



Submission
Senate Community Affairs Reference
Committee
Inquiry into Aged Care
July 2004

Introduction

The Adelaide North East Division Regional Medication Advisory Committee (MAC) operates through a partnership approach to develop, promote, monitor and evaluate policies and activities to assist management, residents and staff of aged care facilities to achieve best possible health outcomes for all residents by ensuring quality use of medicines in residential aged care facilities.

The committee was established in 2003 as a response to local need. The Australian Pharmaceutical Advisory Council (APAC) *Guidelines for Medication Management in Residential Aged Care Facilities* (2002) as a tool of best practice recommends that

“each aged care facility should establish or have direct access to and utilise the services of, A Medication Advisory Committee to facilitate quality use of medicines.”

Many of the challenges to be considered in the senate inquiry formed the basis for the establishment of this local response including workforce shortages. Now established almost a year the Adelaide North East Regional MAC is accessible to all aged care facilities in or bordering the Adelaide North East Division of General Practice. This amounts to around 29 facilities. The model is aimed at reducing infrastructure while supporting activities at the local level and providing a forum to address common issues across the region.

The Adelaide North East Regional Medication Advisory Committee receives no specific funding. The Adelaide North East Division of General Practice provides financial support via a facilitating role and ensuring General Practice representation on the committee. Despite the early successes based on the commitment of those in the sector, the lack of funding to support all stakeholders is a barrier to the amount of activities that can be achieved.

The MAC's initial issues list, based on stakeholder contributions, identified several key issues to be addressed to improve services to older people. One of the key issues identified was communication particularly between the acute / community interface. This submission addresses this issue with some reference to the other items identified for the inquiry including the amount of documentation staff in residential aged care facilities undertake and the questionable outcome for the resident as a result.

It is recommended the Senate inquiry looks at local initiatives that have addressed many of the larger system problems, to build on improving the Aged Care sector.

The Ageing population

The work of the Regional Medication Advisory Committee is a structure that facilitates best practice by supporting those working at grass roots level on all areas of medication management.

Medications play a key role in the treatment and prevention of disease. It has been demonstrated that used inappropriately or incorrectly medications can actually have a negative impact on health outcomes.

Added to this the Australian population is ageing, currently there are more than 2.4 million people in Australia aged 65 years or older, which is 12% of the population. This number is expected to increase to 4.2 million people, 18% of the population, in

the next 20 years. By 2051, there will be 6.8 million people in this age group, representing more than one quarter of the population.

It is this group of people who are recognised as the largest users of medications. When this is compounded by the complex needs that face individuals living in residential care facilities, the risks of not achieving quality use of medicines are again increased.

Terms of Reference

(e) the effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

The Adelaide North East Division Regional MAC has identified the need to improve communication between the Aged Care sector and the Acute sector as a matter of priority. As a result the Adelaide North East Division of General Practice Aged Care Coordinator / Facilitator of the Regional MAC approached the Modbury Public Hospital regarding issues with discharge to the Residential Aged Care setting. The Modbury Hospital was encouraged to apply for a Quality and Safety Council grant for a Breakthrough Medication Collaborative. This application was successful and has provided a team from the hospital, in partnership with Regional MAC members, to proceed through a process of learnings to address areas of risk of medication misadventure for residents on discharge from the Modbury hospital.

The collaborative is based on a methodology which involves small sampling to identify areas of risk. It involves collecting base line data. The baseline data of this project identified that 100% of patients discharged from the hospital to residential care were at risk (risk being measured along a continuum of potential harm to actual harm) of potential harm from medication misadventure.

This data in itself is enough evidence for the Reference Committee to be alarmed about the effectiveness of current arrangements for the transition between the two interfaces.

The current project is designed to identify strategies to reduce this level of risk to residents. The strategies developed have addressed the local needs and are well accepted by Aged Care Facilities as having potential to make a difference. The project is still to be conducted and evaluated. An important component to this point has been awareness raising across the interface, of the environment to which the older resident returns on discharge from hospital. It has also provided increased discussion on more global issues, however it is important that projects such as this are sustainable with the ability to be duplicated nationally to provide an opportunity for broader systems improvement. To be sustainable it is important to identify quality use of medicines across the acute /community interface as a matter of priority.

General Comment on the Terms of Reference

- (a) the adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training
- (b) the performance and effectiveness of the Aged Care Standards and Accreditation Agency in :
 - (1) assessing and monitoring care, health and safety,
 - (2) identifying best practice and providing information, education and training to aged care facilities, and

- (3) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff
- (c) the appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements
- (d) the adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly.

As previously mentioned the Regional MAC provides a forum for raising common issues. Some general comments from members of the MAC, which have relevance to the Senate inquiry, are listed below.

- There is confusion regarding the interpretation of various guidelines to satisfy the Standards and Accreditation Agency in relation to Medication Management.
- The most qualified Nurses spend copious amounts of time on documentation in order to achieve funding for residents. The accreditation process supports this administrative burden.
- Integrated medical and nursing notes in theory are a good concept. However with the current volume of nursing notes the continuity of medical notes is often lost in the process. This causes an increased risk to residents based on poor communication between medical / nursing / allied health staff. This is a particularly important issue based on the current workforce issues, including locum GPs and part time GPs who may share a workload, and the use of agency nursing staff. The senate inquiry should consider this issue in relation to future recommendations.
- The two most important factors in shortage of medical services to Residential Aged Care Facilities are firstly the current remuneration for General Practitioner consults and secondly the increasing component of part time medical workforce that results in reduced GP availability. The current Aged Care Panels initiative does not attempt to address the first issue, which would, if addressed, promote more interest from the part time group of GPs in Aged Care.

Concluding Statement

The Adelaide North East Regional Medication Advisory Committee recommends the Senate Community Affairs Reference Committee consider all submissions addressing the Terms of Reference. As a matter of priority the issues of Quality Use of Medicines across the Acute / Community interface should be addressed, as well as the volume of documentation within the setting.