



australian
nursing federation

Submission to Department of Health and Ageing in
response to the Home Medicines Review hospital referral
pathway consultation paper

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. As the largest professional and industrial organisation in Australia, the ANF has, on behalf of our over 215,000 members: nurses, midwives and assistants in nursing, a genuine interest in all aspects relating to medicines management, both in health and aged care facilities and in the home environment. Our members are employed across a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors. In all settings where health and aged care is delivered, nurses and midwives uphold quality use of medicines principles.

The ANF supports the implementation of a hospital referral pathway to enable the timely delivery of a Home Medicines Review (HMR). It is essential that systems are in place to provide appropriate supports to reduce the incidence of medication misadventure for patients post hospital discharge where this is deemed appropriate. This initiative, if clear and easy to follow, can provide system change to target those patients seen to be most at risk of medication related problems.

It is important to note that many patients in the community do not have a regular or 'usual' General Practitioner (GP), in fact, some don't have a GP at all, and rely on their care being provided by the public hospital system. Others have to wait to access the services of a GP, who are in much demand, and the opportunity to intervene to avert medication misadventure is missed. With the introduction of Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) rebates for services provided by nurse practitioners in November 2010, patients may also consult a nurse practitioner for primary health care including medicines management. Consideration must be given to best utilisation of all relevant health professionals to optimise timely person-centred care.

Collaboration is an essential part of the HMR process, whether it's community or hospital initiated. This requires that all health professionals involved work together for the benefit of the patient. They must have mutual trust and respect for one another's roles as health professionals in the delivery of safe, competent health care. The HMR hospital referral pathway provides an opportunity to use the knowledge, skills and expertise of all involved to achieve quality use of medicines with the aim of improving health outcomes for those persons receiving the service. The ANF also sees the importance of using language in the HMR which is consistent with current preparations for the Personally Controlled Electronic Health Record (PCEHR), in order to ease transition into the implementation of that environment from 1 July 2012.

The ANF welcomes the opportunity to participate in the consultation process for the Home Medicines Review (HMR) hospital referral pathway. The following comments are provided in response to the questions raised in the consultation paper: *Implementation of a hospital referral pathway to enable urgent Home Medicines Reviews (HMR)*.

Considerations for the development of a hospital referral pathway

1. Patient eligibility criteria

Patient eligibility criteria for the HMR hospital referral pathway should be consistent with those of the community initiated HMR. The proposed criteria and indicators for the hospital referral pathway can be in addition to these criteria. Any one of these criteria/indicators should be considered sufficient to warrant a hospital referral for HMR rather than an expectation of two or more to qualify. In addition to this, an indicator should be included that allows for the clinical judgement of the discharging health care team that a timely post-discharge HMR is warranted on the basis of a determination that the patient is at high risk of medicines misadventure.

2. Timeframe for HMR to be conducted

In order to allow for review and follow up to occur within the 10 day period following discharge, the HMR referral should occur on discharge and HMR interview and report within 7 days. With the patients permission, this report should be shared with the referring hospital discharge health care team, the GP, other health professional/s seeing the patient for post-discharge care (nurse practitioner, medical specialist) and the community pharmacist (where this is not the pharmacist undertaking the HMR). A copy of the report should be incorporated into the patient's hospital medical record.

3. Coordination

The decision to refer a patient for HMR should be made jointly by the hospital discharge health care team which includes the hospital pharmacist, registered nurses and medical staff. Any one of this team should be able to initiate and write the HMR referral. As qualified, regulated health professionals all members of this team are responsible for the ongoing care of the patient until discharge. Ensuring that referral can be accepted by an accredited pharmacist and undertaken within the timeframe will be the responsibility of the hospital discharge team but will most likely fall to the clinical pharmacist and/or the registered nurse. Information recorded in the national Medication Management Plan (MMP), the patient's discharge summary and the list of current medicines would provide sufficient information from the hospital to inform the HMR. As detailed above, with the patient's permission, the report should be shared with the referring hospital discharge health care team, the GP, other health professional/s seeing the patient for post-discharge care (nurse practitioner, medical specialist) and the community pharmacist (where this is not the pharmacist undertaking the HMR). A copy of the report should be incorporated into the patient's hospital medical record.

