

Australian Nursing and Midwifery Federation submission to the

**Australian Government Department
of Health and Aged Care Public
Consultation on the Aged care on-
site pharmacist measure**

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**Australian
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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and care-workers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback through the public consultation on the Aged care on-site pharmacist measure to the Australian Government Department of Health and Aged Care.



OVERVIEW

Medicine management is a core element of care delivery for older people in a nursing home. Medicines make a significant contribution to the treatment of ill health, prevention of disease and improving health outcomes.¹ However, medicines can also cause harm and in older people there is a complex balance between managing disease and avoiding medicine-related problems such as side effects and medicine errors.²

The Royal Commission into Aged Care Quality and Safety identified numerous instances of inappropriate medicines management across the aged care sector.³ The ANMF agrees with the Royal Commission when it outlined that *given their high use of medicines, people receiving aged care services, particularly in residential aged care, have inadequate access to pharmacists and medication reviews.*⁴

The proposed new measure to introduce on-site pharmacists in nursing homes is supported. If implemented effectively, this measure will not only improve care outcomes for people receiving care but will also provide much needed support for registered nurses and enrolled nurses delivering care to older people.

To be effective, the implementation of this measure must consider the roles and intersection of not only the on-site pharmacist but also prescribers and registered nurses and enrolled nurses who have a key role and responsibility in ensuring the quality use of medicines in aged care across the medicines management continuum.

Registered nurses and enrolled nurses are educated, experienced and skilled in the safe use of medicines for people receiving care in nursing homes. Registered nurses are responsible for medicines management and administration in this setting. This includes working with prescribers and pharmacists to ensure that medicines are ordered and available for people, and are stored appropriately, administered correctly, documented and their therapeutic effect evaluated.

Registered Nurses are educated to assess the benefits and potential hazards in the use of medicines and to administer medicines safely and legally, as well as to monitor their efficacy and identify any adverse effects. Registered nurses also have the skills and knowledge to assess the individual and changing needs of the older person; plan and implement care accordingly; evaluate the person's response to medicines; and accurately communicate that information. Registered nurses provide a vital link between the older person and other health practitioners such as nurse practitioners, medical practitioners, pharmacists, enrolled nurses and allied health practitioners. Enrolled nurses work under



the direction and supervision of these registered nurses and practice within legislative and regulatory requirements in medicine management.

Considering the role of nurses in medicine management outlined above, it is essential that this measure is implemented to complement and support the established role of nurses in their 24-hour care delivery. Further, the role and responsibilities of the on-site pharmacist in nursing homes needs to be defined to ensure clear lines of responsibility and accountability are evident across the multidisciplinary team and that the principles of quality use of medicines are applied.

Along with the introduction of on-site pharmacist it is also essential to address other barriers to enabling quality, safe use of medicines within nursing homes. The ANMF outlines that continuing to improve the staffing and skills mix that meet the assessed needs of residents and having the right education and skills to administer and monitor medicines need to be addressed.

Staffing and skills mix

The importance of a baseline staffing and skill mix that meets the assessed needs of people receiving care to enable safe medicines management cannot be underestimated. The Royal Commission into Aged Care Quality and Safety clearly identified that the aged care workforce is the most critical component of the sector with regard to the delivery of safe, quality care including medicines management. The Commission further recognised that while the sector requires many reform measures to be implemented, safe and quality care for all people in Australia could not be guaranteed unless the chronic, underlying structural workforce issues were addressed. Crucially, this means ensuring an adequate number and skills mix of staff, an issue that the ANMF and our members have been raising for many years.

The role of the care worker in medicines use

It is the policy of the ANMF that to ensure best practice in medicines management all aspects must be undertaken by registered nurses with elements of the medicines administration process delegated to enrolled nurses where the registered nurse has made the required situational assessment and is available to supervise any such delegation to the enrolled nurse. Persons other than registered nurses or enrolled nurses, such as enrolled nurses with a notation preventing them to administer medicines or care workers, can only assist or support a person to self-administer medicines. The ANMF opposes the deliberate and unsafe practice in nursing homes where medicine administration is being completed by unregulated care workers to cut costs. In some states and territories this is a breach of state and territory legislation. The ANMF's guidance for nurses working in aged care in relation to medicines management is detailed in the *Nursing Guidelines for Medication Management in Aged Care*.⁵



It is the view of the ANMF that unregulated care workers, a significant percentage of the aged care workforce, only have a role in assisting people assessed by the registered nurse as safe to self-administer their prescribed medicines, when asked to do so.

