PURPOSE

It is the Bay of Plenty District Health Board's (BOPDHB) Mental Health & Addiction Service's (MH&AS) aim for outpatient services that:

- Medication will be prescribed, dispensed and administered to service users / patients in accordance with current legislation and relevant policies / protocols.
- Medication will be safely and securely stored, transported and handled according to current legal requirements and evidence based recommendations.
- Medication management within the unique environment of service delivery in a community mental health service's is safe, practical and effective

OBJECTIVE

To ensure that medication management in the outpatient MH&AS is efficient, effective and safe for the service user, health professional and organisation. This protocol is to be applied in conjunction with the relevant legislation and BOPDHB Medication policies and protocols.

STANDARDS TO BE MET

1. Intramuscular Medication (IMI's)

1.1 Prescribers prescribe IMI medication on a prescription pad, separate from scripts for oral medications, for the purpose of ordering from and dispensing by the pharmacist.

1.2 The IMI script for each service user is written by the prescriber on the Community Mental Health Medication Chart (7418) for the purpose of administration by registered nurses (RNs) and also as the official original authentic prescription record for the patient's health record.

1.3 If patient's receiving IMI's are admitted to Inpatient Mental Health the patients' health record and Community Mental Health Medication Chart (7418) are required to be taken to the ward by the keyworker or crisis worker and updated at the time of administration and before discharge by the House Officer (HO) / Registrar / Senior Medical Officer (SMO) to ensure safe transition.

1.4 It is advisable to do the prescriptions for a number of service users together, to order from 1 Pharmacy in bulk and to keep record of timeframes for repeat scripts.

1.5 IMI scripts are written for a 3 month supply with dispensing frequency which means that only 1 dose of the medication is dispensed at a time and there is no need to store subsequent doses at the Community Department.

1.6 The administration support staff / case manager faxes the scripts to the appropriate Pharmacy and keeps a record of the faxes sent. The original script is sent to the Pharmacy and the carbon copy is required to be filed contemporaneously under the Medication Tab in the patient's health record.

1.7 Repeat and routine prescriptions are to be reviewed and re-prescribed at least once every 3 months.

1.8 During medication administration the RNs are to check the dispensed medication container label, expiry date and dose, the identity of the person and sign for the administration of the IMI drug in the Community Mental Health Medication Chart (7418)

1.9 When a service user refuses to take the IMI, does not attend an appointment or cannot be found in the community, the RN will continue to attempt in the following days to administer the IMI. If it cannot be administered in a reasonable timeframe, the doctor responsible for the care of the patient is to be notified and it is documented in the patient's health record. This is not considered to be an error that justifies completion of an incident management form, but management by exception based on acceptable variations in timeframes in the application of practice. If doses are not administered as prescribed it is not re-prescribed, but it is given as soon as possible and then again in the sequence of intervals as originally prescribed. Prescribers of depot IMI medication need to advise acceptable time variations if requested

1.10 If an atypical anti-psychotic medication is administered for the first time, it is *advisable to trial a reduced dose and rather* do it at a Community Office or an Inpatient Unit than at a person's home in case an adverse reaction may occur.

1.10. Effects and side effects will be discussed with the client by the prescriber and during appointments by the RN.

1.11 Ensuring metabolic monitoring has occurred according to the requirements of the specific medication is the responsibility of the prescriber. The actual observations and blood tests can be carried out by Registered Nurses.

2. Storage and Transportation

2.1 All Community Mental Health medication storage rooms are to be kept locked at all times and management and ordering of syringes, sharps containers and other stock and expiry dates is to be overseen by a designated RN.

2.2 All RN's adhere to policies on the use of sterile equipment, prevention of infections and needle stick injuries with reporting of the latter and maintaining the "cold chain" for medications that are to be kept below certain temperature levels.

2.3 Medications that are to be stored within a particular temperature range are to be kept in a medication fridge where the temperature regulation is the responsibility of the Team Leader or delegated designated person. Alternatively this can be kept at an Inpatient Unit or at a Community Office where the Pharmacist or designated person oversees the monitoring and regulation of the temperature of the fridge.

2.4 Temperature regulation of the chillybins with frozen bricks is the responsibility of RN's who travel long distances, especially in summer months. Medication that had been exposed to temperatures higher than what is allowed, should not be administered and should be immediately discarded.

2.5 Medication storage on Community Mental Health premises is to be limited to 1 or 2 doses of IMI medication as prescribed for individual service users. Oral medications are usually not kept on the premises, except for the after-hours medication administration service which are mostly pre-packed in blister packs. Occasionally a RN may keep individual blister packs in a clinic room to oversee the day to day administration of the medication of certain individuals for safety purposes, but this is not common practice.

2.6 Repeat scripts are done for 3 months, but dispensed for 1 month at a time. If there are doses left in storage that had not been administered for whatever reason, they are to be returned to the Pharmacy by the responsible RN.

