

# **THE PRACTITIONER'S PROSPECTIVE**

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- Medicines Review:
  - Role of fundamental importance and an example of expansive role.
  - Difficult where more than one doc services home.
  - GPs don't welcome the initiative.
  - Have had success in supplements and generic substitution.
- Counselling:
  - Financial impact, locum cover or out of hours service
  - Frequency—monthly is most successful and mirrors walk in practice
  - Capacity of patients to understand—example dementia
  - Profile of home patients
  - Data protection issues around families

- Delivery/Medicines Management Issues:
  - Frequency,
  - lack of consequence to home if medicines not managed properly urgent orders before script issued due to mis-management,
  - Faxed prescriptions/ GPs non visit requests. esp out of hours
  - —obtaining scripts, no consequence for home or GP,
  - Can take 3 – 4 weeks if GP doesn't visit and original is retained in home as nurses use original as authority to supply,
  - GPs prescribe CDs, food supplements on 3 months rx,
  - Won't re-issue correct scripts,
  - Receptionist prescribing,
  - Pharmacy used as records,
  - Faxed scripts from hospital on discharge - then no follow up,
  - PSI consequence for pharmacists.
- SOPs
  - Very robust system in place but implementation difficult—hard in commercial world to enforce.

## **Delivery/Medicines Management Issues: Contd:**

- Administration:
  - 3 months scripts for inappropriate items
  - Levy—can you refuse supply. Case of distant relative. Lack of advice, confidentiality issues.
  - Phased scripts, MDS, expense vs remuneration
- Patient consent forms, respite/ short term care
- Nursing home contract— does not exist, relationship is with the patient
- financial incentives sought
- Remote supply

# Some solutions my SOPs extracts

- **Patients in such residential care settings are entitled to the exact same level of care and professional input from their pharmacist as if they were to attend personally at a pharmacy.**
- **Where an emergency supply request is made the standard emergency supply legislation must be adhered to and the valid prescription must be received in the pharmacy within 72hours.**
- **Emergency Supplies of Controlled Drugs is not permitted.**
- **A fax is not accepted as a valid prescription. Where a fax is received and it is understood by the pharmacist that the original prescription is in the home. The supply may be prepared but must not be supplied to the nursing home until the original prescription has been received and verified against the supply request.**

- The pharmacist managing supplies to the home must visit the home on a frequent basis to review any patient concerns and must make himself/herself available to the residents or their families. A record must be kept in the pharmacy and the home to record such events.
- The relationship between pharmacist and patient is to take precedence over any relationship with the home operator.
- Phonecall Requests: As per SOP for phonecalls:

- Inform the nursing home that if this is an emergency supply that a prescription must be furnished within 72 hours.
- If nursing home has a prescription, ask them to fax it, and check the dispensing again.
- Upon delivery to home check the prescription before handing over medicines.

- SOP for pharmacist providing service during nursing home visit.
- These visits must be on a regular basis, as agreed with home, or as requested by patient.
- Visits to patients must be recorded in the “pharmacist nursing home patient visit” booklet, and all sections must be filled out for each patient visited.
- Nursing Home Manager Visits must be filled out in the “pharmacy Nursing home visit” booklet.



## SOP for quarterly medicines review.

1. As per HIQA Standards For Residential Care Settings for Older People in Ireland standard 15.6 Each Resident on long term medication is reviewed by practitioner on a 3 monthly basis, at least, in conjunction with nursing staff and pharmacist.
2. The pharmacist shall make himself available to be sure that he will be present and available at such meetings.
3. Pharmacists shall dress professionally and meet the prescriber and nursing staff at an agreed time and review the medicines for all staff the prescriber is responsible for.
4. The pharmacist shall continue with each prescriber until all residents within the home have been reviewed.
5. The pharmacist shall separately record all interventions in nursing home quarterly visit book.

## **SOP for investigation into nursing home stock quantities.**

1. Pharmacist will agree an appointment time with the nursing manager on a quarterly basis.
2. Pharmacist will ask to have 5 patient medicines made available to him.
3. Pharmacist shall count stock on hand and using current cardex and supply date work out how many units of medicines, including all dosage forms.
4. If the amount on hand differs from expected quantity pharmacist shall interview nursing manager and ascertain why. Once a satisfactory response is obtained it is recorded in nursing home quarterly visit book..
5. Pharmacist will not close off investigation until a satisfactory response has been given.
6. All investigations shall be recorded and discussed with nursing home management.
7. Pharmacist shall satisfy himself as to the suitability and appropriateness of medicine storage as per nursing home quarterly visitation pad.

# Nursing Home Quarterly Visit

Home Visited .....

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Date .....

Purpose of Visit:  
Medicines Review  
Medicines Management

Duty Nurse: .....

Doctor in Attendance .....

Name of Patients Reviewed/ outcomes: .....

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Medicine quantities checked/advice given: .....

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# Nursing Home Monthly Patient VISIT

Home Visited ..... Date .....

Duty Nurse: .....

