

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Caring for Cognitive Impairment

Webinar No 7: Safer use of medicines for cognitive impairment

CARING FOR COGNITIVE IMPAIRMENT



Join the campaign and make a difference
cognitivecare.gov.au #BetterWayToCare

Aim

- To provide an overview of the key elements for medication safety for people with cognitive impairment in hospital
- To illustrate the importance of a team approach, providing a consumer, pharmacy, medicine and nursing perspective.



Questions and polls

- You can type your questions or comments in the control panel as we go along
- We are going to run a poll at the beginning, ask you to reflect on the case study during the session and give you the opportunity to ask questions of our panel
- The session will be recorded and the recording and slides uploaded on the campaign website
<http://cognitivecare.gov.au/>

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Poll

What is your position?

CARING FOR COGNITIVE IMPAIRMENT



Cognitive Impairment

is an important safety and quality issue for all Australian hospitals



Patients with cognitive impairment such as dementia and/or delirium have more falls, pressure injuries and functional decline



Dementia and delirium are poorly recognised



30-40% of delirium cases can be prevented



Learn how to recognise cognitive impairment



Prevent delirium



Act to keep people with cognitive impairment safe

**We can
all make a
difference**

NSQHS Standards (second edition)



Clinical Governance Standard



Partnering with Consumers Standard



Preventing and Controlling Healthcare-associated Infection Standard



Medication Safety Standard



Comprehensive Care Standard



Communicating for Safety Standard



Blood Management Standard



Recognising and Responding to Acute Deterioration Standard



4 MEDICATION SAFETY

This standard aims to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. It also aims to ensure that consumers are informed about medicines, and understand their own medicine needs and risks.

The standard in the second edition is largely the same as the standard in the first edition, with one addition for health service organisations to assess patients' ongoing medication management and review their medication.

Why the standard is important

Medicines are the most common treatment used in health care. Although appropriate use of medicines can improve health, medicines can also be associated with harm.¹ Harm may occur because the wrong medicine is prescribed, supplied or used, or because the right medicine is dosed or used incorrectly.

It is estimated that 2-3% of hospital admissions are related to medicines.² This means that at least 230,000 people were admitted to hospital because of a medicine incident in 2011-12. Some groups have even higher rates of hospital admission related to medicines – for example, for those aged 65 years and over, up to 30% of admissions are related to medicines.¹

The cost of such incidents to patients and the healthcare system is significant. A study published in 2009 estimated that medicine-related hospital admissions in Australia cost \$660 million.³ Estimates for 2011-12 place this figure closer to \$1.2 billion.¹

Up to 50% of medicine-related hospital admissions are potentially avoidable.³ Making processes systematic and standardised can improve medication safety. This standard sets out these processes, and the elements that are needed in governance and communication strategies to ensure medication safety.

