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**LEGISLATIVE COUNCIL
PANEL ON WELFARE SERVICES
AND PANEL ON HEALTH SERVICES**

Handling of drugs in residential care homes for the elderly

Purpose

A Hospital Authority's (HA) recent study survey shows that, on the basis of the data collected from public hospitals from July 2005 to March 2006, 51 individuals were admitted to hospitals during that period for reason of hypoglycaemia. 23 of them were suspected to have taken hypoglycaemic medication by mistake. Nine were elders in residential care homes for the elderly (RCHEs). This paper briefs Members on the follow-up actions taken by the Administration regarding the nine cases involving RCHEs, and the measures taken to enhance the capability of RCHEs in handling drugs.

Background

2. In 2005, a private medical practitioner mistakenly prescribed hypoglycaemic medication to patients. Following that incident, the Toxicology Reference Laboratory of the HA collected data from public hospitals on the number of cases involving hospital admission due to

hypoglycaemia from July 2005 to March 2006. 51 cases were identified. 23 individuals were suspected of taking hypoglycaemic medication by mistake. Nine of them were residents of nine RCHEs.

3. Upon being notified by HA of the aforementioned nine cases involving RCHEs in February/March this year, the Licensing Office of Residential Care Homes for the Elderly (LORCHE) of the Social Welfare Department (SWD) conducted investigations on the RCHEs.

4. One of the nine cases was known to SWD. SWD had completed the investigation and follow-up actions on the case in 2005. The incident occurred in August 2005, and involved an elderly resident of a RCHE being admitted to the Queen Elizabeth Hospital (QEH) in an unconscious state. The Community Geriatric Assessment Team (CGAT) of QEH alerted SWD of the case. Investigation by LORCHE confirmed that a staff in the RCHE concerned had mistakenly given the hypoglycaemic medication of another elder to the elder. LORCHE issued a warning letter to the RCHE in September 2005, instructing the RCHE to rectify and improve its procedures of handling drugs and the verification mechanism. Also, LORCHE reminded the Health Worker concerned in writing to discharge her duties diligently and in accordance with the requirements set out in the Code of Practice for Residential Care Homes (Elderly Persons) (Code of Practice). CGAT provided training to the RCHE to enhance the know how of its staff on drug safety and management. LORCHE conducted surprise inspections to the RCHE on a number of occasions after the incident. The latest one was in April this year. LORCHE observed that the RCHE had made improvements on various aspects of drug management.

5. For the other eight cases, LORCHE concluded after investigation

that it was not possible to confirm that the RCHEs concerned had mishandled the drugs of the elderly residents. That said, SWD has followed up with the Visiting Health Teams of the Department of Health (DH) to provide on-site training to the RCHE staff.

6. All of the nine elderly residents of the RCHEs have fully recovered.

Measures to strengthen the capability of RCHEs in drug handling

7. We place great emphasis on the awareness of RCHEs on drug safety and their capability in handling drugs properly. The Residential Care Homes (Elderly Persons) Regulation (Cap.459, sub leg) requires that all medicine and drugs should be kept in a secure place. The Code of Practice (October 2005 Revised Edition) further stipulates that medicine should be clearly labelled, kept in a safe and locked place, and dispensed to elderly residents by nurses or Health Workers (HWs) following the prescriptions and advice of registered medical practitioners.

8. Nurses and HWs are required to receive training on drug management. Apart from the regular surprise inspections, LORCHE conducts surprise inspections on top of regular ones upon receipt of complaints. The frequency of surprise inspections for RCHEs assessed to be of higher risks will be higher. Also, DH's Visiting Health Teams have been educating RCHEs on the basic knowledge of safe handling of drugs. To help RCHEs enhance their awareness of drug safety, and upgrade the capability of nurses and HWs in RCHEs in drug management, we have put in place the following measures:

- (a) SWD has revised the entry requirements and course contents of the curriculum for HWs. Starting from 1 April 2006, the minimum educational requirement for enrollees of the HW training courses has been raised from F.3 to F.5. The curriculum has also been beefed up, with the course contents and training hours on drug management enhanced (doubled from six hours in the past to 12 hours). Also, drug management has been made a compulsory examination subject;
- (b) to enhance the knowledge of HWs on medical terms and drug nomenclature, the Skills Upgrading Scheme for the elderly care services has launched a course on “Applied knowledge of medical terms and drug nomenclature” for serving HWs; and
- (c) to help RCHEs enhance their drug safety awareness, SWD, DH and HA formed an inter-departmental task group in early April this year to compile a “Working Guidelines for RCHE Staff – Drug Safety Protocol”. The guidelines were distributed to RCHEs in late April.

9. There has been a shortage of nurses in Hong Kong in recent years. RCHEs and the welfare sector have experienced difficulties in recruiting and retaining nursing staff. To alleviate the shortage of nurses in the welfare sector, SWD has commissioned HA to run a two-year Enrolled Nurse Training Programme (the Programme) for the welfare sector in March 2006 to provide 110 enrolled nurse (EN) training places. Tuition fees are fully subsidized by SWD. Graduates are required to work as ENs in the welfare sector for no less than two years upon completion of the course. In view of the continuing demand for ENs by the welfare sector,

SWD has commissioned HA to organise a second round of the Programme in November 2006, to provide another 110 EN training places. We believe that, upon graduation, the 220 ENs from the two rounds of the Programme will help alleviate the shortage of nurses in RCHEs.

Further measures

10. LORCHE will continue to closely monitor the drug management in RCHEs, in particular the nine RCHEs mentioned above. SWD may take further punitive actions against RCHEs which are found to have committed mistakes repeatedly, including prosecutions or refusal to renew the licence pursuant to the Residential Care Homes (Elderly Persons) Ordinance, or deregistration of HWs who have committed mistakes repeatedly. Also, LORCHE will continue to step up surprise inspections on RCHEs assessed to be of higher risks.

11. DH's Visiting Health Teams will continue to enhance the training and education of the staff and elderly residents of RCHEs on safe management of drugs. Also, they will step up education on drug handling for elders in the community and the general public.

12. SWD, DH and HA have further strengthened their notification and referral mechanism for problems in RCHEs, including the notification of elderly residents in RCHEs suspected to have taken improper medication by mistake.

13. The Health, Welfare and Food Bureau, SWD and DH will liaise with HA, the various associations representing the local pharmacist profession and the RCHE sector to explore possible means to enhance the

drug management capability and know-how of RCHEs.

Health, Welfare and Food Bureau

Social Welfare Department

Department of Health

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