

Fact sheet for RMMRs and QUM services

Medicines are the most common form of treatment used in healthcare. Patients require more medicines as they age, and their medical needs become more complex.¹ Almost one in two Australians (47%) have a chronic medical condition, with 80% of people aged 65 years and over having one or more chronic conditions.² High-risk medicines such as antipsychotics, hypnotics, opioids, anticoagulants, insulin and oral hypoglycaemic medicines are used by residents in residential aged care facilities.^{3,4,5,6} High rates of use of psychotropic medicines have been highlighted as a problem in aged care, with only 10% of psychotropic agents prescribed for residents with dementia considered completely appropriate.⁷

Quality Use of Medicines and Medication Safety is Australia's 10th National Health Priority

MEDICINE SAFETY IN AGED CARE



One fifth of people living in aged care are on antipsychotics; more than half use the medicine for too long.



50% of people with dementia are taking medicines with anticholinergic properties, which can worsen confusion and other symptoms of dementia.



Over 95% of people living in aged care facilities have at least one problem with their medicines detected at the time of a medicines review; most have three problems.



One in four people are having their medicines crushed or altered when they shouldn't be.



One in five unplanned hospital admissions among people living in aged care facilities are a result of taking medicines generally considered inappropriate for older people.



40% to 50% of people living in aged care are on medicines that have the potential to cause sedation or confusion.

How can Residential Medication Management Reviews (RMMRs) and Quality Use of Medicines (QUM) services support better medication management and reduce medication-related harm in aged care homes?

- RMMRs are effective in identifying medication-related problems in aged care homes, on average 2.7-3.9 medication-related problems per resident.⁹
- Pharmacists can make suggestions to simplify residents' medication regimens, resulting in reduction in medication administration times.¹⁰
- Targeted activities in aged care homes, including audit and feedback, education and medication reviews can reduce inappropriate use of psychotropic medicines, opioids, and antimicrobials.⁸
- Medication Advisory Committees (MACs) play an important role in ensuring safe and effective medicines use, identifying and responding to current and emerging QUM issues and advising on policies and procedures.¹¹



Who will benefit from a residential management medication review (RMMR)?

RMMRs aim to ensure that residents are receiving appropriate medicines and monitoring. An RMMR could benefit a person who is at risk of medication-related harm due to multiple chronic conditions, advanced age, characteristics of their medicine, complexity of their medication regimen, or limited knowledge and skills to use their medicines effectively and safely.

Nursing staff in aged care homes play a key role in identifying residents likely to benefit from an RMMR and facilitating a referral from the resident's medical practitioner (GP or specialist physician).

Table 1 lists examples of risk criteria to identify patients likely to benefit from an RMMR. These are not mandatory criteria nor a comprehensive list but are intended to assist in determining if referring a patient for an RMMR is warranted. Number of medicines (e.g. 5 or more medicines) is not a valid indicator for risk of medication-related harm.

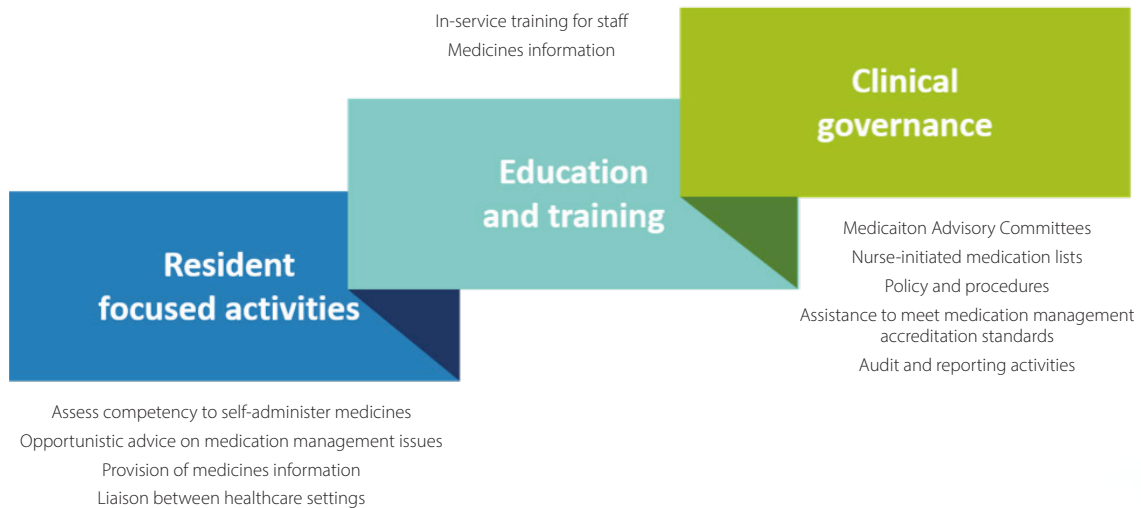
If you have a resident who fulfils any of these criteria, or if you are concerned about their medicines, ask your clinical team about arranging an RMMR referral.

