

## Important news for GPs who see people with an intellectual disability

Did you know that 2% of the Tasmanian population have an intellectual disability?

All group homes who support people with intellectual disabilities are now run by non-government organisations (although funded by DHHS)

Staff from group homes will often bring patients from groups homes to see GPs for check ups (this is well funded if you use item 718 Health Assessment), or medication reviews.

The DHHS, Disability Services implemented the *Administration of Medication for People with Disabilities Receiving Community Based Disability Services Policy and Guidelines* in March 2008. The new Policy and Guidelines apply to any person receiving services from an organisation managed by Disability Services, and also to any service which is funded by Disability Services and managed by a non government organisation (NGOs) in a community- based setting.

These guidelines include a new simpler process for GPs to organise the dispensing of medication which largely avoids hand writing up drug charts. This process is outlined below:

### Responsibility of GPs

Medication for people with intellectual disabilities who are being cared for in supported accommodation facilities need to be organised by the GP in the following way:

1. GP writes script (s) and prints out & signs medication summary list from computer software. A copy of this medication list is also given to the Support Workers. This is recommended to be done every 3 months or more often if changes are made.
2. Medication summary list faxed or sent by the GP to the nominated pharmacy
3. Pharmacy dispenses tablets into a Secure Dose Administration Aid (SDAA).
4. Pharmacy prints a Signing Sheet and Administration Record to go with the SDAA.
5. Disability Support Workers administer what is in the SDAA and signs the Signing Sheet and Administration Record to confirm that they have simply given the contents of each designated blister.
6. Any regular liquid, inhaled device or cream or prn tablet or other formulation needs which do not go in a SDAA are to be written up on Medication Administration Drug Chart.
7. Where SDAA are not used the GP will also be required to write up each medication the client is required to take on the Medication Administration Drug Chart.
8. When GPs fill out the Medication Administration Drug Sheet they are required to complete the client details, generic name, trade name, commence date, cease date, dose, frequency as well as complete the month and times the medication is to be administered, sign and date the Drug Chart. Electronic template versions of this Drug Sheet for MD, Best Practice or MedTec32 are available on the gpsouth web site <http://www.gpsouth.com.au/psupport.html>

For more information contact Robyn McWaldron (DHHS) Tel 6233 4062 or Dr Nick Cooling Tel 62781551