

# WHO Global Patient Safety Challenge: Medication without harm

## AUSTRALIA'S RESPONSE

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## Background

- In 2017, the World Health Organization (WHO) launched the third Global Patient Safety Challenge *Medication without harm*.
- In 2019 Quality Use of Medicines and Medicines Safety was made the 10th National Health Priority Area.
- Published in 2020, [Australia's response](#) aspires to reduce severe, avoidable medication errors, adverse drug events and medication-related hospital admissions by 50% by 2025.

## Focus areas for Australia's response



- Respond to inappropriate polypharmacy



- Reduce harm from high-risk medicines



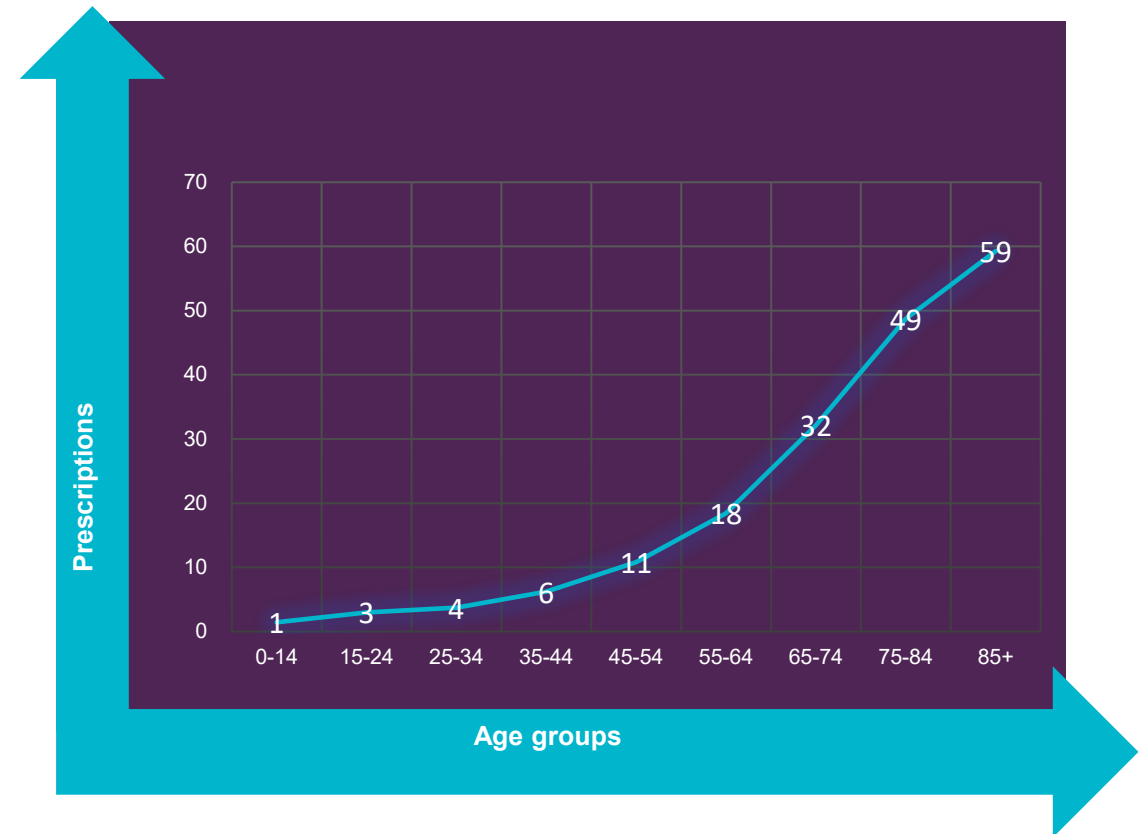
- Improve medication management at transitions of care



## Inappropriate polypharmacy

- **31 Rx** per person for people aged 55 years and over in 2020-21
- **95%** of RACF residents take medications
- **40%** of RACF residents take 10 or more medications

Prescriptions per person  
by age group, 2020-21  
(Source: AIHW)