Table 1. Risk factors suggesting a patient may benefit from a comprehensive medication management review

Goals of medication therapy not reached or maintained, including suboptimal response to medication
Chronic medical condition associated with a high risk of unplanned hospital admission (e.g. chronic obstructive pulmonary disease, heart failure, chronic pain)
Three or more chronic medical conditions
Recent discharge from hospital or frequent unplanned hospital admissions
Recent admission to a residential aged care facility
Significant changes to medication regimen, including newly prescribed medicines
High-risk medicines requiring close monitoring for adverse effects and/or efficacy (e.g. opioids, psychotropic medicines, insulin, anticoagulants, antibiotics, NSAIDs, anticholinergics)
Functional issues that increase the risk of harm and/or reduce the chance of benefit from medicine use (e.g. frailty, frequent falls, cognitive impairment, swallowing difficulty, renal or hepatic impairment)
Symptoms suggestive of any adverse drug reaction
Prescribing cascade (e.g. one medicine to treat an adverse effect of another)
Problems managing medicine-related therapeutic devices (e.g. inhalers, subcutaneous injections, eye drops, transdermal patches)
Difficulty understanding and following medication regimen
Language, literacy or cultural difficulties

Your role in partnership with pharmacists providing Quality Use of Medicines (QUM) services

QUM services are intended to improve practices and procedures relating to medicines use, and will assist your aged care home in complying with the Aged Care Quality Standards. QUM services should be multifaceted, consisting of a range of activities developed into a structured QUM plan. Examples of QUM activities are audits of antipsychotic use or targeted training regarding medication administration. QUM plans should be developed in consultation between aged care staff and the facility's contracted QUM service providers. Ask your facility manager about the services that can be offered by your QUM provider.



References:

1. Pharmaceutical Society of Australia. Medicine Safety: Take Care. Canberra: Pharmaceutical Society of Australia;2019.
2. Australian Bureau of Statistics. National Health Survey: First Results, 2017-18. 2018. At: www.abs.gov.au/ausstats/abs@nsf/mf/4364.055.001
3. Sluggett JK, Ilomäki J, Seaman KL, et al. Medication management policy, practice and research in Australian residential aged care: Current and future directions. *Pharmacol Res* 2017;116:20-8.
4. Kalisch Ellett LM, Lim R, Pratt NL, et al. Reducing hypnotic use in insomnia management among Australian veterans: results from repeated national interventions. *BMC Health Serv Res* 2018; 18:626.
5. Bernaitis N, Bowden M, La Caze A. A clinical audit of oral anticoagulant therapy in aged care residents with atrial fibrillation. *Int J Clin Pharm* 2020 Apr; 42(2):474-81.
6. Stasinopoulos J, Bell JS, Manski-Nankervis J, et al. Medication management of type 2 diabetes in residential aged care. *Aust J Gen Pract* 2018 Oct; 47(10):675-81.
7. Westbury JL, Gee P, Ling T, et al. RedUse: reducing antipsychotic and benzodiazepine prescribing in residential aged care facilities. *Med J Aust* 2018;208(9):398-403.
8. Pharmaceutical Society of Australia. Medicine safety: aged care. Canberra: PSA; 2020.
9. Chen EYH, Wang KN, Sluggett JK, et al. Process, impact and outcomes of medication review in Australian residential aged care facilities: a systematic review. *Australas J Ageing*. 2019;38 (Suppl 2):9-25.
10. Sluggett JK, Hopkins RE, Chen E, et al. Impact of medication regimen simplification on medication administration times and health outcomes in residential aged care: 12 month follow up of the SIMPLER randomized controlled trial. *J Clin Med* 2020 Apr;9(4):1053.
11. Picton L, Lalic S, Ryan-Atwood TE, et al. The role of medication advisory committees in residential aged care services, *Res Social & Adm Pharm* 2020 Jan.