CONSULTATION QUESTIONS

- 1. Do you believe funding should be provided directly to residential aged care homes or utilising PHNs to co-ordinate on-site pharmacists in their catchment's aged care homes would be a preferable model and why?**

As the proposed measure will fund one full time position per 250 beds, the ANMF suggests that utilising Primary Health Networks (PHNs) would be the most effective way to implement the measure. This would enable the positions to be coordinated across nursing homes with less than 250 beds and allow for interchange of information and best practice processes to be shared and discussed. Using PHNs in this role would also enable the onsite pharmacist role to remain independent from that of the provider, enabling them to focus on their dedicated function and not be influenced to complete other unrelated tasks by the provider.

The ANMF does however note that a mix of arrangements may be the most pragmatic solution, depending on the location of the nursing home or the current pharmacist services in place. For example, some providers with hundreds of beds could employ full-time pharmacists who service multiple sites while smaller providers could rely on a PHN approach or purchasing services from a community pharmacy.

The ANMF suggests that if the measure is funded either directly to providers or to PHNs, transparency of the use of these funds should be publicly reported on a regular basis.

- 2. What would you see as the key role requirements/responsibilities of the on-site pharmacist in the aged care home? Please also consider the role in relation to the MAC/residential aged care home clinical governance.**

The ANMF is choosing not to make comment on the role or scope of practice of a pharmacist as this is not our remit and recognise that the pharmacy profession is best placed to comment on this area.



We do however wish to highlight the importance of the intersection of the role of the pharmacist and that of nurses in relation to medicine management.

The World Health Organisation identifies in their global challenge to reduce harm resulting from errors or unsafe practices due to weaknesses in health systems that it is important to improve each stage of the medication process, including prescribing, dispensing, administering, monitoring and use.⁶ Considering this, it is essential that the role of an on-site pharmacist in a nursing home must work within a multidisciplinary team with those prescribing, administering and monitoring the use of medicines. This multidisciplinary team must ensure the person receiving care is at the centre of all care delivery and work collaboratively to enable the quality use of medicines.

As outlined earlier in the overview of this response, along with the multidisciplinary team, registered nurses and enrolled nurses have a key role and responsibility to ensure the quality use of medicines within the aged care setting. Registered nurses are responsible for medicines management and administration and this important role needs to be acknowledged and strongly considered when determining the role of an on-site pharmacist.

The implementation of the on-site pharmacist requires a transparent process that identifies and respects the role of all of the multidisciplinary team including nurses and clearly defines each role and responsibility in delivering evidence-based practice. Effective communication and coordination framed by a clinical governance structure is essential in reducing any barriers to implementing this role and maintaining the quality, safe use of medicines.

3. **How could residential aged care homes or PHNs be supported in engaging pharmacists to work on-site? What approaches are suggested for rural and more remote locations?**
4. **How would this relatively new role be promoted to pharmacists to encourage uptake?**

The Royal Commission outlined many recommendations to substantially improve care delivery for people living in a nursing home. These recommendations included but are not limited to improving quality, evidence-based care delivery through effective governance, a qualified and experienced team who have the time to care, and wages and conditions that are comparable across health care sectors. The aged care sector is currently experiencing difficulties in recruiting and retaining health practitioners due to these issues and in part due to a long-term underinvestment in these vital roles.

The ANMF suggests that addressing these issues will support not only recruitment of pharmacists but other health practitioners to the sector.



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

As outlined earlier in this response, the on-site pharmacist working as part of the multidisciplinary team must ensure the person receiving care and their family are at the centre of all care delivery and work collaboratively to enable quality and safe use of medicines. These positions need to be implemented with respect to each role and function of the multidisciplinary team outlining clearly defined roles and responsibilities in delivering evidence-based practice. Effective communication and coordination framed with a clinical governance structure is essential to reducing any barriers to implementing the quality and safe use of medicines.

It is important that the role of the registered nurse as the clinical lead within nursing homes, in particular their role in medicine management and administration is acknowledged and supported. Ensuring there is no blurring of professional lines of accountability and responsibility which could lead to matters falling between the gaps is essential. Strong engagement from nurses and their representatives along the implementation journey needs to be an ongoing part of the process for the success of these roles.

