

Response ID ANON-7GCE-MRYM-B

Submitted to **National Injury Prevention Strategy**

Submitted on **2020-07-03 16:12:45**

SECTION A: About you

1 What is your name? (Optional)

Name:

2 The Department of Health would like your permission to publish your consultation response. Please indicate your publishing response.

Publish response (your email address will not be published but all other answers, including your name, will be published)

3 Please provide your personal or organisation's email address below (optional). Your email will be used to allow a PDF of your response to be automatically sent to you after you submit your response. If you enter your email address, the Department will be provided with your email, and you will automatically receive an acknowledgement email when you submit your response.

Email address:

mhanna@shpa.org.au

4 Are you providing your response as: (select all that apply)

Other - specify in text box below

Other:

Professional association

5 Where are you based?

Victoria

Location if outside Australia :

6 Are you providing your response on behalf of an organisation, government department or agency? If you are responding on behalf of an organisation, government department or agency, please provide the name and area of expertise of the organisation below.

Yes

If applicable, please specify the name of your organisation, department or agency:

The Society of Hospital Pharmacists Australia

If applicable, please specify the area of expertise of your organisation, department or agency:

Hospital Pharmacy

7 In which country were you born?

Australia

If selected Outside Australia, please specify country of birth:

8 How old are you?

25-34

9 Are you of Aboriginal and/or Torres Strait Islander origin?

No

10 Do you identify as a person from one or more of the priority populations identified in the Strategy? (Select all that apply)

None of the above

11 Do you or your organisation represent one or more of the priority population groups? (Select all that apply)

None of the above

SECTION B: Structure of the Strategy

12 Regarding the entire Strategy, is the overall structure of the Strategy appropriate and easy to follow?

Not Answered

Please provide comments on the overall structure of the Strategy (250 word limit):

13 Context and background for the Strategy: Do the sections 'Introduction' and 'Setting the Scene' provide adequate context and background for the Strategy?

No

14 Is there anything missing or should be changed in the 'Introduction' section?

Please provide comment below on the Introduction (250 word limit):

The 'Introduction' section of the National Injury Prevention Strategy: 2020-2030 stipulates that it considers injuries in their broadest context: unintentional injuries as well as violence and intentional self-harm and that the data is being presented in terms of death, hospitalisations and disability. However, the table on page 3 outlining the Strategy's key objectives, does not include a complete list of injury types that fall under the broad definition of injuries or the data presented. SHPA members believe that a vast number of unintentional medication-related injuries resulting in death, hospitalisation or disability, should be included in the scope of this Strategy. Over 9 million Australians take a prescribed medication every day with 250,000 hospital admissions occurring annually as a result of medication-related problems, costing Australians \$1.4 billion each year. Below is a selection of clinically relevant categories with two or more adverse drug events from the Quality in Australian Healthcare Study that result in injuries:

- thromboembolism due to failure to prescribe heparin prophylaxis
- gastrointestinal bleeds due to the use of non-steroidal anti-inflammatory drugs
- internal bleeds due to the prescribing or administration of inappropriate warfarin doses
- toxicity due to inappropriate dose of digoxin
- acute renal failure due to inappropriate use of gentamicin
- allergies to new medications
- hypotension due to inappropriate dose of antihypertensives
- hype/hypoglycemics episodes due to inappropriate dose of hypoglycemics agents
- dystonic effects due to phenothiazines

References

1. NPS MedicineWise 2019. Be Medicinewise Week 2019: Why every Australian should record the medicines they are taking. <https://www.nps.org.au/media/be-medicinewise-week-new-survey-findings>
2. Pharmaceutical Society of Australia. (2019). Medicine Safety: Take Care. Canberra: PSA
3. Runciman, W. B., Roughead, E. E., Semple, S. J., & Adams, R. J. (2003). Adverse drug events and medication errors in Australia. International Journal for Quality in Health Care, 15(suppl_1), i49-i59. doi:10.1093/intqhc/mzg085

15 Is there anything missing or should be changed in the 'Setting the Scene' section?

Please provide comment below on the section 'Setting the Scene' (250 word limit) :

The section titled 'Setting the Scene' defines includes road traffic injuries, falls, sports injuries, poisoning, drowning and burns as types of unintentional injuries. It does not however include medication-related injuries such as thromboembolisms, gastrointestinal bleeds, internal bleeds, drug toxicity and acute renal failure, all of which are preventable and result in physical injury. The definition of 'Injury' needs to be broadened to encompass medication-related injuries that contribute to the 250,000 hospital admissions occurring annually, costing Australians \$1.4 billion each year.