Introduction - use of medicines video

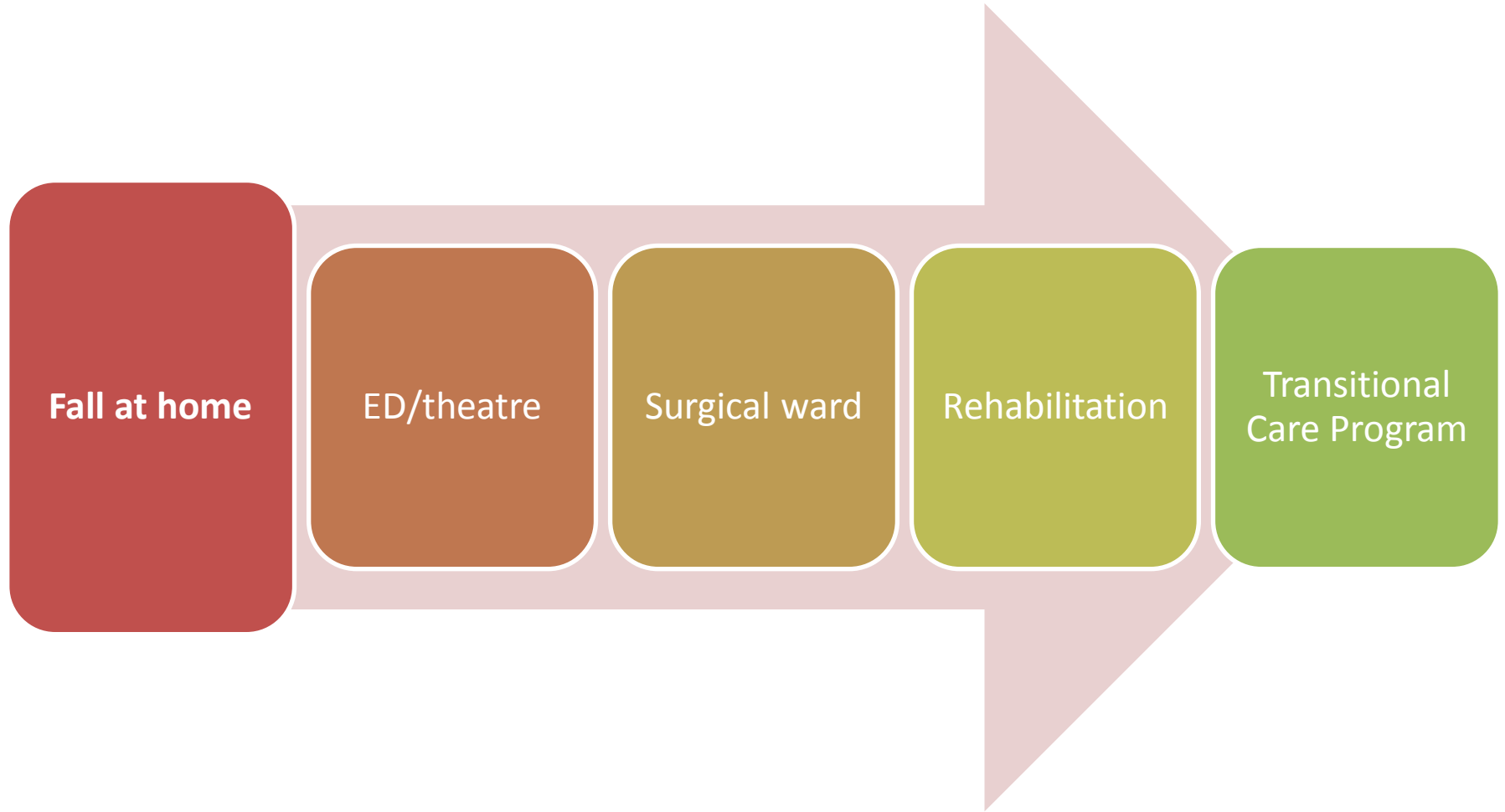


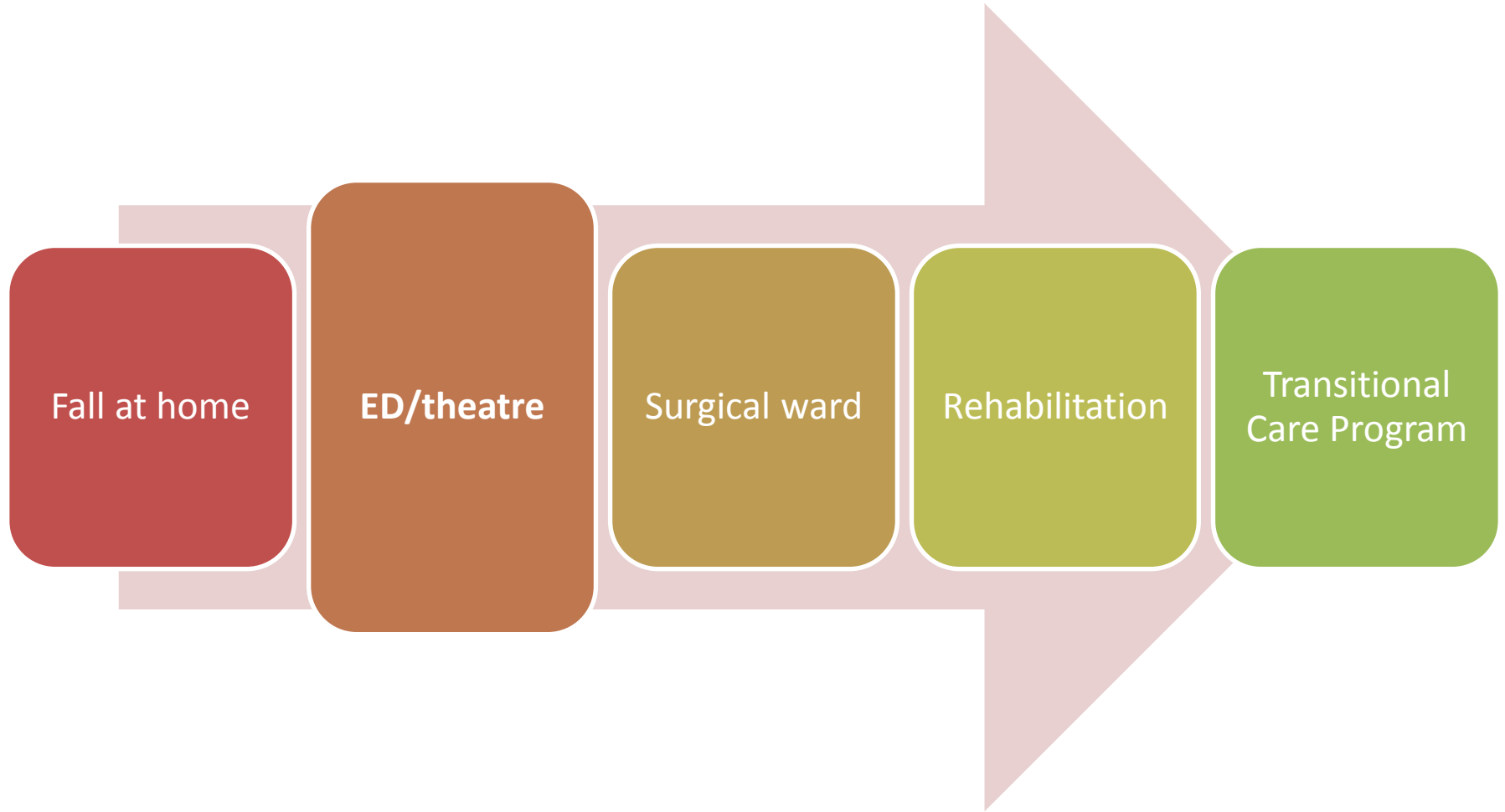
Presenters

- **Ms Mary ETTY-Leal** - Deputy Director of Pharmacy (Royal Park Campus), Royal Melbourne Hospital
- **Dr Ann Rudden** - Associate Professor, Staff Specialist in General Medicine and Geriatrics, Gold Coast University Hospital
- **Ms Anne Moehead** - Nurse Practitioner Psychogeriatrics / Dementia, Nursing & Midwifery Directorate, Northern NSW Local Health District

Mrs Joy Taylor







DO NOT WRITE IN THIS BINDING MARGIN

(Affix patient identification label here and overleaf)

ALLERGIES & ADVERSE DRUG REACTIONS (ADR) <input checked="" type="checkbox"/> Nil known <input type="checkbox"/> Unknown (tick appropriate box or describe details below)			URN: 12345
Drug (or other)	Reaction/Date	Initials	Family name: TAYLOR
			Given names: JOY
			Address: 1A JOHN ST, JOHNSVILLE
			Date of birth: 01/01/1938 Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F

Sign: AP Print: A. PHARM Date: 2/2/18
 1st Clinician to Print Patient Name and Check Label Correct:

