Aged care on-site pharmacists

A Dementia Australia submission to the Australian Government's consultation on aged care pharmacists in residential aged care

September 15, 2022

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Dementia Australia

Dementia Australia is the peak dementia advocacy organisation in Australia. We support and empower the estimated half a million Australians living with dementia and 1.6 million people involved in their care. Dementia is the second leading cause of death in Australia, yet it remains one of the most challenging and misunderstood conditions. Founded by carers more than 35 years ago, our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the lived experience of dementia across Australia. Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields. Dementia in Australia Dementia is the term used to describe the symptoms of a large group of neurocognitive disorders which cause a progressive decline in a person's functioning. It is one of the largest health and social challenges facing Australia and the world. There are estimated to be almost a million Australians currently living with dementia and around 1.6 million people involved in their care. Without a significant medical breakthrough, it is estimated that there will be almost 1.1 million people living with dementia by 2058.[i]

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Introduction

Recent studies have highlighted the continued over prescription of psychotropic medications for people in residential aged care, including those living with dementia. This is despite consistent evidence of their limited efficacy and a high associated risk of adverse effects. Research suggests up to 44 per cent of people living in residential care are receiving anti-psychotic medication and only 10 per cent of anti-psychotic medication is prescribed appropriately for people living with dementia.[iii] There is also an emerging body of evidence demonstrating the under-review of anti-dementia medications. [iv]

In light of these and other findings, Dementia Australia supports Recommendation 38 from the Royal Commission into Aged Care Quality and Safety, and the proposed measure of locating an on-site pharmacist in every residential aged care facility. As an important member of the aged care multidisciplinary team, we believe an on-site pharmacist will play a valuable role in ensuring the safe and appropriate prescribing and administration of medications in residential aged care. The on-site pharmacist could have a specific role in safeguarding against the prescribing of inappropriate medications for people living with dementia, and in particular, contribute to reducing polypharmacy and de-prescribing of anti-psychotic medications. We believe an on-site pharmacist has the skillset to enhance knowledge and capability within the aged care sector more broadly in assisting with and contributing to education, data collection and reporting.

Our submission follows the consultation template questions in outlining our reasons for supporting the on-site pharmacist measure and our recommendations for how it could be successfully implemented.

1. Do you believe funding should be provided directly to residential aged care homes or coordinated through Primary Health Networks (PHNs)?

Dementia Australia does not have a view on the relative merits of a Primary Health Network (PHN) versus a residential aged care funded model. There is the potential for inconsistencies with both approaches, including a lack of transparency about how the funds are used and the possibility of inappropriate use of the funds in areas unrelated to the on-site pharmacy role. One of the challenges of adopting a PHN-administered model would be the need to acknowledge and address local context and nuance (particularly in rural and remote areas) while ensuring a consistent approach, and prevent localised systems being developed that don't integrate at the State/Territory and Federal levels.

Dementia Australia supports a funding model that is a consistent, embedded and transparent process, and makes clear where and how the funding is used to support the on-site pharmacist. We would also support consideration of other models, including directly funding the Pharmacy Guild or the individual pharmacist. Incentives to attract pharmacists to the role, particularly in rural and remote areas, would be key to success of the chosen funding model.

2. What do you see as the key role and responsibilities for an on-site pharmacist in residential aged care homes? Please consider the role in relation to the Medicines Advisory Committee/residential aged care home clinical governance.

We see the following as central to the role and responsibilities of the on-site pharmacist:

- Undertake regular, routine medication reviews for every resident with an overall focus on reducing polypharmacy
- Undertake regular reviews of pain management/pain management medication/changed behaviour in conjunction with the resident/family member/multidisciplinary care team given the significant levels of unrecognized and untreated pain in residential aged care
- Undertake medication reviews triggered by events including, but not limited to, falls/hospitalisations/other significant clinical/behavioural changes

- Undertake regular reviews of any psychotropic medications including rigorous monitoring of efficacy or otherwise with the overall objective to de-prescribe where possible
- Undertake regular reviews (minimum of quarterly) of anti-psychotic medications prescribed for residents living with dementia with the overall objective to de-prescribe where possible
- Liaise regularly with the resident/family member/multidisciplinary care team regarding each resident's medication management
- Take a leadership role in the Medicine Advisory Committee meetings
- Participate in reporting and evaluation of all medication-related incidents
- Participate in reporting of medication-related quality indicators including medication management (polypharmacy and anti-psychotics), physical restraint and falls/major injury
- Take a leadership role in monitoring Medication Safety Quality Indicators including storage of medications, labelling of medications and appropriate use of devices.

