



5 July 2019

Adjunct Professor Debora Picone AO
Chief Executive Officer
Australian Commission on Safety and Quality in Health Care

Dear Professor Picone,

Consultation on Australia's national response to the Third World Health Organisation Global Patient Safety Challenge – *Medication without harm*

Thank you for the opportunity to provide feedback on the draft of Australia's national response to the third World Health Organisation (WHO) Global Patient Safety Challenge – *Medication without harm*.

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF agrees with and wholly supports the WHO's identification of the three focus areas of the challenge underpinning medication safety. We would, however, like to take this opportunity to address an unacknowledged but key component in improving the safe, effective, appropriate use of medications in the third of the identified inter-related flagship area, transitions of care. That is, the essential role of nurses.

It was disappointing that the only mention of nurses in the discussion paper was a reference to diabetes educators when, in conjunction with other measures discussed, the greater involvement of nurses will positively affect quality use of medicines. This is particularly the case when it comes to care of older Australians, both within residential aged care and across all other settings.

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ANMF Journals

Australian Nursing and
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ABN 41 816 898 298



As identified in the discussion paper, older Australians are increasingly likely to not only be taking multiple medications, but are also at higher risk of side-effects and interactions than younger people. People aged 65 and over are also more likely to present to an emergency department, be admitted to hospital, and to have an overnight or longer stay.

At present much of the care delivered to older Australians is performed by care workers, some with minimal or no training, who are less expensive than nurses but unable to assess and evaluate the effectiveness of interventions. In most jurisdictions, care workers are legally permitted to assist people in their care with medication administration, provided the person's clinical condition is stable – but these workers lack the skills and knowledge to accurately and safely determine if this is the case.

One of the earliest safety measures introduced to reduce harm in medications was the development of the 'Rights of safe medication administration' – originally five (right time, drug, dose, route, and patient), these have now expanded, with health care facilities across the country identifying as many as 16, including patient rights (the right to refuse, and the right to have education about the medication), and the importance of medication being appropriate for the recipient's clinical scenario.

This last is a significant factor in all medication interactions, but particularly the case with people who are at risk of sudden deterioration or change: people who are frail, on multiple medications, have multiple co-morbidities, or who have reduced capacity for metabolising and excreting pharmacological products – risk factors that are often all present in the elderly.

Improving not only the numbers but also the proportion of registered and enrolled nurses in the aged care sector will reduce the incidence of prescribed medications continuing to be given despite contraindications (for example, frusemide to someone who is dehydrated, potassium to someone who is having frusemide withheld). Nurses administering medications in these settings also means clinical change will be correlated with a request for medication review (for example, increased risk or incidence of falling prompting anticoagulant review), and the effectiveness of medications will be able to be assessed by the people who spend the most time with the care recipient (for example, determining the effectiveness of pharmaceutical management of behavioural and psychological symptoms of dementia), as well as increasing detection of side-effects and medication interactions.

As the vast majority of patient transfers from the residential to the acute sector occur as the result of an acute deterioration or an accident, often out of hours, documentation accompanying residents is too often fragmented, incomplete, or outdated. When that misinformation includes a medication summary, the risk of patients being prescribed ceased or changed medication is high. In many residential facilities around Australia, one nurse is responsible for dozens, and in many cases over a hundred, residents which makes timely and accurate documentation (let alone assessment) nigh impossible. Increasing, mandating and legislating the number of nurses and the ratio of registered and enrolled nurses to care workers will ensure that medication summaries are accurate and up to date. This not only means admitting doctors in acute care settings have a reliable baseline for assessment and prescribing, it also means that when the resident returns to residential aged care any medication changes are clear.

On behalf of our members across Australia, many of whom work in the aged care sector, I thank you again for this opportunity to contribute to this consultation on Australia's national response to this global challenge. This goal will not be achieved without the involvement and commitment of the largest component of the health workforce, registered and enrolled nurses.



We look forward to working with you to reduce, severe, avoidable medication-related harm and to meet Australia's goal of reducing medication errors, adverse drug events and medication-related hospital admissions by 50% by 2025.

Should you require further information on this matter, please contact Julianne Bryce, Senior Federal Professional Officer, ANMF Federal Office, Melbourne on 03 9602 8500 or jbryce@anmf.org.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Annie Butler'.

Annie Butler
Federal Secretary