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An Australian Government Initiative

Medication Management and Safety

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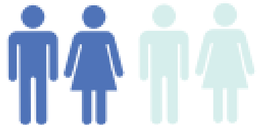
Medication Safety - The Statistics

- 2023 data suggests around 250,000 hospital admission each year are medication related (ACSQHC)
  - The main contributing factors are medication errors, poor medication management, patient non-adherence.
- For perspective, in 2024, there were 223,000 operational places allocated to residential care in Australia
- 2/3 could be avoided.
- 25% readmission rate 30 days post discharge (MJA)

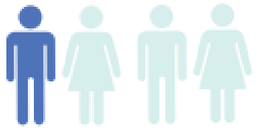
MEDICINE SAFETY IN **AGED CARE**

One fifth of people living in aged care are on antipsychotics; more than half use the medicine for too long.



50% of people with dementia are taking medicines with anticholinergic properties, which can worsen confusion and other symptoms of dementia.

Over 95% of people living in aged care facilities have at least one problem with their medicines detected at the time of a medicines review; most have three problems.



One in four people are having their medicines crushed or altered when they shouldn't be.

One in five unplanned hospital admissions among people living in aged care facilities are a result of taking medicines generally considered inappropriate for older people.

40% to 50% of people living in aged care are on medicines that have the potential to cause sedation or confusion.

Pharmaceutical Society of Australia (PSA), 2020

Key Strategies for Improving Medication Safety

- Education and training
- eNRMC systems
- Medication Management Process
- Addressing polypharmacy
- On-site Pharmacists

Education and Training

Regular education for doctors, nurses, aged care workers on medication management is vital.

- Doctors - Prescribing guidelines and aged care practice recommendations
- Nurses – medication administration (the rights), high risk medications, medication formulations and storage
- Aged Care Workers – medication safety, medication administration (the rights)

Resident and family education is also significantly important.

- Falls prevention
- Medication administration on social leave
- What to expect from new or ceased medicines

Education and Training

- Who can provide this education?
  - Pharmacists – QUM provider
    - Education portal and competencies
    - Monthly to Quarterly in person sessions
  - Pharmacists – Supply pharmacy
  - Pharmacists – On-site Pharmacist
    - Daily to Weekly access to in person education
    - Resident counselling on specific medications

Nurse educators

Electronic National Residential Medication Chart (eNMRC)

The source of truth for a resident's medication profile for administration and supply

Benefits (*the aim*)

- Decreasing medication safety risks, such as inconsistencies between prescriber records and paper medication charts.
- Increasing visibility of residents' medication record for prescribers, pharmacists and aged care staff.
- Timely provision of medications.
- Alerts to advise allergies or medication interactions, and reminders of new prescriptions or follow up consultations.
- Reducing administration burden for aged care providers, prescribers and pharmacists.