3. How could residential aged care homes or Primary Health Networks be supported in engagement of pharmacists to work in aged care homes?

Dementia Australia endorses the following strategies to support the engagement of on-site pharmacists, particularly in rural and remote areas:

- Appropriate funding for the role with additional incentives for positions in rural and remote areas
- Clear roles and responsibilities for each party (pharmacist and aged care home) to ensure an effective and collaborative working relationship
- Focus on consumer information to ensure residents and families are involved in/understand and support the process and appointment of the on-site pharmacist
- Offer flexible work arrangements including job sharing/part-time appointments and collaborative arrangements between homes that are located within a certain radius if a full-time appointment is not feasible

- Offer mobile outreach services in rural and remote areas, with regular, scheduled visits to each location if an on-site appointment not feasible in the short/long term
- Provision of a dedicated work space, mobile phone and other electronic resources for the on-site pharmacist for all internal/external communications
- Mentoring by senior pharmacists – remotely if necessary – to support new appointments, particularly if the on-site pharmacist is inexperienced

4. How could this relatively new role be promoted to pharmacists to encourage uptake?

Dementia Australia believes the following measures could assist in promoting the uptake of the on-site pharmacist role:

- Bonus payments up front for the first year of role, particularly in rural and remote areas
- Priority choice of locations after the first year (with rural and remote appointments actively encouraged)
- Offer flexible work arrangements including job sharing/part-time appointments and collaborative arrangements between homes that are located within a certain radius if a full-time appointment is not feasible
- Provision of a dedicated work space, mobile phone and other electronic resources for the on-site pharmacist for all internal/external communications
- Mentoring by senior pharmacists – remotely if necessary – to support new appointments, particularly if the on-site pharmacist is inexperienced
- Offer additional, fully subsidised training and education on areas specific to working with/prescribing for older people including people living with dementia and related areas (non-pharmacological approaches to changed behaviour)

5. How can on-site pharmacists best collaborate with the aged care health care teams (including residents and their families, other staff, the local general practitioner and pharmacy) in regard to transitioning between health care settings?

Transitions between care settings have been identified as one of the most significant contributing factors in medication errors associated with older people.[v] Errors resulted from a range of issues including changed patients' medications during their in-patient stay that are not always communicated appropriately to the patient or primary healthcare providers (e.g. community and general practice pharmacists, general practitioners and nurses), leading to incorrect medicines use and inappropriate management of patients' conditions. Recommendations to reduce medication errors sustained through transitions in health care settings include education (e.g., structured training in prescribing for older people), medicines reconciliation (particularly on admission to hospital), utilisation of clinical pharmacists, utilisation of electronic prescribing systems and utilisation of screening tools.[vi]

Dementia Australia believes transparent and effective incoming and outgoing communication of resident-related information, including an accurate medical history and medication records, is key to ensuring safe health care transitions for older people. An on-site pharmacist could make a significant contribution to improving transitions between care settings, including playing a role in all the measures listed above. Dementia Australia makes the following further recommendations to ensure safe and effective transitions between health care settings:

- A fully operationalised digital health records system allowing real time access to medication records for all individuals and health care services involved with patient care (including GPs, PHNs, local pharmacies, residential aged care homes, hospitals/ acute care services) so that medication changes during transfers can be recorded and communicated accurately
- Ensuring the on-site pharmacist liaises regularly with all the health services listed above so that an accurate record of contact details and any resident-related changes are immediately available when transitions occur
- Provision of a dedicated mobile phone and if feasible, after hours phone/remote support, to facilitate communications between individuals and health care services
- Sharing of consumer experience results, engagement with consumers to inform and improve practice in relation to safe transitions between health care settings

6. How should continuing professional development, mentoring and networking for on-site pharmacists be supported and maintained?

