

SHPA's response to the National Quality Use of Medicines Publication: Guiding Principles for medication management in Residential Aged Care Facilities

Updating the Guiding principles for medication management in RACFs

Guiding Principle 1 (GP 1): Medication Advisory Committee

- 1. Recommendation 1:**
Agree.
- 2. Recommendation 2a:**
Agree.
- 3. Recommendation 2b:**
Agree.

Guiding Principle 2 (GP 2): Information Resources

- 4. Recommendation 1:**
Agree.
- 5. Recommendation 2:**
Agree.
- 6. Recommendation 3:**
Agree.
- 7. Recommendation 4:**
Agree.
- 8. Recommendation 5:**
Agree.
- 9. Recommendation 2:**
Agree.

Guiding Principle 3 (GP 3): Selection of Medicines

- 10. Recommendation 1:**
Agree.
- 11. Recommendation 2:**
Agree.
- 12. Recommendation 3:**
Agree.

Guiding Principle 4 (GP 4): Complementary, alternative and self-selected non-prescription medicines

- 13. Recommendation 1:**
Agree.
- 14. Recommendation 2:**
Agree.

Guiding Principle 5 (GP 5): Nurse-initiated non-prescription medicines

15. Recommendation 1:

Agree.

16. Recommendation 2:

Agree.

Guiding Principle 6 (GP 6): Standing Orders

17. Recommendation 1:

Agree.

Guiding Principle 7 (GP 7): Medication Charts

18. Recommendation 1:

Agree.

19. Recommendation 2:

Disagree.

SHPA members believe the term 'documentation of medication management' is too broad and too far removed from standard terminology used in practice which includes, medication charts, medication administration records, signing sheets etc. SHPA suggests renaming GP 7 as 'Electronic and paper-based medication charts and administration records.'

SHPA notes that Interim Residential Care Medication Administration Charts (IRCMACs) are not mentioned in the *Updating National Quality Use of Medicines Publications* consultation paper, although included under GP 7 of the 2012 version of the *Guiding principles for medication management in residential aged care facilities*. SHPA is concerned that the 'Continuity of Medication Supply' section of the consultation document mistakenly claims that the purpose of the IRCMAC is 'to facilitate medication supply' and that this will no longer be required with the advent of electronic prescribing and the Electronic National Residential Medication Chart (eNRMC). The purpose of the IRCMAC is in fact to facilitate timely and safe medication administration, not supply.

Whilst the eNRMC may reduce delays between arrival at a Residential Aged Care Facility (RACF) and updating of the RACF's medication chart for some patients, they will not eliminate them, especially if patients are transitioning after hours or over the weekend. It is essential that all patients have an up-to-date medication chart available upon arrival to the RACF in order to receive timely medications such as analgesia, antibiotics, Parkinson's medications etc. General practitioners are busy and will not be available 24/7 to edit medication charts, even if this can occur remotely via electronic prescribing. For patients who are new to a RACF, they may not yet have a general practitioner allocated to them, and many RACFs have policies in place that require a general practitioner to attend in order to 'admit' the patient which is likely to happen before a medication chart can be prepared.

The universal use of Interim Medication Administration Charts for all transitions of care between hospitals and aged care settings is one of the five priorities identified by SHPA in our recently published *Geriatric Medicine and Aged Care Clinical Pharmacy Services* position statement. It is an important means for achieving better health outcomes for older people by mitigating the risks of medication-related harms and inappropriate use of medications.



Guiding Principle 8 (GP 8): Medication Review and Medication Reconciliation

20. Recommendation 1:

Agree.

21. Recommendation 2:

Agree.

22. Recommendation 3:

Agree.

Guiding Principle 9 (GP 9): Continuity of Medicines Supply

23. Recommendation 1:

Agree.

Guiding Principle 10 (GP 10): Emergency Stock of Medicines

24. Recommendation 1:

Agree.

Guiding Principle 11 (GP 11): Storage of Medicines

25. Recommendation 1:

Agree.

Guiding Principle 12 (GP 12): Disposal of Medicines

26. Recommendation 1:

Agree.

Guiding Principle 13 (GP 13): Self-administration of Medicines

27. Recommendation 1:

Agree.

Guiding Principle 14 (GP 14): Administration of Medicines by RACF Staff

28. Recommendation 1:

Agree.

Guiding Principle 15 (GP 15): Dose Administration Aids

29. Recommendation 1a:

Disagree.

SHPA agrees with this recommendation in principle, however have the following comments to make. Whilst greater emphasis and more information should be included on the need for medication reconciliation prior to Dose Administration Aid (DAA) packing for the first time, and after changes to medicines or hospital admission, SHPA also recommends that medication reconciliation is encouraged to take place at regular intervals e.g., fortnightly. This is important as there are times when changes are made on the RACF chart that are not communicated to the pharmacy packing the DAA.

