



Free Papers Presentation

A Drug Safety Campaign to Make a Difference for Community Elderly Care

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Introduction:

Kwai Tsing (KT) and Tsuen Wan (TW) are two of the 18 Administrative Districts in Hong Kong SAR with 523,300 and 288,728 residents, respectively. There are 91 Old Aged Homes (OAH) providing 12,884 placements for elderly people in these areas. KT and TW started safe and healthy community projects and adopted the settings approach to enhance safe and healthy in the elderly homes (安健院舍) since year 2004. The programs were designed with standard criteria to ascertain a safety management structure in place, together with on-site assessment as part of the accreditation process. So far 22 elderly homes were accredited in KT and TW.

Purpose of the Project:

In 2008, with strong support from the Occupational Health and Safety Council (OSHC) and the Social Welfare Department, the Kwai Tsing Safe Community & Healthy City Association and the Tsuen Wan Safe and Healthy Community Steering Committee launched a 2-year Drug Safety Campaign for all elderly homes in KT and TW. The purposes are: (1) to establish a safety drug management system; (2) to provide up-to-date information on drug safety practices for OAH staff; and (3) to prevent drug incidents in the elderly homes.

Material & Methods:

To attract collaborative efforts, a Drug Safety Working Group was set up which composed of community nurses, geriatrician, pharmacists, OAH staff and community partners. The Campaign included: (1) community nurses and pharmacists collected baseline drug management practices in the elderly homes through self-assessment check list (appendix 1) and site inspection audits; (2) a launching ceremony to attract participation and awareness; (3) a tailored-made training programs with a photo guide and drug dispensing kits were provided to OAH staff by 1Q 2009; (4) a post-education audit with continuous review on drug incidents would be carried out by 4Q 2009.

Results:

There are 173 self-assessment results on drug management practices in 53 elderly homes in KT and 29 elderly homes in TW. The overall score is 45 over 50, ranging from 14 to 50. In addition to the site inspections, common problems were identified and some of them were critical points. They are: (1) improper drug storage – over stocking drugs and keeping them in a separated place without proper drug labeling; poor temperature control of the drug fridge because of no or non-functional thermometer; (2) incomplete drug record – for eye drugs, no labeling the name of the resident and the start date over the drug bottle; no record the drugs after follow up appointments in particular the drug route and the issuing institutions; no record of drug allergic history; no record filing the prescription of Chinese Medicine into residents' drug record.

Conclusions:

The Campaign is in progress. About 200 staffs were enrolled for the training on drug safety. The Working Group received positive feedback; and the community nurses witnessed an increase of staff awareness and changes of drug management practices in the elderly homes. The Campaign has demonstrated a bottom-up approach in promoting community health in addition to the formal health services organizations. With the total commitment and dedication of our community partners, we shall make a difference promoting safer and healthier elderly homes in KT and TW.