

Title: OMITTED AND DELAYED MEDICINES	
Reference no: 1831 Version 2 Standard Operating Procedure	
Prepared by: Paul Humphriss, Head of Medicines Management	
Presented to: Care & Clinical Policies Group	Date: 16 November 2016
Ratified by: Care & Clinical Policies Group	Date: 16 November 2016 – Agreed to extend for 3 months
	Review Date: 28 February 2018
Links to policies:	Registered Professional Medicines Policy and associated Standard Operating Procedures Injectable Medicines Policy and associated Standard Operating Procedures Consent Policy Medicines Policy for Skilled Not-Registered Staff Mental Capacity Act 2005

Purpose of this document

The purpose of this document is to provide a framework for staff employed by Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) in defining and taking the appropriate actions when medications prescribed to patients and clients in our care have been omitted and/or delayed.

Scope of this SOP

All staff involved in prescribing or administering medicines.

Patients and clients covered

All receiving care in TSDHCT.

1. **Background**

In February 2010 the National Patient Safety Agency (NPSA) issued a rapid response report (NPSA/2010/RRR009) 'Reducing harm from omitted and delayed medicines in hospital'.

The report identified that medicine doses are often omitted or delayed for a variety of reasons that could be clinically indicated but not in all circumstances. For a number of conditions or with specific medications, such omissions or delays can cause serious harm or death to patients.

TSDHCT has developed this Standard Operating Procedure to provide a framework for staff, employed by the organisation, to operate under and identify actions to be taken if a medication is omitted and/or delayed.

The NPSA report highlighted cases within the hospital setting but this SOP also relates to the community setting.

2. **Definition**

2.1. **Omitted Medicine** – this is where the medication has not been administered by the authorised person employed by TSDHCT in accordance with the Prescription.

2.1.1 An omitted Medicines is defined as:

- ∅ A medication, which has not been prescribed in a timely manner.
- ∅ Failure to administer a dose before the next dose is due. For once only/daily doses this would be within 2 hours of the dose being due.

2.1.2 **Delayed Medicine** – this is where the medication is not administered in accordance with the prescribing instructions.

2.1.3 A delayed medicine is defined as:

- ∅ Failure to administer the medication within 2 hours of the prescribed time.

2.2 There is an agreed critical list of medications where the omission and/or delay may cause the most harm to the patient. See APPENDIX 1.

3. **Prescribing**

3.1 Prescribers must ensure that medication doses are prescribed in a timely manner.

3.2 Prescribers must consider timing of doses when reconciling medications prior to prescribing.

- 3.3 Prescribers will complete the approved prescribing documentation including timing of doses on the Prescription and Medication Administration Record.
- 3.4 Medication prescribed 'As Required' must be prescribed indicating dose, indication, maximum frequency and minimum intervals.

4. Supply

- 4.1. Medicines management processes must be in place to ensure a timely supply of all medication. This will be achieved through the approved ordering system or via the FP10 route. For community hospitals, please also refer to guidance on APPENDIX 2 "Avoidance of medication omissions due to non-stock in community hospitals"
- 4.2. In a community hospital or residential units- Out of Hours guidance on ordering medication is contained within the relevant standing operating procedures.
- 4.3. In the Community Setting - where a dispensing doctor or pharmacy does not have the required stock to dispense the medication identified on the critical list, every effort must be made to source from an alternative supplier.
- 4.4. In all situations where supply issues have required discussion with the prescriber or other professional the outcome will be documented in the patient's clinical records.

5. Administration

- 5.1 In a Community Hospital or residential unit - If a prescribed medication is omitted / delayed the approved annotation must be entered in the Medication Administration Record and followed up in the omitted / delayed medication section of the Prescription and Medication Administration Record (in a community hospital) or care plan (in a residential unit) with the actions taken.
- 5.2 In the community setting any omitted / delayed medication will be entered on the approved documentation and/or in the patient's clinical records or care plan with the rationale for the omission and/or delay.
- 5.3 In all situations every effort must be made to ensure the medication is administered unless clinically indicated otherwise.
- 5.4 All staff administering medication will operate within their professional codes of practice and/ or in accordance with the organisational policies.

