



Hello,

Welcome to our latest issue connecting you with some exciting new technology innovations, which stand to make a remarkable difference to the way you work. And save you more than a few grey hairs along the way!

Firstly, I'd like to acknowledge our valued partners, including you, our loyal customers. These innovations have only come to fruition with your invaluable input. It was an honour to be chosen by the Australian Government to share Webstercare's paperless prescribing innovation, **MedsComm[®] Prescribe**, as part of the eNRMC trial. It's been a great success, so thank you to everybody participating in the trial. You've allowed us to fine-tune what will be one of the greatest advancements in medication management technology.

Imagine having access to current and correct information at all times; not chasing scripts; actually being able to read scripts – now there's something to look forward to and it's not far away!

As always, it's great to connect with you.

Gerard Stevens

Managing Director
Webstercare[®]



eNRMC - A 'living' chart...

Breathing new life into aged care.

Most of you have been waiting with great anticipation, for the outcome of the electronic National Residential Medication Chart (eNRMC) trial. This exciting Australian Government Initiative has set a standard for how electronic medication will be managed in aged care and may be approved as soon as 1 July 2021.

Enabling electronic prescribing from the NRMC will take medication management to a whole new level for residential aged care facilities. In fact, the benefits will be enormous for residents and the entire health care team: prescribers, pharmacists, facilities and nursing staff alike.

You may already be aware that Webstercare were hand selected to participate in the eNRMC trial with our **fully electronic, paperless, signing and prescribing solution – MedsComm Prescribe**. This exciting leap forward presents the resident's profile as one single 'living data file' giving all healthcare professionals access to the same, accurate, real-time information. This ensures the right resident receives the right medication, the right dose, at the right time.

Why the move to electronic prescribing?

"New Australia-first research has found medication prescribing errors can be reduced by as much as 66% with the introduction of commercial electronic prescribing technology in hospitals"¹

The Royal Commission's final report has emphasised the critical nature of accurate and properly organised data to overcome many of the incidents of sub-standard pharmaceutical care in aged care facilities. Research by UNSW has also proven errors can be reduced by as much as 66% with electronic prescribing technology¹. We believe similar results can be achieved in aged care with MedsComm Prescribe.

The outcome of Webstercare's trial have seen, not only vast improvements in medication safety for our residents, but also a significant reduction in administrative burden, saving hours a week for prescribers, aged care staff, and pharmacists alike.

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"You know you're getting old when your idea of weightlifting is standing up."

"The nurse who can smile when things go wrong... Is probably going off duty."

Chronic cough

Chronic cough is a common and distressing symptom among older people in residential aged care. Cough is a vital protective reflex preventing aspiration and enhancing airway clearance. Chronic cough can have a significant detrimental effect on a person's quality of life. It may be associated with significant sleep disturbances, stress, urinary incontinence, cough syncope, anxiety, and depression.

A chronic persistent cough is defined as a cough lasting more than 8 weeks in adults.

Alarm symptoms

Alarm symptoms which may indicate a serious underlying disease and require further investigation include:

- Haemoptysis (coughing up blood)
- Smoker with > 20 pack-year smoking history
- Prominent dyspnoea (shortness of breath)
- Substantial sputum production
- Hoarseness
- Feeding difficulties
- Recurrent pneumonia
- Systemic symptoms (e.g. fever, weight loss, vomiting, oedema)

Causes

Tobacco smoke exposure is a significant trigger for cough. Both active smoking and environmental exposure are triggers. Smoking history and current cigarette consumption are predictors of cough frequency.

Cough commonly persists following an acute viral respiratory tract infection and may last for more than 8 weeks.

Most chronic respiratory disease is associated with cough. People with asthma and/or chronic obstructive pulmonary disease (COPD) often complain of a cough, although other symptoms are usually present.

Allergic rhinitis or hayfever may cause cough along with sneezing, watery nasal discharge, nasal itching and itchy watery eyes.

Medication-related causes

ACE inhibitors, used for the management of high blood pressure and heart failure, can cause a persistent cough in about 15% of people. Beta-blockers may also trigger bronchospasm in some patients with asthma, which may present as a persistent cough.