## Inappropriate polypharmacy

### ➤ 7<sup>th</sup> Community Pharmacy Agreement Medication Management programs to 30 June 2023

- MedsCheck services claimed +5%
- Diabetes MedsCheck services claimed +42%
- Home Medicine Review services claimed +21%
- Residential Medication Management Review services claimed +21%

### ➤ Multidisciplinary collaboration

Description	MBS Item No.	30-Jun-20	30-Jun-21	30-Jun-22	30-Jun-23	CAGR
HMR	900	69,432	76,578	65,512	76,619	4.7%
RMMR	903	76,743	68,291	68,261	71,973	-2.1%

### ➤ Psychotropic medicines

- The [Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard](#) developed by the Commission
- [Guidelines for the Appropriate Use of Psychotropic Medications in People Living with Dementia and in Residential Aged Care](#) developed by Monash University



## Inappropriate polypharmacy

### ➤ Best possible medication history

- Directional improvement
- Opportunity to take carriage of medication review and reconciliation process through the entire patient journey in hospital

### ➤ Medication-related hospital acquired complications

Hospital acquired adverse drug event hospitalisations per 10,000 people	2017-18	2021-22	Change
Non-surgical in origin	103	95	-7.8%
Surgical in origin	192	216	+12.5%

### ➤ Tools

- [Tools to reduce harm from polypharmacy in Australian hospitals](#) were released by NSW Therapeutic Advisory Group in March 2022



## **Inappropriate polypharmacy – Improvement opportunities**

- **To substantially improve documenting and reporting of adverse drug reactions**
- **To embed the generation and distribution of current medicines list by the clinicians handing over care**
- **To advocate for inclusion of information on de-escalation / cessation of medicines in all Product Information (PI) and Consumer Medicines Information (CMI)**



## High-risk medicines

### Insulin

- The rate of insulin poisonings per 100,000 hospitalisations decreased by ~ 8% between 2015-16 and 2022-23.
- From the peak in 2020-21, rates have decreased by 10.3%.

### Opioid analgesics

- There was an 18% reduction in opioid medicines PBS dispensing rates nationally between 2016–17 and 2020–21, reversing the trend for the period 2013–14 to 2016–17.
- Modified-release oxycodone prescriptions dispensed decreased by 10% from 381,174 to 342,868.
- Unintentional drug-induced deaths involving opioids have been falling since 2018.
  - The [Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard](#) (2022)





## High-risk medicines

### Anticoagulants

- The advantages of Direct Acting Oral Anticoagulants (DOACs) over warfarin therapy include their predictable pharmacokinetics, and the reduced burden of ongoing drug level monitoring (INR monitoring).
- Unlike warfarin, the effects of DOACs are not reversible
- Opportunity to improve safe and quality use of anticoagulants through specific continuing professional development.

### Antipsychotics

- There was an 11% reduction in antipsychotic PBS dispensing rates nationally in all states and territories for people aged 65 years and over between 2016–17 and 2020–21.
- The proportion of geriatricians and psychiatrists prescribing antipsychotic medicines remained around the same, but the proportion of GPs prescribing antipsychotics decreased (89% to 84%).
- The proportion of 'other professionals' prescribing antipsychotic medicines increased (2% to 7%).
  - [Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard](#) (2024)



## Transitions of care: medication management



- Up to **90%** of patients may **experience a change to their medicines while in hospital**
- Up to **42%** may be **prescribed least one potentially inappropriate medicine (PIM) at discharge**
- Up to **25%** adults aged **75 years and over taking five or more medicines had at least one PIM that contributed to their admission**



## Transitions of care: medication management

- Opportunity exists for health service organisations and clinicians to embed clinical handovers that align with best practice, local policies and procedures and training to ensure pertinent information is communicated at handover.
- Professional peak bodies, state and territory health departments, universities, and the Commission have published standards of practice, position statements, and guidelines that promote medication reconciliation and review at transitions of care.
- While the importance of communicating the results of medication reconciliations, medication reviews and discharge summaries for patients transitioning between care settings is widely recognised, a lot more needs to be done to translate recognition into action by health service organisations and clinicians.

