Australian Government
Aged Care Quality and Safety Commission

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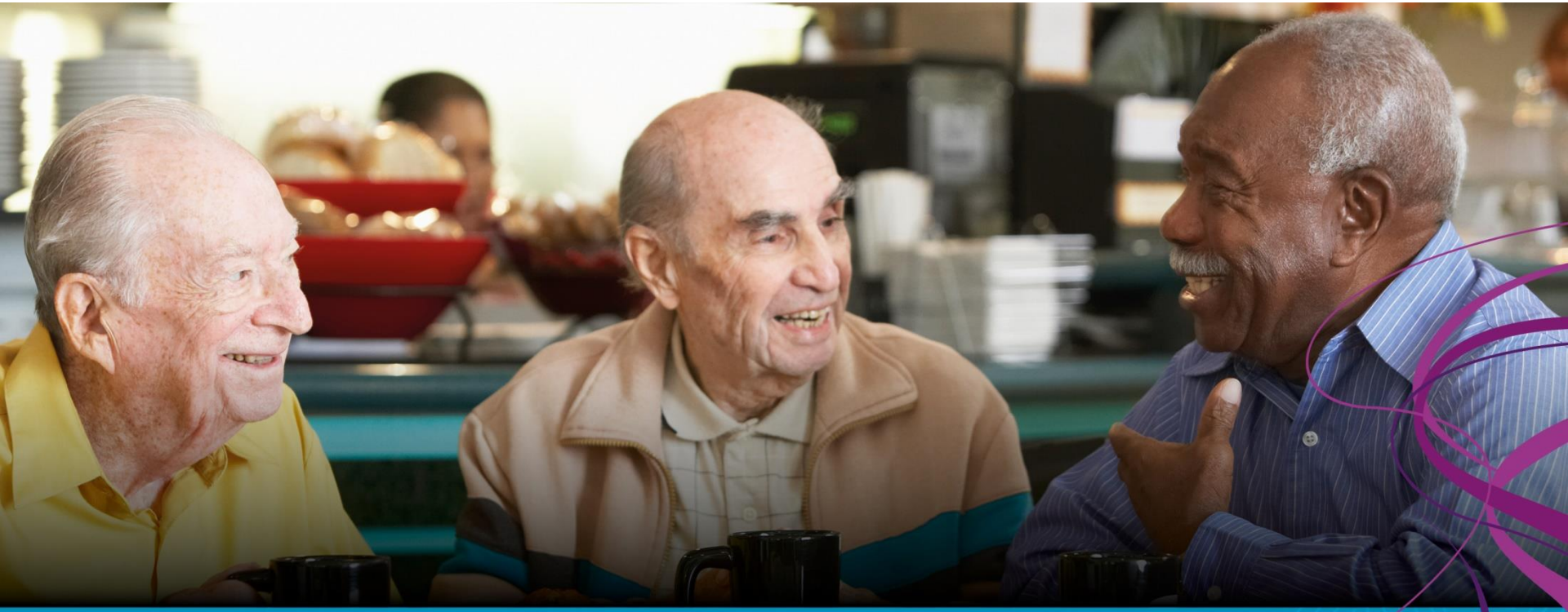

Dr Melanie Wroth - Chief Clinical Advisor

Wednesday 24/5/23

Human rights

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Universal Declaration of Human Rights – United Nations

Single Charter of Aged Care Rights

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A single charter which provides the same rights to all consumers, regardless of the type of care and services they receive, was launched on 23 March 2019.

Aged care providers must provide a personally signed copy of the Charter to every care recipient and give them, or their authorised representative, the opportunity to co-sign.

