

<b>Document Title:</b>	Good Practice Guide for Care Homes Switching from Monitored Dosage Systems to Original Packs
<b>Document Purpose:</b>	For all involved in prescribing and administering medications in care homes
<b>Original Author(s):</b>	Cathy Goddard, Lead Care Home Pharmacist & Mahendra Mistry, Care Home Support Pharmacist BWCCG Medicines Optimisation Team & BHFT Integrated Care Home Service
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# Good Practice Guide for Care Homes

## Switching from Monitored Dosage Systems to Original Packs

For all involved in prescribing and administering medications in care homes

### Definition

A Monitored Dosage System (MDS) is a device or pack that assists with medication adherence. They are prepared by pharmacy professionals and medications from original packs (OPs) are dispensed into the MDS packs (1).

Original packs (OPs) are not dispensed in this way: the medicines are supplied to the patient in the original packaging with a patient-specific dispensing label attached which has the directions for taking the medication included.

### Background

There have long been concerns around the issues of patient safety and effectiveness relating to the use of MDS packs. This has led to guidance from the Specialist Pharmacy Service and Royal Pharmaceutical Society calling for the supply of medication in original packs to be promoted as the standard (2,3). The consequence of this may be that care homes may not be offered MDS packs in the long term and many care homes are already receiving medication in OPs.

### Aim of this document

- To provide guidance to support care home staff in administering medication safely when the provision of medication changes from MDS to original packs (OPs).
- To highlight issues to consider when care staff administer medications from OPs.

### Recommendations

- Care Home managers should ensure that there is a suitable training process for medication administration from OPs in place for all staff who give medicines.
- Care Home medication policies should be amended to reflect the change in processes.
- Further advice and support can be sought from the supplying pharmacy or the Care Home pharmacists within the BHFT Integrated Care Home Service.

### Process Recommendations

1. **Stock balance checks**
  - These can be done every 2 weeks as a matter of good practice (except for Controlled Drugs and some other medicines: see below) unless discrepancies are found, in which case, they should be done more frequently.

- They should also be done before the next cycle's order is done, to prevent over ordering and identify any discrepancies that may need to be resolved.
- Controlled Drugs should be stock counted each time they are administered to a resident.
- Certain other higher risk medicines should also be stock counted at each administration. Examples include: methotrexate, warfarin, insulin. This is to ensure that any errors are detected as soon as possible to reduce/prevent harm to the resident.
- If multiple packs of the same medication are supplied to a resident, only one pack should be opened at a time. The other boxes should remain sealed until they are needed. This will enable stock checking to be quicker, as the original full amount will still be in the unopened packs. The opened packs can be marked to help identify which pack(s) are opened/unopened.
- If a pack has multiple strips of medication, an elastic band can be used to separate the unused strips from that in current use, to aid with stock counting.
- Any excess stockholding (which should be kept to a minimum) should be included in the stock count.
- A consistent increase in the numbers of stock count discrepancies should be reported via the usual Safeguarding process in accordance with the Care Home's policy. Controlled Drug discrepancies should be reported to the local Controlled Drug Accountable Officer.

## **2. Calendar packs**

- If the OP is a calendar pack marked with the days of the week, administering staff should ensure that the correct day's blister(s) are given on the appropriate day of the week.
- If there is a discrepancy with the days of the week/blister not matching up, a stock count for that medication should be done to identify any potential error(s).

## **3. When required (PRN) medication**

- Any remaining PRN medication that has not reached its expiry date at the end of the medication cycle should be carried forward to the next cycle & the new MAR chart. updated with the stock count, including any stock remaining from previous cycle(s) that is still suitable for use. Do not reorder unless the remaining medication will not last until the end of the new cycle. This will reduce unnecessary medicines waste.

## **4. MAR chart stock balance**

- When the new cycle of medication arrives, each item must be checked against the MAR chart to ensure it is correct.
- Stock levels must be updated on the MAR chart. This should be done for all medications, including: PRNs, creams, eye/nose/eardrops, fridge items, patches, etc.

## References

1. PSNI Monitored Dosage Systems. <https://www.psni.org.uk/wp-content/uploads/2012/10/Consultation-on-Draft-Standards-for-the-Provision-Monitored-Dosage-Systems.pdf>
2. Oboh L. Supporting older people in the community to optimise their medicines including the use of multi compartment compliance aids (MCAs). Specialist Pharmacy Services 2015. 3. Royal Pharmaceutical Society.
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