



australian
nursing federation

Submission to the evaluation of the Residential
Medication Management Review (RMMR)
Program undertaken by Campbell Research and
Consulting on behalf of the Australian Government
Department of Health and Ageing

August 2009

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1. Introduction

The Australian Nursing Federation (ANF), established in 1924, is the national union for nurses and midwives, and has Branches in each State and Territory of Australia.

The ANF is the largest professional and industrial nursing and midwifery organisation in Australia, with a membership of over 170,000 nurses and midwives who are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors.

The core business of the ANF is the industrial and professional representation of our members and the professions of nursing and midwifery.

The ANF participates in the development of policy in nursing and midwifery, nursing and midwifery regulation, health, community services, veterans' affairs, education, training, occupational health and safety, industrial relations, immigration, foreign affairs, social justice, human rights and law reform.

The ANF is pleased to make submission to the evaluation of the Residential Medication Management Review (RMMR) Program, being undertaken by Campbell Research & Consulting under commission from the Australian Government Department of Health and Ageing.

The ANF notes that the RMMR aims to improve the medicines management for permanent residents of Australian Government funded aged care homes and promote quality use of medicines in aged care homes.

2. Quality use of medicines in residential aged care facilities

The ANF is committed to promoting quality use of medicines in all settings where medicines use is recommended. This is especially so in residential aged care facilities where frail older people are most often requiring assistance with their medicines use. The ANF's position in relation to residential aged care facilities is encapsulated in the following statement from the introduction to the *Nursing Guidelines for the Management of Medicines in an Aged Care Setting*:¹

*Medicines, while making a significant contribution to the treatment of ill health and the prevention of disease, to increasing life expectancy and improving health outcomes, have the potential to cause harm. The quality use of medicines requires that the appropriate medicine is prescribed; that it be available at a price the individual can afford; and that it be prescribed, dispensed and administered correctly. The goal of any medicine service for older people is to promote quality of life.*²

It is the view of the ANF that safe, quality care, reinforced by accreditation and funding reporting requirements for aged care facilities demands a safe medicine management system. All aged care services must have clear policies and procedures in relation to responsibilities for the prescription, supply, administration, storage and disposal of medicines. Similarly all aged care services must have systems and resources available and accessible to nursing staff to enable them to implement and adhere to legislation, policies and procedures, and to identify and resolve problems in relation to the prescription, administration, initiation, and adjustment of medicines.³

Nurses, as licensed and authorised practitioners, have a key role and a professional responsibility in ensuring the quality use of medicines, whether prescription or over the counter, including complementary medicines.

The Australian Pharmaceutical Advisory Council (APAC)⁴ model states that, in cases where older people are unable to self-administer, registered nurses or authorised enrolled nurses are the most appropriate professionals to administer medicines, in residential aged care facilities. Enrolled nurses, including authorised enrolled nurses, work under the direction and supervision of registered nurses. The education of registered nurses enables them to be aware of the benefits and potential hazards in the use of medicines and to administer medicines safely, as well as monitor their efficacy and any adverse effects. Additionally, registered nurses have the necessary skills to assess the changing needs of the older person and their care; evaluate the person's response to medicines; and accurately communicate that information. In this way, registered nurses provide a vital link between the older person and other health professionals such as a medical practitioner and a pharmacist.

Barriers to quality use of medicines in residential aged care facilities exist. Polypharmacy, excessive use of tranquillisers and psychotropic agents, lack of processes for medicines review, and the administration of medicines by unqualified or inappropriately qualified staff all pose risks to the quality use of medicines in residential aged care settings. Administration of medicines by unqualified staff or inappropriately qualified staff not only leads to the potential for error, but without appropriate education staff may be unable to identify potential side effects or adverse reactions requiring intervention.

The altered pharmacokinetic and pharmacodynamic changes associated with age and polypharmacy in older people require the specific pharmacological knowledge and skills of qualified health professionals including registered nurses, authorised enrolled nurses, pharmacists and medical practitioners for the safe management of medicines in aged care settings. The quality use of medicines goes beyond the administration of medicines and must include formal processes for evaluation of clinical outcomes and review of medicines prescribed.

2.1 Medication review

The key benefits of a residential medication management review program to residents of aged care facilities is that there is a built in process for regular, formal evaluation of their medicines. The types of medicines and the doses of those medicines required by an older person may change over time making it imperative that these are reviewed for continued efficacy in terms of health outcomes.

The APAC guidelines recommend that residents' medications should be reviewed by members of the health professional team.⁵ This regular review of medication, undertaken in consultation with the resident where possible, was seen by APAC as an essential component of good quality care. The guidelines go on to say that these reviews should involve collaboration between the medical practitioner, pharmacist, nursing staff, other health professionals and the resident and/or carer.

The ANF recommends: That there continue to be a process for regular, formal evaluation of residents' medicines through a recognised Residential Medication Management Review program.

