



# Medicine Matters

April 2010  
Issue 4

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**Welcome to issue 4 of the newsletter published by the medicines management team at NHS Oxfordshire for managers, nurses and care staff working in care homes across Oxfordshire.** Please keep your comments coming in to our team around medicine management issues, particularly ideas for reducing waste medicines.

In this edition we have:

- Some 'top tips' for recording medicine administration from the advice visits that our community pharmacists have done in care homes.
- An update on the new Online Non Prescription Ordering System (ONPOS) for ordering formulary dressings that has been recently implemented in nursing homes and practices across the county. The system should ensure that nursing homes have a small stock of formulary dressings for immediate response to wounds and will also reduce waste. The tissue viability nurses are currently reviewing the dressings available to care homes on ONPOS, so let them know if you think the formulary needs to be updated. In the next issue we will be including a guide to dressing selection, from the tissue viability nurses.
- An update from our infection control colleagues about tuberculosis and a reminder about working towards the Health and Social Care Act.
- Finally we have included a brief outline of the study day that we held in Oxford in February for non NHS staff, it was a very successful day and we hope to repeat this again in the future. If you'd like to receive an invite, make sure we have your up to date contact details.

Please ensure as many people as possible working in your area see this newsletter. If you would like more copies or would like to receive this bulletin in a different format, please contact Tricia Hawkins, Medicines Management Team Administrator on 01865 336868 or at [patricia.hawkins@oxfordshirepct.nhs.uk](mailto:patricia.hawkins@oxfordshirepct.nhs.uk).

If you have any comments or queries about the content of this newsletter or would like any support around any of the issues raised please contact our Interface Support Pharmacist, Nikki Shaw on 07896 944505 or e-mail [nicola.shaw@oxfordshirepct.nhs.uk](mailto:nicola.shaw@oxfordshirepct.nhs.uk).

## HINTS AND TIPS FOR COMPLETING MEDICATION ADMINISTRATION RECORDS (MAR) SHEETS

### Hint and Tips for completing Medication Administration Records (MAR) accurately

Community pharmacists in Oxfordshire visit care homes to provide advice around policies

and procedures relating to medicines. We thought you might be interested in some of their feedback around issues they have found with completion of MAR sheets.

#### **What do the regulations and national minimum standards say?**

The Care Home Regulations 2001 require the registered person to keep 'a record of all medicines kept in the care home for the service user; and the date on which they were administered to the service user.'

The national minimum standard for all care homes is that the records detail for each person:

- what is received
- what is currently prescribed (including self-administered medicines)
- what is given by care workers
- what is disposed of.

***The areas where we have found most difficulties include the recording of prn (when required) medicines, recording what happens when dosages are not given to a resident and making changes to MAR sheets.***

#### **When required or prn medicines:**

- Make sure you back up with information in the care plan to clearly describe the circumstances when prn medicines should be given
- Is the reader able to identify what has been given on a specified date e.g. when the dose is one or two tablets?
- Does the dosage instruction on the MAR/prescription match what is actually being given or the what resident needs or does the dose need to be reviewed by the prescriber ?
- If an analgesic, e.g. paracetamol is used only occasionally can it be used from a homely remedy stock?

### **Missed dosages:**

- There are many reasons why a medicine that is prescribed may not be given to a patient. It is important that clear codes are used to record when and why a medicine has not been given. The MAR must explain what the codes mean.
- It needs to be very clear if, for example, a medicine has been refused by a resident. If a resident is regularly refusing all or some of his/her medicines or does so for several days it would be good practice to discuss this with their GP.
- If a medicine is on the MAR sheet, but not in stock the care provider must check whether it has been stopped or why there is no supply. If residents in a care home had not received medicines that were prescribed because stock was not available this would be seen as a major concern.

### **Changes to medicines:**

- If a medicine is changed mid cycle there should be a system to ensure that amendments to the MAR chart are clear and accurate.
- A cross reference to the resident's daily notes is recommended.
- The old directions should be clearly cancelled and the new dosage should be written legibly. Sticking a copy of the pharmacy label on to the MAR chart is not acceptable.
- Any changes should be dated and signed, with a witness where possible.
- Please check with your setting manager as your home may have specific guidance for amending MAR charts.

It is important that MAR charts are kept clear and legible at all times. Discontinued medicines should be crossed off, signed and dated and a process needs to be in place, whereby the pharmacy removes this from the new MAR sheet when it is printed.

Removing discontinued medicines from the MAR sheet significantly reduces the risk of a resident receiving the wrong medicine and reduces the risk of medicines being ordered that are no longer needed.

