MEDICATION ERROR VARIANCE

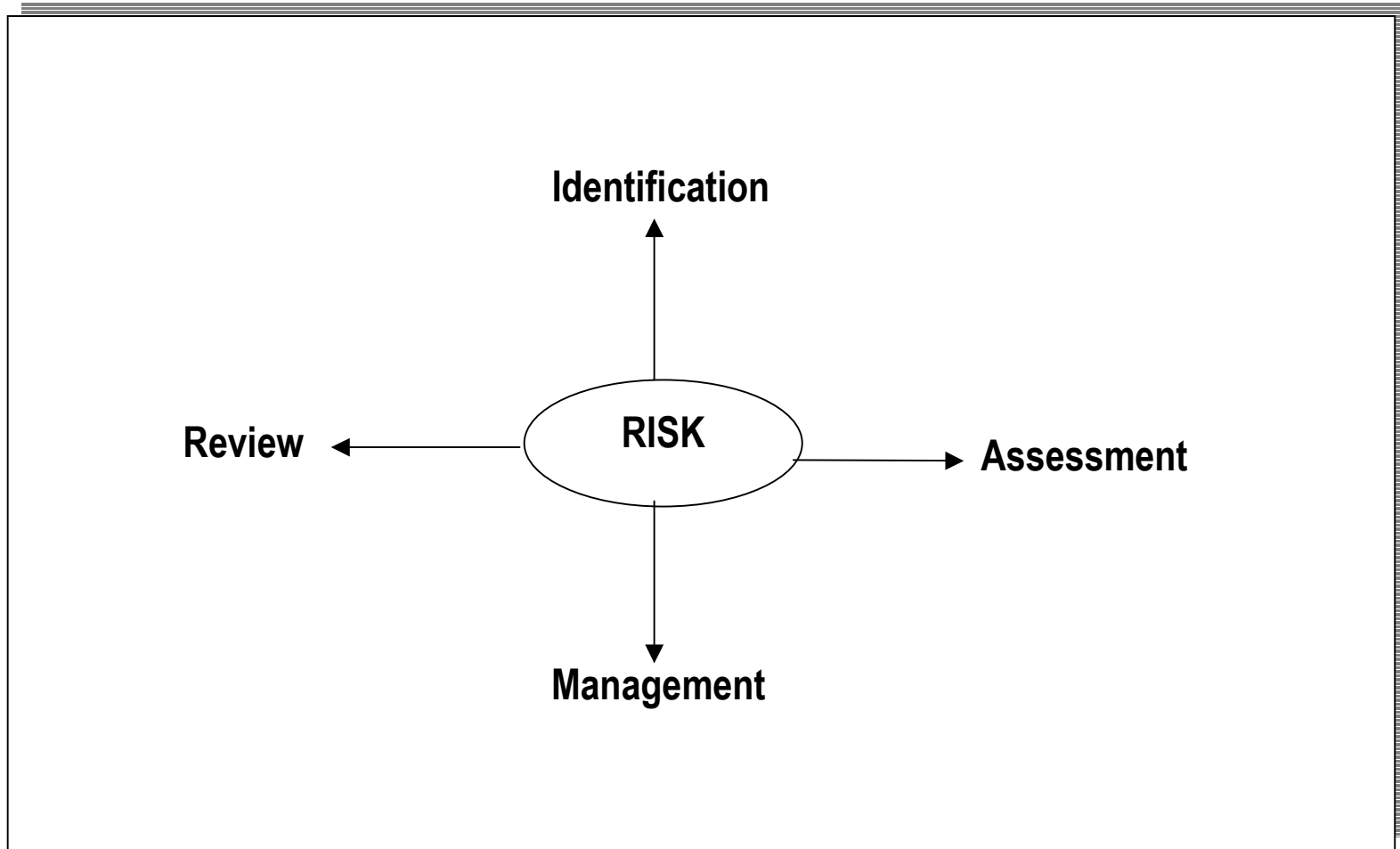


CLASSIFICATION OF ERRORS

National Coordinating Council for Medication Error Reporting & Prevention

- Category A. Circumstances or events that have the capacity to cause error.
- Category B. Error occurred but did not reach Service User.
- Category C. Error occurred, reached S.U., but did not cause harm.
- Category D. Error occurred, reached S.U. and required monitoring to confirm that it resulted in no harm and / or required intervention to preclude harm.
- Category E. Error occurred that may have contributed to or resulted in temporary harm and required intervention.
- Category F. Error occurred that may have contributed to or resulted in temporary harm and required initial or prolonged hospitalisation.
- Category G. Error occurred that may have contributed to or resulted in permanent S.U. harm.
- Category H. Error occurred that required intervention necessary to sustain life.
- Category I. Error occurred that may have contributed to or resulted in S.U. death.

