

MULTI-DISCIPLINARY ASSESSMENT (including MEDICATION REVIEW) OF PATIENTS AT A RESIDENTIAL AGED CARE FACILITY

Rachael Cooke	Clinical Pharmacist
Althea Lord	Geriatrician
Mary Daly	Nurse Practitioner



Adelaide, March 2011

BACKGROUND

- Polypharmacy
 - multiple co-morbidities and medications
- GP commitments

BACKGROUND

- Pharmacist-led reviews variable response
- MDT approach

AIM

- To determine the benefits of using a multi-disciplinary team to assess and review Aged Care Facility residents.
- This assessment was to include a Medication Review

REVIEW TEAM

Secondary Care - Geriatrician
Clinical Pharmacist
Nurse Practitioner

Aged Care Facility - Senior Nurses

Primary Care - GP
Community Pharmacy

PILOT STUDY- May 2009

Facility 1:

- Reviewed 25 Hospital Level Care patients
- Average age 83.6 years

FACILITY 2

November 2009

- Mixed Hospital and Rest Home Level of Care patients

METHODS

Prior to review:

- Planning:-

 - GP

 - Facility nurses

 - Community Pharmacy

- Consent obtained

- Paper audit of medications and clinical records by clinical pharmacist

METHODS

Day of review:

- Round table discussion
- Focused physical assessment
- Discussion with family
- Proposed changes discussed
- Clinic letter
- Medication chart review 4 months later

