



GERARD STEVENS

Last month, Ethe and I had the pleasure of attending the AFR Most Innovative Companies Awards Night and we were delighted and honoured that Webstercare was recognised as the 4th most innovative company in healthcare in Australia. It warms my heart to know that even after 40 years we are still recognised for the contribution we make on people's lives today.



Also heart warming are my two dogs, Lucy and Ruby. Lucy has a peculiar ability to look at us as if she can read our minds. Every night when I come home from work, she approaches me with a boundless energy that gives me that wonderful feeling that she's pleased to see me. Ruby is the same. For those of you fortunate enough to have a loyal pet, I'm sure you understand what that's like.

In keeping up with innovation, we have been focusing on the new Aged Care standards. We are very confident with the person-centered care approach that we can provide our facilities and pharmacies. I like to think that our innovations will give staff the confidence they need to deliver the safe, quality care that all residents are entitled to receive.

Keep on Websterizing! 😊

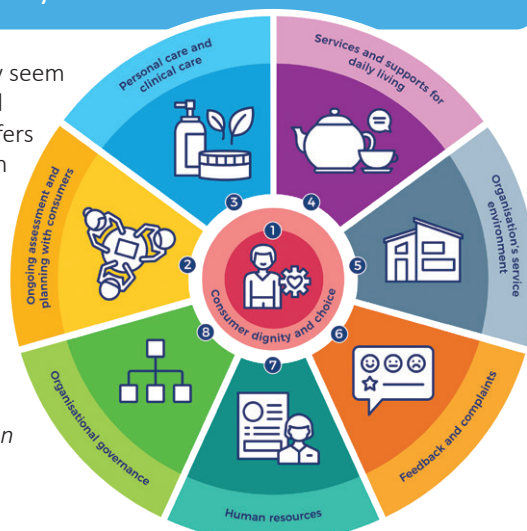
Stressed about the new Quality Standards? Webstercare® can help you stay compliant.

Now officially in effect, the new Aged Care Quality Standards have seen a shift away from organisations providing objective evidence that each standard has been met. The shift is now towards a qualitative evaluation on quality outcomes for the consumer.

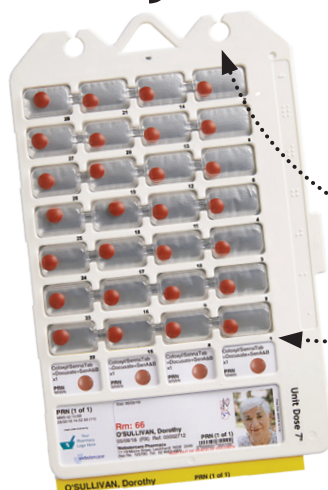
Whilst this person-centered approach may seem challenging, failing to address the practical implications for facilities – Webstercare offers a range of products and services which can help you and your staff plan and deliver safe, quality care.

Our MedSig® electronic signing system, RxMedChart™ system, reporting tools and range of medication packs can all assist in meeting these quality standards, allowing you to stay compliant.

See page 3 to discover how our medication systems can help your facility comply with these new standards.



Easily identify PRN medications



To make medication rounds easier, our Unit Dose 7 range contains a white Webster-pak folder, which can be used at the facility to hold PRN medications.

Nursing staff find the following features of the PRN folders particularly useful:

Pharmafile usability: Each PRN folder can be stored on a separate Pharmafile for PRN medication only allowing for clear workflow processes.

Numbered blisters: Each folder contains the numbers 1-28. If the nursing staff administers doses from the highest number, it is easy to see how many doses remain, prompting staff to reorder when necessary.

BISPHOSPHONATES – WHEN TO STOP

98% of residents in RACF have at least one medication-related problem and over half have at least one potentially inappropriate medicine, according to the Medicine Safety: Take Care report.

Older people at end-of-life and those with increasing frailty are frequently prescribed unnecessary or higher risk medicines. A review should be performed regularly, in partnership with the resident and the family/carers.

Deprescribing is the process of tapering, withdrawing, or discontinuing medicines to reduce potential problems and improve quality of life.

Osteoporosis

Osteoporosis is a common disease in Australia causes brittle bones leading to fractures risks, notably in the spine, forearm and hip. The risk is 2 to 4 times greater than people of the same age without osteoporosis; and death is 2 to 3 times greater.

Older people living in RACFs are at higher risk than older people living in the community. Vitamin D supplementation is recommended with the daily dietary calcium intake optimised at 1200–1500 mg.