- Residential services
- Home care providers

Single set of Quality Standards

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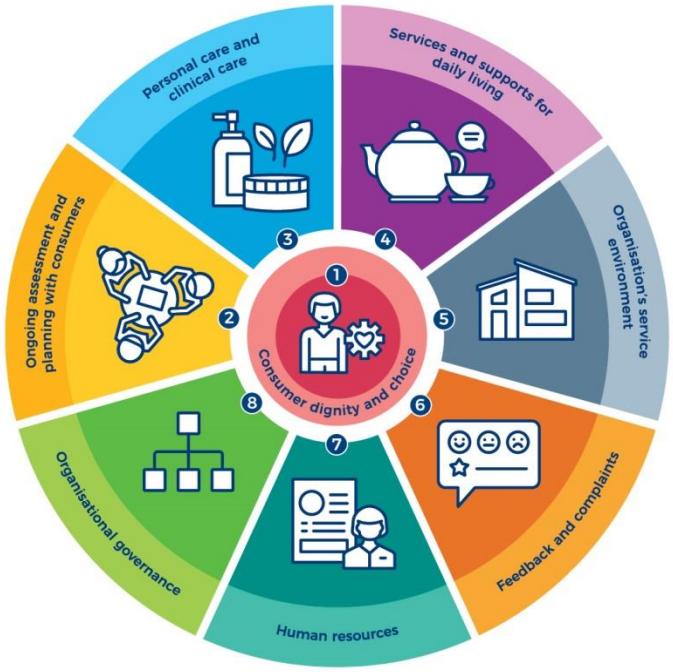
Four sets of quality standards have been replaced by the new [Aged Care Quality Standards]

Providers are assessed and monitored against these standards since 1 July 2019.

Strengthened standards under development



Major quality and safety issues cited in the Interim Report of the Royal Commission

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- Substandard care is more widespread across the sector than is generally acknowledged
- Common use of physical restraint
- Significant over-reliance on chemical restraint to manage consumers' behaviours of concern
- High incidence of assaults
- Inadequate prevention and management of wounds
- Poor continence management
- Patchy and fragmented palliative care
- Unappetising food with low nutritional value, and inadequate hydration

What is a Restrictive Practice?

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Quality of Care Amendment (Minimising the Use of Restraints) Principles 2014 (April 2023)

Restrictive Practice means any practice, device or action that interferes with a consumer's ability to make a decision or restricts a consumer's free movement.

- chemical restraint
- environmental restraint
- mechanical restraint
- physical restraint
- seclusion

Chemical Restraint

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Chemical restraint is a practice or intervention that is, or that involves, the use of medication or a chemical substance for the primary purpose of influencing a care recipient's behaviour, but does not include the use of medication prescribed for:

(a) the treatment of, or to enable treatment of, the care recipient for:
  (i) a diagnosed mental disorder; or
  (ii) a physical illness; or
  (iii) a physical condition; or
(b) end of life care for the care recipient.

Psychotropic/sedative, hormonal

Look at reason for prescribing or use

Before using physical restraint

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Approved health practitioner assessed:

- risk of harm to self or others and as requiring
- Documented BSP

- Alternatives
- Least restrictive
- Informed consent
- If emergency, document, inform
- Care and services plan: behaviours, alternatives, reasons necessary, care to be provided
- Minimum time
- Regularly monitor harm
- Regularly review need

Before using chemical restraint

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A medical practitioner or nurse practitioner has:

- assessed as requiring the restraint
- prescribed the medication

BSP

The practitioner's decision to use the restraint has been recorded in the care and services plan documented for the consumer in accordance with the Aged Care Quality Standards

The consumer's representative is informed before the restraint is used if it is practicable to do so

Minimise use of restraint

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Physical:

- least restrictive
- minimum episodes of use
- minimum amount of time each occasion
- minimum duration

Chemical:

- Fewest number of medications needed
- Shortest duration
- Lowest dose
- Prescribing practices: clinical review
- Mindful rollover/continuation

Psychotropics

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Definition

capable of affecting the mind, emotions, and behaviour

Classes

- Anti dementia drugs: memantine, rivostigmine, donepezil, galantamine
- Antipsychotics
- Antidepressants
- Benzodiazepines: anxiolytics, hypnotics
- Anticonvulsants
- Lithium
- Opioids