Eye drops such as latanoprost used in the treatment of glaucoma may irritate the pharynx, causing a chronic cough. Pressure on the lacrimal duct after eye drop instillation will lessen systemic absorption.

Management of cough

Initial assessment of cough should include a thorough medical history, medication review, identification of triggers and assessment of need for further investigations. Underlying conditions such as asthma and COPD need to be optimally treated.

Cough control therapy, involving physiotherapy or speech therapy, and language therapy interventions can significantly reduce cough frequency and severity.

Medication management

A protracted cough that is wet, moist, or productive may occur with bacterial bronchitis, usually responds to antibiotic treatment. Appropriate antibiotics for 2 to 6 weeks may be required. Antibiotics have no role in treatment of a post-viral cough.

Inhaled corticosteroids (ICS) should only be trialled for 2 to 4 weeks if clinical evidence of asthma is present.

International guidelines recommend a short-term trial of ICS and long-acting bronchodilator combination with chronic cough and COPD.

First-line therapy for persistent allergic rhinitis is intranasal corticosteroids, with or without oral or intranasal antihistamines.



One-quarter of all your bones are located in your feet!

There are 26 bones in each foot, out of 206 total bones in your whole body. These bones and joints allow your feet to absorb and release energy efficiently. It's one of the reasons humans can outrun any other animal in an endurance race.



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The key benefits of MedsComm Prescribe are:



➤ Accurate real-time information	One ‘single source of truth’ medication profile, accessed by all in the health care team
➤ Paper free	An end-to-end paperless solution. No scripts, no filing, no storage
➤ Save invaluable time	Prioritises vital and current information in one access point – a more intuitive approach in line with the way YOU work
➤ Streamlined workflow	No duplicates or handwritten charts, no service disruptions – continue working through internet outages and sync the data file when your service resumes
➤ Continuity of medication	Chart acts as a valid script for up to 4 months
➤ Supports digital health services	Such as telehealth services
➤ Protection from infectious diseases	Reduces exposure to protect community members and health care providers (e.g. COVID-19)
➤ Unprecedented safety	Highly visible safety features, digital signing directly aligned with the doctor’s order

Where to begin?

As exciting as our future promises to be, change is rarely comfortable. Fortunately, your Webstercare team are always thinking ahead and have some flexible options that can make the transition to MedsComm Prescribe one to actually look forward to!

We know you can’t wait to go completely paperless, but the really great news is that you can take the first step to being MedsComm Prescribe ready. **Start using RxMedChart™ – then you will be more than halfway there!**

Webstercare developed RxMedChart as the first step towards electronic medication charting. It gives your facility a head-start by setting up the right platform to eventually transition to MedsComm Prescribe. The best part is, once you have RxMedChart in place, it will be **no additional cost** to transition to MedsComm Prescribe.

Begin training and get into full swing with the “new look” electronic chart and streamlined processes, which for the most part are identical with MedsComm Prescribe.

Of course, this also means you can take advantage of some enormous time saving benefits now too. We know you won’t miss chasing those owing scripts! Then when the eNRMC is approved, it will be a seamless transition to MedsComm Prescribe. All are designed to integrate seamlessly with MMS® and MedSig® providing one, end-to-end, paperless prescribing solution.

➤ **Begin your journey NOW to a paperless future. Contact our Aged Care Consultants on 1800 244 358.**

The much bigger picture

The ultimate benefit of course, will be reduced medication risk and improved health outcomes for your aged care residents. But there is a much bigger picture here, with the invaluable time you will save with MedsComm Prescribe.

The Royal Commission has recommended mandatory minimum staffing hours for all residential facilities and proposes that a minimum staff time per resident be set to improve the quality and safety of care.²

Webstercare’s MedsComm Prescribe minimises unnecessary interruptions in your rounds, eliminating the need to cross-reference between multiple documents, scan and send paper charts and chase owing scripts. These time saving efficiencies don’t only mean you have an improved workflow – what this really equates to is increased time each resident receives in your care. This can quite literally mean the difference between life and death. It most certainly creates more opportunity to maintain health, safety and wellbeing of our elderly and loved ones.

