australian nursing federation

Submission to the review of the existing PBS supply arrangements in the context of residential aged care facilities and private hospitals discussion papers

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses and midwives, with Branches in each State and Territory of Australia.

The ANF is also the largest professional and industrial nursing and midwifery organisation in Australia, with a membership of over 170,000 nurses and midwives, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors.

The ANF's core business is the industrial and professional representation of our members and the professions of nursing and midwifery.

The ANF participates in the development of policy in nursing and midwifery, nursing and midwifery regulation, health, community services, veterans' affairs, education, training, occupational health and safety, industrial relations, immigration, foreign affairs and law reform.

The ANF is pleased to make submission to the review of the existing supply arrangements of PBS Medicines in residential aged care facilities and private hospitals. We acknowledge the broad terms of reference and will only be responding to two issues, namely those relating to collaborative prescribing for nurse practitioners and the use of dose administration aids (DAAs).

2. Medicines administration in residential aged care facilities

It is the view of the Australian Nursing Federation (ANF) that safe, quality care, reinforced by accreditation and funding reporting requirements for aged care facilities demands a safe medicine delivery system. The Australian Pharmaceutical Advisory Committee (APAC 2002) model states that in cases where older people are unable to self-administer, registered nurses or authorised enrolled nurses, in consultation with medical practitioners and pharmacists, are the most appropriate professionals to administer medicines.[1]

Barriers to quality use of medicines exist. Polypharmacy, excessive use of tranquillisers and psychotropic agents, lack of processes for medicine review, and the administration of medicines by unqualified or inappropriately qualified staff all pose risks to the quality use of medicines in aged care settings.

Administration of medicines by unqualified staff or inappropriately qualified staff not only leads to the potential for error, but without appropriate education staff may be unable to identify potential side effects or adverse reactions requiring intervention.

It is increasingly of concern to registered and authorised enrolled nurses that in some circumstances unqualified or inappropriately qualified workers are being used to administer medicines to residents in aged care facilities. While these workers can be taught to deliver the right medicine to the right person in the right dose at the right time by the right route, they do not have the necessary education and knowledge required for making

clinical judgements such as knowing *why* they are administering a medicine or *when* not to administer. Safe care and safe practice require the administration of medicines by a suitably qualified nurse. Adequate resources should be made available by both governments and service providers of aged care facilities to ensure medicines are able to be administered safely and within legislative requirements.

Medicine administration (for those people who are unable to self administer) or the responsibility for instructing the person administering the medicine when to administer and when not to administer is the function of registered nurses and authorised enrolled nurses. Enrolled nurses, including authorised enrolled nurses, work under the direction and supervision of registered nurses. The education of registered nurses enables them to be aware of the benefits and potential hazards in the use of medicines and to administer medicines safely, as well as monitor their efficacy and any adverse effects. Additionally, registered nurses have the necessary skills to assess the changing needs of the older person and their care; evaluate the person's response to medicines; and accurately communicate that information. In this way, registered nurses provide a vital link between the older person and other health professionals such as a medical practitioner and a pharmacist.

The altered pharmacokinetic and pharmacodynamic changes associated with age and polypharmacy in older people require the specific pharmacological knowledge and skills of qualified health professionals including registered nurses, authorised enrolled nurses, pharmacists and medical practitioners for the safe management of medicines in aged care settings.

3. Principles for best practice in medicines administration

The following standards represent best practice guidelines for registered and authorised enrolled nurses in medicine management and administration and are regarded as minimum standards for safe practice and safe care.

The overriding principles on which these best practice guidelines are based are as follows:

a) all consumers of aged care services have the right to the quality use of medicines;

b) medicines have the potential for harm if not prescribed, dispensed and administered correctly;

c) the right medicine in the right dose must be administered to the right person at the right time by the right route;

d) all medicine administration should be documented;

e) the person administering the medicine must know when and how to administer the medicine, why to administer, when not to administer and when to withhold the medicine until further advice is obtained; and

f) the person administering the medicine must be able to recognise adverse effects of medicine administered and respond appropriately, including reporting any adverse effects to the appropriate person.