Dementia Australia believes that education and training, and ongoing support and mentoring will be critical to the successful implementation, and importantly retention, of on-site pharmacists in residential aged care. We believe the following measures will support the pharmacists in their on-site role:

- Fully subsidise compulsory, ongoing training and education on communicating/working with/prescribing for older people as a condition of employment
- Fully subsidise compulsory, ongoing training and education on dementia, and communicating/working with/prescribing for people living with dementia and related areas (including non-pharmacological approaches to changed behaviour) as a condition of employment
- Offer time off in lieu/financial and other incentives to complete additional, age/dementia-related education and professional development
- Mentoring by senior pharmacists – remotely if necessary – to support new appointments, particularly if the on-site pharmacist is inexperienced
- Encourage active involvement of pharmacists in local and state-wide communities of aged care/dementia care practice (in person and online to ensure the inclusion of those working in rural and remote areas)

7. What training currently exists that could be adapted to meet training requirements?

Dementia Australia is not in a position to comment on the current training provided to pharmacists. However, we strongly support compulsory education for on-site pharmacists in relation to dementia and dementia-related medication issues. As outlined in this submission, this must include understanding dementia and communicating effectively with people living with dementia, prescribing and evaluation of psychotropics including anti-psychotic medications, prescribing and evaluation of anti-dementia medications, and regular review of pain management medication regimens. Dementia Australia offers a wide range of educational courses, including those aimed at health professionals. Our existing programs including Dementia Essentials, Talk with Ted and EDIE could be customised to suit

pharmacists and would provide an appropriate basis for the dementia education that will be vital for pharmacists to undertake regularly to work effectively in the role of a residential aged care on-site pharmacist.

8. What should be the model/provider of national oversight of the training to ensure the ongoing quality of the training, consistency of training across all training providers and maintenance of currency of knowledge once training is completed?

As with our response to Q.7, we have emphasised the importance of providing dementia specific training and education for on-site pharmacists. We do not have a specific view on a preferred model for national oversight of training but would endorse national training standards for the content and delivery of dementia education for all health professionals, including the pharmacy profession.

9. How would accredited pharmacists make the transition into the role of an on-site pharmacist in a residential aged care home?

Dementia Australia believes all the measures listed in response to Q.6 would assist in supporting the pharmacist's transition to residential aged care home, with a particular focus on the importance of aged and dementia care education. As noted in response to Q.3, ensuring consumers (residents and families) are involved in/understand and support the process and appointment of the on-site pharmacist will be important. Equally significantly, informing and involving aged care nursing staff, particularly Enrolled/Registered/Practice Nurses who will be liaising directly on medication-related issues, will be critical to the successful appointment and retention of the on-site pharmacist.

10. What outcome indicators should be included in addition to the Aged Care Quality Indicators for medication management, e.g. specific indicators on inappropriate antimicrobial use, anticholinergic load reduction?

- Widening the current indicator on anti-psychotic use to include all psychotropic medication use
- Given there is an emerging body of evidence demonstrating the under-review of anti-dementia medications, we support the monitoring and evaluation of these medications as an additional medication-related indicator
- An anti-microbial stewardship indicator that promotes and monitors the judicious use of antimicrobials to reduce inappropriate use/adverse effects in older people
- Changed behaviour as an indicator triggering a medication review to investigate if the behaviour change is potentially related to pain/medication/other clinical or psychosocial factors

11. Are there any barriers to the on-site pharmacist working with the Medicines Advisory Committee, and if so, how can they be addressed?

