

## Research to Practice – Keeping the Promise

### Disability Support Workers Conference

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Lyn Billington  
Deputy Pharmacy Manager  
Latrobe Regional Hospital

 Latrobe Regional Hospital

## Linked to

- Freedom
- Respect
- Dignity
- Less restrictive practice

## Pharmacological Management of Residents of the Disability Accommodation Sector (DAS) in Gippsland Victoria- a review



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Project was written by Marie Feeley and Rebecca Holmes

## Background

- Under the Disability Services Act (DSA) 2006, the Office of the Senior Practitioner (OSP) was established.
- This has enabled information regarding the use of chemical restraint within the Disability Accommodation Sector (DAS) to become available with the introduction of the Restrictive Intervention Data System (RIDS).



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## Chemical Restraint - definition

- “ the use – for the primary purpose of the behavioural control of a person with a disability, of a chemical substance to control or subdue the person but **does not** include the use of a drug prescribed by a registered medical practitioner for the treatment, or to enable the treatment, of a mental illness or a physical illness or condition.”



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- An initiative of Disability Services -Gippsland Region was to conduct a project aimed to establish an immediate and ongoing systematic review of medications prescribed and taken by people living in DAS Community Residential Units (CRU).



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- An initial scoping exercise of four DAS Community Residential Units identified that 10 residents were prescribed and taking antipsychotic medication without a formal psychiatric diagnosis. It was reasonable to assume that similar situations existed in other CRU's.

- A project advisory group was established consisting of representatives from
  - Department of Human Services,
  - Latrobe Regional Hospital Pharmacy Department,
  - Faculty of Pharmacy and Pharmaceutical Sciences, and the Faculty of Medicine, Nursing and Health Sciences,
  - Latrobe Regional Hospital Mental Health Services, and
  - Central West Gippsland Division of General Practice

- The purpose of the advisory group was to provide a point of reference to hypothesise potential issues and problem solve systemic issues in relation to the review of the pharmacological management of residents within disability accommodation services.

## Purpose of the project

- To identify real and potential practice issues and shortfalls in the capacity of the current service system, and identify the extent of challenges this situation presents.

- To identify good practice and further develop this to include opportunities and systemic changes ensuring that resident medication needs are addressed, reviewed and supported by an appropriate clinician.

- To identify and address appropriately, current medication regimes which are not of optimum benefit or appropriateness to a resident's individual requirements and,



## Data analysis and Results

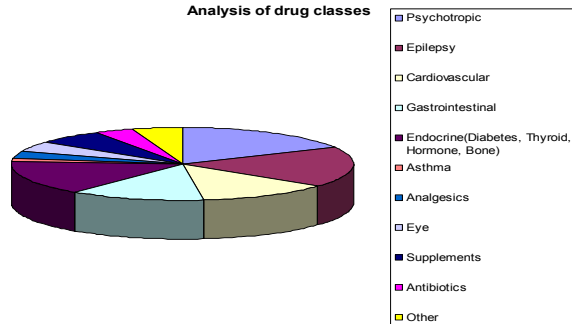
- There were a total of 461 regular medications prescribed for 85 residents (an average of 5.4 medications for each resident).

- Psychotropic medications comprised 83 (18%) ,
- Antiepileptics 83 (18%)
- Endocrine drugs ( diabetes, thyroid disorders, osteoporosis) 15%,
- Cardiovascular 12%,
- Vitamin and other supplements 6%,
- Asthma medications 5%,
- Antibiotics, analgesics, eye medications all 4%
- And, other miscellaneous medications 5%.

- 57% of residents were prescribed at least one psychotropic medication. Diagnosis was not available in the documentation provided for 49% of residents taking psychotropic medications.

## Data analysis and Results

Analysis of drug classes



## Major findings

- Diagnosis was not available in the documentation provided for 49% of residents taking psychotropic medications.
- It was evident in the reviews that reduction in some medications – particularly benzodiazepines - had already occurred prior to this project commencing, with subsequent positive effects.

- There were major gaps in available pathology results, or documentation of these results, to ensure that appropriate monitoring of the effects of some drugs is occurring.
- There appears to be variation between houses, from the documentation provided, regarding recording and retention of medical information.

- The Comprehensive Health Assessment Plan (CHAP) has improved recording of immunization.
- There were excellent optometrist, dietician, audiology, podiatry, dental and general practitioner reviews documented as occurring regularly.

## Recommendations

- Follow up of the individual recommendations made for each resident.
- Follow up diagnosis of psychiatric disorders where psychiatric medication is prescribed without formal diagnosis. It is acknowledged that diagnosis is often difficult in residents with a developmental disability and challenging behaviour. However, there needs to be well documented assessment, rationale and review when psychotropic drugs are prescribed.

- That consideration is given to formulation of a uniform method of recording and retaining all medical information. This includes pathology reports, medical practitioner letters and reviews and other health professional recommendations. This should be retained in a dedicated medical area of the resident's file.

- That an annual medication review conducted by a pharmacist should be part of the care provided for residents of DAS Community Residential Units and that an experienced clinical pharmacist be part of the team providing best practice and evidence based care.

- As discussed at the Project Reference Group, the current client treatment sheet should be reviewed with consideration given to using a drug chart similar to that used in aged care facilities. This would also assist the general practitioner to assess the frequency of the use of PRN medications.

## Follow up of recommendations

- 70 feedback forms from GP's have been reviewed.
- There were 223 recommendations.
- 183 of these were accepted (82.0%)

## Follow up of recommendations

- 4 (1.5%) recommendations were not accepted.
- 34 (15%) recommendations did not receive comment.
- 2 (0.5%) recommendations were incomplete.

## Some examples of findings and outcomes.

- Recommendation: to review epilepsy medication in view of extended period of time without seizures.
- Outcome: Gradual reduction of medication resulting in increased alertness and no seizures.

- Recommendation: Antipsychotics to be reviewed and stopped if appropriate.
- Outcome: Antipsychotic stopped. Resident has become more alert and active and weight loss has occurred.

- Recommendation: to encourage reduction in smoking.
- Outcome: Staff have worked with the resident to reduce cigarette consumption from 11 to 8 per day with a plan to reduce further.

- Recommendation: To review the requirement for an "older" antidepressant and antipsychotic.
- Outcome: Psychiatrist review occurred and antidepressant was ceased. This caused an increase in the behaviour of pulling out hair – therefore antidepressant was re started. Antipsychotic to be ceased.

- Recommendation: to commence treatment for high cholesterol levels.
- Outcome: Treatment has been implemented.
- Overall, only one GP refused to respond to the feedback sheet.

## Summary

- The project to review the pharmacological management of residents has achieved:
- Increased awareness of the role of medications;
  - A comprehensive clinical pharmacist review of residents medications, and
  - Improving documentation and recording of medication issues.

## Challenges

- To see this project not just as “a project” but a change of practice which is ongoing continual medication review to provide optimal care for residents.
- To continue to educate staff that the pharmacological review is an important part of practice.

## The future?

- Regular annual review of medications by an experienced clinical pharmacist as part of the team caring for residents with disabilities to ensure
  - Freedom,
  - Respect,
  - Dignity and
  - Less restrictive practice for all residents of the Disability Accommodation Sector in Gippsland.

## Thanks

- The success of this project would not have been possible without the vision, dedication and support of Marie Feeley and her team and,
- The ongoing support of the Disability Accommodation Services Team.
- The cooperation of all staff of Disability Accommodation.

## Thankyou