MEDICINES TAKEN PRIOR TO PRESENTATION TO HOSPITAL

Medicine Generic name (Trade name) / Strength / Form / Route	Dose	Frequency	Indication (confirm with patient)	How long or when started	Initials, profession	Dr's Plan On Admission ✓: Continue ✗: Withhold Δ: Cease ▲: Change	Supply at home	Reconcile ✓
LEVODOPA/CARBIDOPA TABS	100/25mg	TDS	PD	4RS	AP	✓	✓	✓
PANTOPRAZOLE TABS	40mg	DAILY	GORD	4RS	AP	✓	✓	✓
ASPIRIN TABS	100mg	DAILY	IHD	4RS	AP	✓	✓	✓
ATORVASTATIN TABS	80mg	DAILY	IHD	4RS	AP	✓	✓	✓
METFORMIN TABS	500mg	BD	T2DM	4RS	AP	✓	✓	✓
METOPROLOL TABS	12.5mg	BD	IHD	4RS	AP	✓	✓	✓
GLYCERYL TRINITRATE PAT	25mg	DAILY (MORNING DOSE)	IHD	1 MONTH	AP	✓	✓	✓
TEMAZEPAM TAB	10mg	NOLIE	INSOMNIA	4RS	AP	W	✓	✓
FISH OIL CAPS	1000mg	DAILY	ARTHRITIS	4RS	AP	W	✓	✓

Documented by: Signature: AP Name: A. PHARM Date: 2/2/18
 Counter signature (if required):

KEEP WITH ACTIVE MEDICATION CHART - DO NOT REMOVE

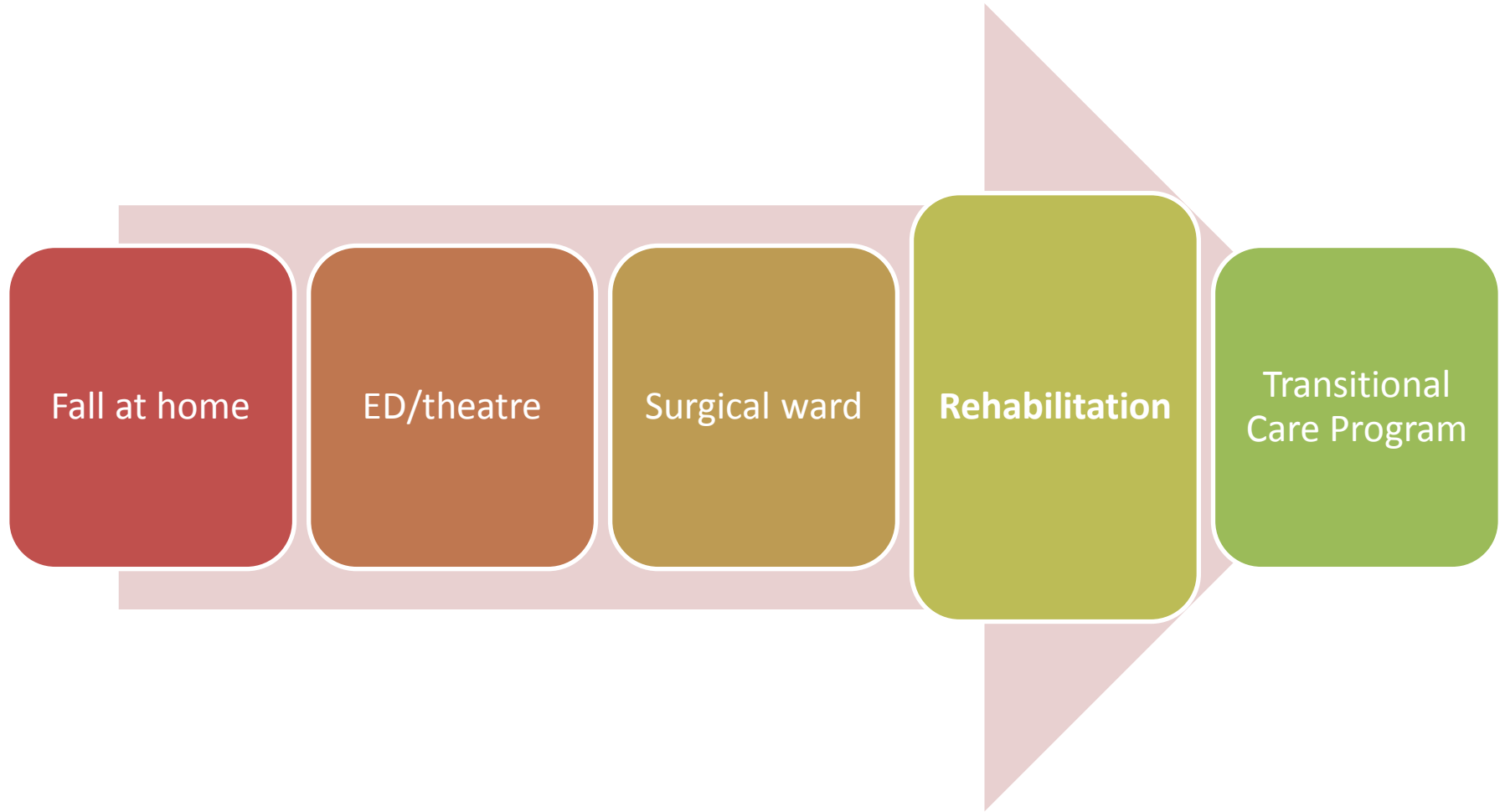
ALLERGIES & ADVERSE DRUG REACTIONS (ADR) <input checked="" type="checkbox"/> Nil known <input type="checkbox"/> Unknown (tick appropriate box or complete details below)		AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVERLEAF	
Drug (or other)	Reaction/Type/Date	Initials	URN: 12345
			Family name: TAYLOR
			Given names: JOY
			Address: 1A JOHN ST, JOHNSVILLE
			Date of birth: Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>