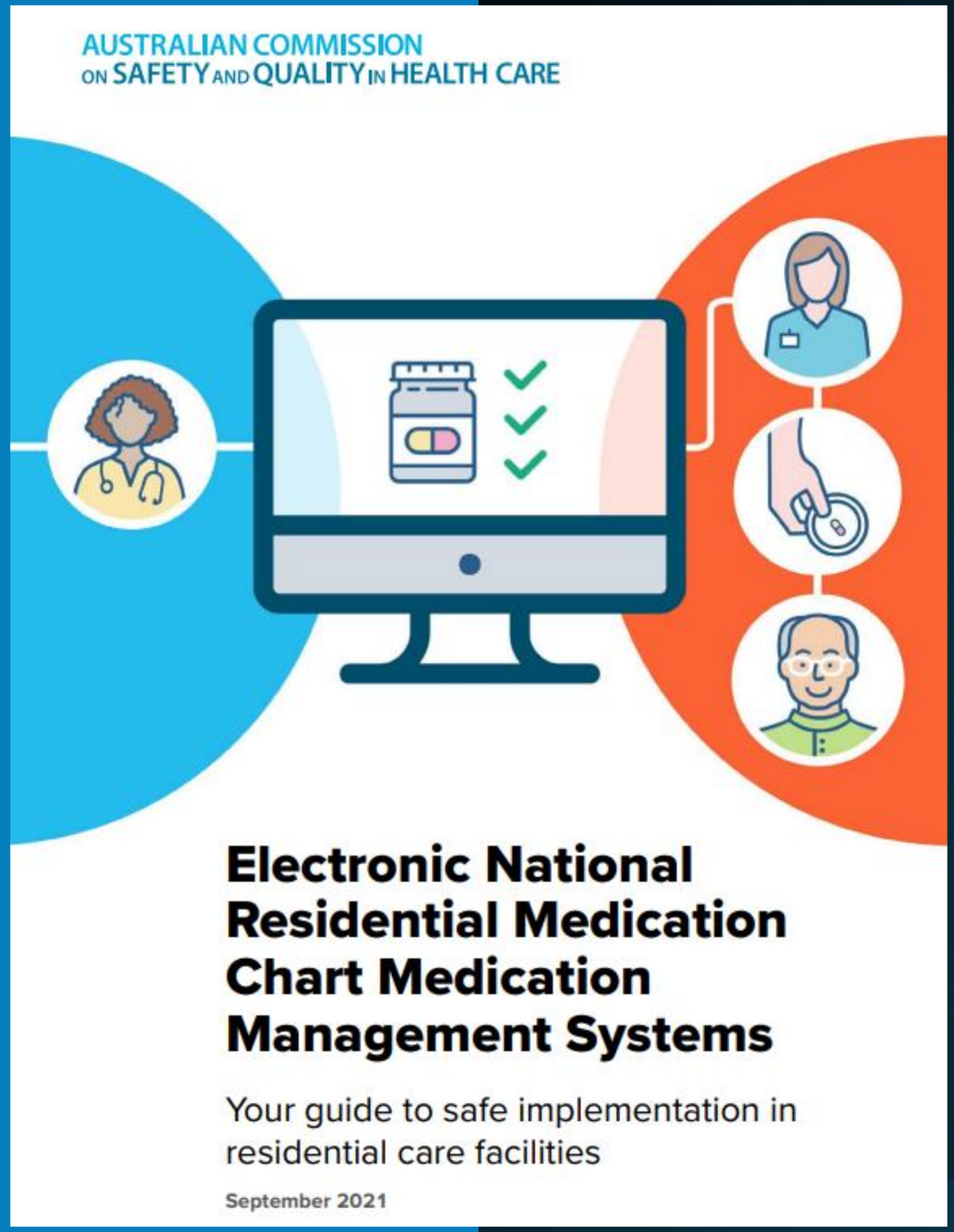
Implementing an eNRMC System

- *Challenges*
  - **Cost** – 25-40 cents per residents per day. Implementation costs of training and support staff.
  - **Risks of transition** – medication and data errors, untrained staff, not enough support.

  Prescriber, staff and supply pharmacy acceptance of change.

