



GERARD STEVENS

The Royal Commission into Aged Care is a 'hot' topic given the media exposure on industry. Putting that aside, we need to remember what it's really all about: **to provide the best level of care for residents.**

I recently spoke at the 11th Annual Meditrax Training Day about how the Royal Commission will impact residential aged care facilities and what you can do to stay ahead and meet or surpass expectations.

Before my speech Fiona Doukas from Concord Hospital spoke on antimicrobial stewardship. She said one sentence in particular that resonated with me: **"All residents should be treated like your grandparents. If we get that right, everything else takes care of itself."**

This made me think about the quality of care we all seek to provide, and why. If you have any suggestions for us at Webstercare, please send us an email.

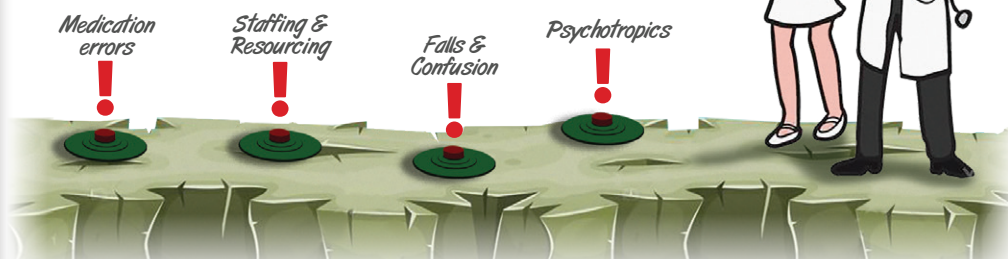
I'm also very excited that Webstercare has made the shortlist for the **2019 AFR Most Innovative Companies**. We have been working on many exciting projects including a Webster-pak® Adherence Monitor (WAM) which aims to improve medication adherence for patients living at home. This monitor sends status updates and alerts via a mobile app, to loved ones and carers if medications are not taken.

It's exciting to be recognised and if we win the award you will be the first to know!

Keep on Webstercare!



How will the Royal Commission impact you?



With the ever-looming report from the Royal Commission into Aged Care, ongoing "horror stories" in the media, and overwhelming pressure to change, the Aged Care industry is under threat. The future is a mine field.

When we think about the Royal Commission, issues such as medication errors, staffing, psychotropics, falls and confusion come to mind.

These are some of the land mines we face – and they are huge risks to the ongoing operations of residential aged care facilities.

What the Royal Commission seeks: the best resident care possible

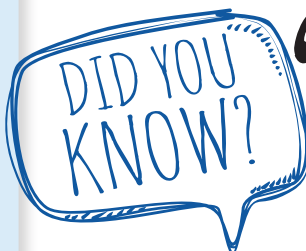
And the question all providers now ask is – "what do I need to do to stay ahead and future-proof my facility?" – all the while making sure we focus on what's best for the resident.

Only facilities able to address concerns and commit to change will be able to stay ahead.

In this newsletter, we will discuss:

- Preventing errors by using the right medication packs
- Reducing medication misadventures with electronic prescribing
- Improving quality of care with data
- Continuing education: SABA overuse in asthma

At Webstercare, we are passionate about quality resident care, and are fully committed to supporting the aged care industry during this uncertain time. If you would like to explore some of the challenges your facility faces, why not contact us and see how we can help.



“It takes approximately 20 seconds for red blood cells to travel around your body.”

The electric chair was invented by a dentist.

Like fingerprints, everyone's tongue print is different.

'Typewriter' is the longest word that can be made using the keys on only one row of the keyboard.

Our eyes are always the same size from birth, but our nose and ears never stop growing.”

SABA OVERUSE IN ASTHMA

Asthma is one of the most common chronic conditions in Australia, affecting an estimated 1 in 10 Australians. Despite excellent access to effective pharmacological treatments, asthma is sub-optimally managed in Australia. A significant proportion of asthma morbidity is preventable.

Asthma

Asthma is characterised by shortness of breath, difficulty breathing, wheeze, cough and increased sputum production.

The goals of treatment include:

- Symptom control: to maintain quality of life
- Risk reduction: to minimise flare-ups and medication side effects.

Good asthma control in adults is defined as:

- Daytime symptoms 2 or less days per week
- Need for reliever 2 or less days per week
- No limitation of activities
- No symptoms during night or on waking

Poor asthma control is associated with:

- Increased risk of exacerbations
- Debilitation
- Impaired quality of life
- Increased healthcare utilisation

Treatment

The *Australian Asthma Handbook* recommends a stepped approach. Adults require:

- A **regular preventer**: low dose inhaled corticosteroid (ICS)
 - plus a **reliever**: an as-needed short-acting beta-agonist (SABA).

If good control is not achieved:

- A low dose inhaled corticosteroid/long-acting beta-agonist (ICS/LABA) may be prescribed.