Sign: Jones Print: O. JONES Date: 1/2/18
 First Prescriber to Print Patient Name and Check Label Correct: TAYLOR Weight(kg): Height(cm):

The Royal Melbourne Hospital Ward: 1A Medication Chart No. 1 of 1
 Chart commencement date: 1/2/18 Unit: ORTHO

ADDITIONAL CHARTS
 IV Fluid BGL/Insulin Acute Pain Other
 Palliative Care Chemotherapy IV Heparin

ONCE ONLY, PRE-MEDICATION & NURSE INITIATED MEDICINES								
Date Prescribed	Medication (Print Generic Name)	Route	Dose	Date/Time of Dose	Prescriber/Nurse Initiator (Signature)	Print Your Name	Given By	Time Given
3/2	HALOPERIDOL	1M	0.5mg	STAT	AS	O. TIME	WJ	2130
3/2	HALOPERIDOL	1M	0.5mg	STAT	AS	O. TIME	WJ	2210





ABC Hospital Pharmacy Department
123 Hospital Road
Melbourne VIC

Phone: (03) 9999 1111
Fax: (03) 9999 2222

Patient Details:
123456
Joy Taylor
1A John St, Johnsville
DOB: 01/01/1938
Page: 1 of 2

This is a medilist. It contains important information to help you take your medicines. Do not change your medicines unless you have talked about it with your doctor. It is helpful to bring this list with you to medical appointments.

