

Hello,

Aged care is in the spotlight again with the release of the final Royal Commission Report. The Webstercare team are very aware of the challenges you face right now. I can't remember a time when nursing and care staff have been under more pressure. Staffing and skills shortages, global pandemic, infection control risks, increased scrutiny and compliance issues – on top of your daily duties. And all with a smile?!

With inevitable change on the horizon, our team have focused our attention on the most valuable support we can offer you. We have a new resource to share – introducing your 'Connect' newsletter. A synergy of education, entertainment and encouragement. With a sprinkle of bad 'dad jokes'!

Whilst we have a challenging road ahead of us, we also have great opportunity. We all have a part to play in improving aged care services. If we better connect information, processes and resources, we can support each other in providing improved care for our elderly community.

We're all in this together.

Gerard Stevens

Managing Director  
Webstercare<sup>®</sup>



## Managing risk, with confidence.

The outcomes of the Aged Care Royal Commission have already exposed concerns surrounding non-compliance.

*33% of online submissions raised issues surrounding medication management.*

Whilst the media are focused on industry errors right now, I've been thinking about more immediate ways Webstercare can help you navigate these issues. In the coming weeks we will provide more insight on industry changes as they unfold, but for now one of the best ways we can support you is to provide you with the best tools for the safest, most effective medication delivery.

Many of you are familiar with Webstercare Unit Dose 7<sup>®</sup>. **But did you know we have been refining Unit Dose 7 with you in mind?** It's not only the safest system available for your residents, it's also safer for you! We have fine-tuned every detail, with a focus on the ease of delivery for nursing staff and the most exceptional safety features, to ensure compliance and peace of mind.

- Unit Dose 7 is safe to administer by **ALL** medication endorsed staff, with very **clear, simple representation of medication**.
- It's easier to correctly reconcile the signing chart with the pack.
- Using coloured pill images on the pack, helps staff accurately identify medicines which can be safely crushed or need special handling.
- As each medication is isolated, they are easily 'ceased' – there's no need for a Registered Nurse to be available to re-pack or remove the ceased medication at the time of administration. This streamlines your rounds and makes daily operations more efficient.
- Photo identification of the resident is clearly visible on each pack, making it easier for staff to ensure each person is receiving the correct medications.

**No other medication management system gives you this degree of accountability and protection.**

Unit Dose 7 is reassurance for you and your residents.



*"I was so tired at work, the other nurses had to revive me with C.P.R. – Coffee, Pepsi and Redbull!"*

*"You never realise what you have until it's gone. Toilet paper is a good example."*

# Delirium and anticholinergic drug burden

Delirium is common among older people in residential aged care and is associated with poor outcomes, such as functional and cognitive decline and increased mortality. Medicines with anticholinergic properties are commonly prescribed in older persons. However, anticholinergic medicines are a risk factor for delirium and should be used judiciously.

## Summary

*Delirium is a common disorder in the geriatric population, which can manifest as a decline in cognition, attention or consciousness.*

*Medicines with anticholinergic actions can precipitate delirium and are associated with adverse outcomes related to physical function, cognition and falls in older people.*

*Use of anticholinergics associated with hospital admission, longer length of hospital stay, institutionalisation, and of all-cause dementia and mortality in older people. This strong association with impairment of cognitive and functional outcomes should prompt regular review of medications to identify anticholinergic medicines and provide advice on discontinuation.*

Medications associated with delirium include:

- benzodiazepines,
- opioid analgesics and
- medications with an anticholinergic effect

Delirium or acute confusion is a serious disturbance in mental abilities that results in confused thinking and reduced awareness of the environment.

Accumulation of anticholinergic effects from one or more anticholinergic medications leads to anticholinergic burden. Anticholinergic burden is a strong predictor of cognitive and physical impairments in older people living in residential care. In addition, the use of medicines with anticholinergic properties is a strong independent predictor of mortality and an increased risk of hospitalisations.

The cumulative adverse impact of multiple concurrent anticholinergic medicines is an indicator for suboptimal prescribing in older adults.