If you have any good ideas that you would like to share around the recording of medicines, please let us know.

# ONLINE NON PRESCRIPTION ORDERING SYSTEM (ONPOS) Top Tips



## ONPOS Top Tips

### What is ONPOS?

- ONPOS is a non prescription ordering system for wound management products for practice nurses, district nurses and nursing homes.
- The care home formulary is for first line dressings.
- The system is web based and allows you to order dressings directly to your nursing home.
- The dressings are paid for out of the PCT prescribing budget.
- The dressings are for stock and can be used for any patient as they are not labelled for individual patients, this reduces waste and means that you can respond to your patients needs more quickly.
- The Care Quality Commission (CQC) inspectors are aware of the system and are happy that dressings are not labelled for individual patients and are not on the MAR. Rationale for use should be documented in the care plan.

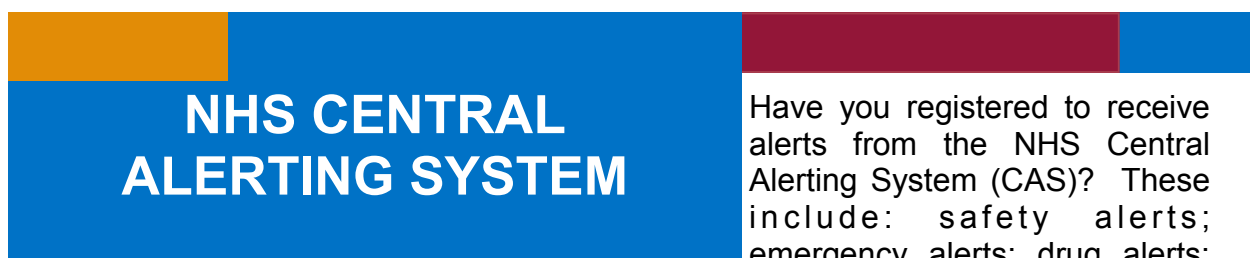
### Getting Started

- Locate a suitable storage area.
- Review what is currently on the MAR sheets and aim to keep these lines in stock.
- If the dressing is not on the formulary find the alternative and switch to that.
- You only need to order the lines that you use. If you need other lines at a later date you can order them for the next day.
- When you are ready to place your first order, this should be enough for about two weeks.
- Agree a regular time to order stock, probably once a week.
- Don't forget if you need an item you can order at anytime, if the order is placed before 2pm it will be delivered on the next working day (Monday – Friday).
- The dressings can then be removed from the MAR sheet – ask your pharmacy to do this for you.
- Make sure dressing use is documented in the care plan.

## Formulary Content

- The formulary has been devised with input from the PCT and tissue viability nurses to cover the dressing needs for most wounds encountered within a nursing home setting.
- Some of the choices may not be the dressing you have historically used but there should be an option which is suitable.
- If after looking at the alternatives you cannot find a suitable dressing please contact the tissue viability nurses by leaving a message on 01235 205786, one of the nurses will then get back to you.
- If a wound is not responding to the formulary dressings please contact tissue viability for advice. If they feel an alternative second or third line dressing is needed then it can be ordered on prescription through the GP surgery.

If you have questions about the service or need support with switching to formulary items please contact the medicines management team at the PCT. Please leave a message with Tricia Hawkins on 01865 336868 and one of the pharmacists will get back to you.



Have you registered to receive alerts from the NHS Central Alerting System (CAS)? These include: safety alerts; emergency alerts; drug alerts;

dear doctor letters and medical device alerts. They are issued on behalf of the Medicines and Healthcare products Regulatory Agency, the National Patient Safety Agency, and the Department of Health

Examples of recent alerts:

Title: Mobile hoists/

Broadcast content:

Inaccurate maintenance instructions and poor inspection of hanger bar attachment. Attachments have failed in use leading to a fall and injury to the person being moved.

Title: Enteral feed administration sets.

Broadcast content:

Risk of non-delivery of enteral feed. Due to a manufacturing problem, the anti-free flow clamp may not automatically open when the set is inserted into the enteral feed pump and its door is closed. The manufacturer has issued a Field Safety Notice, but omitted to include actions to be taken when priming the set by gravity.