6. Incident Reporting

- 6.1 Incident reporting must be completed in line with the TSDHCT Incident Reporting Policy.
- 6.2 All omission / delays of medicines in the critical medicines list Appendix 1 of more than 2 hours must be reported via the incident reporting systems.
- 6.3 All omissions / delays of any medication of more than 24 hours must be reported via the incident reporting system.
- 6.4 Omitted / delayed medications incidents will be monitored through the Medicines Governance Group.

7. Audit and Sampling

- 7.1 An audit of Omitted/delayed medications will take place as agreed at the Effectiveness and Audit committee.
- 7.2 Community Hospital Matrons are responsible for undertaking weekly sampling data of omitted and delayed doses on their wards using the iCare sampling tool

Monitoring tool

Standards:

Item	%	Exceptions
Delayed doses	0%	nil
Omitted doses	0%	nil
Omitted doses of critical listed drugs	0%	nil

References:

National Patient Safety Agency (NPSA/2010/RRR009) 'Reducing Harm from Omitted and Delayed Medicines in Hospital'
Patient Safety First - The 'How to Guide' for Reducing Harm from High Risk' Medicines 2008

Amendment History

Issue	Status	Date	Reason for Change	Authorised
V 0.2	Amended	27/10/11	Updated to reflect health and social care trust	Paul Humphriss
V 1.0	Ratified	November 2011	Ratified	Care & Clinical Policies Sub Group
V 1.2	Amended	December 2013	Two year review of SOP	Paul Humphriss
V 2.0	Ratified	January 2014	Ratified	Care & Clinical Policies Group
V2	Published to ICON	29 April 2016		
V2	Ratified	2 December 2016	Review date extended for 3 months	Care and Clinical Policies Group

APPENDIX 1

CRITICAL MEDICINES LIST

The list of medications below has been agreed within the organisation as medications that could cause harm to patients if they are omitted or delayed.

This is not an exhaustive list and a clinical decision should be made on the potential harm, to a patient, if any medication is omitted or delayed.

This list will be reviewed in response to national and local incidents

Insulin

Anticoagulants

Parkinson's Disease Medicines

Anti-infectives

Anti-convulsants

Strong Analgesia (Opiates)

**All medicines prescribed and used in syringe pumps in End of Life
Care**

Emergency Medication (not in residential units / social care)

**IV Medications (not in learning disability residential units / social
care)**

**EMERGENCY MEDICINES LIST (not applicable in residential units
/ social care)**

Medicines which are administered in life threatening situations include:

Adrenaline 1:1,000 injection

Adrenaline 1:10,000 injection

Atropine 1mg injection

Chlorphenamine injection

Hydrocortisone injection

Glucagon injection

Glucose 50% injection

Naloxone injection

Flumazenil injection

Prochlorperazine injection

Appendix 2 Avoidance of medication omissions due to non-stock in community hospitals

Omission of medications due to non-stock is not acceptable and should be avoided where possible.

This can be minimised by following these main points

On admission:

- Ensure a good handover of patient's medication history and thorough medicines reconciliation.
- Arrange supply of medications from discharging hospital/patients home supply if the items are not stocked by the ward.

During admission:

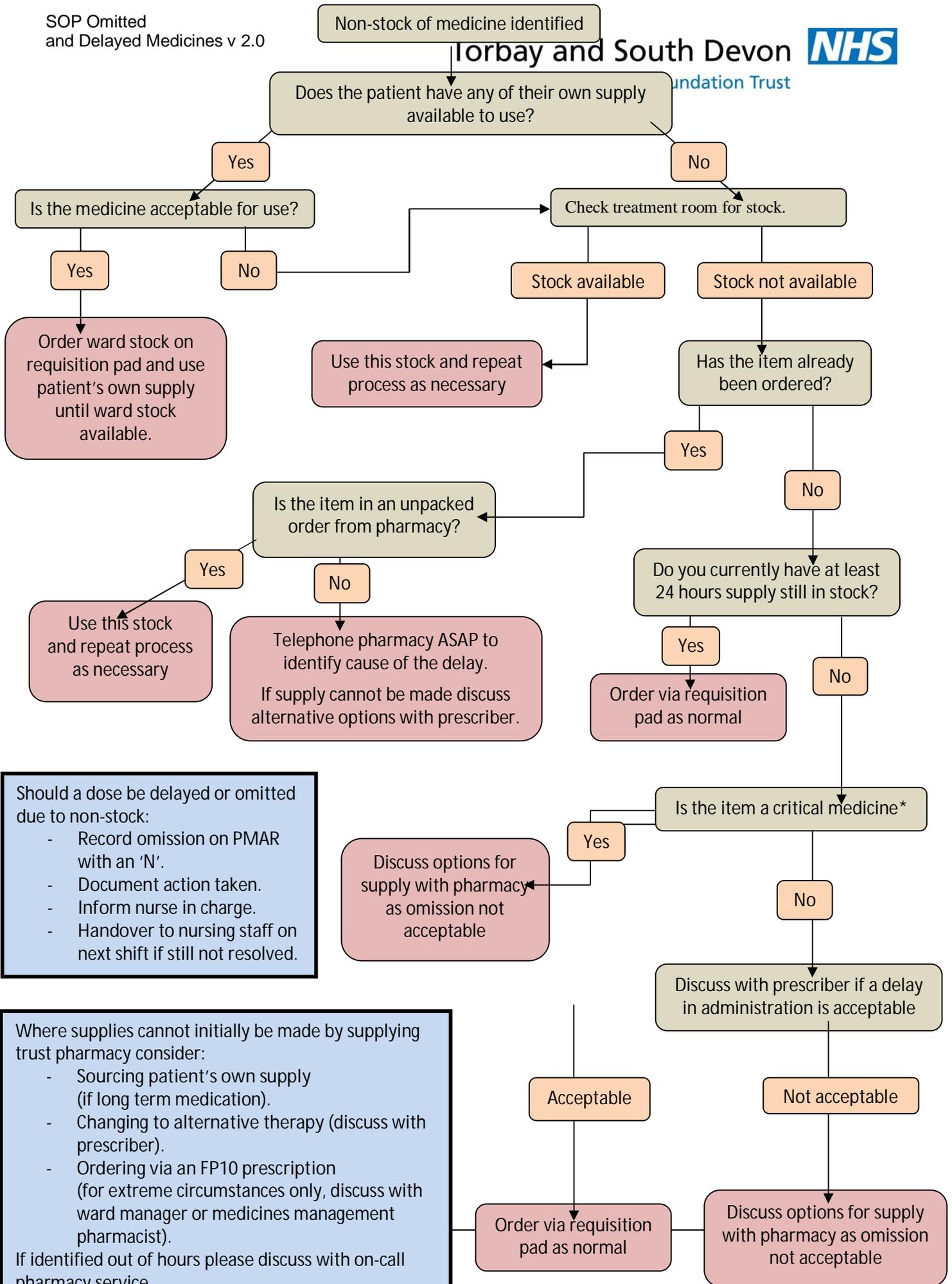
- Re-order items as soon as they become low, not when there is <24 hours supply left according to stock lists.
- Consult the prescriber if a delay in supply is likely to result in an omitted dose- they may prescribe an alternative (out of hours please contact on call pharmacy service).

All omission/delays of more than 24 hours must be reported via the incident reporting systems. For critical medicines* omissions/delays of more than 2 hours should be reported.

For further information please refer to the Omitted and Delayed Medicines SOP , available via care trust website.

The flow chart overleaf provides guidance of the best process to follow when an item is not available and should be displayed in treatment areas to guide practice.

* Medicines classed as critical include: Anticoagulants, Parkinson's Disease medicines, strong analgesia (opiates), anti-infectives, anti-convulsants, emergency medication IV medications and any medicine involved in syringe pump therapy



Should a dose be delayed or omitted due to non-stock:

- Record omission on PMAR with an 'N'.
- Document action taken.
- Inform nurse in charge.
- Handover to nursing staff on next shift if still not resolved.

Where supplies cannot initially be made by supplying trust pharmacy consider:

- Sourcing patient's own supply (if long term medication).
- Changing to alternative therapy (discuss with prescriber).
- Ordering via an FP10 prescription (for extreme circumstances only, discuss with ward manager or medicines management pharmacist).

If identified out of hours please discuss with on-call pharmacy service.

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.