RISK MANAGEMENT PROCESS



PERSON CENTRED MEDICATION RISK MANAGEMENT PLAN

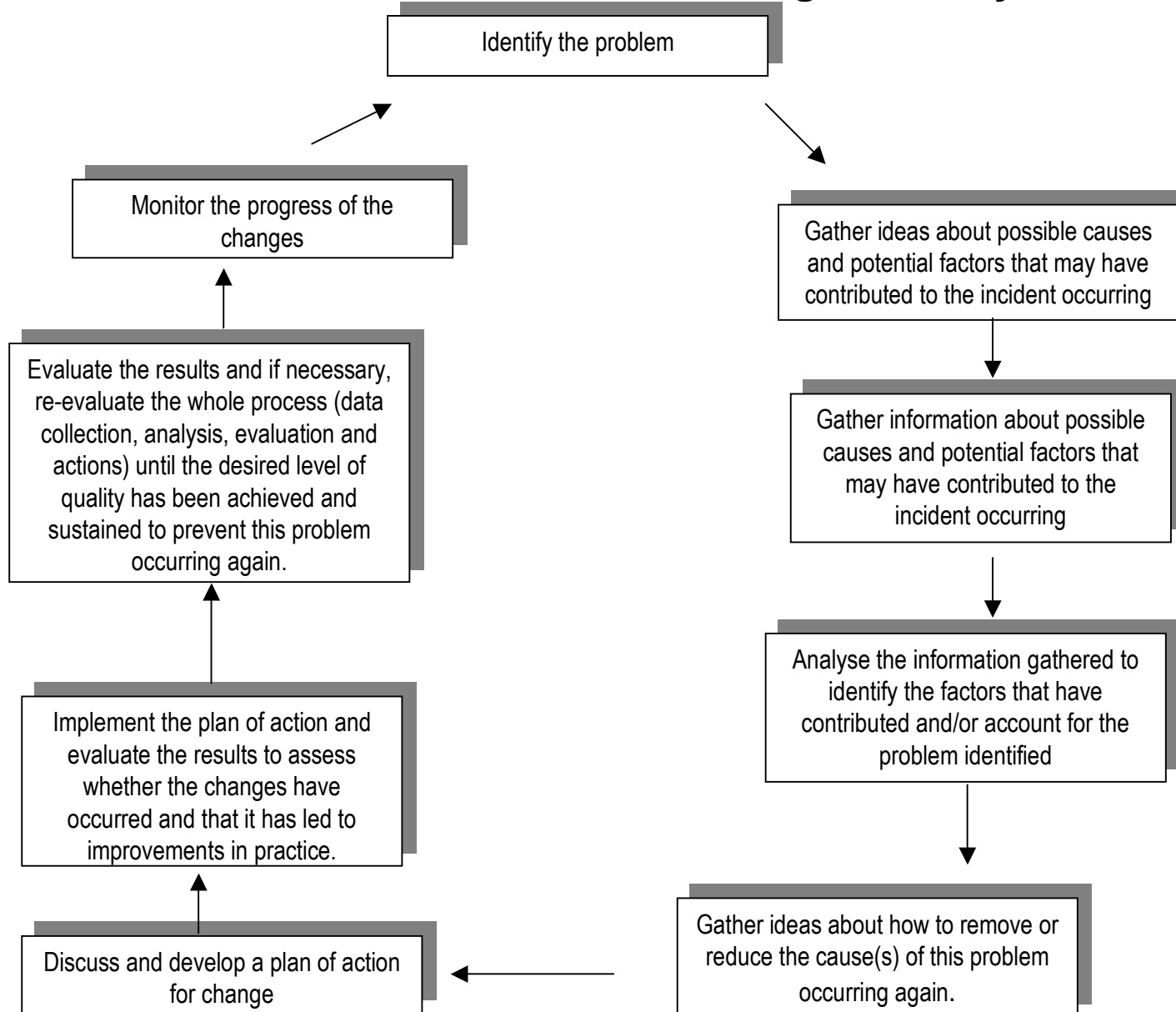
Considerations include (but are not limited to):

- What is the person's history of decision-making?
- What are the possible long/short-term consequences of the person with intellectual disability's decision?
- Does the person with intellectual disability have the knowledge and skills to make an informed decision?
- Does the person with intellectual disability fully understand the range and actual and possible consequences?
- What are the possible long/short-term consequences of the person with intellectual disability not self-medicating?
- What are the possible long/short-term consequences of the person with intellectual disability receiving increased support and direction by others (e.g., registered nurses) to self-medicate?
- What are the possible long/short-term consequences of registered nurses/Organisation-delegated staff members or significant others taking control of the person with intellectual disability medication?

Medication Support Plans

A medication support plan, where required, is one of the integral parts of an Individual's overall person-centred plan. The delivery of person-centred medication management systems require organisations to consider within local area policy the procedures required to support the person with intellectual disability to ensure that s/he maintains maximum independence and control over her/his medicinal products, where possible. These procedures need to ensure that basic safeguards are in place for the protection of people who self-medicate as well as those who are assisted at various levels by other personnel (e.g., families/guardians and/or administering personnel

Promoting High Quality Person-Centred Medication Management Systems



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Thank You for your attention.