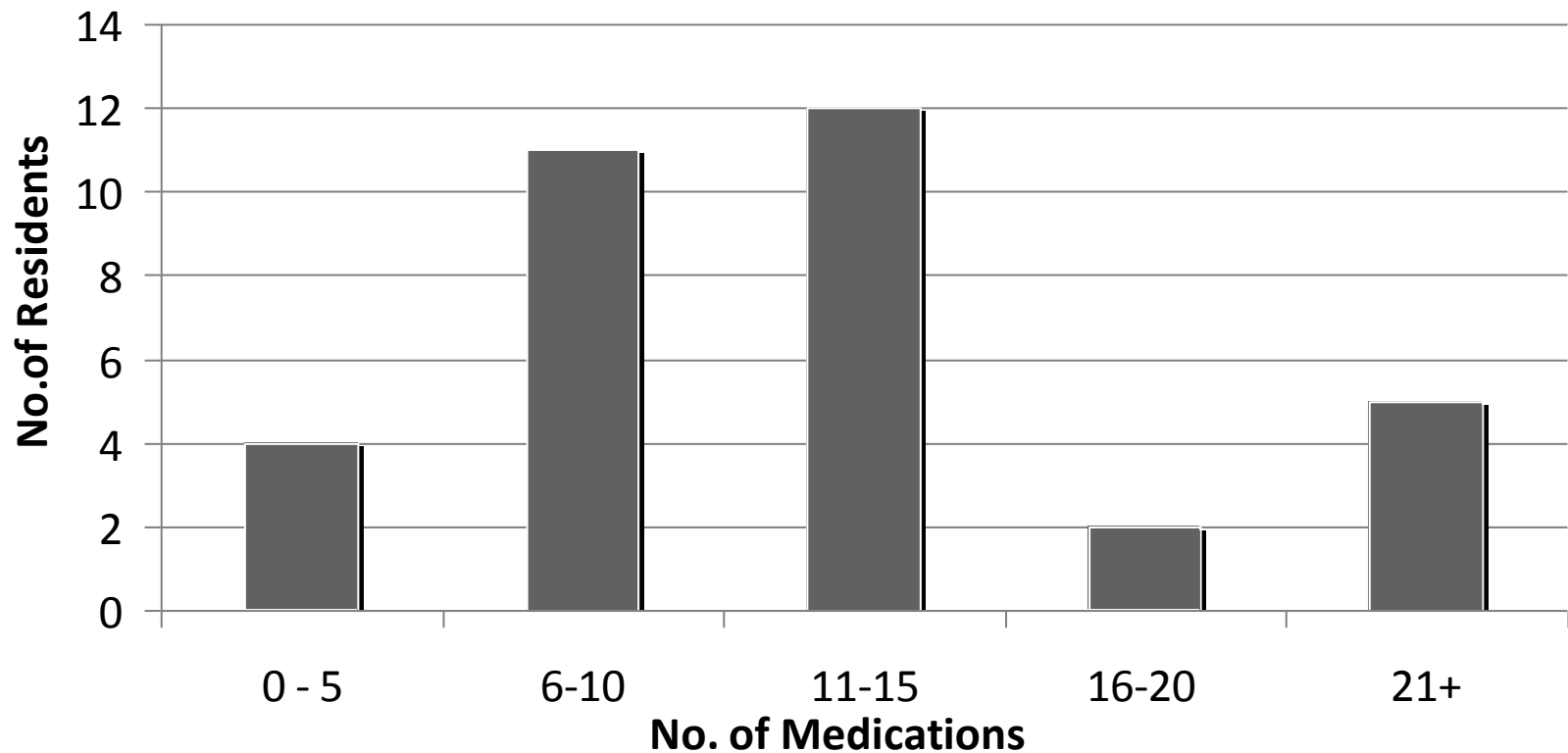
RESULTS - FACILITY 2

34 patients reviewed over 3 weeks

Av age 85 years

31 out of 34 patients had medication
changes recommended

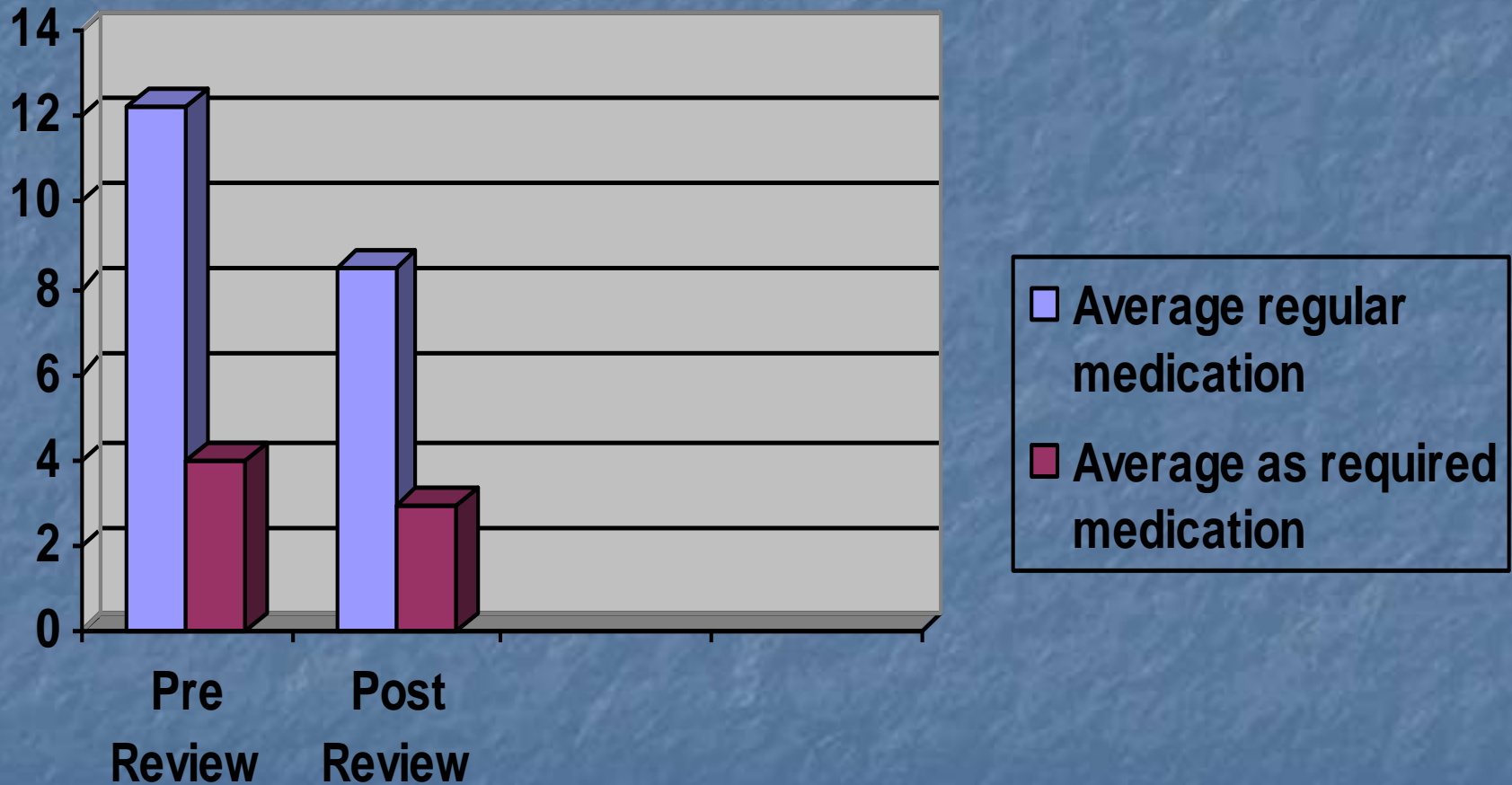
RESULTS- NUMBER OF REGULAR MEDICATIONS



CHANGES TO MEDICATIONS

- 176 items recommended for discontinuation
- 38 items recommended to commence

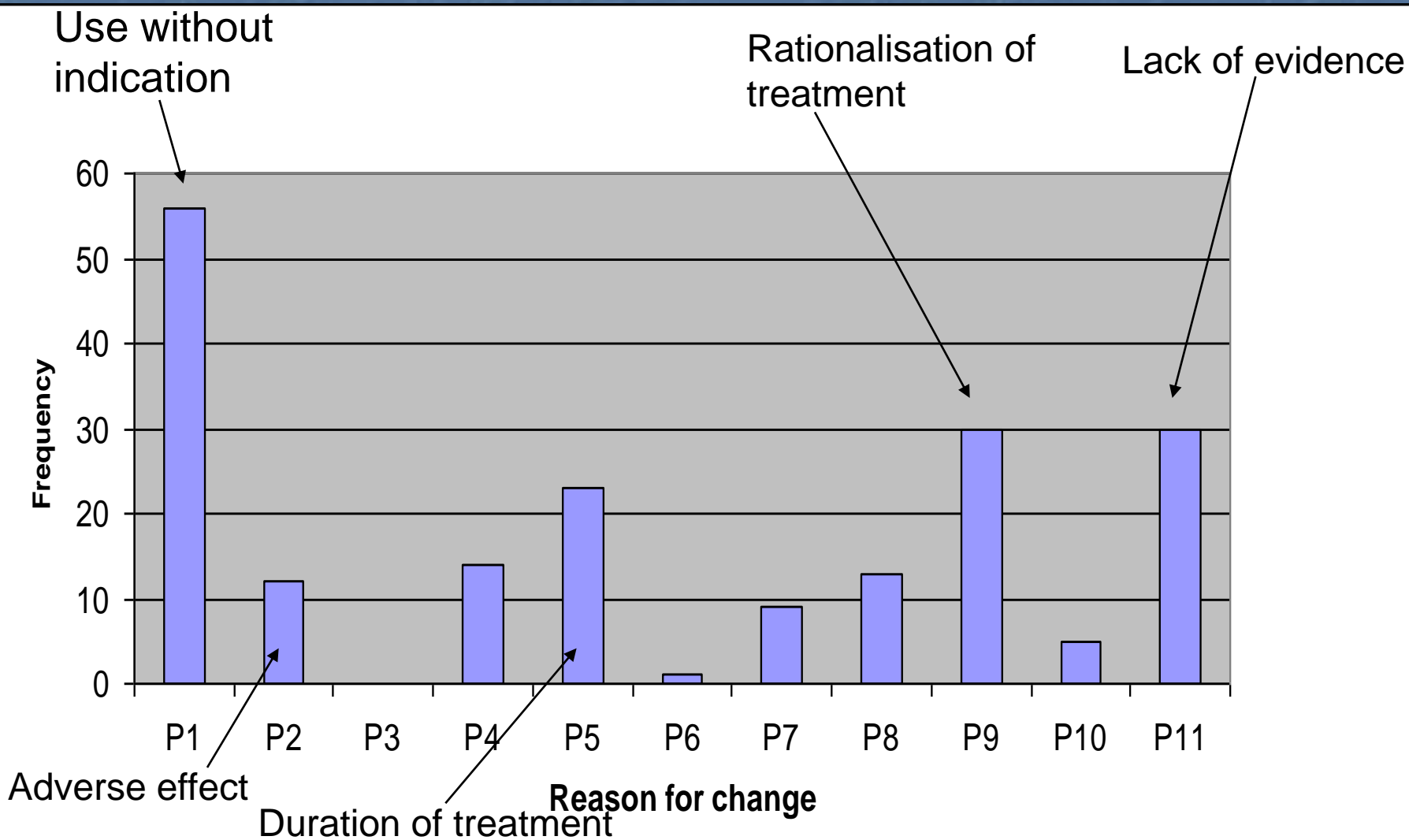
CHANGES TO MEDICATIONS



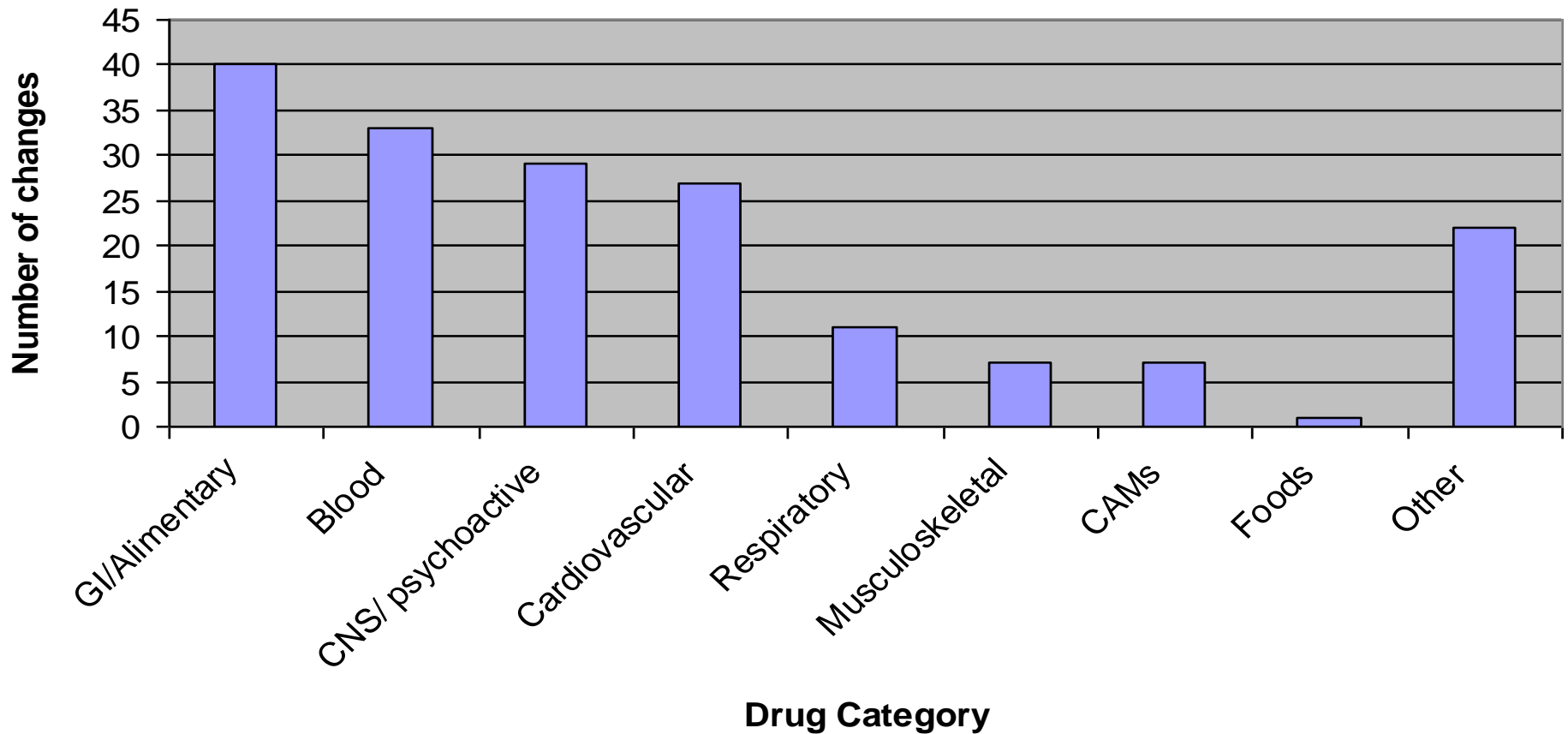
REASONS FOR CHANGE

- P1 Drug use without indication
- P2 Adverse drug reaction
- P3 Drug interactions
- P4 Overdose or subtherapeutic dose
- P5 Duration of treatment
- P6 Untreated condition
- P7 Clinical contraindication
