SHPA submission to Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard Consultation, May 2023

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA convenes a Mental Health Specialty Practice Group, comprising of a network of SHPA members who work in mental health units and any inpatient, outpatient, ambulatory or primary care settings where patients of any age with mental health conditions, receive pharmacy services. SHPA also convenes a Geriatric Medicine Specialty Practice Group comprising of a network of SHPA members who provide pharmacy services to older patients in a range of settings: acute medical and surgical units, subacute aged care, rehabilitation, residential aged care and other inpatient, outpatient, ambulatory or primary care settings. It also includes members who are involved in geriatric medicine teaching and research.

Members across both streams have experience in the use of psychotropic medicines in cognitive disability or impairment. SHPA is pleased to see references made in this Clinical Care Standard to SHPA's Standards of Practice for Clinical Pharmacy Services[1] and associated considerations at transitions of care. SHPA therefore welcomes the opportunity to provide feedback to the draft Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.

Questions about Quality Statements and Indicators (Questions 1 and 2)

Quality Statement 1. Person- and family-centred care

A person receives healthcare that is driven by their individual preferences, needs and values, and upholds their personal dignity, and human and legal rights. The person and their family are supported to be active participants and make informed choices about their care.

Does the quality statement adequately describe the quality of care that should be provided?

Yes, the quality statement adequately describes the quality of care that should be provided, by ensuring that the person and their family are involved in decisions around their care and treatment. This treatment also considers their own preferences and receiving information about their treatment options can assist in making informed decisions.

How could the quality statement be improved?

The quality statement could also make reference to empowering people and their family or carers in being active participants in their own treatment.

Quality Statement 2. Informed consent for psychotropic medicine

If a psychotropic medicine is being considered, the person and their family are informed about the reason for prescribing, and its potential benefits and harms. Where use of psychotropic medicine is agreed, informed consent is obtained and documented before use. If the person's decision-making capacity is impaired,

processes for supported decision making, proxy consent or exemptions under relevant legislation are followed as appropriate.

Does the quality statement adequately describe the quality of care that should be provided?

Yes, the quality statement adequately describes the quality of care that should be provided by ensuring that the person and their family are fully informed about the reasons, expectations around treatment and adverse effects that could occur. Without this, informed consent cannot be truly elicited.

How could the quality statement be improved?

Consideration of the terminology 'carer' may be preferable to 'family', as they may not necessarily be family, however, can equally assist in supported decision-making.

Indicator 2a. *Proportion of people with cognitive disability or impairment prescribed a psychotropic medicine whose informed consent was obtained and documented before the initiation of the medicine.*

Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities?

Yes, the proposed indicator would capture the information required.

How could the indicator(s) be improved?

No comment.

Quality Statement 3. Assessing a person with behaviours of concern

A person who develops unexpected changes in behaviour is assessed for immediate risks to their safety and that of those around them. When safe to do so, a systematic assessment is undertaken to identify factors that may be contributing to the behaviour, which takes into account any existing plans to support the person's care, and others who know the person.

Does the quality statement adequately describe the quality of care that should be provided?

Yes, the quality statement adequately describes the quality of care that should be provided by ensuring a structured assessment takes place. This may include taking a full medication history.

How could the quality statement be improved?

The explanation provided in the Clinical Care Standard under quality statement 3 should mention wider members of the multidisciplinary team. This may include a pharmacist taking a full medication history and confirming which medicines not only being prescribed for the person, but which medicines are being currently taken by the person.

Indicator 3a. *Evidence of a locally approved policy to ensure a person with cognitive disability or impairment who develops unexpected changes in behaviour is safely and appropriately assessed to identify factors that may be contributing to the behaviour. The policy should specify the:*

- *Procedures to support reasonable adjustments for people with cognitive disability or impairment to facilitate their involvement in the assessment process*
- *Process to involve the person's family or support people*
- *Process to use the person's existing care or support plans, including their behaviour support plan*
- *Systems to support appropriate, structured assessment that considers possible clinical, psychosocial and environmental causes for a person's behaviour*
- *Process to ensure clinicians and relevant staff are trained in the potential causes of 22 behaviours in people with cognitive disability or impairment, including training in trauma-informed care*

- *The information and findings from the structured assessment that must be 25 documented in the person's healthcare record, and*
- *Process to assess adherence to the policy.*

Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities?