You can see details of the alerts at this web address:

<https://www.cas.dh.gov.uk/>

In early \*2009 Commission for Social Care Inspection (CSCI) (as was) sent a letter to all care homes registered with them asking them to sign up to receive alerts via CAS by 31 March 2009 - on the basis that when CQC came into being on 1 April 2009 it would not continue to distribute them. However, uptake for this has been low and only about a quarter of homes nationally have registered. If you do not receive these alerts please check the website for the details as to how to register

\*<http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/Carehomestaff/index.htm#4>

## TUBERCULOSIS - a clinical update

**Tuberculosis (TB)** is an infection caused by a bacterium called *Mycobacterium tuberculosis*.

It usually affects the lungs, but can affect any part of the body such as the brain, kidneys, lymph glands and bones.

Infection of the lungs is the most important in terms of spread to others. As a notifiable illness with specific ways of managing it, staff in care homes who suspect a resident or staff member has TB should refer to their GP and local health protection unit. If TB is suspected they will be referred quickly onto the local TB service.

### **What are the symptoms of TB?**

TB develops slowly and usually takes several months for symptoms to appear. Any of the following symptoms can mean a person may have TB, but these symptoms are also found in many other illnesses:

- Having a cough that lasts for 3 weeks or more
- Coughing up blood
- Having fevers or a high temperature
- Sweating a lot at night
- Not wanting to eat and losing weight
- Feeling very tired or unwell
- Having swollen glands, often in the neck

### **How do you catch TB?**

When someone with TB coughs, sneezes or spits, tiny droplets of water with the TB bacteria in them, are expelled into the air. These droplets are then breathed in by other people. Most of these people will not develop TB but a small number will, especially if they have underlying medical conditions, or are unwell.

### **Is TB always infectious?**

No, TB is not always infectious. TB of the lungs and throat can be infectious because the live bacteria are in the sputum. (This is called “sputum-smear positive” or “open” TB). TB in other parts of the body is not infectious.

Even if someone is infectious only those in **close and prolonged contact** with them will be at risk of catching TB.

Fortunately, people are not usually infectious after two weeks of treatment.

### **Can anyone catch TB?**

Anyone can catch TB; you need to have **close and prolonged contact** with someone who has infectious TB. Some people are, however, more at risk (see below).

### **Who is most at risk of catching TB?**

Those people who live in the same accommodation as the person with TB. This is because they share the same air-space and usually have close and prolonged contact with them.

Other people may be more at risk because they have less protection against disease are:

- Children and frail elderly people
- People taking medicines such as steroids that affect the body's Immune system (often called “immunosuppressed”)
- People who have AIDS or are HIV-positive
- People who are in a poor nutritional state
- People who have diabetes
- People living in overcrowded or poor housing
- People who are dependent on drugs or alcohol
- People who have longstanding poor health

### **I've been in contact with someone with TB at work. Can I pass it on to my family?**

No. If you have had contact with active TB, but have not got active disease yourself you cannot pass TB onto your family. However, it is very important that if you are offered screening you should attend. In this way you are protecting your family by being diagnosed early before you could become infectious.

## What should I do if someone, i.e. a patient or a staff member has suspected TB?

### 1. Contact and Seek immediate advice from:

- ⇒ The Local Health Protection Agency (HPA) on:  
Tel: 0845 279 9879 available 24 hours a day 7 days a week  
Email: [tvhpu@hpa.org.uk](mailto:tvhpu@hpa.org.uk) checked Monday to Friday 9am – 5pm only
  
- ⇒ Local Oxfordshire TB SERVICE: Tel 01865 225255  
Available Monday to Friday 9am – 5pm  
The Respiratory Medicine Administration  
Churchill Hospital  
Oxford  
OX3 7LJ  
Email: [tb.nurses@oxfordshirepct.nhs.uk](mailto:tb.nurses@oxfordshirepct.nhs.uk)

### 2. Co- operate fully with the advice and guidance provided by the HPA and TB service



**THE PREVENTION AND CONTROL OF INFECTIONS IN CARE HOMES**

*The Health and Social Care Act 2008 Code of practice for health and adult social care on the prevention and control of infections and related guidance.*

No doubt you will all be aware of the new Health and Social Care Act (H&SCA) that will bring care homes in to the regulations for preventing and controlling infections and improving the safety of those we care for. The PCT has been subject to these regulations since 2006 and it has certainly taken us a while to get all the right systems in place to comply. The PCT has been working on a self audit tool for managers to use to check if they are compliant and also to check the wider requirements of infection control. If you would like a copy of this please contact [Amanda.leconte@oxfordshirepct.nhs.uk](mailto:Amanda.leconte@oxfordshirepct.nhs.uk) .