4. Management of medicine regimens in residential aged care facilities

4.1 Administration

The registered nurse is the appropriate person to manage the medicines regime for the consumer of aged care services and is key to the quality use of medicines in aged care. Registered nurses are educated in and competent to understand the therapeutic action of medicines, including the reason for their use, the effects of their use and to recognise adverse reactions and respond appropriately. Registered nurses use clinical judgement to assess whether medicines should be administered or withheld with regard to the consumer's health and family history, diagnosis, co-morbidities and health status. Registered nurses coordinate the quality use of medicines and provide a vital link between the consumer, the prescribing practitioner and the pharmacist.

4.2 Consent

A person has the right to consent, or refuse consent, to a medicine. Should an older person refuse consent to a medicine, it is the responsibility of the person administering the medicine to document and report that refusal to the registered nurse in charge. The treating medical practitioner, prescribing practitioner and aged care service provider should also be notified so appropriate intervention can be undertaken if required.

4.3 Self administration

Where it has been assessed by the registered nurse and the prescribing practitioner that the older person can safely administer their own medicines, the individual should be enabled to do so, within written policies and protocols. Assessment that the older person may self administer their medicine should be documented in their health record and/or their medicine chart. Persons other than registered or authorised enrolled nurses, eg enrolled nurses not authorised to administer medicines or unlicensed nursing or personal care assistants, may only support the self administration of medicines by the older person. All medicine administration should be documented, including self administered medicine. Secure storage of medicines for self administration must be provided. This is the responsibility of the aged care service provider.

4.4 The role of the nurse practitioner

Nurse practitioners are registered nurses with the education and extensive experience required to perform in an advanced clinical role. A nurse practitioner's scope of practice extends beyond that of the registered nurse. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.[2]

The nurse practitioner role is designed to augment those of other providers of health and medical services. Nurse practitioners are first and foremost nurses with advanced educational preparation and experience, with authorisation to practise in an expanded nursing role.[3]

When prescribing medicines, registered nurse practitioners must meet the same standard of care that applies to registered medical practitioners and registered dentists. Additionally, in aged care settings, registered nurse practitioners have an important role in educating service providers, consumers and other nurses about the quality use of medicines; being involved in quality improvement activities, including the review and evaluation of medicine systems; and providing support and direction to registered nurses and authorised enrolled nurses in the administration and quality use of medicines.

Whilst it is now commonplace for nurse practitioners to prescribe medicines under state and territory legislation securing access to the PBS is yet to be achieved.

If a nurse practitioner prescribes a medicine which is PBS listed for a resident in an aged care facility the resident will not under current law receive any subsidy from the PBS and will pay the real price of the medicine. This is of particular concern when dealing with many cardiac and specialist drugs and some antibiotics whose real cost is significantly more than the subsidised cost. Not only is it impossible for the resident to bare these extra costs but it is also a matter of equity.

The ANF notes in your consultation paper that recommendations have been made in Part B Option 7 and Part C Option 5 "collaborative prescribing-nurse practitioners" that "where the items [medicines] ordered are PBS listed items, supply by a pharmacist of these items prescribed by a nurse could be subsidised under the PBS and claimable from MA". This recommendation is supported as subsidised access to the PBS must be extended to nurse practitioner's as a matter of urgency.

It is noted, however, that it is also recommended that access to the PBS for nurse practitioners be linked to a care plan prepared by the medical practitioner in collaboration with the patient, the pharmacist and the nurse. The nurse practitioner would be well placed to develop this care plan which would be prepared in consultation with the patient and the multidisciplinary health professional team.

4.5 Dose administration aids

The problems with dose administration aids (DAAs) are well articulated in your consultation paper and the ANF concurs that DAAs;

- Stifle choice between generic and non generic drugs
- Make drug elimination and change difficult to achieve by residents or health professionals
- Have the potential for significant wastage
- Are often used by inappropriately qualified and educated staff
- Are seen as a substitute for employing appropriately qualified staff

In addition, it should be noted that DAAs are often prepared by pharmacy assistants with a different skill set and knowledge base to that of pharmacists.