Yes, the proposed indicator would capture the information required.

How could the indicator(s) be improved?

The policy should also specify the review of current medication regime that could be contributing to the current clinical presentation.

Quality Statement 4. Non-drug strategies

Non-drug strategies are used first-line when responding to behaviours of concern and as the mainstay of care to prevent recurrence, regardless of whether medicines are used. The choice of strategies is individualised to the person's preferences, the situation, and underlying causes for the behaviour, and they are documented in a place that is accessible to all of those involved in their care.

Does the quality statement adequately describe the quality of care that should be provided?

Yes, the quality statement adequately describes the quality of care that should be provided by ensuring that non-pharmacological strategies have and are being utilised in response to behaviours of concern.

How could the quality statement be improved?

SHPA suggests the preferred term 'non-pharmacological' is used rather than 'non-drug' strategy, as the term may be confused with illicit drugs.

Indicator 4a. *Evidence of local arrangements to ensure people with cognitive impairment or disability are offered tailored non-drug strategies to prevent and manage behaviours of concern. The arrangements should specify the process to:*

- *Select and implement individualised non-drug strategies, in partnership/consultation with the person, their family and care providers*
- *Monitor and document the person's response to the strategies in their healthcare record and behaviour support plan, if they have one*
- *Ensure the workforce is trained in the use of non-drug strategies and know the range of strategies that can be implemented locally*
- *Assess adherence to the arrangements.*

Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities?

Yes, the proposed indicator would capture the information required.

How could the indicator(s) be improved?

No comment.

Quality Statement 5. Behaviour support plans

If a person has a behaviour support plan, it is used to guide their health care. The person's response to the plan, including any use of psychotropic medicine, is continually monitored, documented, and communicated to inform regular updates to the plan.

Does the quality statement adequately describe the quality of care that should be provided?

Yes, the quality statement adequately describes the quality of care that should be provided by ensuring that treatment is continually evolving with the needs and wants of the person.

How could the quality statement be improved?

The quality statement could be improved by indicating who the plan is communicated to i.e. primary care team such as GP and community pharmacist as well as to the person and their carers.

Indicator 5a. *Evidence of a locally approved policy to ensure a person's behaviour support plan is used to guide their healthcare. The policy should specify the:*

- *Protocol to identify people with cognitive disability or impairment who have an existing behaviour support plan*
- *Process to ensure the behaviour support plan is available to their clinicians*
- *Process to support clinicians to consider a person's behaviour support plan when providing healthcare to the person*
- *Requirements for clinicians to document and communicate information relevant to inform updates to a behaviour support plan, and*
- *Process to evaluate adherence to the policy.*

Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities?

Yes, the proposed indicator would capture the information required.

How could the indicator(s) be improved?

The indicator does not specify storage of the plan and how governance will be maintained, noting that there may be a centralised place to store the support plan in electronic medical systems which can be continually updated and shared easily.

Quality Statement 6. Appropriate reasons for prescribing psychotropic medicine

Psychotropic medicine is considered in response to behaviours of concern only when there is a significant risk of harm to the person or others, or the person is in severe distress and non-drug strategies are not effective. Psychotropic medicine is also appropriate for treating a diagnosed medical condition, or as a time-limited trial when a diagnosis cannot be made with certainty, but is likely following a documented clinical assessment. The reason for use is documented in the person's healthcare record at the time of prescribing.

Does the quality statement adequately describe the quality of care that should be provided?

Yes, the quality statement adequately describes the quality of care that should be provided by ensuring that people are only prescribed psychotropic medicines when there is a clear indication with reasons clearly documented.

How could the quality statement be improved?

It may be important to note that some consumers may also choose psychotropic medicines as part of their support plan for behaviours of concern.

Indicator 6a. *Proportion of people with cognitive disability or impairment prescribed a psychotropic medicine where the reason for prescribing the medicine was documented in their healthcare record.*

Indicator 6b. *Proportion of people with cognitive disability or impairment prescribed a psychotropic medicine for behaviours of concern who had a structured assessment to identify factors that may be contributing to the behaviours.*

Indicator 6c. *Proportion of people with cognitive disability or impairment prescribed a psychotropic medicine for behaviours of concern who were also receiving non-drug strategies.*

Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities?