Resident seen/ advice given: .....



# Patient Consent form

I declare that I have seen and understood the Service Level Agreement between Murray's Pharmacy and residents within nursing homes.

I hereby consent to receiving pharmacy services from Murrays Pharmacy during my residency in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by or on behalf of patient: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_



Service Level Agreement Between Residents Of \_\_\_\_\_ Nursing Home  
and Murrays Pharmacy.

This service level agreement is a statement of the minimum standards of service to be provided by Murrays Pharmacy, its staff and pharmacists to residents of nursing homes and to nursing home management with respect to medicines management.

The overriding principle is that a personal service relationship exists between the pharmacist and the resident. This is as per HIQA guidelines and PSI standards of practice guidelines. It exists to ensure that all residents receive the same pharmaceutical care as they would normally receive should they be resident in their own home.

It also aims to provide both medications advice and management support to the nursing home management and staff.

1. The Pharmacists providing service will guarantee a full professional pharmacy service.
2. All medicines shall be dispensed in a timely manner on foot of a valid prescription from a doctor.
3. The pharmacist will on receipt of prescription assess all medicines as to the appropriateness of the medicine for the patient.
4. The medicine shall be delivered to the home in a sealed tamper proof container.
5. A Pharmacist will be available to the nursing home during normal working hours but will also attend the home specifically on a monthly basis to be available to answer any appropriate queries regarding medications or healthcare advice. The attending pharmacist will attend any patient requesting same and will record any such consultation. The pharmacist will be available to advise home staff at any time during normal business hours and will be available during exceptional circumstances outside those hours.
6. A pharmacist will conduct a quarterly medicines review with the prescribing doctor and nursing staff.
7. A pharmacist will conduct a quarterly review of medicine compliance for patients within the nursing home.
8. Pharmacists will endeavour to aid nursing home staff in medicines storage and supply management.
9. Out of hours pharmacists will provide an emergency only cover for medicines not stocked by out of hours doctors service.
10. Pharmacists, will not, according to legislation, provide medicine requested without a valid prescription other than as according to emergency supply legislation.
11. The pharmacist shall provide advice to the nursing home staff about medicines management, storage and administration at any time deemed appropriate by either the home manager or the pharmacist.
12. Pharmacist shall be available to all nursing staff to answer appropriate questions regarding medicines or healthcare advice.

Further to point 10 it is essential that nursing home staffs are diligent in monitoring medicine quantities within the home and ensure that prescriptions are ordered in a timely manner for chronic medicines. That a regular weekly check is made to ensure that there is adequate supply of all medicines. That medicine supplies do not run short within the home. The pharmacist will aid the home in an agreed manner to ensure same. The Pharmacist will agree a calendar for prescription ordering, dispensing and supply for a rolling 12 month basis to ensure same.

# Pharmacy inspections of homes

- **Medicines Supply:**
- Are all patients receiving prescribing medicines?
- Are any household remedies being used?
- Are all medicines labelled individually and appropriately?
- Are dose changes recorded correctly?
- Have any labels been defaced or changed manually?
- Are all creams and ointments labelled separately?
- Are limited life drugs labelled when opened e.g. GTN, Omperazole, insulin
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- **Medicines Storage:**
- Room temperature suitable?
- Room locked?
- Medicines cupboard available? Locked?
- Trolley provided? Locked?
- Are each resident's medications stored separately?
- Are internal and external meds stored separately?
- Are emergency medicines available and in date?



- **Medicine Ordering**

- Are all medicine quantities on hand correct as per time of delivery and subsequent dosing frequency?
- If not has an investigation been carried out as to why?
- Are all meds agreed with GP before ordering from pharmacy?
- Have prescriptions been ordered for emergency supply medicines?
- Does a weekly stock take of medicines take place to prevent any supply from running out?
- Are reasons for shortages/excesses discussed with the care team?
- Are shortages notified to pharmacy in a timely manner?

- **Controlled Drug Storage:**

- Does CD cupboard comply with legislation?
- Is CD cupboard locked and use solely for storage of CDs?
- Are CD stock levels correct?
- Are all CD receipts double checked?
- Is CD administration always recorded correctly?
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- **Refrigerated Medicines:**

- Is the fridge of an acceptable standard, is it lockable?
- Is fridge temperature monitored?

- **Drug Disposal:**

- IS there a procedure for disposal?
- Are medicines hoarded?
- Is disposal done on site and witnessed?
- Are medicines returned to pharmacy for disposal?
- Is there a record kept of all returns?

- **Information Sources:**

- BNF/MIMMS/other
- Are they up to date copies?

- **Self Medication**

- Are any patients self medicating?
- Is there a record of this?
- Any counselling requirements?
- Is medicine stored in a lockable drawer?
- Is it accessible when required by patient?

- **Documentation and Recording:**

- MAR sheet in use and up to date?
- Are all doses times/frequencies clearly stated?
- Are medicines administered in accordance with instructions?
- Is it clear if medicine are refused or withheld?