Older people are more susceptible to side effects from anticholinergic medicines and adverse outcomes. Overall, inappropriate and unnecessary use of medicines with anticholinergic properties have a negative effect of quality of life and lead to poorer physical function.

Blurred vision, urinary retention, and constipation are known peripheral adverse effects of anticholinergic drugs. These conditions are also risk factors for delirium.

If there is no alternative to use of a medicine with anticholinergic properties and the resident is experiencing cognitive symptoms such as poor memory, then reducing the dose may help to ameliorate these symptoms. Ceasing anticholinergics should be usually considered when adverse effects are evident, and the benefits are not significant.

Withdrawal symptoms can occur within one to three days of dose reduction. Withdrawal symptoms include irritability, anxiety, insomnia, sweating and gastrointestinal effects. They are usually mild, can be highly variable and can last up to 6-8 weeks. If severe symptoms such as severe anxiety, tachycardia, orthostatic hypotension, severe insomnia occur, the previous lowest effective dose should be restarted. Tapering can then be recommenced after 6-12 weeks at a lower weaning rate (e.g. 5-12.5% of daily dose each month) then stop.

**A deprescribing guide for anticholinergic drugs for urinary incontinence is available at <https://www.nswtag.org.au/deprescribing-tools/>**



*Bubble wrap was originally intended to be wallpaper. It was invented in 1957, by sealing two shower curtains together, creating a smattering of air bubbles.*



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# Reducing falls. Rising to the challenge!

50% of older people living in residential aged care services fall every year, with 40% experiencing recurrent falls.<sup>1</sup>

Our ultimate priority in residential aged care is to provide quality care for older people so they can maintain their health, safety and wellbeing. It's evident to most in our industry that you, the nursing staff and carers, are doing an extraordinary job caring for the elderly every, single, day. But with the increased scrutiny we are facing right now, and with our resources (including you) stretched to the limit, it can be overwhelming when we are presented with the confronting reality that; 50% of older people living in residential aged care services fall every year<sup>1</sup> and the rate of head injuries has nearly doubled over the past decade<sup>2</sup>.

Whilst many around us are asking "What's gone wrong?", we ask the more important question:

*"What can we do about it?"*

## Identifying the risks of falls in aged care

### Why are the elderly more vulnerable?

As our bodies age, the more fragile and susceptible to falls we become. Elderly people are more likely to sustain serious injury if they have a fall and sadly, some injuries result in a loss of mobility, loss of independence and they may even result in death.

### What are anticholinergics and how do they impact the elderly?

Anticholinergics are a class of medicines that block the actions of the neurotransmitter acetylcholine in the brain. They are used to treat conditions like incontinence, gastrointestinal cramps, muscle spasms, depression, sleep disorders and asthma.<sup>3</sup> Elderly residents using anticholinergics and co-prescribed sedatives can have an increased anticholinergic load. Increasing anticholinergic activity can cause sedation, cognitive impairment, hallucinations, confusion and are at an increased risk of falls.<sup>3</sup>

Once the elderly reach us in aged care, their mobility is more likely to be limited and they may already be susceptible to falls in ways that may not be visible, even to the trained eye. The risk becomes even higher if they are taking medications that may adversely affect them, such as anticholinergics, sedatives and anti-depressants.

## Eliminating the risks associated with falls

*What if I were to tell you, you already have access to one of the most powerful tools, to help you reduce the risk of falls?*

I'm very pleased to share one of our most invaluable resources in aged care – **The Webstercare 'Falls and Confusion Report'**. This report is making such a positive contribution in helping to reduce falls in facilities, by informing the most appropriate quality of care for each resident.

The report allows nurses and the health care team to leverage insights and predictive analytics of every individual in their care – to identify risk, inform decision making and prevent health incidents from occurring.



## How does the report work?

The report calculates the anticholinergic burden impact (ACBI) score and highlights co-prescribed sedatives for each individual resident. By highlighting residents at greater risk of a fall due to anticholinergic medicine usage, the report provides nurses and the care team with a more accurate understanding of each resident's health.