Yes, the proposed indicators would capture the information required.

How could the indicator(s) be improved?

No comment.

Quality Statement 7. Monitoring, review and deprescribing of psychotropic medicine

A person's response to psychotropic medicine is regularly monitored and reviewed to identify the benefits and harms of prescribing, and consideration of dose alteration or deprescribing. The results are documented in the person's healthcare record, along with the timing of the next review.

Does the quality statement adequately describe the quality of care that should be provided?

Yes, the quality statement adequately describes the quality of care that should be provided by ensuring that psychotropic medicines are not continued for prolonged periods without regular review and justification for their indication.

How could the quality statement be improved?

The indicator lacks clarity on whose responsibility it is to regularly monitor psychotropic medicine treatment. SHPA believes that is the responsibility of the multidisciplinary team within hospital settings, including hospital pharmacists, with communication channels being open with primary care providers to communicate any changes and monitoring required.

Indicator 7a. *Proportion of people with cognitive disability or impairment prescribed a psychotropic medicine with documentation in their healthcare record that specifies the:*

- *Expected duration of treatment with the psychotropic medicine*
- *Date of next review to monitor the patient's response and expected frequency of review.*

Indicator 7b. *Proportion of people with cognitive disability or impairment prescribed a psychotropic medicine for behaviours of concern where the outcomes of the assessments of their response to the medicine are documented in their healthcare at each medicine review.*

Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities?

Yes, the proposed indicators would capture the information required.

How could the indicator(s) be improved?

No comment.

Quality Statement 8. Information sharing and communication at transfers of care

When the healthcare of a person is transferred, information about their ongoing needs is shared with the person, those who support them, and relevant healthcare and service providers who are responsible for continuing the person's care. This includes information about their medicines, and any plans to support their behaviour. Where psychotropic medicine is prescribed, the reason for use, the intended duration, timing of last administration and plans for review are documented and communicated.

Does the quality statement adequately describe the quality of care that should be provided?

Yes, the quality statement adequately describes the quality of care that should be provided.

How could the quality statement be improved?

No comment.

Indicator 8a. *Evidence of a locally approved policy to support the transfer of care of people with cognitive disability or impairment prescribed a psychotropic medicine for behaviours of concern. The policy should specify the:*

- *Healthcare and behaviour support information to be provided during transitions of care*
- *Requirement to maintain an up-to-date record of the person's general practitioner, Aboriginal Medical Service and other care providers*
- *Process to ensure the information transitions with the person between care settings*
- *Process to ensure the workforce is informed and competent in the use of the policy ,and*
- *Process to assess adherence to the policy.*

Indicator 8b. *Proportion of people with cognitive disability or impairment prescribed psychotropic medicine for behaviours of concern where information about their psychotropic medication was given to the person or those who support them prior to their health care being transferred.*

Indicator 8c. *Proportion of patients with cognitive disability or impairment prescribed a psychotropic medicine for behaviours of concern separated from hospital whose discharge information was sent to their general practitioner, Aboriginal Medical Service or other clinician responsible for their care on separation.*

Indicator 8d. *Proportion of patients with cognitive disability or impairment prescribed a psychotropic medicine for behaviours of concern separated from hospital whose discharge information was sent to their aged care provider or disability service provider on separation.*

Do the proposed indicator(s) capture information that can be used to support local clinical quality improvement activities?

Yes, the proposed indicators would capture the information required.

How could the indicator(s) be improved?

Discharge information could be clarified to include discharge summary and any associated changes to prescribed medicines.

Questions about the clinical care standard

3.The quality statements focus on areas identified by the Commission as being a priority for quality improvement. Are there additional areas or aspects of care that should be included?

a. If so, please provide further detail.

Quality indicators could incorporate those recommended in the acute mental health care section of the National Quality Use of Medicines (QUM) Indicators for Australian Hospitals.[2] This could include:

For Quality Statement 2:

- Percentage of patients who receive written and verbal information on regular psychotropic medicines initiated during their admission (National QUM indicator 7.3)

For Quality Statement 7:

- Percentage of patients taking antipsychotic medicines who receive appropriate monitoring for the development of metabolic side effects (National QUM indicator 7.4).