2.7 IMI medication is ordered by the MH&AS pharmacy team in bulk once every 4 weeks, and a month's supply of medication is delivered to the CMH clinic room the week following. Any IMI medication needed outside of this cycle must be arranged by the case manager.

2.8 Any changes made to IMI medications will require a new prescription, and the community mental health medication chart to be updated at the time of change. Case managers should fax or email new scripts to the Pharmacy. The MH&AS Pharmacy team will order repeats thereafter as part of the bulk order.

2.9 Occasionally when a person is at risk of self-harm by overdose, where quantities of medication have been accumulated over time or when medication dates had expired, medication has to be removed in the community from an individual and taken for safe disposal by a Pharmacy. If this is a safety measure, duty of care takes priority over disagreement from others for this to occur. Such an action is to be documented in the health record of the service user and an incident management form completed. If this occurs after hours, the medication is to be locked preferably at an Inpatient unit until it can be taken to the Pharmacy to be destroyed. These medications are not refundable.

2.10 Health care professionals are to note that if there are controlled drugs amongst the medications being uplifted, that for their own professional safety it is best practice to count and document the specifics of those drugs in the presence of a witness, (preferably another health care professional) when uplifting them and also let the persons receiving them, sign for acceptance. This may require entry into a controlled drug register. See Protocol CPM.M3.8

3. Oral Medications

3.1 Prescribing of oral medication for outpatients is documented on the prescription pad for Pharmacy dispensing and is dated and signed by the prescriber.

3.2 Carbon copies of the Pharmacy prescriptions are required to be kept in date order under the Medication Tab (Legal tab for Methadone) in the service user's health record. It is the responsibility of the prescriber to ensure that blank prescription pads are locked away and accessible to authorised staff only.

3.3 Prescriptions for oral medications are routinely done by Psychiatrists and Registrars during first assessment appointments and repeated at review appointments or between appointments on a prescription pad, for the purpose of dispensing by a Pharmacist. This prescription is either given to the service user to obtain directly in person from their own Pharmacy or faxed by the administration support staff / Case Manager to the appropriate Pharmacy. If it was faxed, a record is kept of the prescriptions that have been faxed and the original prescription is to be sent to the Pharmacy by the treating service. If a Case Manager delivered a script to the service user or Pharmacy it is to be noted on the health record.

3.4 If a service user does not attend an appointment or runs out of medication for whatever reason, any multiple requests for repeat prescriptions should occur in an organised, co-ordinated manner as developed by the relevant CMH Service.

3.5 It is safe practice for a prescriber to check against previous prescriptions and the health record and to limit dispensing quantities to a maximum of 1 month supply for patients who are not known, have safety concerns or where the medications are addictive.

3.6 It is an assumption that the service user takes responsibility to obtain the medication from the Pharmacy and adheres to taking it as prescribed. Depending on the circumstances and level of independence of the person and the adherence to the taking of the medication, case managers may provide more or less assistance in the process, to the extent that medication can be transported from the Pharmacy and the administration can be overseen by either the Case Manager or by arrangement with another appropriate person. There is no specific

documentation chart for each dose taken when the service user is taking the responsibility or when the medication is blister packed, but if it is required, the case manager may monitor self-administration or oversight of medication adherence with the service user, administration and supervision of medication administration by RN's, such as after-hours has to be documented on the CMH Medication Chart (7418).

3.7 It is the responsibility of RNs during home visits to do observations and discuss with service users their medication adherence, effects and side effects, next prescription due and to do education and information sharing. Conversations are to include the use and adjustments of medication to "take as required" (prn). Documentation about the conversations and specific advice given in relation to medications use is to be entered in the health record after a visit.

3.8 If there are concerns about medication adherence, a referral to a Home Based Support Service, After-Hours Medication Service or an agreement with a family member, an Inpatient Unit or a local Pharmacy may be done for oversight of self-administration of medication. These medications are usually in pre-packed blister packs, which only require documentation whether all the medication was or was not taken with or without supervision. Details of the medication and doses need not be recorded individually

3.9 Exclusion to above is for clients residing in Aged Residential Care (ARC) facilities. The Psychiatrist / Registrar will provide a prescription and record the charting on the ARC Medication Chart. A letter to GP regarding medication update is to be sent.

4. Liaison Between Service Providers

4.1 Prescriptions for the purposes of dispensing of medication by a Pharmacy and medication administration and supervision should be done simultaneously in a timely manner prior to the discharge and transfer of a service user from an Inpatient Unit to a CMH service and / or a residential provider in order to maintain a seamless transition of care for the service user.

4.2 The Inpatient Medication Chart will no longer be applicable after discharge and the prescription that is to be followed in the community is to be written on the CMH Medication Chart and is to be sent, taken or faxed with a copy of an interim discharge summary to the Case Manager or in the case where no Case Manager is appointed, to the Intake service of a CMH service within 24 hours after the patient is discharged from an Inpatient Unit. These documents can be kept in a temporary CMH folder until the health record arrives at CMH department.