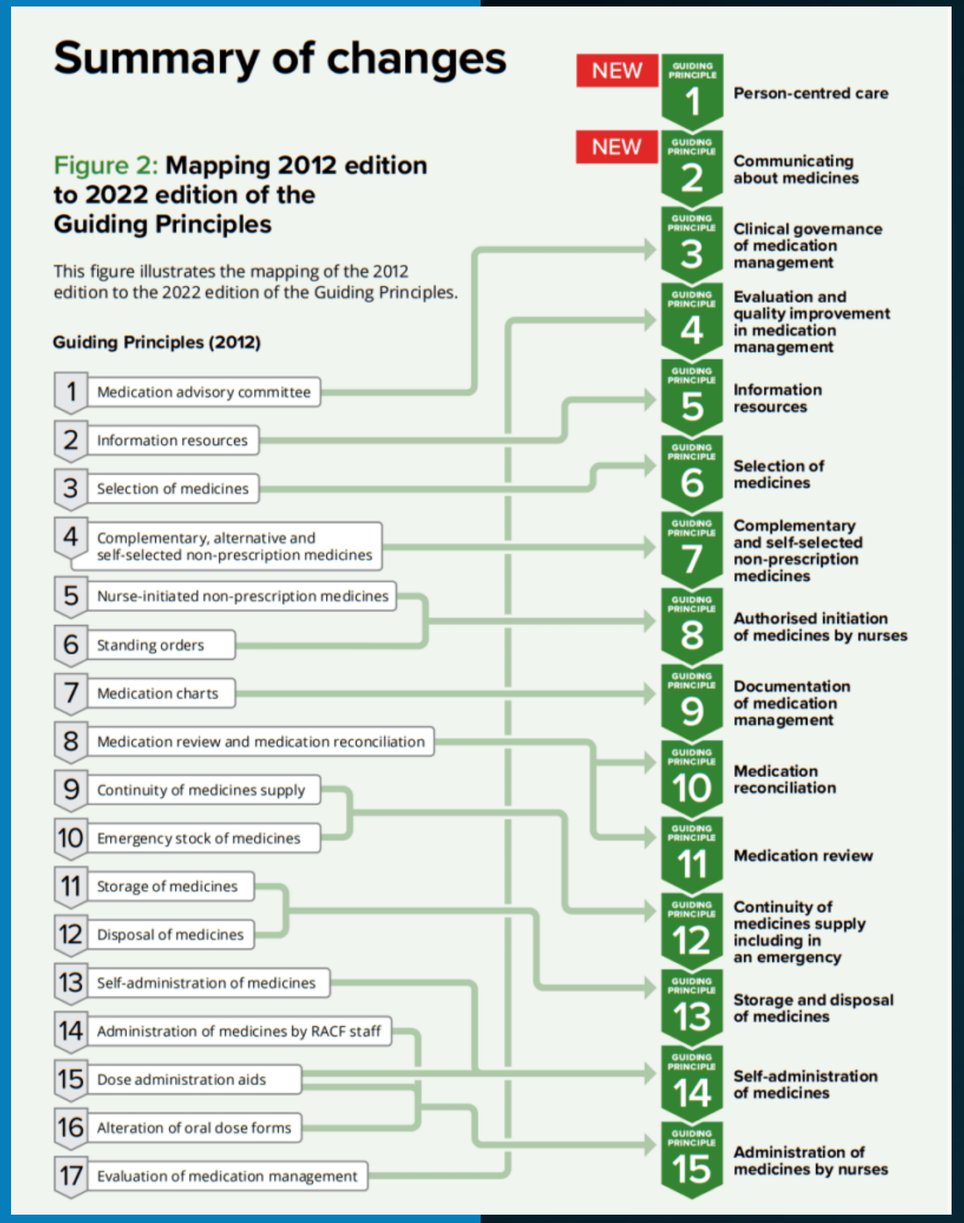
Implementing an eNRMC System

- What is a safe implementation?
  - Support from software provider
  - Support from care provider
  - Support from supply pharmacy
  - Acceptance from prescribers
  - Staff training and willingness for change



Medication Management

- 15 guiding principles for medication management in residential aged care.
- Sets out recommended parameters and procedures for medication management within a RACH.
- Supplemented by the Medication Advisory Committee (MAC) guidelines.



Enhancing Medication Management

- Choosing the right electronic medication management system - 10 eNRMC to choose from.
- Productive MAC meetings – Active and participating members – Clinical Manager, supply pharmacists, QUM or On-site pharmacist, doctor or nurse practitioner, RNS, resident.
- RMMR participation
- Education.
- Prescribers that understand aged care.
- Supply pharmacy that understands aged care.

Aged Care On-site Pharmacist and QUM Provider

Reducing Medication Errors

Utilising an eNRMC that acts as the one true source of information whilst integrating administration record and supply pharmacy is the single most successful method of reducing medications errors.

- Double-check process and technology investment from the supply pharmacy.
- Train staff on safe medication handling and administration.
- Accurate reporting of medication incidents with adequate action and response.

Case Study:

Successful Medication Management

Transition of care hospital back to residential care.

Medication changes and discharge orders from hospital and the review of these by a prescriber in residential care.

Ideally, regular prescriber to amend eNRMC.

Often rely on After Hours GP service to transcribe orders from hospital if regular GP is not available.

Nurse Practitioners

- Timely review of hospital or new admissions into the cilitycility
- Assist with compliance tasks – NIM approval, psychotropic reviews and assessment

