



SHPA comments to Safer Care Victoria on the Improving Medication Management in Youth Residential Care project, June 2023

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA welcomes the opportunity to inform Safer Care Victoria's response to the Victorian Department of Families, Fairness and Housing on the *Improving medication management in youth residential care* project.

SHPA convenes a Mental Health Specialty Practice Group and a Paediatrics and Neonatology Speciality Practice Group, comprising networks of SHPA members with expertise in mental health and paediatric care. Mental Health pharmacists support the pharmacological management of patients in mental health units and in all inpatient, outpatient, ambulatory or primary care settings that treat patients with mental health conditions. Paediatric pharmacists support the pharmacological treatment of child and adolescent illnesses in inpatient, outpatient, ambulatory or primary care settings.

Existing policies and guidelines

SHPA believes that Safer Care Victoria could leverage the existing guiding principles for medication management in residential aged care facilities¹ while considering requirements for medication management in youth residential aged care, as both patient cohorts are vulnerable to adverse effects of medicines. The guiding principles promote Quality Use of Medicines (QUM) and medication management by establishing formalised governance structures as well as implementing policies, procedures and guidelines to support care recipients.

Recommendations from SHPA's Standards of Practice for Mental Health Pharmacy Services² (currently being updated) would support the principles in psychotropic medicine prescribing and associated considerations for this project.

Standardisation of electronic medication charts and management systems

The lack of standardisation in ordering and administering medications has been identified as a risk factor for errors. The Australian Commission on Safety and Quality in Health Care (ACSQHC) has developed tools and resources to improve the standardisation of medicines management and documentation³ – including the National Inpatient Medication Chart (NIMC) in acute care settings and the National Residential Medication Chart (NMRC) for use in residential care facilities – which could be utilised for the development of statewide medication administration record templates for this project.

Safer Care Victoria should consider Electronic Medical Record (EMR) and/or Electronic Medication Management (EMM) systems rather than paper-based records to reduce the number of preventable adverse medication events, and medication prescribing and administration errors in youth residential care. EMM systems can improve the accuracy, visibility and legibility of medical/medication-related information, so that the communication between health professionals and consumers is clearer.



Embedding pharmacists in youth residential care to address gaps in medication management

The ACSQHC report on medication safety in mental health⁴ found variations in medication safety practices and strategies across mental health services in Australia. The report recommended that strategies proven to be successful in improving medication safety in general health be adapted and implemented in mental health settings, including: the use of clinical pharmacy services; medication reconciliation services; standardised systems for medication ordering and administration; and pharmacist participation in multidisciplinary team meetings.

The Department of Health and Aged Care is due to introduce on-site aged care pharmacists to residential aged care facilities (RACF) imminently. Pharmacists practising in these roles will work with multidisciplinary teams to ensure that treatment is rational, safe, cost-effective, aligned with the person's healthcare goals and preferences, and manageable without excessive treatment burden. A similar approach could be proposed in youth residential aged care to provide high quality medication management through regular medication reviews and tailored treatment plans.

Further embedding and utilisation of pharmacists will help ensure adherence to guidelines and support clinicians in medication-related decision making to reduce inappropriate use of medicines for young people in residential care settings and reduce medication-related errors. Pharmacists may also support local services with benchmarking, setting key performance indicators (KPIs) as well as developing, monitoring and reporting on appropriate measures through clinical audits and research.

Pharmacists embedded in youth residential care settings can implement and lead a range of clinical services including medication management in reproductive healthcare, and stewardship programs similar to those seen in hospital inpatient settings.

Reproductive healthcare

Pharmacists promote reproductive healthcare by providing education, counselling and discussion of contraceptive options and associated risks with consumers both in the community and hospital settings. In line with the priorities outlined in the National Women's Health Strategy 2020-2030⁵, SHPA believes that pharmacists must work collaboratively with prescribers in improving sexual and reproductive health outcomes and increasing the appropriate uptake of contraceptive medications for women in youth residential care.

Antipsychotic stewardship

Medicines are an important treatment modality for many mental illnesses. The nature of mental health is often complex, specialised and complicated by the unique problems inherent in the management of mental illness, e.g., paranoia and suspicion about treatment, hallucinatory distractions, barriers to insight and understanding, confusion or cognitive impairment. Dual diagnosis with alcohol and substance misuse further complicates this. Embedded pharmacists could perform an Antipsychotic Stewardship role and would be best positioned to apply their clinical knowledge and expertise to help ensure that consumers receive optimum treatment.

Antipsychotic stewardship includes deprescribing of inappropriate combinations of medicines and/or high dose antipsychotic therapy, which are often associated with risks such as obesity, diabetes and unacceptable side effects. These factors can affect youth adherence to treatment, leading to multiple hospital readmissions and poor health outcomes.

SHPA understands that following the Royal Commission into Victoria's Mental Health System, the Victorian Government is developing a strategy to reduce the use of seclusion and restraint including guidelines and reporting directives, which is also a part of the framework for reducing restrictive interventions.⁶ SHPA strongly recommends pharmacist input and oversight is employed to support these guidelines to ensure best practice and monitoring occurs around the use of medication for behaviours of concern.



Antimicrobial stewardship

Overuse of antibiotics is the key driver of increasing Antimicrobial Resistance (AMR), thus antibiotic stewardship and prevention of inappropriate antibiotic use is vital in minimising the increasing rates of AMR. To meet the recommendations outlined in the Antimicrobial Stewardship Clinical Care Standard⁷ published by the ACQHC, pharmacists promoting antimicrobial stewardship should be embedded into all facilities that use antimicrobials to treat patients.

Hospital infectious diseases pharmacists are medicines experts and are involved in leading, implementing and evaluating Antimicrobial Stewardship (AMS) program activities and initiatives at an organisation level. This includes managing formularies, approval systems, monitoring use and evaluating interventions and delivering AMS training and education. This AMS approach needs to be extended to these community settings, in which the greatest proportion of antibiotics are prescribed.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jjyk@shpa.org.au.

References

¹ Department of Health and Aged Care. (2022). Guiding Principles: Medication management in residential aged care facilities. Available at: <https://www.health.gov.au/sites/default/files/2023-02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf>

² The Society of Hospital Pharmacists Australia. (2012). Standards of Practice for Mental Health Pharmacy Services. Currently being updated

³ Australian Commission on Safety and Quality in Health Care. Medication charts. Available at: <https://www.safetyandquality.gov.au/our-work/medication-safety/medication-charts>

⁴ Australian Commission on Safety and Quality in Health Care.(2017). Medication safety in mental health. Available at: <https://www.safetyandquality.gov.au/sites/default/files/migrated/Medication-Safety-in-Mental-Health-final-report-2017.pdf>

⁵ Department of Health and Aged Care.(2019). National Women's Health Strategy 2020–2030. Available at: <https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030>

⁶ Department of Health. State Government of Victoria.(2013). Providing a safe environment for all Framework for reducing restrictive interventions. Available at: <file:///C:/Users/RhujulPatel/Downloads/framework-for-reducing-restrictive-interventions-final--pdf.pdf>

⁷ Australian Commission on Safety and Quality in Health Care. (2020). Antimicrobial Stewardship Clinical Care Standard.

