Issue 2, September 2014

Ballarat Health Services

Medication Safety Newsletter

Antimicrobial Stewardship (AMS) Program

An AMS program has been in place at BHS for 18 months. AMS supports the appropriate use of antimicrobials and through this, reduces adverse outcomes (e.g. toxicity, resistance, excessive cost).

Why is AMS needed?

Research suggests that up to 50% of antimicrobial prescriptions in Australian hospitals are inappropriate. Examples of inappropriate orders include:

- Prescribing unnecessarily (e.g. viral infections, prolonged surgical prophylaxis)
- Using broad spectrum agents when narrow spectrum agents are suitable
- Dose too high or too low
- Duration of treatment too long
- Not prescribing according to microbiology results
- Timing (omitting or delaying doses)
- Not using an antibiotic where one is appropriate (e.g. surgical prophylaxis)

The National Antimicrobial Prescribing Survey assessed antimicrobial prescribing at BHS as inappropriate in 30% of occasions.

Look for the antimicrobial team stickers in the progress notes. AMS advice is recorded in the patient's medical record and wherever possible, discussed directly with the treating team.

ANTIMICROBIAL TEAM

AMS at BHS

As part of AMS at BHS, ward rounds are conducted at least weekly with an infectious diseases physician and the AMS pharmacist. The AMS team reviews patients prescribed restricted antimicrobials (e.g. meropenem, piperacillin/ tazobactam, vancomycin), or patients who have been referred to the AMS service.

Recommendations are given when antimicrobial therapy can be improved.

Over 250 patients have been reviewed by the team so far this year. The impact of AMS has been positive, with 86% of antimicrobial orders now considered appropriate following review.

The AMS team has introduced a new classification system for antimicrobial agents.

The classification has three main categories;

Category 1. Available for general use.

Category 2. Prescribed only in accordance with the Therapeutic Guidelines: Antibiotic and authorised by a registrar or consultant.

Category 3. Only prescribed after prior approval from a medical microbiologist or infectious diseases physician.

Refer to Antibiotic Policy POL0083 for more information.

National Inpatient Medication Chart (NIMC) Audit

The last week of August saw the NIMC audit being undertaken throughout BHS. This audit aims to :

- Evaluate the safety and quality of prescribing and medication documentation on the NIMC
- Benchmark our NIMC practices with our peers
- Educate staff on the safe use of the NIMC

The audit is completed every two years and the results will highlight where we do well and any areas that we need improvement.

Over 800 medication orders were reviewed in the audit, so it was an excellent effort by all those staff who assisted with the audit including; Shaun Finlayson, Dr Bhaumik Shah, Shiny Poovakulam, Michelle Porter, Pam Haywood, Christine Young, Angela Hearn, Cassia Drever-Smith, Nicole O'Shea and Jaclyn Baker.

Dose Modification

The Medications– Modification of Dose Forms (CPP 0244) has been updated. This CPP provides guidance for staff on safely modifying a dose form e.g. crush, dissolve, open a capsule, use a liquid alternative or give injection orally.

This document includes a practical tip on how to prevent powder from spraying up when crushing a tablet and to keep the mortar and pestle clean. To do this, place a patty pan into a mortar and put the medication in the patty pan. Another patty pan is placed over this and the medication is crushed. The powder is retained between the two patty pans.

Each ward has the Australian Don't Rush to Crush Handbook. This reference gives fantastic advice on how to modify dose forms, so make sure you can locate your ward's copy.

Best Possible Medication History

The Best Possible Medication History and Reconciliation form (MR 701.1) has been introduced to BHS. This form provides one central location for recording a patient's medication history on admission. It should be completed by the medical officer at admission by interviewing the patient/carer and verifying the information received with another source (i.e. local pharmacy, GP).

Minimum information to be recorded comprises of all medications taken prior to admission (prescription, over the counter and herbal medicines) including generic name, strength, form, route, dose, frequency and time of day taken.

This information is essential to facilitate safe prescribing and continuity of medication management for the patient.

Look out for completed forms which will be located with the medication chart and view the ACSQHC video for a demonstration on how to take a Best Possible Medication History.

Medication Safety Representatives

All clinical areas should now have a medication safety representatives appointed. These representatives will be given key tasks each week to assist with preparation for accreditation and share medication safety related news with their colleagues. Find out who the medication safety representative is on your unit.

RiskMan Reports

There has been several recent Riskman reports where patients with known penicillin allergies have been prescribed and administered penicillins. In each instance, fortunately, the patient had no ill effects. Each time this has occurred the drug has been prescribed by brand name (e.g. *Tazocin, Augmentin Duo Forte*) making it difficult for the prescriber and nurse to recognise that the medication contained penicillin. Medication Orders (CPP 0286) will shortly be updated to require that all medications be prescribed generically (except if listed on the approved brand name prescribing list). Starting to adopt this practice now will help reduce the risk of this type of error.