

**REGIONAL MEDICAL ADVISORY COMMITTEE MEETING  
24<sup>th</sup> February 2010  
MINUTES**

**Chairperson:** Dr K. Stelter ( Division CEO)

**Time started:** 07:00hrs

**Secretary:** R. Elliott

**Time Finished:** 08:00hrs

**Present:** R., Voison (DON Hillcrest N/H), M. Soni (CNC Nunyara N/H), S. Murch (Bethlehem House Manager), K. Crossland ( Bupa Bexley aged care), J. Schembri (Ibis Bexley), N. Glinatsis ( Ibis Care), C. Gailer ( DDON Huntingdon Aged Care), B.Hikaka (Homewood care), S. Snushall ( Scalabrini Bexley), E. Barnes ( Manager Sans Souci Gardens), T. Mataio ( Manager Roberts Lodge), M. Boatwright ( DON, Scalabrini Village). T. Tomlin ( General Manager Uniting Care Group), P. Prokopenko (Bruce Sharp Lodge), G.Gaughan ( Manager Bruce Sharp Lodge), T. Bell ( Ibis Blakehurst), m. Anderson ( DON Shangri la) , G. Fotoulis ( DON Ferndale), V. Warner ( Uniting Care)

**St George Hospital Staff:** O. Paulik ( Aged Care CNC ), J. Graham ( Discharge CNC), Johneen Tierney ( Pharmacy)

**Pharmacy:** J. Boain ( Supply Pharmacist), S.Hijez ( Carlton Railway Pharmacy), S.Kikland Smith ( Carlton Railway Pharmacy )

**Doctors:** Dr J. Martel, Dr I. Cameron, Dr A. Elhassadi, Dr K Oey

**Division Staff:** L. Harper ( Program Coordinator), S. Coxon ( Pharmacist) S. Johnston (GP Liason Officer)

**Consultant:** K. Sharp (Wound CNC)

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1. **Apologies:** T.Callaghan ( DON Rockdale N/H), Dr N. Cordatto ( Geriatrician )
2. **Previous minutes approval:** Minutes of the previous meeting were formally approved
3. **Business previous minutes / comments and complaints:**
  - 3.1 **Hyoscine Supply:** A letter has been sent to the Chief Pharmacist,( Pharmaceutical Services Branch, NSW Health,) requesting Hyoscine and Glycoprrolate injections to be added to the emergency medications approved by the Director- General of health to be held at nursing homes. Outcome pending
  - 3.2 **Glycoprrolate Supply:** As above: Additionally an emergency supply of Hyoscine, Glycoprrolate and clonazepam oral drops is now available from the Division of General Practice or Shangri La Nursing Home ( for after hours use).

**3.3 Education regarding the Yellow envelope;** Initially rolled out into High care facilities, now being introduced into low care. There have been continued problems with the return of the envelope from acute care. Negotiations continue with St George Hospital.  
S. Johnston

**3.4 Division website update:** Actioned with a link to DOHA available.

**4. Legislation and Policy changes:** Nil applicable

## **5. Medication management**

**5.1 Discharge medications to hostels in boxes or bottles:** Wards have been told to fax script to pharmacy for packing in Webster pack. Alternatively St George Pharmacy will contact the hostel supply pharmacy for packing details. For after hours concerns contact the after hours senior nurse manager.

## **6. Other Business:**

**6.1 Use of Allied Health services under ACAI:** Allied Health services continue to be provided to low care facilities. Feedback has been positive. Equipment for resident use, which is not portable, may be considered for purchase under this scheme. Please contact the Division for booking of allied health services.

**6.2 Facility Visits to RACFs:** Raelene Elliott has begun visiting facilities for feedback regarding various services and initiatives.

### **6.3 CMAs and Medication charts not being reviewed at specified intervals:**

Inconsistent paperwork formatting has been identified as a barrier preventing regular documentation review. Representatives from the larger aged care organisations will consider using the Divisions CMA  
Best practice is to have Medication charts reviewed every 3 months.

**6.4 Hospital requesting information which is already supplied on the yellow envelope multiple times:** Further education of hospital staff is required. Feedback pending next meeting  
S. Johnston

**6.5 GP Cover:** Some facilities felt that GP response to call outs could be more timely. Discussion amongst committee members resulted in the following recommendations:

- Nursing staff are to triage resident needs when calling a GP in for review ie Specific details concerning the reason for review should be made clear to the GP.
- Minor events such as slips, falls and skin tears etc could be detailed and faxed to the GPs rooms.
- Education and further discussion regarding the use of Advanced Care Directives

**6.6 Antibiotic scripts:** Dr Martel told the committee how he will write a prescription for an antibiotic specifying the number of courses on the prescription but then later will then get asked to write another script for a second course. Sam Hijazi (supply Pharmacist) told the committee that if a script specifies second course – medication will be dispensed according to the prescription.  
Dr Cameron emphasised the need for detailed documentation in the residents clinical record – firstly as a record of care, but also to validate medical services and nursing care planning.

**6.7 Use of Medication charts as a prescription:** Continues to be discussed at appropriate Government level. Outcome to be discussed at the next meeting

**6.8 Concept of clustering residents within a facility:** Ibis Care Bexley currently caters for Downs syndrome, and have a Chinese and Macedonian cluster established. We are in the process of formally establishing a Spanish cluster and will be offering a day care program to compliment these services.

**6.9 Mediko Medication pack:** Sue Coxon spoke of this alternate system for packing medications for residents and people in the community. A sample was on display for those attending. Some long term facilities use this system which is packed by Boians Pharmacy. Packaging configuration of medications using this system may vary so care should be taken because this system resembles Webster medication packs and subsequent use of

**6.10 Discharge of residents back to hostels over the weekend:** Jane Graham spoke of how some low care facilities were not accepting residents back to their home over the weekend. If there were no changes in the residents condition and the resident was stable could hostels consider accepting transfers.  
A sample of a medication sign off sheet, used temporarily until a proper medication order is obtained, is enclosed with these minutes.  
Discharge medication orders are faxed to the pharmacy, which then sends the medication to the facility packed in a Webster pack with the temporary sign off chart.

**6.11 GP Feedback re admissions:** At times GPs are not receiving admission details from A&E. This will be looked into. S. Johnston

**6.12 EPC:** Linden Harper reiterated the importance of adhering to Medicare guidelines around Chronic Disease Management item numbers. It is illegal to backdate contribution to care plan item number 731.

**6.13 Use of the Medical Assessment Unit (MAU):** Dr Elhassadi spoke of how he had referred a patient to A&E for assessment, however the patient was sent back to the hostel with a private consult to be arranged with a VMO. Jane Graham suggested that patients who need non urgent medical assessments may go through the Medical Assessment Unit at the Hospital. Access to the MAU is via the GP Hotline (ph:) where patients are triaged.

**8. Next meeting: May 26<sup>th</sup> @ 7am**

**Addendum: Resignation of Kate Sharp, wound consultant.** For wound care reviews and advise please contact Mathew Dutton (Wound CNC St George Hospital) ph:9113 1111 page number 813