Submission : Review of Pharmacy Services for People in Age-related Residential Care

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Submission to:
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This submission was prepared on behalf of the College of Nurses, Aotearoa (NZ) Inc.
The College is a professional body of New Zealand nurses from all regions and specialities. It provides a voice for the nursing profession and professional commentary on issues which affect nurses, and also the health of the whole community. Its aim is to support excellence in clinical practice, research and education and to work with consumers to influence health policy. The College is committed to the Treaty of Waitangi and the improvement of Maori health. This commitment is reflected in the bicultural structure of the organisation.

Review of Pharmacy Services for People in Age-related Residential Care

1 Which of the following best describes you

This submission has been collated on behalf of the College of Nurses by a group of Aged care facility managers and Aged care registered Nurses

2 Identify the pharmacy and medication management provided to or for the resident in your current experience

Identify the pharmacy and medication management services **provided to or for** residents in your current experience: Please tick all that apply.

	Service	Provided by Practitioner (GP, Hospital Doctor)	Provided by Community Pharmacist	Provided by Facility Staff
a.	Prescribed medications	X	X	
b.	Over the counter medications		X	
c.	Bulk Supply Order			
d.	Advice & counseling	X		X
e.	Medication reviews		X	X (NP)
f.	Information pamphlets		X	X
g.	Compliance packaging		X	
h.	Daily deliveries		X	
i.	24 hour on call service			X
j.	Staff training		X	X
k.	Other (please specify)			

3. Thinking about the pharmacy services, what would you say is working well, and why it is working well?

- *Twice daily delivery*
- *Phone advice during working hours*

4. What would you say is not working as well, and why do you think this is?

- *Continuity of supply for DDs because scripts are not signed off by GP and pharmacy staff does not automatically fill repeat DD scripts*
- *No pharmacy after hours. If GP visits at 5 PM and commences someone on antibiotics, this cannot be commenced until the next working day*
- *Inaccuracy in blister packaging*
- *Alignment of packaging with GP visit, sometimes new packs are started 3 days before GP makes changes on the regular medication. This generates a cost as an entire old pack needs to be discarded. Of course, in situations where someone's*

condition changes, medications may need to be reviewed. This applies mainly to the continuing regular medications

5. Do you have any suggestions about how the services could be improved? Please add reasons and priorities.

- *Increase availability of Pharmacists*
- *Pharmacist more visible in care facilities*
- *Pharmacists as active member of interdisciplinary team*
- *Shared records and facilities with access to MedTech or even just internet (Medsafe) being accessible to staff on the floor, not just internet access in a managers' office*

6. Please rate how satisfied you are overall with the pharmacy and medication management services currently provided:

Very dissatisfied		**Satisfied**		**Very Satisfied**
1	***2***	***3***	4	5

Practitioner □□Facility □□Community Pharmacy working as a multidisciplinary team
We are interested in the factors that support improved resident health outcomes and that either improve or limit the quality of multidisciplinary teamwork and interaction between practitioners, facilities and community pharmacy.

7. **Are prescribing decisions for people in residential care similar, or different, to prescribing decisions for people in the community?**

Similar

- *The underlying decision to prescribing and the safeguards to prescribing are similar*

Different

- *OTC medication needs to be prescribed in order for facility staff to be able to administer*
- *Resident appears to have less input, as most dicisions are often firstly discussed with staff*
- *Facilities in general have no access to MedTech or other decision support systems.*

8 What factors do you think contribute most to effective working relationships between prescribers, pharmacies and facilities? *Please include all factors you think are relevant*

- *Good communication between all staff, prescriber, Pharmacist and facility staff*

Factor

- *IT access by facilities*
- *Shared patient files*

Reason

- *More difficult to share information and communicate if IT /shared files do not exist*
- *Less opportunities to make mistakes*

9 What factors inhibit &/or limit optimal working relationships? *Please include all factors you think are relevant*

Factor

- *Availability (or lack of availability) of pharmacist*
- *Care facility management / head office requires to keep pharmacy cost down*
- *Excessive paperwork and duplication causes fragmented service*
- *No after hours access*

Reason

- *Generally staff numbers are limited and unable to get through the work*

How important are the following pharmacy service inputs, and why?

Input	Importance	Reasons
Seven day a week service availability	*Very important for continuity of care*	
Five day a week service availability	*Important*	
Five day a week service availability with after hours provision	*Very important for access and advice*	
Synchronisation of prescribing and packaging cycles	*Very important to reduce cost and unnecessary* waste	
Compliance packaging	*Very important to ensure safe medication management*	
Bulk Supply Orders	*Not important*	
Monthly Close Control	*Important safe management and regular contact with pharmacist*	
Specified response times for scripts to be filled and therapy commenced	*Very important to ensure minimal delay*	
Information and education to facility staff	*Important to for safe practice and communication*	
Clinical capacity of facility staff	*Very important to ensure safe practice / care*	
Individual residents' access to Pharmacists	*Important to ensure patient input*	
Facility access to Pharmacists' clinical skills, advice & counseling	*Important for communication and education/ update education*	
Relationship with practitioner (e.g. GP)	*Important for communication and education/ update*	
Relationships with hospital services	*Very important, continuity of care*	
Pharmacy management of unused or returned medications	*Important as part of safe medication management*	
Any other inputs that should be considered & assessed?		

12. What do you think are the essential elements of any new pharmacy and medication management service model to residents? *Please include all factors you think are relevant*

- *Pharmacist input in self medication and education to staff and residents*
- *Communication between all parties*
- *Regular review of services*

13. What changes to pharmacy services would need to be made to implement the new service model that you are suggesting? *Please include all factors you think are relevant*

- *Shared records*
- *Access to IT decision systems*
- *Regular face-to-face meetings to improve communication*
- *Reduction of duplication of paperwork to reduce fragmentation and errors*

14. How would residents' health outcomes improve, and hospital admissions decrease, as a result of the changes?

- *No delay in treatment, continuity of care*
- *Reduction in hospital admission as acute medication changes can be managed by the facility*
- *More patient centered care and reduction of Polypharmacy as health professionals work closer together*

15. What funding option do you think would most support the new service model you are suggesting?

Funding option	Reason
Fee per script item	
Fee per patient	*Fee per patient encourages a person centred care and regular review of medication, this could reduce Polypharmacy*
Fee per bed	
Fee per facility	

Other

Additional Perspectives

15. What other issues, questions or perspectives need to be considered in the design of pharmacy services to residents?

Review of Best Practice guidelines as some guidelines encourage additional medication that on an individual basis may not be appropriate and adds to the Polypharmacy that a number of older people are subjected to.