



**GERARD STEVENS**

## Inspiring a Minister

I recently hosted a visit by Minister for Senior Australians and Aged Care, Ken Wyatt AM, to discuss streamlining medication management in aged care. The visit arose after I sent him a letter highlighting a variety of challenges and anomalies. A sit-down meeting was followed by a tour of my pharmacy to demonstrate first-hand what goes into medication profile management and curation. Minister Wyatt later posted details of the visit on his Twitter feed, saying: "A real treat visiting the Webstercare head office in Leichhardt. Gerard Stevens' vision and innovation was truly inspiring." We've been working hard this year to bring you new innovations for 2019!

I wish you, your family and staff a Merry Christmas and Happy New Year!

*Keep on Websterving!*



Aged Care Minister Ken Wyatt with Gerard Stevens, accompanied by Webstercare's Christine Veal (far left) and Peter Stevens (far right)

# It's time to take off for paperless eMARS

Universal adoption of paperless electronic medication administration records (eMARS) is on the horizon and it makes sense for residential aged care facilities (RACFs) to make transitional preparations.

A smart option is Webstercare's MedSig® electronic signing, a paperless solution for RACFs which is accessed via a touchscreen device mounted to your medication trolley. Raising the tablet device above the trolley top, leaves the surface free for other requirements during the medication round. Data available through the MedSig system includes comprehensive resident medication information and images, unlimited dosage/round times and a health dashboard to assist with clinical monitoring.

Jodie Luke, Executive Officer/Director of Nursing at Ardrossan Community hospital, an aged care facility in South Australia, is delighted with the recently implemented MedSig system.

"It flags if a patient hasn't been given their medications and rounds cannot be completed without all medications being signed or accounted for," she said.

"This has drastically reduced the risk of medication incidents, improved time management, streamlined the ordering process, bolstered our communication and monitoring processes and given greater confidence to staff."



- **Reduce risk:** Resident photo on the MedSig screen is consistent with the Webster-pak system and other documentation
- **Accountable:** Eliminate the possibility of non-signing; every dose is accounted for.
- **Accuracy:** Instant access to comprehensive medication information.
- **Reporting:** All medications are tracked and a range of reports can be prepared instantly for auditing purposes.
- **Security:** Secure, real time communication.

Speak to our MedSig Implementations team to learn more 1800 244 358 or email [info@webstercare.com.au](mailto:info@webstercare.com.au)



“ Kindness is always fashionable

Science is organised knowledge. Wisdom is organised life

The best thing about telling the truth is that you don't have to remember what you said

Excuses will always be there for you. Opportunity won't. ”

# ANTIPSYCHOTIC DEPRESCRIBING

ANTIPSYCHOTICS MEDICINES HAVE LIMITED BENEFIT FOR BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD). ONE IN FIVE RESIDENTS IN AUSTRALIAN AGED CARE FACILITIES ARE PRESCRIBED AT LEAST ONE ANTIPSYCHOTIC. OVERUSE AND INAPPROPRIATE PRESCRIBING OF ANTIPSYCHOTICS IS A CONCERN AS THEY INCREASE THE RISK OF STROKE, PNEUMONIA AND FRACTURES.

## BPSD

**Most dementia residents have BPSD symptoms which include:**

- delusions, hallucinations;
- bizarre behaviour, agitation and anxiety;
- depression, withdrawal, tearfulness; and
- aggression (verbal/physical), resistiveness, wandering, intrusiveness, inappropriate urinating, sexualised behaviours, disrobing, calling out, sleep disturbance.

Symptoms other than hallucinations and delusions are not usually responsive to antipsychotics.

## Treatment

BPSD should, where possible, be managed without medicines using relaxation therapy, social contact, sensory interventions, structured activities and behavioural therapy with consideration of routine changes or relocation. Common causes of agitation such as pain, infection, depression, and delirium need to be addressed appropriately.

Antipsychotics should not be used as first-line treatment for BPSD and the use of more than one antipsychotic medicine should be avoided.

Atypical antipsychotics include risperidone, quetiapine, olanzapine, and aripiprazole. Haloperidol is also used for short-term management of acute, severe anxiety, agitation or disturbed behaviour.

Only risperidone is approved for BPSD on PBS authority script for 12 weeks, after non-pharmacological interventions have failed. A recommended starting dose for risperidone is 0.25mg twice daily, increasing by 0.25mg daily every two or more days. Usual dose is 1mg daily in one or two doses. There is minimal evidence to support 'prn' dosing of risperidone or olanzapine.