3. The Nurse Practitioner in residential aged care facilities

Nurse practitioners are registered nurses with the education and extensive experience required to perform in an advanced clinical role. A nurse practitioner's scope of practice extends beyond that of the registered nurse. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.⁶

The Federal Budget of 2009/10 included provision for nurse practitioners to gain access to Medicare Benefits Schedule rebates and Pharmaceutical Benefits Scheme subsidies on medicines for their clients. The legislation around this is currently being prepared and the anticipated commencement date is November 2010. The ANF has welcomed this long-awaited facility for nurse practitioners which will provide a greater degree of access for the community to health professionals and therefore improved equity in care services. The scope of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise.

The nurse practitioner role was first introduced into New South Wales in 2000 – that is, after the 1997 commencement of the RMMR program. The role is now well established across all States and Territories, and is designed to augment those of other providers of health and medical services. Nurse practitioners are first and foremost nurses with advanced educational preparation and experience, with authorisation to practise in an expanded nursing role.⁷

The Australian Nursing and Midwifery Council conducted a project in 2004 on the nurse practitioner role. The project's report titled *Nurse Practitioner Standards Project* summarises the research findings as

The core role of the nurse practitioner is distinguished by autonomous extended practice. The practice is dynamic in that it requires the application of high-level clinical knowledge and skills in both stable and unpredictable as well as complex situations. The role is characterised by professional efficacy and has a therapeutic potential enhanced by autonomy and legislated privileges. Practice in this role is sustained by a commitment to lifelong learning and fidelity to the primacy of a nursing model of practice. The nurse practitioner is a clinical leader with a readiness and an obligation to advocate for their client base and their profession at the systems level of health care.⁸

When prescribing medicines, authorised nurse practitioners must meet the same rigorous standard of care that applies to authorised medical practitioners and registered dentists. Additionally, in aged care settings, registered nurse practitioners have an important role in educating service providers, consumers and other nurses about the quality use of medicines; being involved in quality improvement activities, including the review and evaluation of medicine systems; and providing support and direction to registered nurses and endorsed enrolled nurses in the administration and quality use of medicines.

There are now nurse practitioners in the aged care sector in most States and Territories. With their clinical expertise in the care of older people, these health professionals are making a significant contribution to the care of the elderly. A prime example is Debbie Deasey who works on the north coast of New South Wales which has one of the highest concentrations of older Australians.⁹ Through Debbie's work with the local residential aged care facilities, she has been able to help older people avoid traumatic hospital admissions. The NSW Department of Health has estimated Debbie's work has saved the hospital \$1.5 million in hospital admissions for the over 65s.

A nurse practitioner project was conducted in the ACT, concluding in 2007, which resulted in three nurse practitioners being authorised to practice in the aged care sector.^{10 11} The Executive Summary to that report states that

...the Nurse Practitioners have established their roles and scope of practice, diversified and expanded their services. They ... developed new strategies for timely interventions in health care delivery to the aged...These activities, plans and strategies have resulted in significant achievements which (sic) include:

- *reduction in hospital admissions from residential aged care facilities and the community*
- *reduction in re-admission rates following discharge from acute care hospitals*
- *reduction in presentations to emergency departments from aged care facilities*

- *improvement in the management of end of life care*
- *reduction in falls in the residential aged care*
- *decreased incidence of pressure areas*
- *successful introduction of a clinic for rapid assessment of the aged at risk of hospital admission*
- *early identification of 'at risk' patients discharged from the acute care setting to the community*

The Nurse Practitioners also:

- *established successful collaborative working relationships with medical staff and multidisciplinary teams (in particular, increasing regular, direct contact and collaboration with residents' General Practitioners has enabled care of a more dynamic and appropriate nature for the residents)*
- *provided clinical and professional leadership to nursing*
- *significantly contributed to the design and development of new strategies to meet the health care needs of the aged across the continuum of care.¹²*

The above examples are provided as evidence of the positive contribution to the care of the elderly by nurse practitioners and highlight the expert nature of their practice.

The ANF, therefore, strongly contends that an enabler of the RMMR program would be the inclusion of nurse practitioners as reviewers, in addition to the current arrangement of using pharmacists. This inclusion of nurse practitioners would have the added benefit that, as clinical leaders and experts in aged care, they are acquainted with the clinical profile of the residents and the special needs of the elderly. Nurse practitioners are thus well placed to undertake medicines reviews, in consultation with the patient and the multidisciplinary health professional team.

The ANF recommends: That an enabler of the Residential Medication Management Review program is the inclusion of nurse practitioners as reviewers.

4. Summary

The ANF has welcomed the opportunity to make submission to the evaluation of the Residential Medication Management Review (RMMR) Program, being undertaken by Campbell Research & Consulting under commission from the Australian Government Department of Health and Ageing.

With the stated aims of the RMMR being to improve the medicines management for permanent residents of Australian Government funded aged care homes and promote quality use of medicines in aged care homes, the ANF has made the following recommendations for consideration in the evaluation of the program:

Recommendation 1: That there continue to be a process for regular, formal evaluation of residents' medicines through a recognised Residential Medication Management Review program.

Recommendation 2: That an enabler of the Residential Medication Management Review program is the inclusion of nurse practitioners as reviewers.

The ANF would be pleased to be engaged in further discussion with Campbell Research & Consulting to expand on information provided in our submission.

References

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