SABAs

SABAs (relievers) relieve acute symptoms of asthma by bronchodilation. Older people may have reduced response to SABAs due to age-related changes in the lungs.

SABAs include:

- Salbutamol (Ventolin, Asmol, Airomir)
- Terbutaline (Bricanyl)

Using a reliever more than two days a week can indicate poor control of asthma. The risk of hospital admissions is associated with use of more than three SABA inhalers per year. Overuse of SABAs contributes to over 40% of asthma related deaths.

Many older people have poor perception of symptoms and control of asthma. Use of more than one SABA inhaler per month should trigger an asthma review.

Overuse of SABA medications in the absence of adequate preventer therapy can:

- Paradoxically increase airway hyper-responsiveness;
- Worsen symptoms;
- Result in life-threatening exacerbations; and
- Mask the true asthma severity, resulting in undertreatment.

It is not appropriate to routinely use a SABA prior to inhalation of an inhaled corticosteroid or ICS combination product (ICS/LABA).



Technique

Up to 90% of people have incorrect inhaler technique.

Metered-dose inhalers (MDIs) should always be used with a spacer using a single or multiple breath method.

The steps for correct use of an MDI and spacer include:

1. Assemble spacer
2. Remove inhaler cap
3. Hold inhaler upright and shake well
4. Insert inhaler upright into spacer
5. Put mouthpiece between teeth (without biting) and close lips to form good seal
6. Breathe out gently, into the spacer
7. Keep spacer horizontal and press down firmly on inhaler canister once
8. Breathe in and out normally for 3 or 4 breaths OR breathe in slowly and deeply and hold breath for about 5 seconds
9. Remove spacer from mouth

10. Breathe out gently
11. Remove inhaler from spacer
12. If more than one dose is needed, repeat steps from shaking onwards
13. Replace inhaler cap

There should be minimal delay between shaking the device and inserting into the spacer; and breathing in after pressing the canister. Hold a breath for 5 to 10 seconds after inhalation using the single breath method. The multiple breath method may be preferred in residents with cognition impairment or reduced respiratory function. A facemask may be required if the resident cannot seal their lips around the spacer properly.

Spacers should be cleaned once a month. Wash spacers in warm water with detergent. Allow to air dry without rinsing. Drying with a paper towel and cloth is not required.

Turbuhalers such as Bricanyl may be preferred by some people. The steps for correct use of a Turbuhaler include:

1. Unscrew and remove cover
2. Check dose counter
3. Keep inhaler upright while twisting grip at the base: twist around and then back until click is heard
4. Breathe out gently (away from inhaler)
5. Place mouthpiece between teeth (without biting) and close lips to form a good seal. (Do not cover the air vents)
6. Breathe in strongly and deeply
7. Remove inhaler from mouth
8. Breathe out gently (away from inhaler)
9. If more than one dose is needed, repeat all steps starting at step 3
10. Replace cover

Key messages

The hallmark of asthma is chronic airway inflammation. Inhaled corticosteroids are crucial in treating the inflammatory component of the disease. Using a SABA at least three times a week can indicate poor control. SABAs should be used exclusively on an as-needed basis for relief of symptoms, and their need should be infrequent.

Preventing medication-related problems in facilities



Unit Dose 7®: the ONLY way forward

There's no question that the Royal Commission will focus on issues of medication safety.

Peak bodies such as the **Pharmaceutical Society of Australia (PSA)** and Australian Nursing & Midwifery Federation (ANMF) have released their position statement on best practice when it comes to handling medication in aged care.

Key points include:

- Nurses must be able to clearly identify medication
- Nurses must not open, tamper or change medication
- The PSA's recent Medicine Safety report indicated that the error rate for multi-dose systems is 15% in sachets and 11% in blister packs

What this means

Nurses require clear, simple representation of medication and this cannot be achieved with multi dose sachets and blisters. Medication in multi dose systems are difficult to identify and check, and medication changes are difficult to manage and properly cease without tampering.

Did you know 45% of tablets are white and round?

When so many of our medications are white, how can you check they are correct in a multi dose sachet? It's confusing when all the pills are overlapping each other – and this creates risk for the nurses during administration time.

The solution?

Only unit dose medication packs allow nurses to easily identify pills, prevent the need to tamper, and allow medications to be clearly ceased. This means the resident receives their medicine exactly as the doctor has prescribed.

Webster-pak's Unit Dose 7

The safest medication packaging system and the gold standard for aged care – so facilities and nurses can be confident and compliant:

✓ **Individual medicines are easily identified using a colour pill image on the pack**, so staff can accurately identify which medicines can safely be crushed and which may need special handling such as cytotoxic medicines.

✓ **Parkinson's medicines are separated and highlighted** so the resident receives them 'On-Time Every-Time'.