References

1. Runciman, W. B., Roughead, E. E., Semple, S. J., & Adams, R. J. (2003). Adverse drug events and medication errors in Australia. International Journal for Quality in Health Care, 15(suppl_1), i49-i59. doi:10.1093/intqhc/mzg085
2. Pharmaceutical Society of Australia. (2019). Medicine Safety: Take Care. Canberra: PSA

SECTION E: Life-stages

26 Do you agree with the life-stage approach identified for the Strategy? • Babies and Children (0-14 years) • Youth (15-24 years) • Adults (25-64 years) • Older people (65+ years)

Not Answered

Please provide comments to explain your selection regarding the life-stage approach for the Strategy (250 word limit):

27 Life-stage 1: Babies and Children (0-14 years). Do you agree with the priority areas for action specified for Babies and Children (0-14 years)?

Not Answered

Please provide comments on the priority areas for action specified for Babies and Children, including if anything is missing or any suggested amendments. Please specify objective number/s where possible (500 word limit):

28 Life-stage 2: Youth (15-24 years). Do you agree with the priority areas for action specified for Youth (15-24 years)?

Not Answered

Please provide comments on the priority areas for action specified for Youth, including if anything is missing or any suggested amendments. Please specify objective number/s where possible (500 word limit):

29 Life-stage 3: Adults (25-64 years). Do you agree with the priority areas for action specified for Adults (25-64 years)?

No

Please provide comments on the priority areas for action specified for Adults, including if anything is missing or any suggested amendments. Please specify objective number/s where possible (500 word limit):

Medication-related injuries should be considered a priority area for action for Adults with co-morbidities. A retrospective evaluation of potentially inappropriate prescribing in hospitalised patients with renal impairment found that, among patients aged 40 years and over with hypertension and/or diabetes melitus and poor renal function, 32% were prescribed a medication that required renal adjustment or was potentially nephrotoxic at the time of admission, 16% were prescribed a contraindicated medication and 21% were inappropriately dosed . These, and many other medication-related problems are preventable injuries that should form a priority area for action for Adults (25-64 years) in this Strategy.

Pharmacists are medication safety experts and should be involved wherever medications are being used. Timely pharmacy services are essential to safe medication use in hospitals, where the most unwell Australians are treated, and the most complex and high-risk medications are used. Hospital pharmacists undertake medication management services daily that prioritise the safe and quality use of medications in the acute setting, whilst maximising patient health outcomes.

Over 90% of patients have at least one medication-related problem post-discharge from hospital. Changes to medication during hospital stay are common and the lack of medication reconciliation and an accurate and timely discharge summary can contribute to medication-related problems and hospital readmissions. Medication reconciliation is a service provided by hospital clinical pharmacists assessing discharge prescriptions for safety and accuracy of medications listed. Without medication reconciliation, there is a high chance that there will be errors on the discharge medication list. Three in five hospital discharge summaries where pharmacists are not involved in their preparation have at least one medication error⁵.

A study conducted in 2010 in a 900-bed metropolitan teaching hospital in Brisbane assessed the completeness and timeliness of the discharge summaries for a consecutive sample of medical inpatients aged 50 years and older who had also had a previous hospitalisation in the last six months. It found that, for one in five patients at high risk of readmission, timely provision of the discharge summary did not occur⁵.

Medication-related injuries are relevant to Adults (25-64 years) and access to timely clinical pharmacy services provided in hospitals is essential in preventing these injuries from occurring and mitigating associated risk.

References

1. Pharmaceutical Society of Australia. (2019). *Medicine Safety: Take Care*. Canberra: PSA
2. Mudge AM, Shakhovskoy R, Karrasch A. Quality of transitions in older medical patients with frequent readmissions: opportunities for improvement. *European Journal of Internal Medicine*. Dec 2013;24(8):779–783.

30 Life-stage 4: Older people (65+ years). Do you agree with the priority areas for action specified for Older people (65+ years)?

No

Please provide comments on the priority areas for action specified for Older people, including if anything is missing or any suggested amendments. Please specify objective number/s where possible (500 word limit):

Medication errors have a disproportionate impact on Australians aged 65 years and over, accounting for 20-30% of hospital admissions . Over 95% of people living in aged care facilities have at least one medication-related problem at time of medication review, with most having three. One in six medication-related problems are due to adverse medication reactions⁵.

Data indicates 40-50% of residents in aged care facilities are prescribed inappropriate medications⁷ and that comprehensive medication reviews identify 2.7-3.9 medication-related problems per resident . The overall high rate of medicines use, some of which is inappropriate and unsafe, coupled with the lack of pharmacist clinical services, puts aged care residents at high risk of medication-related injuries, avoidable hospitalisations or inappropriate use of antipsychotics for chemical restraint.

A study conducted amongst patients aged 65 years and over with unplanned admissions to medical wards found that, of the 19% who were considered to have an adverse drug reaction as a cause of or contributor to their admission, 87% were considered preventable. In 70% of cases the adverse reactions were due to multiple medication use .

