RACGP

Royal Australian College of General Practitioners

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Medication Safety Secretariat
eHealth & Medication Safety
Australian Commission on Safety and Quality in Health Care
Level 6, 255 Elizabeth St, Sydney, NSW 2000

Via email: medsafety@safetyandquality.gov.au
Cc: Sue.Davies@safetyandquality.gov.au

Dear Medication Safety Secretariat,

Re: Review of national quality use of medicines publications

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the review of national quality use of medicines publications.

The medical care of residents in residential aged care facilities (RACFs) is complex and patient centred care is paramount. General practitioners (GPs) play a key role in the provision of care, in collaboration with a multidisciplinary care team. Re-orientation of the guiding principles towards person-centred care is welcome. However, a clear explanation should be provided of what is meant by person-centred care.

We provide feedback on relevant guiding principles for *Chapter 1 - Updating the Guiding principles for medication management in residential aged care facilities.* The guiding principles in this chapter are practical and appropriate. The RACGP recommends ongoing evaluation of their use and that support be provided to ensure effective implementation.

Guiding Principle 1: Clinical governance of medication management

The RACGP supports optimisation and improvement in clinical governance to ensure safe and effective management of the quality use of medicines (QUM) in RACFs. Ideally, the RACF systems should have a balanced scorecard/dashboard of indicators related to prescribing and medication safety for local-system level review by the medication advisory committee (MAC). It is also important for GPs to be included on the MACs.

Technology supported medication governance at a system level needs to be improved to adequately support the QUM. Prescribing Software should include access to:

- Product Information (PI) and Consumer Medicine Information (CMI)
- Interaction alerts
- Therapeutic guidelines eTG and other clinical guidance
- Electronic prescribing audit capability
- Remote access to information to support telehealth
- Sseamless data entry that is linked to dispensing/prescribing/script-writing.

Clinical decision support and alerts that prompt for medication monitoring with pathology tests and drug-disease interactions need to be built into the system.

Guiding Principle 2: Information resources

The information provided is appropriate but needs to be practical and usable, and contextualised for individual patients with significant multimorbidity. What is important for each individual needs to be embedded within the principle.

Guiding Principle 3: Selection of medicines

The RACGP supports retention of this principle. Shared decision making across the entire system is central to this principle to ensure all prescribers have visibility of any changes - including prescribing and dispensing of medication when necessary, state of supply and list of available medications on-site.

Technology is important and lack of use of electronic prescribing in RACFs and lack of inter-connectivity with general practice clinical software will lead to safety risks. Use of electronic medication charts and interoperability between systems is key to supporting the work of GPs, linking back to the resident's usual general practice and the My Health Record, which is a repository of information (the My Health Record should not be the principle mechanism for communication between those involved in the patient's care). Interoperability also ensures changes can be made remotely.

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

The RACGP supports retention of this principle. Specific guidance on alternative decision makers and complementary medicines may need to be considered.

Guiding Principle 5: Nurse-initiated non-prescription medicines

The RACGP supports retention of this principle. We recommend broadening the scope for a non-dispensing pharmacist to work closely with nurses to support nurse-initiated medications given that many RACFs currently employ pharmacists.

Guiding Principle 6: Standing orders

The RACGP supports retention of this principle. Standing orders may permit pharmacists to adjust medications (eg. down titrate psychotropics) in alignment with a general practice management plan.

Guiding Principle 7: Medication charts

Clinical decision support, and alerts that prompt for medication monitoring with pathology tests and drug-disease interactions, need to be built into the system and be interoperable with general practice clinical software. This ensures that GPs, who are the main prescribers, will have access to the resident's recent measurements, blood test results, diagnosis lists, medication lists, allergies, etc. in one system. This will also support virtual care and remote prescribing and provide point-of-care information to promote safety.

Guiding Principle 8: Medication review and medication reconciliation

The role of practice pharmacists needs to be considered and funding aligned accordingly. As an example, practices which employ accredited pharmacists cannot currently claim the pharmacist element of the fee for a Residential Medication Management Reviews.

Continuity of medicines supply and emergency stock

Medicines supply and emergency stock should be appropriately provided for the RACF dependent on its size. The MAC should be delegated authority to determine what is needed by the RACF. However, state and territory regulations will then need to be amended to be fit for purpose.

Administration of medicines within RACFs

As a move into a RACF is often dis-enabling for residents, self-administration of medicines should be encouraged where it is safe to do so. A variability in doses in accordance with sick day rules should be considered – this could be part of standing orders, for example, commencing rescue steroids or adjusting insulin doses.

Evaluation and quality improvement

The RACGP recommends the development of a set of indicators which includes structural, process and outcome indicators that can be shared across RACF, GPs and community pharmacies. These could incorporate patient reported measures and risk of hospitalisation. A quality improvement paradigm should be adopted, which can be used to support interested communities to review data sets and make changes.

General comment

Roles for pharmacists in RACFs should be clearly outlined in this document.

Thank you again for the opportunity to provide feedback. For any enquiries regarding this response, please contact Stephan Groombridge, National Manager, eHealth and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Karen Price
President