- P8 Therapeutic duplication
- P9 Rationalisation of treatment of a condition
- P10 Change to funded alternative
- P11 No evidence base for use indicated by GP

REASONS FOR CHANGE



DRUG CATEGORY OF SUGGESTED CHANGES TO MEDICATIONS



FOUR MONTH REVIEW

- 25 charts of the original 31 were reviewed
- 171 original recommendations for these 25 residents
- Acceptance rate of 83.1%

FINANCIAL IMPLICATIONS

- Total savings per annum for funded medications - \$12,608
- Total savings per annum for unfunded medications - \$3,507
- Averaged at \$518 per resident

WHO TO REVIEW?

- Those residents that the Aged Care staff and GP identify as having complex problems
- Those patients moving from Rest Home to Hospital Level Care
- New residents to a Rest Home with large numbers of medications (7 or more)
- Those residents with a high fall history (more than two falls in last three months)
- Two or more attendances to the Emergency Department in the last three months

NOT JUST A MEDICATION REVIEW!

- Assessment of physical function
- Assessment of cognition and mood
- Nutritional status, noting swallowing problems
- Continence issues
- Skin integrity

NOT JUST A MEDICATION REVIEW!

- Support for long-term condition management
 - Diabetes care – insulin therapy, blood glucose monitoring, laboratory results
 - CHF diuretic management – weight, assessment and symptom control

NOT JUST A MEDICATION REVIEW!

- Clinical Support
 - Care plans
 - Catheter management
 - Bowel management
 - Drug administration
- Mentorship and team building with nurses in aged-care

NOT JUST A MEDICATION REVIEW!

- Opportunity for teaching
 - Physical assessment skills
 - Symptom management
 - Drug side effects
 - Critical thinking

NOT JUST A MEDICATION REVIEW!

- Advice on frequency of laboratory/blood testing
- Facilitate referral to other specialist services
- Assistance with policy development
- Review of level of care

NOT JUST A MEDICATION REVIEW!

- Reduction in medication
 - Simplified drug charts
 - Shortened medication rounds
 - Reduced packing errors
 - Less community pharmacist time