- Percentage of patients prescribed two or more regular antipsychotic medicines at hospital discharge (National QUM indicator 7.5).

4. Are you aware of any current or planned initiatives that could support implementation of this clinical care standard?

a. If so, please provide further detail.

Reference to SHPA's Standards of Practice for Mental Health Pharmacy Services[3] (*currently being updated*) and Geriatric Medicine and Aged Care Clinical Pharmacy Services Position Statement[4] would support the principles in psychotropic medicine prescribing and associated considerations. SHPA anticipates that recommendations from both are implemented to support this Clinical Care Standard.

Recommendations in the Geriatric Medicine and Aged Care Clinical Pharmacy Services Position Statement include implementation of Psychotropic Stewardship programs involving Geriatric Medicine Pharmacists in all hospitals and aged care settings. Clinical pharmacists with specific mental health or geriatric medicine knowledge and expertise known as Mental Health Pharmacists or Geriatric Medicine Pharmacists, are uniquely positioned to determine whether antipsychotic medication prescribing is appropriate and in accordance with clinical practice guidelines and thus, are able to determine if they are being used therapeutically or for chemical restraint.[4]

Psychotropic Stewardship programs are an effective strategy for supporting people at risk of harms associated with the inappropriate use of antipsychotics. Psychotropic Stewardship programs involving Geriatric Medicine Pharmacists, incorporate coordinated interventions to improve, monitor and evaluate the use of antipsychotics in older patients, along with development of psychotropic medication management policies and guidelines.[5]

Hospital admissions can trigger initiation of antipsychotic medications that are intended to be utilised short-term, but which may be continued unnecessarily when the individual returns home or to a RACF. Therefore, Psychotropic Stewardship services should be implanted more broadly in hospitals and in aged care settings. Geriatric Medicine Pharmacists embedded in hospital and aged care Psychotropic Stewardship programs, play a significant part in minimising chemical restraint through regular audits and quality improvement activities as part of their Quality Use of Medicines (QUM) role at a facility level.

Questions about cultural safety and equity considerations

5. Do you agree with the suggestions relating to cultural safety and equity?

a. If not, how could this be improved?

SHPA agrees with the suggestions relating to cultural safety and equity. However, this should also consider access to interpreters and medicines information in other languages, to ensure that people can make truly informed decisions around their treatment.

Questions about the supporting resources

6. Is the Consumer Guide useful?

Yes, the Consumer Guide clearly outlines the Clinical Care Standard using plain language as well as outlining concisely what the Quality Statements mean for them.

a. If not, how could this resource be improved?

No comment.

7. Is the Easy Read Consumer Guide resource useful?

Yes, the Easy Read Consumer Guide is clear, concise and in plain language.

a. If not, how could this resource be improved?

No comment.

References

[1] SHPA Committee of Specialty Practice in Clinical Pharmacy. (2013). SHPA Standards of Practice for Clinical Pharmacy Services. Journal of Pharmacy Practice & Research, 43(No. 2 Supplement), S1-69.
[2] Australian Commission on Safety and Quality in Health Care and NSW Therapeutic Advisory Group Inc. (2014), National Quality Use of Medicines Indicators for Australian Hospitals. ACSQHC, Sydney.
[3] The Society of Hospital Pharmacists Australia. (2012). Standards of Practice for Mental Health Pharmacy Services. *Currently being updated*
[4] The Society of Hospital Pharmacists Australia. (2021). Geriatric Medicine and Aged Care Clinical Pharmacy Services Position Statement. Available at: https://shpa.org.au/publicassets/c42dc71d-2d54-ed11-910e-00505696223b/Geriatric-Medicine-Outreach-Pharmacist-Services.pdf?a978b757-d66a-ed11-9112-00505696223b
[5] Pellicano, O.A, Tong, E., Yip, G., Monk, L., Loh, X., Ananda-Rajah, M., Dooley, M. Geriatric Psychotropic Stewardship Team to de-escalate inappropriate psychotropic medications in general medicine inpatients: An evaluation. Australas J Ageing 2018; 37(2): E37–E41.