



Medical Leader	
Medical Expert	<input type="checkbox"/>
Communicator	
Advocate	•
Scholar	
Professional	•
Collaborator	•
Manager	

Medication in Residential Care

2013 Q3

You are the medical administrator working in a government health service that encompasses some small local hospitals and two nursing homes / rest homes.

On a warm summer's Monday morning a well-respected and experienced physician comes to your office with concerns over two patients who were transferred from one of the nursing homes at the weekend. Two elderly male residents, both with significant levels of dementia, have been brought to the Emergency Department of one of your rural hospitals with rapid and unexpected deterioration in their level of consciousness, after having been mobile and active most of the preceding day. The initial referral diagnosis was possible dehydration but no clinical explanation could be found despite extensive clinical work-up.

The physician then goes on to explain that the only treatment that seemed to be effective was the use of a benzodiazepine antagonist, even though neither patient was prescribed benzodiazepines at the time. Despite this, toxicological screening was not done at the time of admission. The patients are now apparently back to their normal selves and seem fit for discharge.

The physician wonders whether something untoward in terms of medication management has been occurring within this care facility and for that reason is reluctant to discharge them, despite the pressure on beds.

As the medical administrator you have responsibility for patient care and safety in this nursing home, although day to day medical management is provided by the local GPs.

Later on Monday afternoon, the manager of the rural hospital informs you that the family members of one of these cases have made a complaint to the Police, who are now investigating.

How do you proceed?

Examination Questions

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Three (3) core requirements for this question

1. Candidates need to demonstrate a systematic approach to investigating a potentially serious patient safety issue and particularly to identify quickly whether or not there is a real patient safety issue happening here.
2. Clinical Governance – what mechanisms are in place to monitor the safety of care (especially medication management) at this facility? Is this a Sentinel Event?
3. Medicolegal and communication – candidates should be able to state obligations regarding assistance to police and whether or not the health service would or should conduct a parallel inquiry.

Question writer's notes (these are not meant to be an exhaustive check-list but as prompts for Censors)

- Needs IMMS and severity rating on SAC score, needs investigation team established urgently, patient safety in facility immediate risk, review patient deaths, M&M, death audits, security of medications, security of patients with dementia and wandering. Investigation to be conducted along the lines of a RCA – talk to GPs, key staff, pharmacy, conduct security review, review of medication usage, prescription, administration etc.
- Is there a role for Open Disclosure in this scenario (whether or not relatives have gone to the Police?)
- Review current patient files for other adverse incidents. Look at the pattern of patient deaths in this facility over a period of time.
- Drug and alcohol levels in current patients might be useful (but what are the implications of random screening of patients in terms of consent?)
- Longer term – set up clinical governance systems in the facility, review patient care, develop care guidelines, incidents, complaints, deaths, adverse events, M&M meetings, review how GP workforce are credentialed by nursing home to see patients, independent operators, often competitive. Look at staffing? sufficient

Other potential management strategies:

1. Don't discharge the clients until at least a preliminary enquiry has reassured you that they will be safe in their familiar environment. They are likely to be more confused away from it, so expedite this, or consider safe alternative, particularly short term care by close family
2. Seek advice from your legal officer as to how to manage your own enquiry alongside the Police investigation which you understand is about to happen. Brief your own professional indemnity provider
3. Clarify with your legal service as to the limits to what Police can reasonably do, particularly in relation to the case whose family has not initiated a Police complaint.
4. If possible involve a psychogeriatrician in the review process ; consider obtaining specialist assistance from another DHB/Health Service to ensure independence