BPSD

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Common at some stage
Often mild or transient

Differentiate from delirium

‘Responsive behaviours’
‘changed behaviours’
Behaviours of concern’

Often result of unmet needs or some cause of distress

Unacceptable:

- Acting up
- Arcing up
- Blaming or punitive

Managing Behaviour

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Individualised, proprtional to complexity

Prevent, often just good care

- Knowledge of the individual, interests, habits, life, occupation, family
- Talking to family, previous GP and carers
- Ongoing attempts, communication, what triggers, what calms or settles
- Documentation and communication
- Creative trying

- Expert advice: psycho-geriatrician, geriatrician, psychiatrist, dementia CNC, inpatient admission, Dementia Support Australia (24 hrs)

BSP

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‘Behaviour support plan’, ‘behaviour management plan’

- Background picture of the person: likes, dislikes, occupation, habits, preferences
- Known triggers
- Known effective strategies
- Ongoing record of behaviour: nature, severity, duration
- Each episode: what appeared to trigger, unmet needs discovered
- Each episode: what appeared to calm and assist, what was tried and didn’t work, what was tried and made it worse

Information then available

- to all staff involved with care, hand over, part of clinical record, fed into care plans
- to family and prescribers to inform future consent, planning and restraint or prescribing review

PRN

Chemical sedation: Harms

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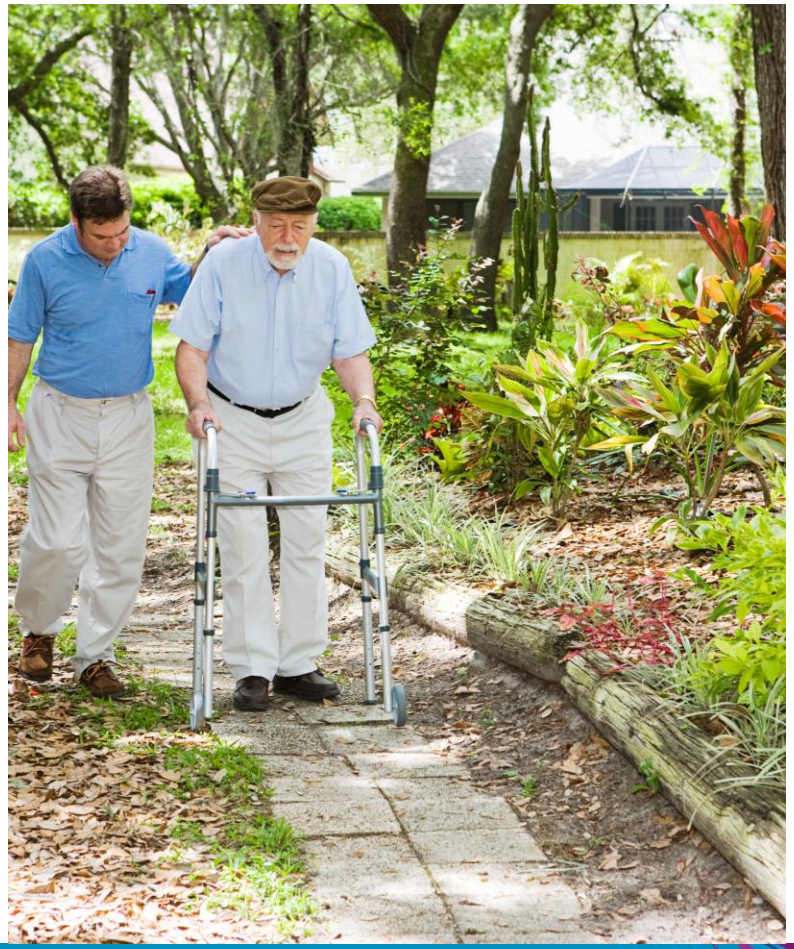

Medical side effects:

- sedation
- balance = falls
- Nutrition, PI
- Independent function
- anticholinergic
- cardiovascular
- Death
- Interaction, QOL

Tools for ACB, DBI

Oversedation

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- Falls
- Pressure areas
- Nutrition --> sarcopenia, immunocompetence, frailty, energy
- Incontinence
- Lack of meaningful socialisation, interaction
- Depersonalisation
- Loss of autonomy, dignity
- Deconditioning
- Reduced participation pleasurable activity

Impact

- Aged Care Quality Standards
- Nursing and care needs
- QOL
- Etc etc etc

Financial harm

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- Often overlooked
- Each medicine even on PBS costs person $/month
- Stop 3 medications say $18/m = $216/yr

“each medication stopped is a lovely Christmas present for my grandchildren”

Informed Consent

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Consent is not just agreeing to the medication, it should be *informed* consent.

Informed consent involves being able to:

- understand the reason for the proposed medication
- understand the available options (including not taking the medicine or having the restraint)
- understand the risks and benefits of those options
- come to a considered decision
- communicate the decision

RP Considerations of ACQSC Assessors

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- How is it being assessed as an appropriate course of action at commencement
- Consent given and communicated – how, who
- BSP
- Last resort
- Least restrictive
- How monitored
- What is the impact/harm
- Ongoing regular evaluation

How you can help

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- check for any contribution of current medication to confusion, sedation or other side effects potentially causing distress or behaviours of concern.
- identify and document the risk of harm to self or others that medication used as restraint seeks to address.
- communicate the decision to prescribe medication with the aged care provider and relevant staff.
- seek informed consent from the appropriate person and communicate this consent with the provider.
- outline the monitoring required for side effects that might occur.
- clarify the need for ongoing review of effectiveness and impact and when this will occur.
- clearly state the conditions when 'as needed' (PRN) sedating medication may be used.
- regularly review medications, especially psychotropics, so that deprescribing can occur as early as possible.
- communicate with other current or past prescribers where indications for their prescribing and responsibilities for review are not clear.

Anecdotes

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Friend member of NCAT
- What's happened to her
- You WHAT?

