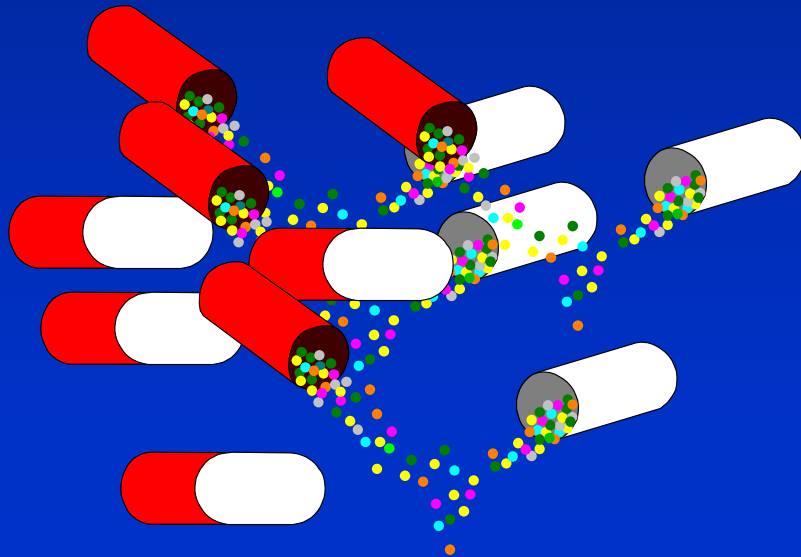


Medication Reviews in Aged Care Homes: current systems



Dr Jenny Gowan
*Consultant pharmacist &
HMR Facilitator
NDGP & NEVDGP*

Partnerships

- GP & staff
- Locum Dr
- Specialists

•ACH staff

- CEO
- DON
- DIV 1 Nurses
- PCAs
- Other health professionals

•Hospital staff

- Doctors
- Pharmacists
- Discharge nurses etc
- Other health professionals

•Pharmacy staff

- Supply pharmacy
- Consultant pharmacist





"Take one capsule, a half an hour before awakening?"

The more drugs people take, the more errors in dose they make.

To be an accredited pharmacist.....AACPA.

- Pharmacist B Pharm 4 yrs study + PreReg year
- Two years post-graduation experience
- 2 - 5 day course
- 10 on-line case studies plus Communication module
- Fees – about \$2000 to become accredited
 - Ongoing registration fees
 - Ongoing reaccreditation assessment

Medication Reviews in Aged Care Homes: current system

- **Accredited pharmacist contracted by RACF, HIC to undertake one review per bed per year**
 - **Contracts**
 - shortage of accredited pharmacists
 - distance travelled may be large
 - **Obtains consent for residents if not in admission documents**
 - **Notifies GPs of service via personal letter introduced by DON**
 - may not know GP

Medication Reviews in Aged Care Homes:

current system

- **Pharmacist attends ACH on cyclical basis**
 - May prioritise residents
 - Checks lists for new admissions and changes
 - Collects data for report
 - Medication chart - checks
 - Admission documents
 - ACAS reports
 - Assessments
 - Care plans
 - Progress notes
 - Pathology reports
 - talks to staff
 - 'sees' resident
 - Interview with resident
 - Self administration capacity



Medication Reviews in Aged Care Homes: current system

- **Assesses resident's medication**
 - Drug interactions
 - Drug/disease
 - Delivery issues
 - QUM issues
 - Polypharmacy issues
 - Preventative medication
 - Pre-planning
- **Writes reports off-site; minority on-site**
 - Capacity: about 8 per day totally completed
- **Reports sent to ACH**
 - Filed in Dr's file or medication folders or letters or path results or DON folder
- **Reports sent to GPs as well – minority**



Medication Reviews in Aged Care Homes: current system

- **Feedback from GPs**
 - Variable
 - May sign that viewed report
 - May FAX comments
 - May telephone
 - May request appointment to discuss
- **Feedback from ACH staff**
 - Enthusiastic but variable
 - May action concerns
 - May follow up issues with GPs
 - May grab GPs to sign forms
- **3/12 reports signed by DON or manager as to no. of reviews/Qtr**
- **Payment \$8.33/bed paid 1st month direct debit**



Medication Reviews in Aged Care Homes:

current system

- **Ideally communication between GP, pharmacist, and nursing staff following written report.**
- *Sometimes happens....*
 - *Good outcomes*

GPs

- *May participate in a care plan (Item 730)*
- *May case conference*
 - *GP organise (Items 734, 736, 738)*
 - *GP participate (Items 775, 778, 779)*
- *No payment for pharmacists*
- *MBS Item #903 now available*



Medication Reviews in Aged Care Homes:

current system

- ***Review***
- ***Reports- categorise interventions***
- ***Attend Medication Advisory Committees***
 - *Assist with Medication management systems as per APAC Guidelines*
 - *large role*
- ***Assist with Quality Audits***
- ***Accreditation issues***
- ***Problem solving***
- ***Education***



Medication Reviews in Aged Care Homes: current system

- **A. May do RMMRs as part of daily role from supply pharmacy**
 - NB Not independent
 - Lower overheads
- **B. May do RMMRs as own business**
 - Computer hardware/software/consumables
 - Drug information library
 - Office
 - Travel
 - Insurance/indemnity/super/workers comp/leave
 - CPD
 - Registration expenses





Unfortunately, animals sometimes lack the necessary skills to communicate with each other.