



Medication Management Plan

Community – Bidyadanga

Clinic - Bidyadanga

Service Provider - KAMS

Medication Supply Point – KPS Broome

Purpose

This plan is designed to document how safe medication access and supply will be maintained to patients during COVID-19, where movement in community is restricted, or if required by clinic staff due to resourcing redeployment.

KAMS, member services and KPS are committed to providing safe ongoing supply of medicines for all patients. We are also committed to providing effective treatment for COVID-19 in all communities and settings.

Areas for planning include

- Ongoing chronic disease medicines
- Regularly administered injections
- Patients on critical and high-risk medicines
- Acute treatments for COVID-19
- Pharmacy support
- Logistics of safe supply
- Engagement of 3rd parties in medication delivery services

We acknowledge this document will require continual review and updating as patient and community needs change.

Ordering of Medicines from Pharmacy

Bulk Stock

Currently orders are weekly on Mondays – **change to weekly on Thursdays.**

Depending on accuracy of stock on hand, KPS can place the order remotely or staff can place order over the phone whilst reviewing the shelves and KPS can process the order on MMEx.

RDOs

Currently orders are weekly on Mondays - **change to weekly on Thursdays.**





MMEEx ordering for RDOs is time consuming and can be inaccurate. RDO orders can be placed using the Regular Medication Patient lists by circling the RDOs required and scanning and emailing to KPS. Particular attention needs to be paid to mental health depot patients, maintaining 2 months of injections in the clinic.

DAA's

Currently orders are weekly – **leave as weekly on Thursdays and maintain 4 weeks in stock for all patients.**

Depending on accuracy of stock on hand, KPS can place the order remotely or staff can place order over the phone whilst reviewing the shelves and KPS can process the order on MMEEx, or the Regular Medication Patient lists by circling the DAAs required and scanning and emailing to KPS.

Urgent requests

All clinic staff (including GPs) to order medications using MMEX message template so ordering does not fall to an individual staff member and there is a paper copy of all medication requests to meet the requirements for S100 supply.

Bulk stock changes

Additions to imprest

Budesonide 200mcg and 400mcg, and combination inhalers
 Budesonide 1mg nebs
 Dexamethasone 4mg tablets
 Additional S8 and S4R medicines

Increasing stock levels

Paracetamol 500mg tablets	200
Paracetamol 240mg/5mL oral suspension	150
Paracetamol infant drops	50
Ibuprofen 400mg tablets	60
Ibuprofen 200mg tablets	30
Ibuprofen 100mg/5mL oral suspension	30
ORS sachets	200
Salbutamol MDI	200
Pulmicort 200mcg turbuhaler	20
Pulmicort 400mcg turbuhaler	30
Symbicort 200/6 raphaler	10
Symbicort 400/12 turbuhaler	20
Loperamide 2mg caps (12s)	30
Vicks® VapoRub	50
Nicotine patches 21mg – PBS packs	20





Nicotine patches 21mg – PBS packs	10
Nicotine patches 21mg – PBS packs	5
Nicotine gum or Lozenge 2mg – PBS packs	5
Nicotine gum or lozenge 4mg – PBS packs	5
Lyclear®	150
Hedrin®	100
Ivermectin 3mg tablets (STOP trial and persistent scabies)	50
Trimethoprim + Sulfamethoxazole 160mg/800mg tablets	50
Trimethoprim + Sulfamethoxazole 40mg+200mg/5mL oral liquid	30
Cardboard spacers	150
Prednisolone 25mg tablets	20
Prednisolone 5mg tablets	10
Prednisolone 1mg/mL oral liquid	10
Dexamethasone 4mg tablets	5
Doxycycline 100mg tablets (7s)	30
Amoxicillin 500mg capsules	30
Amoxicillin/Clavulanic Acid 875mg/125mg tablets	30
Amoxicillin 250/5mL oral suspension	30
Amoxicillin/Clavulanic Acid 400mg+57mg/5mL oral suspension	30
Cefalexin 500mg capsules	15
Cefalexin 250/5mL oral suspension	15
Paliperidone/Aripiprazole/Olanzapine depot injections (currently prescribed strengths)	2
Olanzapine 5mg ODT	4
Olanzapine 10mg ODT	4
Chlorsig® eye drops	36
Benzathine penicillin 1.2mill units injection	6
Dulaglutide 1.5mg injection	6

Patients who currently collect regular medicines from the clinic

Well people should not be presenting to the health service for the purpose of medication supply or administration.