This is particularly invaluable when evaluating new resident admissions, conducting physio assessments and developing care plans.

*The 'Falls and Confusion Report' serves as a resource to open dialogue and encourage open communication at the heart of the resident's care team.*

## How to access this amazing resource



The most exciting revelation is that **this invaluable resource is freely available to you** at no additional charge. Webstercare are absolutely committed to reducing falls in aged care, and we're here to support you in delivering your ultimate duty of care. So, join us in this vitally important challenge – all you need to do is ask your Webstercare pharmacist to generate a 'Falls and Confusion Report' for you!



*"I made a huge to do list for today. I just can't figure out who's going to do it."*

1. <http://www.agedcarecrisis.com/care-issues/falls> 2. <https://www.aihw.gov.au/news-media>: Media Release 19 Sep 2019 "More older Australians hospitalised for fall-related head injuries" 3. The association between anticholinergic medication burden and health related outcomes in the "oldest old": a systematic review of the literature: Cardwell K, Hughes CM, Ryan C, *Drugs Aging* (2015) Oct, 32(10), 835-48.





## Frontline News

### National Aged Care Quality Indicators

From 1 July 2021 RAC will be required to report on 2 new indicators related to medication management. These are:

1. Percentage of care recipients who were prescribed 9 or more medications
2. Percentage of care recipients who received antipsychotic medications

Webstercare reports will be available to support facilities to accurately report the required information.

### COVID-19 Vaccinations

Vaccinations have officially launched with aged care residents and staff included in the first phase. For more information visit [www.health.gov.au](http://www.health.gov.au)

## YOUR QUESTIONS ANSWERED...

### RxMedChart™ A script for success.

**Q** *What is the RxMedChart system?*

**A** It is a NRMCM compliant, computer generated, medication chart that doubles as a prescription for most medications. Once the chart is reviewed and signed by the doctor the pharmacy is able to dispense from it for a 4 month period. This enables continuous supply for the resident.

**Q** *How does the RxMedChart prevent medication errors?*

**A** Once orders are printed by the pharmacy, it is then reviewed and verified by the prescriber. This minimises the risk of error due to legibility of handwriting.

**Q** *What are the benefits of the RxMedChart system?*

- A**
- Separation of nutritional, insulin, warfarin and PRN orders on the chart and signing sheets.
  - Colour coding of medication categories – regular packed, regular non-packed, Schedule 8, PRN, insulin, warfarin, nutritional and antibiotic.
  - Less interruption to rounds when a doctor visits as individual residents' charts can easily be found and given to the doctor.
  - For non-daily meds, there is a clear and concise block out system for alternating doses.
  - Dual signing is available for Schedule 8, insulin and warfarin medications.

**Q** *How can I access the RxMedChart?*

**A** Contact your Webstercare pharmacy. They will contact us if further information is required.

✉ **WE WOULD LOVE TO HEAR FROM YOU!**  
If you have any questions you would like answered, simply email us at [connect@webstercare.com.au](mailto:connect@webstercare.com.au)

### The Pil-Bob®

Remove medication easily and hygienically – with less repetitive strain on your wrist, by allowing the serrated tip to do the hard work.



### Did you know?

**All our Webster-pak folders are antimicrobial.**

*Manufactured with a leading antimicrobial additive. The risk of bacterial cross contamination is reduced by up to 99.99%, safeguarding users for the lifetime of the pack.*

Aged Care Consultancy, Education & Service Support



**Partnering with you to enhance the consumer experience, workforce engagement and quality and compliance outcomes for your organisation.**

Medication management systems and training is one of our key focus areas. To support aged care providers, we have a suite of evidence based policies, procedures, skills competency assessments and training packages available.

Please contact us for more information.

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😊 *“A pat on the back is only a few centimetres from a kick in the butt.”*     *“Age is just a number. It’s totally irrelevant unless you happen to be a bottle of wine.”*

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