There is increasing international interest in initiatives to reduce medication-related harm and preventable hospitalisations in older people. The Australian Government recommends that residential aged care services (RACs) establish multidisciplinary Medication Advisory Committees (MACs) but there has been a paucity of research evaluating the efficacy of these committees. A recent Australian study specifically investigated the structures and functioning of MACs and found that *participation by GPs and pharmacists was variable*, and no MACs involved residents or family carers. [vii]

Dementia Australia endorses the need for every residential aged care service to establish a multidisciplinary MAC and equally strongly supports a leadership role for on-site pharmacist in MAC meetings and initiatives. We believe that MAC committees should include at least one consumer representative (a resident and/or family member). Any potential barriers to the involvement of the on-site pharmacist, administrative or otherwise, could be overcome by ensuring there is effective engagement with all members of the multidisciplinary team,

consumers and other committee members and agreement on clear aims and reporting outcomes for MAC meetings.

12. What support will residential aged care homes require with this transition, in addition to the on-site pharmacist?

As noted in response to earlier questions, consumer and residential aged care staff education and engagement will be central to the successful implementation and retention of the on-site pharmacist. As also noted, reviewing anti-dementia medications and de-prescribing of anti-psychotic medications for people living with dementia must be a focus of the on-site pharmacist's role. Educating aged care staff about identifying and responding appropriately to changed behaviour with *non-pharmacological approaches* will be an important counterpart in the effort to reduce inappropriate medication use for people living with dementia. Given the current direct and nursing care staff attrition rates in residential aged care, financial and other forms of incentives and support may be necessary to ensure that residential aged care staff receive high-quality, ongoing dementia care education.

The recommendations outlined above, including sharing of the on-site pharmacist's position across local aged care homes where feasible, sharing of information and close collaboration with consumers, local pharmacies and health care services will be important in not only providing support for the on-site pharmacist but equally, will benefit aged care homes in the implementing of this initiative.

Conclusion

Dementia Australia supports the proposed measure of locating an on-site pharmacist in every residential aged care facility in Australia. We believe an on-site pharmacist will play an important role in the aged care multidisciplinary team in ensuring the safe and appropriate administration of medications, contributing to the enhanced well-being and quality of life of residents living in residential aged care.

In supporting this measure, we believe it is crucial that the appointed pharmacist is supported by appropriate education and training on areas specific to working with and prescribing for older people. Equally importantly, Dementia Australia endorses specialised dementia education to maximise pharmacist confidence and competence in communicating and consulting with the residents living with dementia and their family members. This will ensure people living with dementia make informed decisions about health-related matters, including medication regimes. Given the continued over prescription of anti-psychotic medication and under-review of anti-dementia medications, training addressing the current range of medications prescribed for dementia and a concerted focus on reviewing and de-prescribing these medications where appropriate must also be central to the on-site pharmacist's role and responsibilities.

We thank the Department of Health and Aged Care for considering this submission and would welcome any further opportunities for consultation on this important proposal.

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[i] Dementia Australia. Dementia Prevalence Data 2018-2058, commissioned research undertaken by NATSEM, University of Canberra, 2018.
[ii] *Dementia Australia (2018). Dementia Prevalence Data 2018-2058, commissioned research undertaken by NATSEM, University of Canberra.*
[iii]S., Macfarlane and Cunningham, C. 'Limiting antipsychotic drugs in dementia'', Australian Prescriber, Volume 44, Number 1, February 2021, p. 8
[iv] The Australian Institute of Health and Welfare report: Dispensing patterns for anti-dementia medications [2016-17] ps://www.aihw.gov.au/reports/dementia/dispensing-patterns-for-anti-dementia-medications/summary
[v] K., Cardwell. 'Reducing medication errors and transitions of care', Age and Ageing, Volume 49, Issue 4, July 2020, pp. 537–539
[vi] K., Cardwell. 'Reducing medication errors and transitions of care', Age and Ageing, Volume 49, Issue 4, July 2020, pp. 537–539
[vii] L., Picton, S., Lalic, T. E., Ryan-Atwood, K., Stewart, C. M., Kirkpatrick, M.J., Dooley, J. P., Turner and J. S., Bell. 'The role of medication advisory committees in residential aged care services.' Research in Social and Administrative Pharmacy, Volume 16, Issue 10, 2020, pp. 1401-1408