

1 July 2015

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## Re: Hip Fracture Clinical Care Standards

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for over 3,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is the only professional pharmacy organisation with a core base of members practising in public and private hospitals and other health service facilities.

SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. SHPA supports pharmacists to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians, as individuals, for the community as a whole and for healthcare facilities within our systems of healthcare.

SHPA welcomes the Australian Commission for Safety and Quality in Health Care's (ACSQHC) development of the Hip Fracture Clinical Care Standards and has the following remarks to make. In preparing this submission, SHPA has consulted with our various Committees of Specialty Practice.

**How well does each quality statement describe the key aspects of care? Provide any comments you may have. If any of the quality statements need to be modified, please explain how they should be modified and why.**

### **Quality Statement 2 – Pain Management**

This standard should also comment on the importance of preventing, identifying and managing the adverse effects of analgesia as they can prolong and / or complicate admissions i.e. constipation, sedation, delirium.

### **Quality Statement 3 – Orthogeriatric model of care**

This statement should align with *Safety and Quality Improvement Guide Standard 4: Medication Safety*. That is: medication reconciliation and review are multidisciplinary processes and that clinical pharmacists have been shown to take the most comprehensive medication histories. Medication review by a pharmacist is also critical in hip fracture patients to assess:

- if any medicines contributed to the patients fall and future falls risk
- appropriateness of osteoporosis medicines in the context of the patient's age and gender
- adherence to osteoporosis medicines which is known to be poor

A quantitative indicator that details the requirement for a medication review to be performed should be incorporated.

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The Society of Hospital Pharmacists of Australia

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**Quality Statement 5 – Mobilisation and weight-bearing**

SHPA believes this standard should also make comment on protocols for venous thromboembolism (VTE) prophylaxis and VTE risk assessments. It should include an indicator specification for implementation rates of VTE prophylaxis.

**Quality Statement 7 – Transition from hospital care**

As noted the care plan should include a summary of any changes in medicines and any new medicines which should be based on a medication reconciliation process. The Statement should reflect that this is a multidisciplinary process (it is usually the pharmacist that will counsel the patient on the changes to their new medication regimen including how to manage VTE prophylaxis). The final section of consumer fact sheet should align with this Statement.

If you would like to discuss the content in this submission or require further information, please contact our office ([shpa@shpa.org.au](mailto:shpa@shpa.org.au) or 03 9486 0177).

Yours sincerely



Professor Michael Dooley  
SHPA Federal President