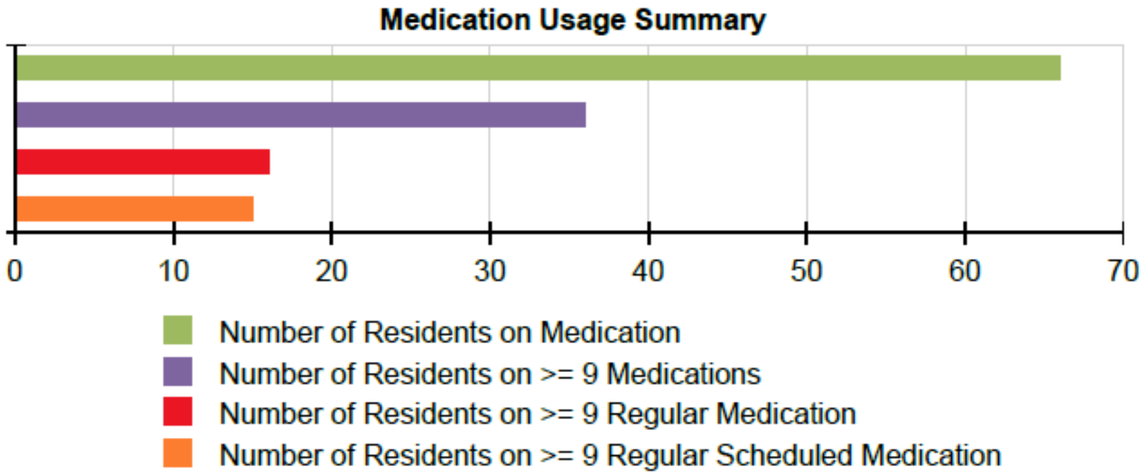
Understanding Polypharmacy

- Polypharmacy usually defined as 5 or more medications but in the aged care setting it is 9 or more (not all medications included – the right eNMRC software can help)
- National MQIP = 35%
- Common in older adults; increases risk of adverse events
- Anticholinergic burden
- Side effects: dizziness, falls, confusion
- Importance of regular medication reviews

Medication Usage Summary

SUMMARY	Total
Total Number of Residents in Facility	68
Number of Residents on Medication	66
Total Number of Medications for all Residents	637
Average Number of Medications per Resident	9
Number of Residents on >= 9 Medications	36 (54.5%)
Average Number of Medications per Resident on >= 9 Medications	12

REGULAR MEDICATIONS	Total
Number of Residents on >= 9 Regular Medication	16 (24.2%)
Number of Residents on >= 9 Regular Scheduled Medication	15 (22.7%)



RACGP
Royal Australian College *of* General Practitioners

RACGP aged care clinical guide (Silver Book)

5th edition

Part A. Polypharmacy

Best Practices in Deprescribing

- **Identify** medications with unclear benefit or harm.
- **Use guidelines** (e.g., Beers Criteria) to inform decisions.
- **Collaborative team approach** including GPs and pharmacists

RMMR – residential medication management review

Case Studies:

Deprescribing in Action

Six pharmacists were integrated into 7 RACHs. Overall, they recorded 4252 activities over 12 months. OSPs conducted 1022 (24.0%) clinical medication reviews; 48.8% of medication reviews identified and discussed potentially inappropriate medications with prescribers and 1025 other recommendations were made to prescribers. Overall, the prescriber accepted 51.5% of all recommendations made by OSPs. The most frequently accepted outcome was deprescribing of medications (47.5% for potentially inappropriate medications and 55.5% for other recommendations).

Journal of Pharmaceutical Policy and Practice, 2023

Aged Care On-site Pharmacist Program

Integrate pharmacists directly into residential aged care homes(RACHs) to enhance medication safety and quality use of medicines.

Address the high prevalence of medication-related issues in aged care settings.

Government funded: $345 million investment over four years announced in 2023 to employ on-site pharmacists in RACHs.

Home-level activities including staff education, clinical audits, and quality improvement activities. Communicating extensively with prescribers, RACH’s healthcare team, and residents.

Timely medication reviews in especially during transition or care events.

Bringing It All Together

- Integrate digital tools like eNRMC with human expertise
- Empower staff through ongoing training and pharmacist access
- Make medication safety a shared priority
- Future: more pharmacists on-site or input and better tech adoptions.

Key Takeaways

- eNRMC improve accuracy and care
- Regular medication reviews reduce polypharmacy risks
- Deprescribing enhances quality of life for residents
- Collaboration and communication are essential

Q&A / Discussion

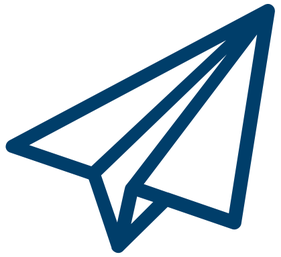
What are your experiences with medication management in aged care?

Questions, insights, or challenges you'd like to share?

Thank You

Thank you for your time and commitment to our ageing population.

chempro AGED CARE



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Pharmacist in Aged Care initiative

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GCPHN, in line with program requirements, is exploring the following activities to support Gold Coast RACHs in engaging on-site pharmacists in clinical roles to improve medication management for residents.

- **Identify Pharmacists:**

Collaborate with sector partners, confirm eligibility, and maintain a register of available pharmacists

- **Engage with RACHs:**

Share Measure information, host webinars, and collect RACH-specific needs

- **Match & Support:**

Provide pharmacist profiles, facilitate introductions, and support onboarding with care teams

- **Monitor & Collaborate:**

Track RACH needs and pharmacist availability, support peer connections, and align with PHN program requirements