

## **SHPA response to Consultation – Review of the Aged Care Quality Standards: Standard 5, Clinical Care, November 2022**

### **1. How satisfied are you that the revised Quality Standards will set the right expectations for safe and quality care and services for older people in the future?**

Satisfied. The Society of Hospital Pharmacists of Australia (SHPA) believes that older people should be able to expect timely access to safe and quality care.

### **2. *Standard 5 expectation statement for older people: I receive safe, effective, and person-centred clinical care which meets my needs.***

**Do you think this expectation statement for older people is right?**

Yes. SHPA agrees with the Standard 5 expectation statement for older people, however, notes that there is a need for the addition of the term 'timely' to this statement. Clinical care that is not safe, effective and person-centred yet delayed is not appropriate and older Australians should expect timely care when needed.

### **3. Do you think the outcome statements and actions are clear and readily understood?**

Yes. SHPA believes that the outcome statements and actions are clear. However, has the following suggestions in order to achieve the actions:

#### **Embedded pharmacists in aged care**

In order to achieve the actions outlined in the outcome statement 5.3 *Medication Safety*, it is essential that pharmacists are embedded into aged care facilities. From early next year, the Department of Health and Aged Care will introduce aged care on-site pharmacists to residential aged care facilities (RACF). 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.

Action 5.3.2 states that providers should ensure older people have access to medication reviews. Residential Medication Management Reviews (RMMR) and Home Medicines Reviews (HMR) have been underutilised, and not performed at appropriate time with any subsequent actions following the review not resulting in changes in a timely way. Embedding pharmacists in RACFs is a solution that can provide not only regular medication reviews but also proactively prevent unnecessary polypharmacy from occurring.

Clinical services delivered by aged care on-site pharmacists, including their key role requirements and responsibilities, should meet the best-practice geriatric medicine clinical pharmacy services in residential aged care settings as defined by *SHPA's Standard of Practice in Geriatric Medicine for Pharmacy Services*.<sup>1</sup>

Hospital pharmacists regularly provide geriatric medicine pharmacy services to optimise medication management and improve medication-related outcomes for older people in hospitals, residential aged care and ambulatory settings, and during transitions of care between settings. Their roles and responsibilities are outlined in Table 1 of *SHPA's Standard of Practice in Geriatric Medicine for Pharmacy Services* which align with the action points in outcome statement 5.3.

SHPA strongly recommends that *SHPA's Standard of Practice in Geriatric Medicine for Pharmacy Services* is adopted by all bodies involved in the regulation and the delivery of the aged care on-site pharmacist measure in residential aged care homes, including ACQSC, PHNs, service providers, and residential aged care homes, and that achieving the Standard is integrated into all clinical governance structures.

*SHPA's Standard of Practice in Geriatric Medicine for Pharmacy Services* remains the only national standard of practice in Australia which describes comprehensively, the best practice pharmacy services patients in residential aged care should be receiving. The aged care on-site pharmacist roles and responsibilities should also align with the Guiding principles for medication management in residential aged care facilities and the *Guiding principles to achieve continuity in medication management*, which promote safe, quality use of medicines and medication management in residential aged care homes and during transitions of care.

Action 5.4.7 requires evidence-based processes in managing swallowing risks with oral medicines. Pharmacists embedded in aged care facilities are best placed to advise on formulation and compatibility of medicines at point of prescribing.

### **Pharmacist's role in stewardship**

In hospitals, pharmacists perform a range of stewardship activities including opioid, psychotropic and antimicrobial stewardship which can be applied to embedded pharmacist roles in aged care settings. Assessing anticholinergic burden and anticoagulant assessment are also an essential role of pharmacists working in aged care. SHPA proposes that these activities are reflected in the actions for Clinical Care Standard 5 to provide the highest quality use of medicine for older people.

### **Antimicrobial stewardship**

Although outcome 5.2 *Preventing and controlling infections in clinical care*, mentions antimicrobial stewardship, SHPA believes a corresponding action point could be included in outcome 5.3 *Medication Safety* as this relates to appropriate use of antimicrobials. The role of infectious disease pharmacists and antimicrobial stewardship should be recognised to optimise antimicrobial usage and stewardship practices.

Infectious diseases pharmacists or antimicrobial stewardship (AMS) pharmacists should be embedded into antimicrobial stewardship teams in all healthcare facilities that use antimicrobials to treat patients. This is required to meet the *Antimicrobial Stewardship Clinical Care Standard* published by the Australian Commission on Safety and Quality of Health Care.