Fentanyl patch
- We asked 3 days in a row to have it removed

Code Black in hospital

Man in secure facility
- Asked: if you take me home, I'll give you $500

Who gave consent for this?
- The doctor
- Nobody because there is no family

Pitfalls/considerations

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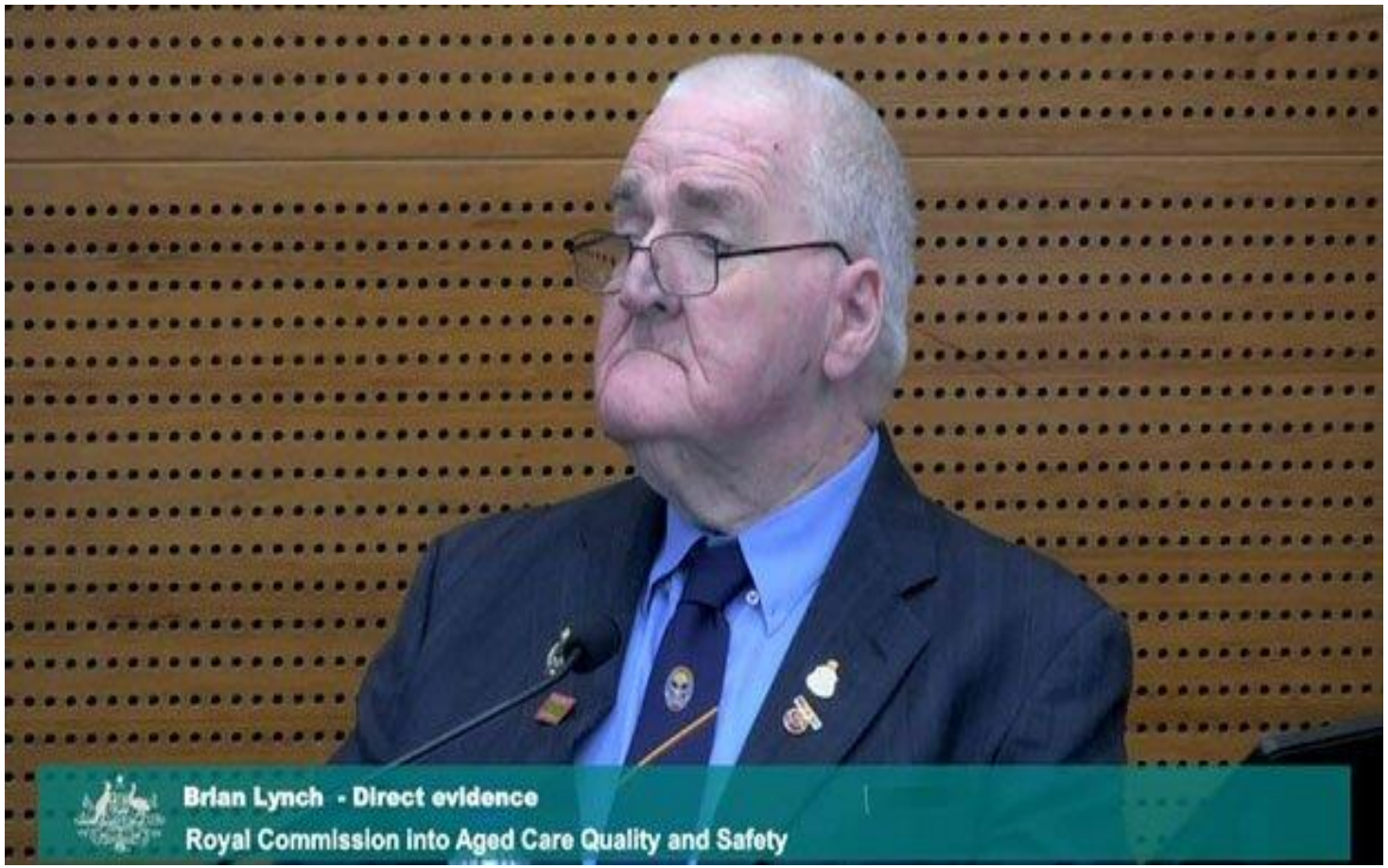
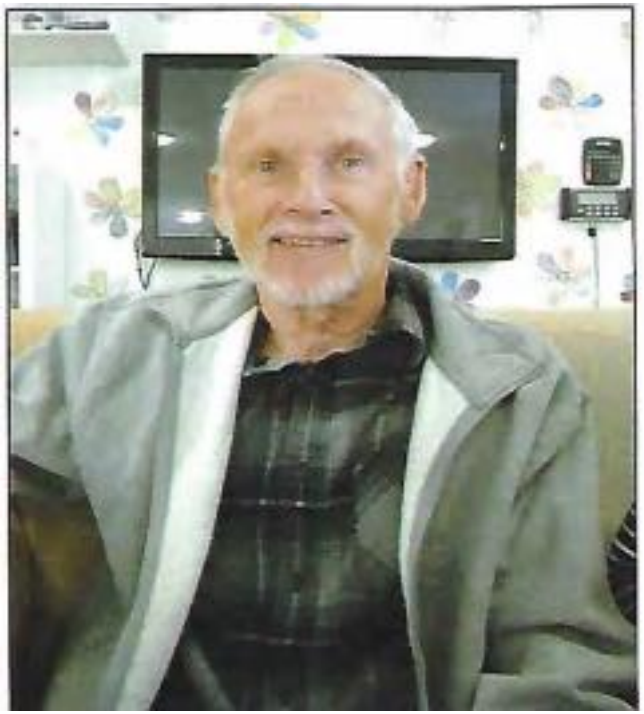
Terminology resistive, aggressive, inappropriate, intrusive
Threats we can't look after, can't stay, can't participate
Non specific wanders, safety, duty of care,
Generic cup of tea, redirect, reassure
Culture, long practice
GP and others rubber stamping, agreeing, 'not CR'
Way issues presented to prescriber patient is the problem
Self-serving consent process one side of the story
Creative diagnosis