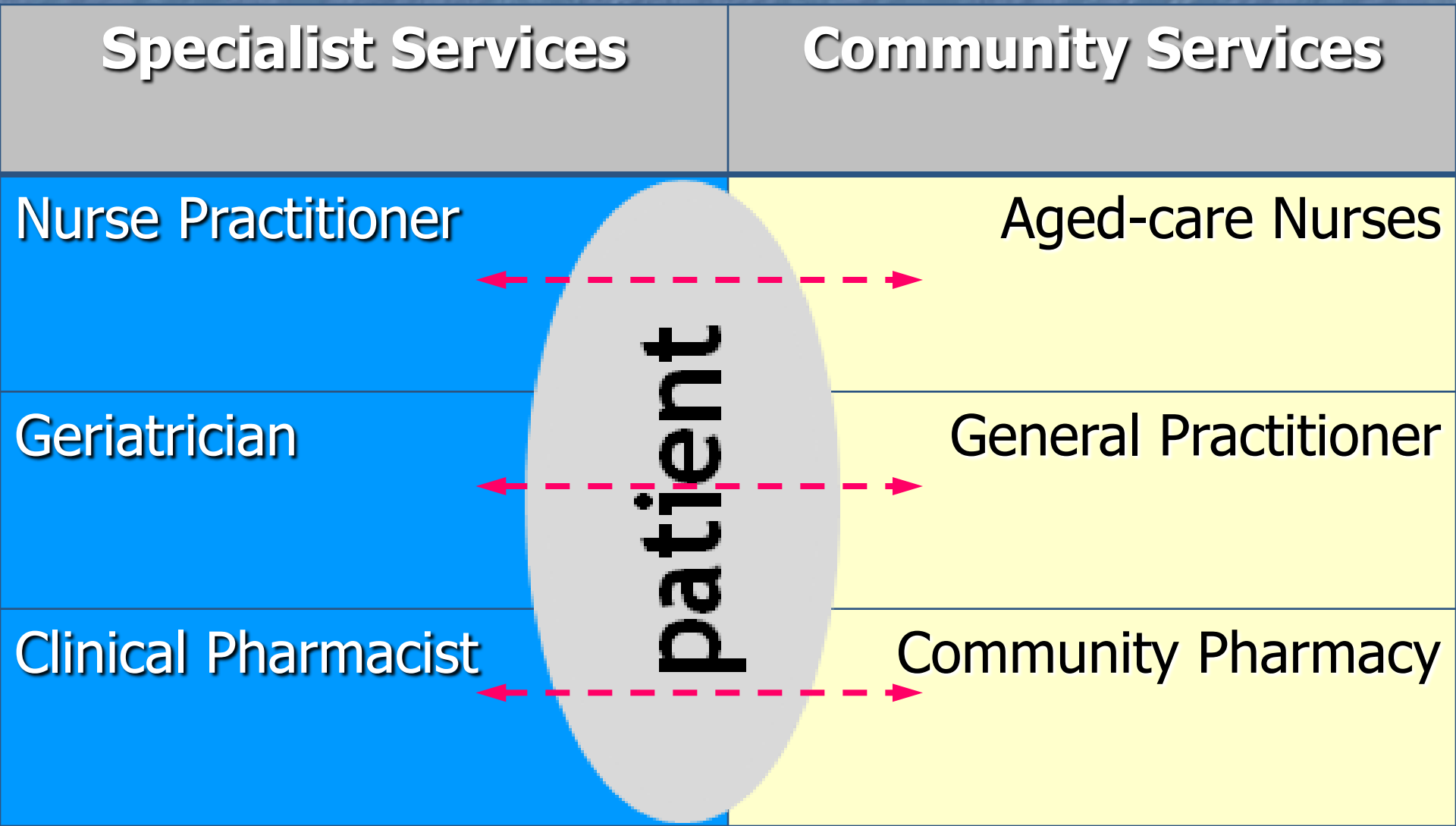
NOT JUST A MEDICATION REVIEW!

- Suggest improvement to after hours and emergency medication processes

LIMITATIONS

- Resources
- Incomplete review of all residents
- Timing of the review meant that some recommendations were not initiated until after busy Xmas/New Year holidays

“The Right Team”



REFERENCES

Wilkinson TJ. Reasons for Hospital Admission in New Zealand's Oldest Old. Aust J Ageing, 1999 18: 93-97.

Thornton, G. Aged Residential Service Review. September 2010

Daly, M. Business Case: Nurse Practitioner- Older People with long-term conditions in the Upper Hutt community. Available at:

[www.dhbnz.org.nz/Site/Future Workforce/Nursing-Midwifery/Nursing-Projects/Nurse- Practitioner/2008-NP-Innovations-fund/overview.aspx](http://www.dhbnz.org.nz/Site/Future%20Workforce/Nursing-Midwifery/Nursing-Projects/Nurse-Practitioner/2008-NP-Innovations-fund/overview.aspx).

National Service Framework for Older People 24 May 2001. available online at www.gov.uk

RACGP: Medical care of the older person in residential aged care facilities (4th edition) online at www.racgp.org.au/silverbook.



THANK YOU