Further, as with other multidisciplinary team members, it is important that integrated digital health systems are easily accessible within nursing homes to support safe medicines management and care processes more broadly. These connections need to expand to also include local pharmacies, general practice and health services.

- 6. How should continuing professional development, mentoring and networking of on-site pharmacists be supported and maintained?**
- 7. What training currently exists that could be adapted to meet these essential training requirements? Can they be upscaled if required?**
- 8. What would 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?**
- 9. How would accredited pharmacists make the transition into the role of an on-site pharmacist in a residential aged care home?**

The ANMF has determined that these four questions are best answered by the pharmacy profession.



10. What outcome indicators should be included in addition to the aged care QIs for medication management, e.g. specific indicators on inappropriate antimicrobial use, anticholinergic load reduction?

As medicine management is a complex process that is vulnerable and error prone,⁷ it is essential that there is a strong effective clinical governance framework⁸ in place that wraps around this element of care delivery. An essential part of this framework are the National Quality Indicators. Although a number of the current quality indicators could inadvertently relate to medicine management such as falls or unplanned weight loss, the medicine specific indicator is medication management (new) including polypharmacy and anti-psychotics. Further to this, the ANMF supports additional indicators that relate to high-risk medicines use, including insulin, opioid analgesia, and anticoagulants.⁹ The ANMF also recommends an additional quality indicator that monitors the high risks associated and recognised with medicines management at transitions of care.¹⁰ The number of Residential Medication Management Reviews (RMMRs) completed per nursing homes would also be a useful additional indicator.

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

As the ANMF has outlined earlier in this response, it is vital that the on-site pharmacist role works in collaboration with the multidisciplinary team, this also applies to the MAC. The on-site pharmacist's contribution in these meetings will be invaluable, alongside their colleagues from other health professions, to collectively work through medicines issues to resolve and improve these issues.

A barrier to the on-site pharmacist working with the MAC is the potential overlap of the roles of the registered nurses and the new pharmacist role. Registered nurses have a significant role in the MAC and their contribution as the health practitioner managing and administering medicines over the 24 hour period of holistic care delivery needs to be respected and acknowledged. Clear role delineation and procedural guidelines between these two roles need to be identified and developed, outlining key responsibilities and accountabilities including the synergies of effective collaboration.

A further consideration must be development of a safety culture within nursing homes, both at a staff and management level to support medicines safety. With the development of such cultures which promote the identification of issues, risks and incidents, the effectiveness of clinical governance process, including the MAC, will be enhanced.



While it is the obligation of nurses, via their professional standards for practice, to report risks, issues and incidents, it is also incumbent on aged care providers to promote functional safety cultures as an essential element of clinical governance.

12. What support will facilities require with this transition, in addition to the on-site pharmacist?

As the ANMF have highlighted a number of times in this response, the implementation of this new role will require open and transparent communication. The role and responsibilities of the on-site pharmacist position within nursing homes will need to be defined to ensure clear lines of responsibility and accountability are evident across the multidisciplinary team to ensure the principles of quality use of medicines are applied.

13. What is the optimum period of time required for the transition, i.e. how long do you think the RMMR and QUM services funded under the 7CPA Pharmacy Programs should continue at aged care homes that engage an on-site pharmacist?

As outlined in the consultation paper, the on-site pharmacist role will expand on the services to nursing homes funded under the 7CPA Pharmacy Programs. The RMMRs and the QUM Program services will not be funded in addition to the on-site pharmacist funding. As it will take time to implement on-site pharmacists across all nursing homes, the ANMF suggests that the funding for the RMMRs and the QUM Program services should continue to be funded until there is full implementation.

CONCLUSION

Thank you for the opportunity to provide feedback to the public consultation for the Aged Care on-site pharmacist measure. The ANMF is committed to processes that enhance and improve the care and safety for individuals receiving aged care services in nursing homes and supports the introduction of this measure. If implemented effectively, this measure will not only improve care outcomes for people in nursing homes but it will also provide much needed support for registered nurses and enrolled nurses delivering care to older people. To be effective, the implementation of this measure must consider the roles and intersection of not only the on-site pharmacist but also prescribers, registered nurses and enrolled nurses, all of whom have key roles and responsibilities in ensuring the quality use of medicines in aged care across the medicines management continuum.



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