4.3 A copy of the prescribed medication on the CMH Medication Chart is to be sent from an inpatient unit to the appropriate residential NGO service provider if a service user is transferred from an Inpatient Unit to residential care or respite care and this document with the other required documentation, should accompany the service user to that facility, if it had not been provided in advance.

4.4 Pharmacies mostly provide oral medications in blister packs, to supported accommodation providers, where RNs do medication administration or provide oversight over self-administration of medication.

4.5 IMI medication administration is the responsibility of the CMH RNs as they are directly aware of changes in prescriptions. If an IMI is administered by a RN employed by a NGO service provider, the RN from CMH is responsible to provide the NGO RN with a copy of the changed prescription and the NGO RN is to keep medication administration records. It is to be noted on the CMH Medication Chart if IMI administration is done by the NGO RN.

4.6 Home Based Support Services staff do not administer medication, but they may oversee self-administration of medication by service users.

4.7 Any changes to a community outpatients' medications needs to be communicated to the relevant primary support provider and documented in the clinical notes.

5. Standing Orders and Verbal Orders

5.1 In the context of travel distances, a limited supply of 1 or 2 of some medications can be taken by a crisis / acute or after hours staff into the remote rural areas, if it is authorised and prescribed for dispensing by the Medical Officer (MO) responsible. These are to be pre–packed and stored in an Inpatient Unit for this particular purpose. It is to be returned or accounted for by the crisis workers after a callout or a shift. A standing order or telephone prescription, followed by a written prescription as per BOPDHB policy can be given by a Psychiatrist for the administration of such medications.

5.2 Medication prescribed or dispensed via both standing orders and verbal orders must follow the procedure established. See;

- Bay of Plenty District Health Board policy 7.1.1 protocol 1 Medication – Standing Orders
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.4 Medication – Verbal Orders
- Note: Standing Orders and Verbal orders exclude monitored and controlled medications

6. Funding of psychotropic medication

6.11 Health care professionals are to provide advice and support to service users of funding options for psychotropic medications and are to be mindful of financial implications of their actions for the patient and BOPDHB.

6.12 Appointments and prescriptions by a CMH services are free of charge, but GP fees apply when done by a GP. Some psychotropic medications prescribed by GPs require a special authority number from a Psychiatrist to be subsidised, which is obtained from a CMH Psychiatrist. The list of medications to be authorised by a specialist, the specific requirements and the monthly updates of the list is controlled by Pharmac.

6.13 Most psychotropic medications are fully or partially subsidised by Government. The service user is required to pay a dispensing fee of $5.00 per prescription for subsidised psychotropic medications. Dispensing fees may be further subsidised after a patient has reached 20 items in one year (from February 1 to January 31) through the prescription subsidy scheme.

6.14 Other psychiatric medications are to be paid for directly by the service user, but some individuals are able to claim it back from WINZ depending on their individual benefits.

6.15 BOPDHB subsidises all psychotropic medications for service users who receive compulsory treatment under the Mental Health Act of 1992 as amended. Prescribers of BOPDHB are to apply a specific stamp on prescriptions for this purpose to activate the payment by BOPDHB to the Pharmacy.

6.16 In some situations an individual may not be eligible for a WINZ benefit or refund, the medication may not be subsidised by Government and the person may not receive compulsory treatment under the Mental Health Act (1992) and may be required to pay privately for their psychotropic medications.

REFERENCES

- Guidelines for Nurses on the Administration of Medicines. Wellington: New Zealand Nurses Organisation. May 2012.
- Health Practitioners Competency Assurance Act 2004
- Medicines Act 1981 and Amendments
- Medicines Regulations 1984 and Amendments
- Mental Health [Compulsory Assessment and Treatment] Act 1992 and Amendment
- Misuse of Drugs Act 1975 and Amendments
- Misuse of Drugs Regulations 1977 and Amendments
- MIMS New Ethicals Catalogue (current edition)
- MIMS Online and MIMS on PDA

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 7.1.1 Medications, IV Fluids and Standing Orders
- Bay of Plenty District Health Board policy 7.1.1 protocol 1 Medication – Standing Orders
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.1 Medication - Roles & Responsibilities
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.2 Medication – Approved Abbreviations
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.4 Medication – Verbal Orders
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.5 Medication - Administration
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.7 Medication - Incidents
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.8 Medication – Control & Monitored
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.9 Medication - Refrigerator Monitoring & Maintenance
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.12 Medication – Prescribing
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.14 Medication – Storage & Transportation
- Bay of Plenty District Health Board Infection Control Manual protocol IC.S1.3 Standard Precautions – Needles / Sharps Management
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M7.2 Metabolic Monitoring
- Bay of Plenty District Health Board Adult Medication Chart (153491) - *to be ordered through Oracle*
- Bay of Plenty District Health Board Incident Management form
- Bay of Plenty District Health Board Community Mental Health Medication Chart (7418)