Bisphosphonates are the first choice for fracture prevention and treatment. They include :

- Alendronate (*Fosamax*)
- Risedronate (*Actonel*)
- Zoledronic acid (*Aclasta*)

Other options include denosumab (*Prolia*), raloxifene (*Evista*) and teriparatide (*Forteo*).

Bisphosphonates

Bisphosphonates reduce the risk of hip, vertebral and non-vertebral fractures in men and post-menopausal women with osteoporosis. In people who have had a fracture, these reduce further fracture risks by about 50%, and improves survival.

Bisphosphonates are poorly absorbed orally. Alendronate should be administered in the morning swallowed whole with a full glass of water at least 30 minutes before food or drink and remaining upright until after eating. Risedronate, being enteric-coated (Actonel EC) may be taken with or without food, but to also remain upright for 30 minutes, to avoid oesophageal adverse effects which may be severe. Gastrointestinal irritation occurs in 20% to

30% of people and symptoms such as dysphagia, heartburn or pain on swallowing may indicate oesophagitis.

Other side effects include:

- Atypical femur fractures
- Osteonecrosis of the jaw
- Uveitis
- Severe allergic skin reactions

These rare serious adverse effects increase with time but decrease quickly after discontinuation. Antacids and mineral supplements cannot be administered within 2 hours of alendronate and risedronate.



Whilst bisphosphonates can be administered monthly, they may still be a burden. Zoledronic acid IV infusion has the advantage of being administered yearly.

Long-term use of bisphosphonates

Efficacy reaches a peak under a year. Studies have shown that increases in bone mineral density (BMD) at the hip reach a plateau after about three years. If treatment is continued, these increases are maintained also for vertebral BMD.

There is limited evidence of additional protection after 5 years in post-menopausal women. No clinical trials have investigated use beyond 10 years.

Fracture risk should be reassessed after 3 to 5 years and those at risk should continue treatment. For low-to-moderate risk people, a “drug holiday” or deprescribing can be considered.

Benefits after 5 years of treatment can persist for up to 5 years after stopping. The risk after stopping is very low, at least during the first 2 years. “Drug holiday” of 12 months or more after 3 years treatment do not appear to be at greater risk.

RACGP osteoporosis guidelines advise reconsidering the use of bisphosphonate every 5 to 10 years. High risk people after 5 years treatment should continue for an additional 4 to 5 years, including those with a:

- femoral T-score ≤ -2.5
- new or recurrent fracture during treatment

Deprescribing bisphosphonates

Low risk residents with no new fracture should be reviewed for a “holiday” but should be ceased when renal function declines below 30mL/min.

Risedronate discontinuation has quick loss of benefits and the “holiday” should not exceed 6 months.

Alendronate and zoledronic acid discontinuation have long-term persistence of benefits and reassess after 2-3 years for commencement.




Denosumab is long-term and is not appropriate for a “holiday” nor cessation because multiple vertebral fractures have been reported.

Bisphosphonates can be stopped without dose tapering.

Summary

The risk-benefit balance of bisphosphonates is clear but the benefit of continuation beyond 5 years is less clear. Rare adverse effects increase with prolonged treatment and can be severe. Bisphosphonates is no longer life-long therapy. Temporary cessation or discontinuation depends on fracture risk, absence of recent fractures, bone density and resident preferences.

References: Pharmaceutical Society of Australia 2019. Medicine Safety: Take Care. Canberra: PSA. MJA 2019;210:17-19. MJA 2010;193:173-179. J Bone Min Res 2018;33:1252-9.