If indicated, antipsychotics should be used at the lowest dose for the shortest time. Benzodiazepines are not a 'safe' alternative due to their substantial risk of sedation, falls, fractures and death.

## Antipsychotic use

Prescribing data from 150 Australian aged care facilities shows a high rate of psychotropic use. In a study of more than 11,000 residents, 61.2% of all residents took a regular antipsychotic, anxiolytic/hypnotic or antidepressant medication, or a combination. More than 37% took an antipsychotic and/or a benzodiazepine every day. Almost a third of those residents taking a regular antipsychotic were also prescribed benzodiazepines daily.

Atypical antipsychotics were the most commonly prescribed (93%), with risperidone accounting for half of all antipsychotic prescribing.

There was a high prevalence (11.1%) of 'prn' antipsychotics. One-third of residents prescribed regular antipsychotics were also charted additional 'PRN' doses.

## Risk of harm

Antipsychotics have serious side effects which may be irreversible, including an increased risk of stroke and death. This risk is greatest early in the treatment and with higher doses. Residents with dementia who are prescribed antipsychotics are twice as likely to have an adverse event that requires hospitalisation, a stroke or die, within 90 days of starting treatment.

**Common side effects include:**

- Sedation, anxiety, agitation
- Extrapyramidal side effects (EPSE)
- Orthostatic hypotension
- Tachycardia
- Blurred vision, mydriasis
- Constipation, nausea, dry mouth
- Urinary retention
- Weight gain
- Hyperprolactinaemia

Olanzapine, quetiapine and clozapine are associated with increased blood glucose, weight gain and abnormal lipids.

## Deprescribing

Stopping antipsychotics has no statistically significant difference in BPSD severity

compared to the continuation and may improve survival rates over the next 1-3 years. The dementia antipsychotic withdrawal trial (DART-AD) found after 24 months, people who stopped antipsychotics had a 71% survival rate, while those who continued therapy had a 46% survival rate.

Deprescribing is a planned and supervised process of dose reduction or stopping of medication and should be considered after three months of stabilisation on antipsychotics, or if residents are unresponsive to treatment.

Tapering of antipsychotics is recommended, with a 25 – 50% dose reduction every 1-2 weeks. Slower tapering and frequent monitoring are suggested among those with severe baseline BPSD. Withdrawal symptoms may include tachycardia, sweating and insomnia.

If BPSD relapses, behavioural management strategies should be considered. If necessary, the antipsychotic should be at the lowest possible dose.

It is important to monitor antipsychotic tapering and discontinuation. Changes in frequency and severity of symptoms should be documented. Monitoring for expected benefits of deprescribing such as reduced falls, improved cognition, alertness, function, extrapyramidal symptoms and gait is recommended.

## Summary

Antipsychotics have limited efficacy in BPSD and can cause serious effects in older people. Non-drug approaches can address mild-to-moderate behavioural changes in dementia. Short-term use of antipsychotics may be required when behaviour is excessively disruptive and unsafe, or interferes with the delivery of care. Frequent review of antipsychotics is required, and deprescribing considered with close monitoring.

References: Westbury J, et al. Aust N Z J Psychiatry 2018; Macfarlane S, et al. Aust Prescr 2016;39:123-5. Bjerre L, et al. Can Fam Physician 2018;64:17-27. Cochrane Database Syst Rev 2013. Ballard C, et al. Lancet Neurol 2009;8:151-7.

# Antibiotics for UTIs resources

The recent Antimicrobial Awareness Week (12-18 November) provided an opportunity to reflect on 'antimicrobial stewardship', or using antimicrobials wisely in aged care facilities.

Residents are vulnerable to infections for many reasons such as compromised immune status, multiple co-morbidities and poor functional status. Urinary tract infections (UTIs) are particularly common and challenging to identify as symptoms may be atypical.

The 2017 Aged Care National Antimicrobial Prescribing Survey (acNAPS) identified high rates of inappropriate antimicrobial use, with UTIs as the most common reason for prescribing antibiotic for aged care residents.

The survey also found 32% of residents prescribed an antimicrobial did not have signs or symptoms of infection and 24% of all antimicrobial prescriptions did not have the indication documented.

*The Webstercare/NPS Medicinewise collaborative report, Antibiotics for Urinary Tract Infections*, can identify patterns of antibiotic use and help prevent antibiotic resistance.