Medication Name	Trade Brands	Directions	Number to Take				Purpose	Important Information	Qty
			Morning	Midday	Evening	Bedtime			
LEVODOPA-CARBIDOPA 100mg-25mg TABLETS	SINEMET 100/25	Take ONE tablet THREE times a day.	1	1	1		For Parkinson's Disease	Take at the same time every day. This medicine may make you feel drowsy or dizzy and may increase the effects of alcohol. If affected do not drive or operate machinery. Some common side effects are nausea, vomiting, trouble sleeping and dizziness (especially when standing up and when <u>startingfor</u> the first time).	Not supplied
ASPIRIN 100mg TABLETS	MAYNE PHARMA ASPIRIN	Take ONE tablet each day with food.	1				To prevent blood clots.	Take with food. Some common side effects are heartburn, nausea and bleeding. If you have pink or brown urine, red or black bowel motions or increased bruising or nose bleeds tell your doctor <u>immediately</u> .	Not supplied
METFORMIN 500mg TABLETS	DIAFORMIN 500	Take ONE tablet TWICE a day with food.	1		1		To lower blood sugar levels in the treatment of diabetes.	Take with food. Common side effects are nausea and <u>diarrhoea</u> . If you have severe nausea, <u>diarrhoea</u> , vomiting, stomach pain, cramps, fatigue or weight <u>loss</u> tell your doctor immediately.	Not supplied
COLECALCIFEROL 25microg (1000 IU) TABLETS	VITA-D	Take ONE tablet each day.	1				For the prevention and treatment of Vitamin D deficiency. NEW		Not supplied



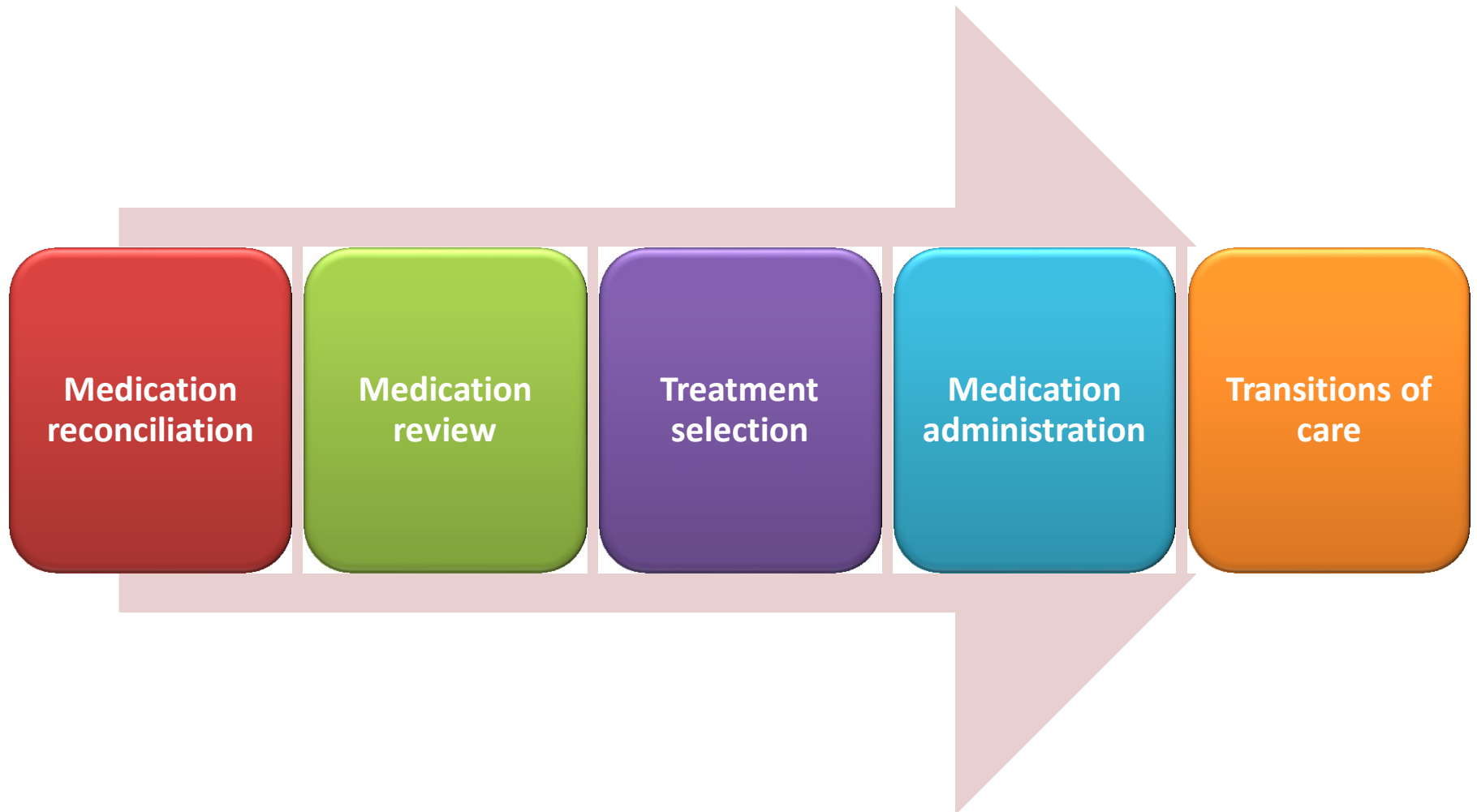
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Question