Clinical pharmacists review a person's medicine use to identify polypharmacy, adverse drug reactions and opportunities for de-prescribing. A clinical pharmacist will also spend time discussing a patient's medications use in more detail to ensure they are being used correctly and prevent future errors. Medication-related problems are a significant burden of injury on older people (65+ years) and access to timely clinical pharmacy services provided in hospitals is essential in preventing these injuries from occurring and mitigating associated risk.

References

1. Pharmaceutical Society of Australia. (2019). *Medicine Safety: Take Care*. Canberra: PSA
2. Australian Digital Health Agency. (2017). *Safe, seamless and secure: evolving health and care to meet the needs of modern Australia*. Australian Government.
3. Chen, E. Y. H., Wang, K. N., Sluggett, J. K., Ilomaki, J., Hilmer, S. N., Corlis, M., & Bell, J. S. (2019). Process, impact and outcomes of medication review in Australian residential aged care facilities: A systematic review. *Australasian Journal on Ageing*, 38 Suppl 2, 9-25. doi:10.1111/ajag.12676
4. Parameswaran Nair N, Chalmers L, Bereznicki BJ, et al. Adverse Drug Reaction-Related Hospitalizations in Elderly Australians: A Prospective Cross-Sectional

31 Life-stage: Antenatal. The Strategy has taken a life-stage approach to injury prevention. While the antenatal period is key life-stage, this stage does not have its own section. Do you agree with this approach?

Not Answered

32 Life-stage: Antenatal. Are there any injury areas or interventions relating to the antenatal period that should be included?

Please provide comments regarding any injury areas or interventions relating to the antenatal period that are missing and should be included, or any other comments relating to this life-stage. Please provide evidence for any suggested actions and note which objective/s you are referring to where possible. (500 word limit):

SECTION F: Cross-cutting priority areas (across the lifespan)

33 Cross-cutting area 1: Reducing injury associated with alcohol. Do the priority areas for action adequately address injury prevention for this cross-cutting issue?

Not Answered

Please provide comments below regarding priority areas for action in relation to Reducing injury associated with alcohol. If commenting on objectives, please provide objective number/s in your comments. (250 word limit):

34 Cross-cutting area 2: Reducing injury associated with an increase in extreme weather events. Do the priority areas for action adequately address injury prevention for this cross-cutting issue?

Not Answered

Please provide comments below regarding priority areas for action in relation to Reducing injury associated with an increase in extreme weather events. If commenting on objectives, please provide objective number/s in your comments. (250 word limit):

35 Cross-cutting area 3: Better planning of the built environment. Do the priority areas for action adequately address injury prevention for this cross-cutting issue?

Not Answered

Please provide comments below regarding priority areas for action in relation to Better planning of the built environment. If commenting on objectives, please provide objective number/s in your comments. (250 word limit):

SECTION G: Current research gaps

36 Do the research gaps outlined in 'Current Research Gaps' adequately address the specific research needs to reduce injury across life-stages and across priority populations?

Not Answered

Please provide comments regarding 'Current Research Gaps', including any suggested amendments (250 word limit):

SECTION I: Making Progress

38 Does the section Making Progress adequately address the activities required at the National, State/Territory and Local levels to progress the Strategy?

Not Answered

Please provide comments relating to the Making Progress section, specifically in relation to it addressing activities required at the National, State/Territory and Local levels to progress the Strategy (250 word limit):

39 Do the Priority Areas for Action throughout the Strategy align with strategies within your organisation, department and/or agency?

No

Please provide comments relating to how the Priority Areas for Action of the Strategy align with those of your organisation, department and/or agency, and specify objective number/s where possible (250 word limit):

Medications can be harmful if not used appropriately and contribute to a significant amount of injuries impacting Australians. The Society of Hospital Pharmacists of Australia (SHPA) is committed to facilitating the safe and effective use of medications, which is the core business of pharmacists, especially in hospitals. Pharmacists are experts in medication management and should be integrated in the multidisciplinary healthcare team, working in partnership with health practitioners and consumers, to lead, facilitate and promote high standards of safe and timely prescribing, dispensing, administration and monitoring of medications, ensuring their safe and high-quality use for all Australians and preventing medication-related injuries.

Medication-related problems need to be incorporated in the National Injury Prevention Strategy: 2020-2030 and recognised as a significant contributor to injuries more broadly.

40 Several lead agencies are tasked with progressing the Strategy. Do you agree with the lead agencies for the priorities areas for action?

Not Answered

Please provide comments relating to the lead agencies tasked with progressing the Strategy, and specify recommended changes, referring to objective number/s where possible (250 word limit):

SECTION J: Appendices

41 Do the appendices add value to the Strategy?

Yes

Please provide comments regarding the appendices, including any suggested changes. Please specify the appendix where possible. (250 word limit):

The appendices provide significant value to the Strategy more broadly. However, Appendix A and C: ranking the external causes of injury by age group, should include medication-related injuries and note its significance, particularly in the Adult (25-64 years) and Older people (65+ years) age groups.