The RACF Medicinewise report provides:

- Objective measurements to guide appropriate use of antibiotics for UTIs
- Quick and easy access to detailed clinical information
- Comparison of antimicrobial use to comparator data
- Lists residents who may benefit from a review of their medicines

Ask your pharmacy for a copy of this report, or they can bring it along to the next MAC meeting.

References and resources: <https://irp-cdn.multiscreensite.com/d820f98f/files/uploaded/2017-acNAPS.pdf>, <https://www.ncas-australia.org/ncas-publications>. Australian Commission on Safety and Quality in Health Care: [https://irp-cdn.multiscreensite.com/d820f98f/files/uploaded/acNAPS%202017%20Results%20Summary%20Poster\\_gozIVYcsSle170PeLHZ0.pdf](https://irp-cdn.multiscreensite.com/d820f98f/files/uploaded/acNAPS%202017%20Results%20Summary%20Poster_gozIVYcsSle170PeLHZ0.pdf)

## Are you ready for electronic medication charts?

The current use of paper prescriptions and charts in nursing homes is considered burdensome and researchers from Curtin University have proposed an electronic National Residential Medication Chart (e-NRMC) to resolve prescribing and charting issues in Australian residential aged care facilities (RACF).

Unless doctors, pharmacists and RACF staff are engaged with the e-NRMC and incorporate it into their everyday processes, the full impact on patient safety will not be seen. If all doctors do not use the same system, the risk of errors will be increased as information and processes are duplicated across multiple formats.

Webstercare engages with doctors, pharmacists, managers, RNs and care staff in all development and implementation processes. We conduct task analyses with doctors, where interactions with screen designs are observed and feedback is used to refine software and workflows and increase patient safety.

This approach allowed us to identify and understand prescribing and charting issues in Australian aged care facilities where doctors



often have limited presence. Our findings highlight that the Australian setting has unique processes and risks which cannot be compared to acute care, community environments and overseas settings.

### STAFF PROFILE

#### MEET MELINDA DAO



**What's your role at Webstercare?** I am an Implementation Consultant and, in particular, look after the RxMedChart™ System. This is a computer-generated charting system that is compliant with the National Residential Medication Chart (NRMC). I train pharmacies and aged care facilities to implement the system, enabling the medication administration process to be managed efficiently and safely, thus ensuring the best possible health outcomes for the resident.

**What's the best thing about your role?** It's always rewarding seeing the end result – the improved outcomes for the RACF, pharmacy and prescribers. I love receiving the positive feedback of how the RxMedChart system has improved processes and prevented medication incidents. I also enjoy working with the pharmacy on their communications with the RACF. We want to make sure that the relationship is a collaborative one.

**What are you most commonly asked and how do you respond?** "How will the RxMedChart system benefit us?" Since the RxMedChart system is a central source of information for the doctor, facility and pharmacy, the entire healthcare team works from the same up-to date medication chart and this reduces the risk of transcribing errors!

**What inspires or excites you outside of work?** I enjoy finding the best places to eat with friends, curling up with a good book and spending time with family. I also have a passion for skincare and growing my jumpsuit collection!



# webstercare ON THE ROAD



## Conference Wrap Up

The end is near for 2018 and it has been a busy one! We've attended numerous conferences throughout the year and have loved meeting many of you and discussing how we can support your workplace.

Here's where we exhibited this year:

**FEBRUARY:** LASA TRI-STATE

**MARCH:** LASA QLD

**JUNE:** LASA NSW

NIMAC 20th Anniversary

ACSA 2018 National Summit

**OCTOBER:** LASA National

**NOVEMBER:** ANZFP 2018 | ITAC



We look forward to seeing you in 2019 to discuss and share our new innovations!

## Avoid urgent Silly Season deliveries

With Christmas fast approaching, so too is the abundance of last-minute, urgent RACF delivery requests.

Webstercare has created the new 'Open it, Order it' label.

This simple label is applied over the lid of non-packed items to serve as a reminder to avoid running out of stock by re-ordering the medication once it is opened.

To order the 'Open it, Order it' label, email our Customer Service team at [info@webstercare.com.au](mailto:info@webstercare.com.au) or call us on 1800 244 358. Reference product code CT 0693 when ordering.



Christmas is just around the corner and Webstercare will be closed for the Christmas public holidays on 25-26 December and 1 January for New Years Day. Please have your orders to us by **Monday 17 December** to ensure you have enough stock during this busy period.



From all of us at Webstercare, we wish you a very Merry Christmas and a successful 2019!



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