30. Recommendation 1b:

Agree.



31. Recommendation 1c:

Disagree.

SHPA agrees with this recommendation in principle, however have the following comments to make. Whilst greater emphasis and more information should be included in GP 15 on the monitoring and follow up of people using DAAs, and how to identify and manage medicines packed in a DAA during acute illness per GP 13 and GP 14, SHPA also recommends that information is included on how to manage medicines during transitions of care from hospital when patients are using DAAs. Changes that occur to a patient's medications in hospital, even if minor, render the whole DAA unusable, and as noted in the consultation paper, it can take time for a new DAA to be prepared, especially if the DAA packing is outsourced, negatively impacting on continuity of medication administration.

Guiding Principle 16 (GP 16): Alteration of Oral Dose Forms

32. Recommendation 1a:

Agree.

33. Recommendation 1b:

Agree.

34. Recommendation 2:

Agree.

Guiding Principle 17 (GP 17): Evaluation of Medication Management

35. Recommendation 1:

Agree.

36. Recommendation 2:

Agree.

Proposed New Guiding Principles

New GP focused on person-centred care

37. Recommendation 1:

Agree.

New GP focused on communication

38. Recommendation 1:

Agree.

Purpose and Scope

39. Please include your comments on whether the current purpose and scope of the Guiding principles for medication management in residential aged care facilities need to alter in any way, why and what change(s) you would suggest:

Nil

Additional Questions

40. Are all the current guiding principles still relevant to medication management within the existing Guiding principles for medication management in residential aged care facilities?

Yes.



41. Are there any gaps or additional GPs that should be included in the updated Guiding principles for medication management in residential aged care facilities?

Yes. SHPA strongly recommends a new GP addressing the continuity of care during transitions in and out of hospital. Older people are the most frequent users of health services, and their transitions of care are complex and high-risk.

Whilst SHPA understands that the *Guiding principles to achieve continuity of in medication management* are also being reviewed, we believe that the issues facing the transitions of care in aged care are different and need to be addressed in a GP within the *Guiding principles for medication management in residential aged care facilities*. This proposed GP would discuss both IRCMACs and medication supply issues during transitions of care between hospitals and RACFs. Noting that both these points are touched on in the 2012 version of the *Guiding principles for medication management in residential aged care facilities*, and in the updates proposed in this consultation paper, they however have low prominence and visibility, lacking specific guidance.

The lack of a dedicated GP addressing the importance of IRCMACs in the transitions of care between hospitals and RACFS, is one of the important limiting factors to their broader adoption across aged care facilities. RACFs do not have the confidence to implement changes to their internal policies and procedures that prevent them from utilising IRCMACs without a specific GP to support their use. SHPA therefore believes, that a stand-alone GP would ensure greater focused is placed on these issues and would encourage RACFs, general practitioners and pharmacists to implement policies and procedures that address these problems.

42. Apart from those already identified, could some of the other GPs on similar topics be 'grouped together' when updating Guiding principles for medication management in residential aged care facilities?

No.

43. Are you satisfied that the areas of importance or increased emphasis in medication management that have been identified, will be incorporated into the GPs as proposed, in updating Guiding principles for medication management in residential aged care facilities, in a way that meets your needs?

Nil.

44. Please provide details of any resource(s) or guidance materials that should be referred to or included when updating the Guiding principles for medication management in residential aged care facilities. (This could be in the form of resource titles; reference; website links; case studies; tools; exemplar/new models of practice/care.)

- Society of Hospital Pharmacists of Australia. Position Statement: Geriatric Medicine and Aged Care Clinical Pharmacy Services. Version 1. Melbourne. SHPA 2021
- Elliott RA, Boutris Y, Tran T, Taylor S. A prospective study of medication management during transitions from hospital to residential care: a 10-year follow-up to the MedGap study. *Journal of Pharmacy Practice & Research* 2020; 40: 308-15
- Elliott RA, Tran T, Taylor SE. Wastage of medications supplied by hospitals to facilitate continuity of care when patients are discharged to residential care facilities in Victoria, Australia: An observational study. *Australasian Journal on Ageing* 2021; 40: 323-7
- Elliott RA. Appropriate use of dose administration aids. *Australian Prescriber* 2014; 37: 46-50.



- Elliott RA, Taylor SE, Harvey PA, Belfrage MK, Jennings RJ, Marriott JL. Impact of a pharmacist-prepared interim residential care medication administration chart on gaps in continuity of medication management after discharge from hospital to residential care: a prospective pre- and post-intervention study (MedGap Study). *BMJ Open* 2012 (25 May); 2(3): e000918.

45. Does the format of the existing Guiding principles for medication management in residential aged care facilities meets your needs?

Yes.