✓ **If a medicine is ceased by the doctor, the dose can be changed in 'real-time'** and residents do not need to unnecessarily stop taking their required medicines while they wait for their medication to be re-packed by the pharmacist. An issue with multi dose systems highlighted by the ANMF is that they must be sent back to the pharmacy for changes to take effect.

✓ **The Unit Dose system does not impact the resident's hip-pocket** in the same way as sachet systems as medicines are not unnecessarily discarded and re-dispensed. Many pharmacists offer a 'quick turnaround' for multi dose systems but this means the resident's existing pack is discarded and new medicines are dispensed at the resident's expense.

✓ **All medication endorsed staff, including RNs, ENs, AINs, and carers, can use the Unit Dose system** to administer medication to residents.

To learn more about Webster-pak Unit Dose 7 system, **call us on 1800 244 358** or email info@webstercare.com.au

STAFF PROFILE

ROBERTA PAVEY



What's your role at Webstercare?

Pharmacist Consultant - Customer Operations.

What's the best thing about your role?

Streamline processes for both our aged care facilities and pharmacy customers.

What are you most commonly asked and how do you respond?

Q: What system can care workers administer from?

A: Unit Dose 7 can be administered by all levels of medication-competent staff, from care workers through to RNs.

Do you have a favourite moment when you saw the difference one of Webstercare's solutions made?

Recently I was at an aged care facility which had a site which had just changed to Unit Dose 7 from an opposition DAA. A staff member commented: "that says 'Do Not Crush' – I have always been crushing that med". I suggested she discuss with her RN – it led to the med being changed to a liquid form.

What do you like to do in your spare time?

Cook and enjoy good food and wine with friends.

Do you have a favourite quote? "If it's meant to be it will happen."

What would be your go-to restaurant? Billy Kwong.

If you had one superpower, what would it be?

To take energy from children and give it to me!



Reduce medication errors with electronic prescribing



Paper free,
no scripts, no filing,
no storage



Accurate,
real-time information,
anytime, anywhere



Less time
spent checking



Streamlines
communication

Electronic prescribing, or e-prescribing, enables electronic prescriptions as a legal form of prescription. It promises to reduce the risk of medication errors with a single 'source of truth' about patient profiles for healthcare professionals to review.

E-prescribing removes the need for duplicate records so that less time is spent checking different sources of information and the risk of medication error is minimised. This allows doctors, nurses, and pharmacists to spend more time on what they do best – ensuring the best patient care possible.

At the end of the day, e-prescribing ensures everyone works off the same medication profile, so that the patient or resident receives the right medication, the right dose, at the right time.

Webstercare has been specifically selected to be part of the Federal Government trial for electronic prescribing. We would love to share lessons and case studies from the trial with you.

How will e-prescribing impact you?

E-prescribing is planned to hit the industry from **OCTOBER 2019**
(Australian Commonwealth)

The Royal Commission into Aged Care will focus on quality – e-prescribing will help you stay ahead by **REDUCING RISK.**

Horror stories in the media have caused a lack of trust in aged care, e-prescribing will boost confidence by providing a **SAFE, TRUSTED SYSTEM.**

Interested in e-prescribing? Subscribe for the latest news and information now, including updates about Webstercare's own paperless charting and signing products!

To subscribe, simply visit: <https://www.rxmedchart.com.au/electronic-prescribing>

3 ways DATA can help improve care

As healthcare professionals, our #1 objective is to provide the best care possible to our residents.

With modern technology, facilities are now becoming smarter with their data. With the right tools, directors, nurses and carers can leverage insights and predictive analytics to improve accuracy, decision making, risk identification, and prevent health incidents from occurring.

Here are a few ways the right data and report can help you improve clinical outcomes:

1 Predicting Falls and Confusion in Residents

The Falls and Confusion Predictive Analytics Report uses predictive analysis to highlight anticholinergic medicine usage which may significantly impact on an older person's risk of injury from falls.

2 Minimising Antipsychotic Drug Use

The Antipsychotic Medicines for BPSD (Behavioral and Psychological symptoms of Dementia) Report is a powerful tool for managing antipsychotic use in aged care homes. It identifies residents prescribed with antipsychotic medicines, tracks usage over time, and benchmarks data against other residents and facilities.

3 Improving Antimicrobial Stewardship

The Antibiotics for UTIs Report identifies residents who have been prescribed an antimicrobial and compares the facility data to comparator data. With this tool facility managers and nurses can develop antimicrobial stewardship strategies and track antimicrobial use and outcomes.

Our reports are practical and easy for your pharmacist to produce from their Webstercare Medication Management Software.

To view a sample of these and other reports, speak with your servicing pharmacy or contact us at info@webstercare.com.au

Did you know? Our clinical reporting tools and reports have been developed in close collaboration with research teams at University of Sydney, University of Technology Sydney, Australian Digital Health Agency and NPS Medicinewise.

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