

RMMRs insufficient: SHPA

RESIDENTIAL medication management reviews (RMMRs) are not sufficient to address the “disproportionate number of medication complications” in aged care facilities, the Society of Hospital Pharmacists of Australia (SHPA) believes.

In its submission to the Royal Commission into Aged Care Quality and Safety, the SHPA recommended that aged care facilities should adopt clinical pharmacy services similar to those used in hospitals, instead of relying on contracted community pharmacy services.

The SHPA said the RMMR and home medication review (HMR) programs, funded under the 6th Community Pharmacy Agreement were “limited programs” conducted on an “ad-hoc basis”, for aged care facilities.

“In contrast to clinical pharmacy service for patients in hospital settings, current clinical pharmacy service provision to aged care residents and home care clients

— in the form of federally funded

programs such as the RMMR and HMR – is contractual and provided on an ad-hoc basis at the demand of the aged care service and/or on referral from a GP,” the association said.

“The contractual model means it is difficult for pharmacist service providers to detect and address medication-related issues and collaborate with medical practitioners to implement recommendations.

“Its inadequacy in addressing the complex needs of this patient group, who require regular and timely monitoring and review of medicines, is further compounded by arbitrary service limits imposed through the CPA, which means most aged care residents can only access one RMMR every two years rather than being re-assessed whenever medical treatment is revised or their health status changes.”

The SHPA also recommended that aged care facilities provide a “medication reconciliation” within 48 hours of admission.