What went well?

What could have been done better?

Key elements of medication safety in caring for patients with cognitive impairment





- Take and document a best possible medication history – at least two sources
- Review against all medication charts
- Reconcile discrepancies - on presentation and at transitions of care

Prioritise patients with cognitive impairment



- Have formal, structured process
 - In partnership with the patient, carer or family member
 - In collaboration with relevant clinicians involved in the patient's care
- Review medications with anticholinergic load or psychoactive properties
- Consider de-prescribing



- Collaborative decision making and informed consent
- Promote non-pharmacological alternatives
- Understand how medicines move through and out of the body and the effects they have
- Cautious and judicious use of antipsychotics and benzodiazepines
- Monitor and review prescribing



- Establish cognitive/ functional baseline
- Know the person's comprehensive care plan
- Consult family, carer or support person about ability to comply with and response to medicines
- For non-compliance: try later, divert attention, engage carer's help, be mindful of your communication style
- Provide a supportive care environment
- **A team effort!**



- Distribute a current medicines list and reasons for changes to:
 - Consumers and their carers
 - Receiving clinicians at transitions of care
- Provide instructions for discontinuation or future review
- Suggest discontinuation of at risk medications on at risk patients

Tips for consumers

- At home, keep an up to date list of medicines (prescribed and non-prescribed)
 - Participate in a medication review in hospital (in the community at home, you can ask for a medicine review with a pharmacist and your GP)
 - Ask questions, know your medicines, risks and benefits
 - Know your rights in decision making
 - For family members and carers, help staff to get to know the person. Alert staff if the person is not their normal self
- Obtain a list of current medicines and reasons for any changes on discharge and consider requesting review post discharge



Summary

What went well?

- Husband brought in medicines
- Medication review
- Medication list on transfer

What could have been done better?

- Earlier medication reconciliation
- Earlier geriatrician consult
- Improved selection of medicines – wrong choice, wrong dose
- Improved handover to avoid delay
- Involvement in family in decision-making

Commission resources

- [NSQHS Standards \(second edition\)](#)
- [Medication Safety](#)
- [Delirium Clinical Care Standard](#)
- [Hip Fracture Clinical Care Standard](#)
- [Caring for Cognitive impairment campaign](#)

Other resources

- AMH Aged Care Companion. Australian Medicines Handbook
- [NPS Medicinewise Consumer information – managing your medicines](#)
- [NPS Medicinewise Medicines and dementia:what you need to know](#)
- [NPS Medicinewise Medication safety training](#)

Other resources

- [Older people in hospital - medication](#)
- [Commonly prescribed medications in Australian Aged Care that may adversely affect cognition](#)
- [Primary Health Tasmania Resources: Deprescribing](#)
- [Evidence-based Clinical Practice Guideline for Deprescribing Cholinesterase Inhibitors and Memantine](#)

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Join the campaign and make a difference
cognitivecare.gov.au #BetterWayToCare

cognitive.impairment@safetyandquality.gov.au

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Thank you