The role of infectious diseases pharmacists during the global COVID-19 pandemic, highlighted the importance of ensuring they are integrated within the Infectious Diseases and Infection Prevention and Control systems to support pandemic preparedness as well as the day-to-day management of infectious diseases outbreaks. Infectious diseases pharmacists are also moving into innovative, future-focused services such as infectious disease in primary care, and AMS in aged care facilities, as there is growing evidence of improved patient outcomes.

### **Psychotropic stewardship**

Outcome 5.3 *Medication Safety* mentions reducing the inappropriate use of psychotropic medications but does not discuss the important role of psychotropic stewardship in preventing this from occurring. As outlined in SHPA's *Position Statement: Geriatric Medicine and Aged Care Clinical Pharmacy Services*<sup>2</sup>, hospital admissions can trigger initiation of psychotropic medications that are intended to be utilised short-term, but which may be continued unnecessarily when the individual returns home or to a RACF. Geriatric Medicine Pharmacists embedded in aged care psychotropic stewardship programs, play a significant part in minimising chemical restraint through regular audits and quality improvement activities.

SHPA believes that it is therefore essential that providers implement a psychotropic stewardship role as a key action in order to mitigate risks to older people associated with the use of high-risk medicines and reduce the inappropriate use of psychotropic medications.



## Opioid stewardship

Action 5.4.14 refers to recording and managing pain but does not clarify management from a medication perspective. Opioid Stewardship Pharmacists (OSP) are clinical pharmacists with expertise in pain and analgesia management and aim to mitigate harm associated with prescribed opioids. Strategies include collaborating with prescribers, managing supplies of opioids, increasing patient education and expectation around pain as well as liaising with other prescribers at transitions of care. Following the launch of the *Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard* this year, this reiterates the importance of the appropriate use and review of opioid analgesics for the management of acute pain and to reduce the potential for opioid-related harm in older people.

### 4. How satisfied are you with the outcome statements and actions set by the revised Quality Standards will improve outcomes for the focus area *Clinical care of older people* (standard 5):

Satisfied. SHPA believes that the actions will improve the care of older people and will be facilitated by pharmacists embedded into aged care facilities.

### 5. Do you think the revised Quality Standards apply well to care and services being provided to older people in the following contexts:

- Residential Aged Care Facilities
- Their Home

The revised quality standards must reflect the essential role of embedded aged care pharmacists in RACFs with key responsibilities outline above.

In respect to the setting of older people's homes, the revised quality standards should also reflect the integration of pharmacists in geriatric outreach services.

A major risk in the transition of care process is the misalignment of hospital and community services post-discharge. This leaves a gap for patients at a critical time leaving them at risk of medication error or mismanagement and a delay in medication supply, heavily compromising medication safety.

Geriatric Medicine Pharmacists embedded in outreach roles support the transition of care process by reviewing patient's medications, ensuring they are correctly and safely taking or receiving their medications, and that the intended weaning or cessation of medications post-discharge has occurred. These pharmacists have an opportunity to conduct comprehensive medication reviews to ensure safe and quality use of all medications prescribed and, where appropriate, achieve medication regimen simplification.

### 6. Are there opportunities to make the revised Quality Standards more meaningful and empowering for older people?

SHPA believes that clinical care provided to older people is person-centred care, with the opportunity for older people to communicate their clinical needs and treatment preferences.

### 7. Are there any outcome statements or actions that could not readily be demonstrated by providers?

No.

### 8. Are there any additional outcome statements or actions beyond those in the revised Quality Standards that should be included?

No.



**9. Overall, do you think the revised Quality Standards are an improvement on the current Quality Standards?**

Yes.

**10. Please provide any other feedback on the revised Quality Standards:**

A clearer definition could be provided on what a provider is. Clarity is required to determine if a provider is an outreach program affiliated with a hospital or if they only refer to RACFs.

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 [yyik@shpa.org.au](mailto:yyik@shpa.org.au).

**References**

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<sup>1</sup> Elliott R.A., Chan A., Godbole G., Hendrix I., Pont L.G., Sfetcopoulos D., et al. Standard of Practice in Geriatric Medicine for Pharmacy Services. *Journal of Pharmacy Practice and Research*. 2020;50(1):82-97.

<sup>2</sup> The Society of Hospital Pharmacists of Australia. (2021). Position statement: Geriatric Medicine and Aged Care Clinical Pharmacy Services.