4. General Practitioner involvement

Involvement of the patient's usual GP post-hospital discharge is essential for continuity of care. They should be informed of the person's hospital admission and, if initiated, that a HMR referral has been made. This communication should also be provided, at the patient's request, to any other health professional/s they are seeing for post-discharge care (nurse practitioner, medical specialist).

5. Particular patient characteristics that may impact on effective referral and service provision

Patients most at risk of medication misadventure are often those who pose the greatest challenge for referral and service provision. These challenges relate to language, geographical location, living arrangements, complex health conditions, mental health issues and the ageing process.

Patient groups that would potentially benefit from a hospital initiated HMR include those:

- with chronic and complex conditions that may have a range of health professionals involved in the management of their care and medicines
- who experience difficulties with speaking, reading and understanding English
- living in rural and remote areas
- who are homeless or itinerant
- who rely on hospital based services and don't have a GP or primary health care provider
- with slow progressive age related memory loss
- who are frail due to illness or ageing

6. Pharmacy involvement

As is the case for the GP, the involvement of the community pharmacist is essential for continuity of care. They should be informed that a HMR referral has been made and provided with the details of the accredited pharmacist so they may liaise with them in relation to the HMR should the need arise. They should be forwarded a copy of the report when completed by the accredited pharmacist as should the hospital discharge health care team, the GP and other health professional/s seeing the patient for post-discharge care (nurse practitioner, medical specialist). The report must then be considered by the health professionals involved for decisions relating to the patient's medication management plan of care.

7. Different hospital settings

The national Medication Management Plan (MMP), an initiative of the Australian Commission on Safety and Quality in Health Care (ACSQHC), is a standardised form to improve the accuracy and completeness of documented information and the continuity of medicines management that can be used by nursing, medical, pharmacy and allied health staff. The MMP form is used to record the medicines taken prior to admission to hospital and to assist medication reconciliation on admission, intra-hospital transfer and discharge. The MMP is also intended to be used as a record of medication issues and actions taken during the patient's admission. This information can be referred to during the patient's hospital stay and used to inform the preparation of the discharge summary and prescriptions at time of discharge. The MMP provides a checklist to identify patients who would benefit from an HMR. This national tool can be utilised by all health care professionals (nurses, pharmacists, doctors and allied health) involved in the hospital discharge team regardless of the size, location or private/public status of the hospital.

8. Training and support

The ACSQHC already offer an online training tool and resources in relation to the design and use of the national MMP. These links and additional resources to be developed relating to the hospital initiated HMR should be made available to organisations responsible for the professional representation of nurses, pharmacists, doctors and allied health professionals. Training and support should be offered by and through the professional bodies. The ANF is the largest professional organisation for nurses and midwives with a membership in excess of 215,000. One of the many services that ANF provides is education resources for our members. ANF is also the Secretariat for the Coalition of National Nursing Organisations (CoNNO), an alliance of more than 50 national nursing organisations who work collectively to advance the nursing profession to improve health care. The ANF, as CoNNO Secretariat, is responsible for oversight and management of the CoNNO website. The ANF is therefore well-placed to be able to disseminate information and resources to the bulk of the nursing and midwifery professions.

9. Evaluation

Indicators of success for the new referral pathway should be consistent with those of the existing community initiated HMR. Data collected should include: the number of referrals, actual service delivery, timeframe for HMR completion, type of health professionals receiving the HMR report, claims made by GPs for MMPs following a hospital initiated HMR, nurse practitioners completing MMPs. This data should be collected, and reported on, 12 months and two years after the hospital initiated HMR is implemented. In addition to this evaluation, patient and carer satisfaction surveys could also be undertaken.

Conclusion

The ANF appreciates the opportunity to provide input to the establishment of a hospital referral pathway to enable Home Medicines Reviews.

A collaborative model is required to ensure a timely service and quality use of medicines for those considered most at risk of medication related problems post-hospital discharge. The ANF looks forward to learning the outcomes of the consultation and being able to assist in disseminating information and resources to our members on finalisation of the process.