Caring for Cognitive Impairment

Webinar No 7: Safer use of medicines 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

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

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{3} Estimates for 2011–12 place this figure closer to $1.2 billion.\textsuperscript{1}

Up to 50\% of medicine-related hospital admissions are potentially avoidable.\textsuperscript{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
Fall at home → ED/theatre → Surgical ward → Rehabilitation → Transitional Care Program
Fall at home → ED/theatre → Surgical ward → Rehabilitation → Transitional Care Program
This is a medication list. 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.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Trade Brands</th>
<th>Directions</th>
<th>Number to Take</th>
<th>Purpose</th>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVODOPA-CARBITOL OPA 100mg-25mg TABLETS</td>
<td>SINEMET 100/25</td>
<td>Take ONE tablet THREE times a day.</td>
<td>1 1 1</td>
<td>For Parkinson’s Disease</td>
<td>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 standing for the first time.</td>
</tr>
<tr>
<td>ASPIRIN 100mg TABLETS</td>
<td>MAYNE PHARMA ASPIRIN</td>
<td>Take ONE tablet each day with food.</td>
<td>1</td>
<td>To prevent blood clots.</td>
<td>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 immediately.</td>
</tr>
<tr>
<td>METFORMIN 500mg TABLETS</td>
<td>DIAFORMIN 500</td>
<td>Take ONE tablet TWICE a day with food.</td>
<td>1 1</td>
<td>To lower blood sugar levels in the treatment of diabetes.</td>
<td>Take with food. Common side effects are nausea and diarrhoea. If you have severe nausea, diarrhoea, vomiting, stomach pain, cramps, fatigue or weight loss tell your doctor immediately.</td>
</tr>
<tr>
<td>COLECALCIFEROL 25microg (1000 IU) TABLETS</td>
<td>VITA-D</td>
<td>Take ONE tablet each day.</td>
<td>1</td>
<td>For the prevention and treatment of Vitamin D deficiency NEW</td>
<td>Not supplied</td>
</tr>
</tbody>
</table>

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

Transitional Care Program
Question

What went well?
What could have been done better?
Key elements of medication safety in caring for patients with cognitive impairment

1. Medication reconciliation
2. Medication review
3. Treatment selection
4. Medication administration
5. Transitions of care
- 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
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

CARING FOR COGNITIVE IMPAIRMENT

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

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Thank you