| CONSUMER OUTCOME | HOW CAN WEBSTERCARE HELP? |
|---|--|
| <p>STANDARD 1 Consumer Dignity & Choice</p>  <p><i>"I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose."</i></p> | <p>✓ Exercise independence and choice</p> <p>Our MedSig® electronic signing system creates ease in allowing residents to have a say in where they wish to take their medications.</p> <p>How? If a resident is not in their preferred location during a medication round, MedSig allows you to effectively continue with the round and return to the resident when they are in a more private location (such as their own room).</p> <p>And there's no need to worry about forgetting to return to the resident – the MedSig system has been designed to alert staff if a patient hasn't been given their medication.</p> <p>✓ Provide current information in an accurate, timely manner</p> <ul style="list-style-type: none"> – The MedSig system enables staff to fulfil this requirement simply by selecting the 'details' button which will immediately bring up information about each medication. <p>✓ Manage personal information confidentially</p> <ul style="list-style-type: none"> – The 'leave trolley' and 'lock trolley' features in MedSig enables staff to move away from the trolley without patient details being exposed or privacy breached. – When using the RxMedChart system, documents are kept in one private folder per resident, allowing for quick and easy access to a resident's medication profile. |
| <p>STANDARD 3 Personal Care & Clinical Care</p>  <p><i>"I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me."</i></p> | <p>✓ Deliver safe and effective care and services</p> <p>Our medication packs have been specially designed to support best practice in aged care, allowing staff to remain confident, compliant, and have ultimate control over medication management. Our gold standard range includes our Unit Dose 7®, Multi Dose, Portion-pak® medication packs, and more!</p> <ul style="list-style-type: none"> – Easy identification of medications, with coloured pill images on the Unit Dose 7 system and visual cues for special handling. – All medication endorsed staff including RNs, ENs and Care Workers can safely administer resident medication from a Unit Dose 7 pack. – Our Unit Dose 7 packs allow ceased medications to be easily and safely managed. Packs containing ceased medication can continue to be safely administered from. Simply place a ceased label over the column that is no longer required and continue to administer the medications which are needed. A ceased trigger label can also be placed on the medication chart to alert staff. <p>With the RxMedChart system, medications are separated into specific categories which are identified by coloured bands. Each order will contain a large coloured pill image, 'Do not crush' or 'Not everyday' alerts.</p> |
| <p>STANDARD 7 Human Resources</p>  <p><i>"I get quality care and services when I need them from people who are knowledgeable, capable and caring."</i></p> | <p>✓ Gain access to quality staff training and valuable reporting tools for effective care and clinical decision making</p> <ul style="list-style-type: none"> – Valuable reports can be generated from Webstercare's software to give you a better understanding of a resident's health situation so that the best possible care can be provided. Facilities with MedSig Admin can generate and print reports off in real time. Your Webstercare pharmacy can also provide useful reports such as the Falls and Confusion Predictive Analysis, Antibiotics for UTI's, and more. – Ongoing training and support is also offered to all facilities to ensure that staff are able to feel confident when new Webstercare systems are implemented. |

To learn how we can help, contact us on 1800 244 358 or email info@webstercare.com.au

Stat Medication Box Changes

What you need to know

On 7 December 2018 changes were made to the Poisons and Therapeutic Good Regulation 2008.

These changes now allow all NSW residential care facilities (approved under Commonwealth Aged Care Act 1997) to hold stock of certain Schedule 2,3,4 and 8 medications.

Previously only those RCFs classified as a "nursing home" under the regulation could hold stock of urgent use medications. At the time the antibiotics included in this list was restricted to 2 and the S2 and S3 nurse initiated list was very small.

This list has now been expanded from July 19, 2019 to allow no more than 5 antibiotics in oral

form and the S3 list has been expanded to:

- adrenaline (epinephrine) injection (ampoules or EpiPen)
- glucagon injection
- glyceryl trinitrate in tablet form
- glyceryl trinitrate sublingual spray
- naloxone injection
- salbutamol metered aerosol.

For further information, visit: <https://www.health.nsw.gov.au/pharmaceutical/Pages/residential-care-facilities.aspx>

Safely Handle CYTOTOXIC MEDICATIONS

To help keep your staff safe whilst handling high-risk medications, a cytotoxic range of products has been developed. Each product within this range can be identified by the colour purple.

Cytotoxic Pil-Bob®

Reduces the risk of cross-contamination when removing cytotoxic medications from Webster-pak systems. The Pil-Bob allows you to safely pierce the back of a pack and hygienically collect the pills.

Delivery Bag



Cytotoxic folders, trigger labels and delivery bags are also available to ensure correct handling techniques are applied when Cytotoxic medications are present.

To learn more about any products within our Cytotoxic range, call 1800 244 358 or email info@webstercare.com.au

Trigger labels

Cytotoxic folder

Cytotoxic handling label

Alerts staff to apply the 'no touch technique' when handling these cytotoxic medications. Your pharmacy will place these labels on the Webster-pak folder or original medication packaging.

webstercare
ON THE ROAD



We look forward to seeing some new, and familiar faces at ACSA and LASA National next month! Don't forget to drop by our stand to have a chat with our friendly staff.

ACSA

8th – 10th October
Melbourne Convention Centre
Stand 70

LASA NATIONAL

27th – 29th October
Adelaide Convention Centre
Stand 82 & Pod 5

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