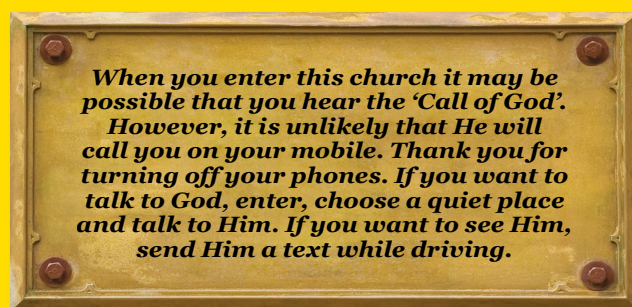
DON'T TAKE OUR WORD FOR IT
Here’s what your peers have to say about the eNRMC trial to date.

“I can’t imagine having to go back to working the old way. MedsComm Prescribe has made my rounds physically easier – no more lugging around bulky folders, so much safer and more logical to administer our rounds. I literally have hours more time I now spend with my residents.”



Wisdom from above?

Plaque found in a church in France (translated):



When you enter this church it may be possible that you hear the ‘Call of God’. However, it is unlikely that He will call you on your mobile. Thank you for turning off your phones. If you want to talk to God, enter, choose a quiet place and talk to Him. If you want to see Him, send Him a text while driving.

1. <https://www.australianageingagenda.com.au/clinical/e-prescribing-study-finds-unrivaled-safety-outcomes/> 2. <https://thelamp.com.au/specialities/aged-care/royal-commission-backs-staffing-ratios/>

YOUR QUESTIONS ANSWERED...

Dementia management and antipsychotic drug use

Webstercare and the NPS MedicineWise have partnered in the research and development of the 'Antipsychotics for Behavioural and Psychological Symptoms of Dementia' (BPSD) report, a recommended tool in NPS MedicineWise's national education program 'Dementia and changed behaviours; a person-centred approach.'

Q *What is the NPS MedicineWise national education program 'Dementia and changed behaviours; a person-centred approach.'?*

A NPS MedicineWise have recently rolled out this national program to support health professionals working in aged care. This CPD-accredited program aims to:

- Improve the understanding of how to use person-centred approaches for the management of changed behaviours in people living with dementia
- Increase knowledge of when to use antipsychotics or benzodiazepines in the management of patients with changed behaviours

Q *What are Antipsychotics and what is the Antipsychotics for BPSD report?*

A Antipsychotics are a type of psychotropic medicine which can be used to manage behavioural and psychological symptoms of dementia. However, antipsychotics should be used with deliberate caution and require careful monitoring, as they can have a range of potential adverse effects which can be associated with an increased risk of death (primarily cardiovascular events and pneumonia).

The 'Antipsychotics for BPSD' report has been developed to support staff in monitoring use of antipsychotic medicines. This report uses your facility's medicine data held by your Pharmacy Service Provider to ensure appropriate antipsychotic use in your facility.

➔ *You can access the 'Antipsychotics for BPSD' report free of charge from your Webstercare Pharmacist*

Q *What benefits and resources can I access in this program?*

A

- Assistance with skills and career development for nurses and pharmacists working within residential aged care
- Access to high quality online learning and educational resources
- In-facility discussions with an NPS MedicineWise educational visitor
- Ongoing support to help consolidate learnings throughout the program.

Q *Who can participate and how can I register?*

A NPS MedicineWise are inviting nurses and pharmacists who work within aged care facilities to participate.

➔ *Register your interest online <https://www.nps.org.au/psychotropics-in-aged-care-program-expression-of-interest>*

✉ **WE WOULD LOVE TO HEAR FROM YOU!**

If you have any questions you would like answered, simply email us at connect@webstercare.com.au

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*"Make it idiot proof and someone will invent a better idiot."
"It's not whether you win or lose, it's the quality of the consolation prizes."*