People with	June 2019	June 2023	Change
My Health Record	22.54 million	23.6 million	+4.7%
Pharmacist-shared medicines list	zero	0.571 million	n/a

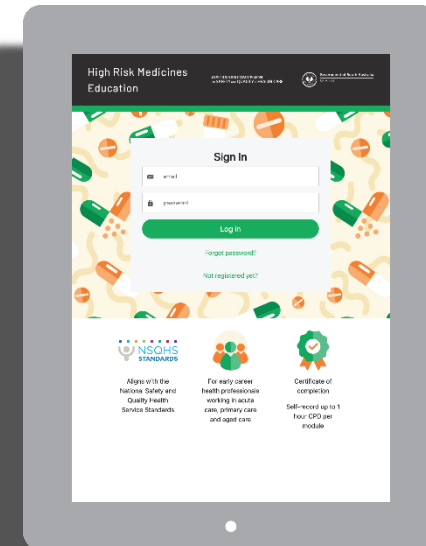
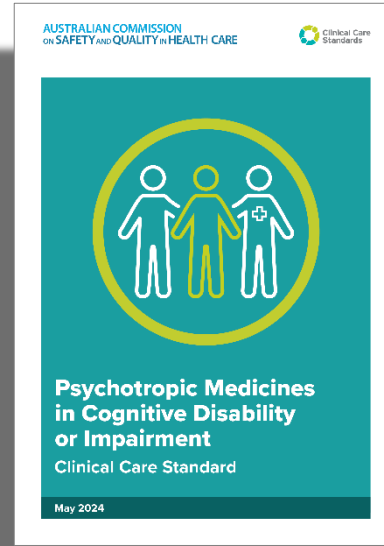
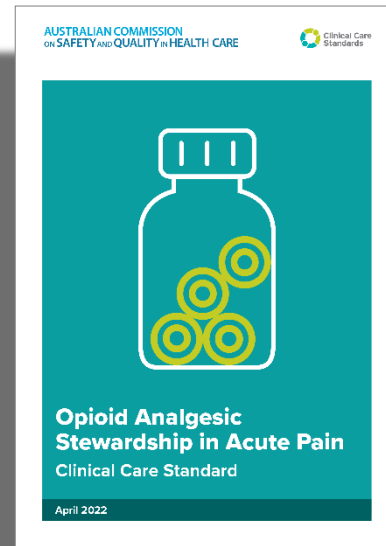


## Transitions of care: medication management

- Australia lacks a singular, comprehensive data source to assess the extent or type of medication-related hospital admissions.
- Programs designed to identify discharged, older patients ( $\geq 65$  years old) at risk of hospital readmission can assist to reduce the likelihood of these patients from returning to hospital due to preventable reasons.
- A national level time-series analysis of adverse drug events (ADEs) using the admitted hospital data over the period from 2017-18 to 2021-22 showed

	Change
Rate of ADEs present on admission	-12.3%
Number of ADE admissions	-11.7%
Rate of ADE-related readmissions	-17.0%
Number of ADE readmissions	-17.5%

## What else has the Commission done?



- National baseline report on Quality Use of Medicines and Medicines Safety (10th National Health priority) Phase 1: Residential aged care
- The Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard
- The Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard
- Development of new, and revision of existing, High-risk Medicine (HRM) e-learning modules for early career clinicians



## **Medication without harm – WHO Global Patient Safety Challenge: Australia's response**

The aspirational goal is to reduce avoidable medication errors, adverse drug events and medication-related hospital admissions by 50% over the period to 2025

The Status report demonstrates

- Significant improvements and steps towards reducing medication-related harms
- Progress for some priority actions and metrics has been challenging
- Data and knowledge gaps have been identified
- The importance of Quality Use of Medicines and medicines safety as Australia's 10th National Health Priority Area.

The World Health Organization recognises the ongoing effort required to reduce medication-related harm through

- [WHO Global Patient Safety Action Plan 2021-2030](#)
- [WHO Medication without harm Policy Brief](#)

# Thank you