A recent study in New South Wales demonstrated a high rate of incidents in DAA packaging in residential aged care facilities. Error types included incorrect packaging, correct packaging but the DAA was no longer required, and operational problems.[4] DAAs themselves do not ensure safe administration of medicines. Nurses need to be assured that the medicines they are administering are indeed those that have been ordered. Consequently, where the level of assurance cannot be guaranteed, unproductive time is spent by nurses checking DAAs. Unqualified staff will simply administer the incorrect medicines unknowingly.

The use of dose administration aids is widespread in residential aged care facilities. There are a range of principles to which the ANF prescribes in relation to the use of DAAs in residential aged care facilities, they include:

1. Assessment of a person who is likely to benefit from the use of a DAA should be undertaken by the prescribing practitioner (in consultation with other members of the medicine team), the treating medical practitioner, the nurse practitioner, the registered nurse in charge of the aged care service and the community pharmacist filling the DAA.

2. DAAs may be utilised to assist people who are self administering their medicines. Confirmation that a person may self administer their medicines should be documented in the person's health record and/or their medication record.

3. Where the person is not self administering their medicines, a registered nurse or an authorised enrolled nurse should administer all medicines.

4. DAAs are not able to give direction to the person administering the medicine as to why a particular medicine is being administered, when not to administer the medicine, or information about the appropriateness, unwanted side effects, toxicity, medicine intolerance, medicine interactions and adverse reactions.

5. All DAAs should ensure that information on individual medicines can be readily identified. The information must be of a size and layout that permits people with poor eyesight to read. Packaging should be arranged in a way that ensures that medicines cannot become mixed or spilled. It should also allow for people with poor hand dexterity to open them while at the same time deterring access by children. The packaging must preserve the quality of the medicine and be tamper proof. A photograph of each medicine should be provided on the pack.

6. All medicine administration by a registered or authorised enrolled nurse to an individual must be from the original dispensed container.

7. If the prescribing practitioner alters the medicine instruction the DAA must be returned to the pharmacist for repackaging.

It is the view of the ANF that to extend the use of DAA's into private hospitals, as has been the case in residential aged care facilities, may result in adverse outcomes unless their use is restricted to those who may self-administer. On admission, patients may not receive a medicine review and reconciliation. Where a medicine review does occur, there could be a wait for the DAA to be filled by a community pharmacy instead of using imprest medicines, leading to an unnecessary delay in administration.

Extension of funding to community pharmacies for the filling of DAAs for inpatients of private hospitals should be confined to: those patients who have been assessed by their GP as now requiring the use of a DAA and who consequently need education from nurses in DAA use prior to discharge to the community; and those patients who utilised a DAA prior to admission and require a DAA on discharge.

5. Summary

The ANF welcomes the opportunity to review the consultation documents. The options mentioned in the papers for extending the pre-existing arrangements in the public hospital system to aged care and private hospitals, are supported, to achieve consistency and thus equity in service delivery and quality use of medicines. The ANF considers that amendments to the *National Health Act 1953* should be included as an essential component to improving the existing supply arrangements of PBS medicines in residential aged care facilities and private hospitals. The facility for nurse practitioners to prescribe PBS listed items will significantly improve the timeliness of commencement of medicines such as antibiotics, and assist in overcoming the current problems of medical practitioner availability.

In summary, the ANF supports collaborative prescribing with nurse practitioners developing the care plan and having access to the PBS; and, the use of dose administration aids in the private hospital setting confined to those who can self-administer.

References

1. Australian Pharmaceutical Advisory Council. 2002. *Guidelines for medication management in residential aged care facilities* (3rd Ed). Commonwealth of Australia, available from:

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2. Australian Nursing and Midwifery Council (2006). Nurse practitioner competency standards (1st edition). Canberra: ANMC.

3. Australian Nursing Federation (2009). A snapshot of nurse practitioners in Australia. Melbourne: ANF.

4. Carruthers, A et al. 2008. Accuracy of packaging of dose administration aids in regional aged care facilities in the Hunter area of New South Wales. MJA, Vol 188(5):280-282.