Currently most patients in Bidyadanga access 2 weeks of DAAs at a time. Where possible this should be maintained. RDOs are supplied as full boxes, usually 1 month at a time.

Refer to *Medication logistics (clinic to patient)* for access options.

Patients who have their regular medicines delivered by the clinic

Patients receiving medications regularly delivered should continue to do so, utilising the options in *Medication logistics (clinic to patient)* with consideration given to current community restrictions and safety.





Patients with regularly administered medicines

Well people should not be presenting to the health service for the purpose of medication supply or administration.

This includes RHD Benzathine Penicillin, Mircera®, medroxyprogesterone, mental health depots, weekly Dulaglutide or any other patients who present to the clinic regularly for clinic staff to administer their medication.

Option 1

Home visits by clinic staff in full PPE.

Option 2

Set days and times at the daycare where patients can attend for injections.

This will be determined by clinic management depending on the situation in the community with patient movement, number of cases and staff capacity.

Patients on critical medicines

KPS will add bulk stock of all critical medications for regular medication patients to clinic imprest for use if RDO or DAAs are not available to facilitate ongoing supply as labelled medication or in temporary DAAs. Once no longer required, this medication will be returned to KPS.

Patients requesting medications

Patient requests for medications (via phone, or in person to clinic, shop or office staff) will utilise the "Medication Request Form" to facilitate non-clinical staff collecting complete and correct information. This will reduce the need for clinic staff to contact the patient for more information and reduce the frequency of medication deliveries to each household.

Medication logistics (pharmacy to clinic)

KPS will maintain contactless supply. KAMS or Bidyadanga clinic staff collecting from KPS will collect from the rear door of the pharmacy.

KPS staff will provide contactless delivery services to Broome Aviation or Aviair when utilising clinic flights to reduce the risk to KAMS, clinic and KPS personnel.





Medication logistics (clinic to patient)

Patients currently collecting medications will need to access medications via the following options

1. Home delivery by clinic staff using the Bidyadanga Patients on Regular Medications List which includes RDO and DAA medicines. After delivery, the supply must be recorded in MMEx via the usual method.
2. Home delivery by **community staff** using the Bidyadanga Patients on Regular Medications list and 3rd party delivery log. Clinic staff complete the medications list and sign out medications to **community staff**. On delivery to the patient or patients house, the staff member records who the medications were given to (patient or family member) and sign to notate the medication supply. The lists are then returned to clinic staff via paper copies, fax or email. Clinic staff are then responsible for recording, the supply in MMEx via the usual method. These lists can be forwarded to KPS or KAMS if admin support is required.
3. Alternative medication collection point at the **HACC building / school building / office** (to be determined by community council) for well patients not required isolate and if movement around the community is safe. Set times each day will be decided to allow for clinic staffing and community communications. If supplying from an alternative location, medication supply will be recorded in MMEx at the time of collection as per usual clinic processes.

This will be determined by clinic management depending on the situation in the community with patient movement, number of cases and staff capacity.

Pharmacy support

KPS pharmacists will be available via email, MMEx, teams, phone and Zoom from 7am to 6pm, 7 days a week.

Medication supply resources

KPS will supply the following

1. Pre-written labels for all medications listed above to allow for medication supply to patients during ambulatory care home visits or from the red zones in clinics.
2. Medication information for patients
3. Dosage reference chart for all oral suspensions
4. SASA for Budesonide inhalers and Salbutamol MDI for COVID-19 positive patients





5. COVID home visit checklist
6. Regular Medication Patient List
7. 3Rd party medication delivery record forms
8. Policy for Medication Reviews and repeating scripts
9. Current list of regular medication patients and delivery lists
10. Patient Request for Medicines form

Home Haemodialysis Service

Confirm with Fresenius, at this stage no changes to patient management and medications will be provided as above.