It is quite difficult to unpick some aspects of the Code of Practice as it depends on the type of care home you provide, whether it provides personal care, personal care with nursing, or residential and/or self caring. Those that provide nursing care need to be closer aligned to the health requirements due to the need to provide more complex treatments and the risk that this may present for instance, wound care, catheterisations and managing invasive devices. Those that are residential homes must respect the resident's private space and their need for independence and a homely environment and therefore homes will need to take a risk assessment approach for the need for a clean safe place to live in.

The main areas for care homes to work on are the management infrastructure to support the H&SCA. The registered manager will need to have a infection prevention programme in place which outlines the duties of staff and appoints someone to be the infection control lead. This will need to be documented as experience has shown that if something isn't written down it isn't in place.

So, good luck in getting the plans into place. You have until October 2010 to get your systems aligned to the Act, which I can assure you will come around very quickly.

During June there are a series of free events being rolled out across England to help care homes meet the ever more demanding challenge of preventing infections. With the introduction of the Code of Practice and concerns about inspections from the Care Quality Commission, three organisations (the Department of Health, the Health Protection Agency and the Infection Prevention Society) have joined forces to offer “**Infection Prevention and Control in Care Homes** - A one day event providing resources to apply the Code of Practice”.

| <b>Location</b> | <b>Date</b>                               |
|-----------------|---|
| Birmingham      | 8 <sup>th</sup> June                      |
| Brighton        | 2 <sup>nd</sup> June                      |
| Darlington      | 14 <sup>th</sup> June                     |
| Exeter          | 7 <sup>th</sup> June                      |
| Leeds           | 28 <sup>th</sup> June                     |
| London          | 1 <sup>st</sup> and 30 <sup>th</sup> June |
| Manchester      | 9 <sup>th</sup> June                      |
| Peterborough    | 29 <sup>th</sup> June                     |
| Preston         | 15 <sup>th</sup> June                     |

For more information on these roadshows or to book your place please go to [www.eventsforce.net/fitwise/12/home](http://www.eventsforce.net/fitwise/12/home) or follow the link to the roadshow info from [www.fitwise.co.uk](http://www.fitwise.co.uk) (top left hand of the home page) and follow the link to the DH Care Home Roadshow from the home page. Remember places are limited to 200 for each roadshow, they are free of charge and include a full pack of information, tea, coffee and lunch and the opportunity to visit exhibition stands during the refreshment breaks. Should you be unable to attend following your registration, a £60 fee will be charged to cover the cost of the materials and catering. However, you can nominate someone else to take your place. If you need any help please contact the events team at the Infection Prevention Society on 01506 811077 or email [ips@fitwise.co.uk](mailto:ips@fitwise.co.uk)

# STUDY DAY Feedback



## Study day 23 February 2010

A very successful study day for non NHS staff was held on 23 February. We had 29 care homes represented with 49 attendees. The feedback was very good and all sessions received excellent reviews. The content included:

- ◆ Common healthcare infections were highlighted by Amanda le Conte, Lead for Infection Protection and Control. She outlined the three main concerns in any health or social care environment that cares for people namely, MRSA, *Clostridium difficile* and Norovirus.
- ◆ Jo Stanney, Medicines Management Interface Lead, talked about antibiotic prescribing and raised the issues around the risks involved with prescribing too many antibiotics and the risks for *Clostridium difficile*.
- ◆ Nikki Shaw, Interface Support Pharmacist, presented the care home use of medicines study (CHUMS) which we discussed in the last issue of the newsletter.
- ◆ In the popular session on woundcare, Sarah Warner, Tissue Viability Nurse, described some of the many causes of wounds, how to manage them successfully and how to use the wound care tool kit to accurately describe and manage wounds.
- ◆ This was followed by Katie Hitchen, Primary Care Support Dietitian in the medicines management team, who built on the need to adequately feed and hydrate people to improve health and well being. Katie also produced an article in the last edition of this newsletter.
- ◆ Lunch was an opportunity to visit the stands and get the free pens!
- ◆ After lunch Kris Silvester, Falls Specialist, Care Home Lead, talked about the falls specialist service where she is the specialist for care homes. Using some clever technology she showed a video of some terrifying falls that older people have.
- ◆ Debbie Pratt, Continence Adviser from the Oxfordshire Continence Service, highlighted a project in Oxfordshire where we are trying to reduce the use of indwelling catheters and to have standardised care plans and pathways for people who have continence problems.
- ◆ Finally Jacquelyn Phillips, Health Protection and Infection Control Practitioner, ran through the very important area of having a clean and safe environment and using the right personal protective equipment and the importance of hand hygiene.

We would like to thank all those homes that attended and helped make the day so successful and will look into doing something in a similar way in the future.