Brian Lynch - Direct evidence
Royal Commission into Aged Care Quality and Safety



Admission Photo

Restrained with straps in chair

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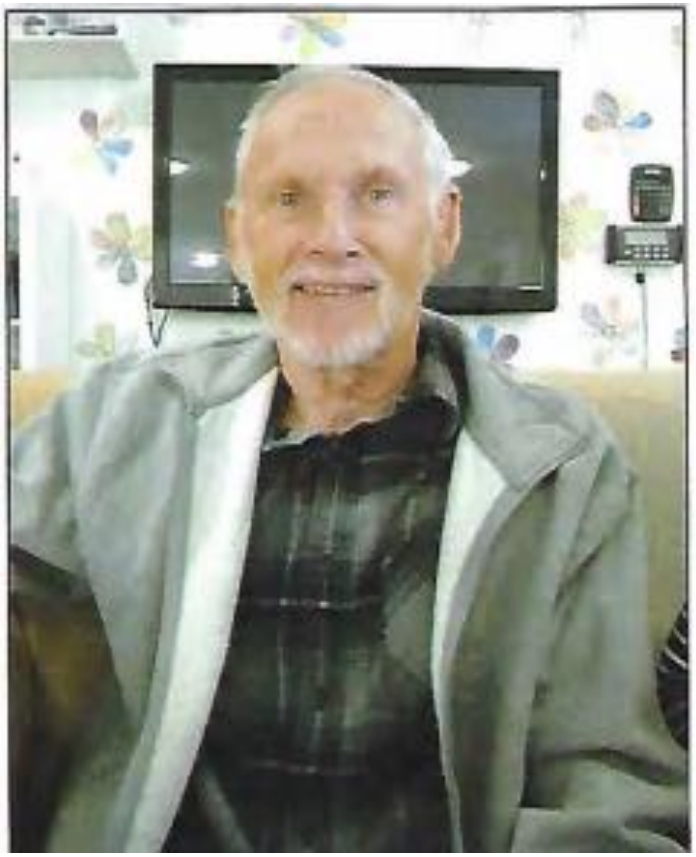
https://www.abc.net.au/news/2019-01-16/elderly-dementia-patients-given-anti-psychotics-and-restrained/10621658

Seven weeks later in the facility



Resources, references

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Charter of Aged Care Rights, legislative requirement:
https://www.agedcarequality.gov.au/consumers/consumer-rights
Commonwealth legislation governing provision of Aged Care Services
https://www.legislation.gov.au/Details/F2021C00887 **explicit about the requirements for the use of RP in AC**
Scenarios to assist with practical examples of what is and is not a restrictive practice
https://www.agedcarequality.gov.au/resources/restrictive-practices-scenarios
Psychotropic Self-Assessment Tool, which is a voluntary template with the information a provider should be monitoring and overseeing. This has worked examples, and explanatory notes with rationale:
https://www.agedcarequality.gov.au/resources/self-assessment-tool-psychotropic-medications
Psychotropics Frequently Asked Questions, with explanations about various misconceptions and poorly understood areas: https://www.agedcarequality.gov.au/resources/psychotropic-self-assessment-tool-faqs

A short explainer video for patients, families and carers about informed consent for medications:
https://opan.org.au/support/support-for-older-people/yourchoice/

Behaviour management https://www.agedcarequality.gov.au/news-centre/newsletter/quality-bulletin-31-july-2021#from-the-chief-clinical-advisor-behaviour-support-plans

The Commonwealth DOHAC has also a number of communications including information for medical practitioners: https://www.health.gov.au/health-topics/aged-care/providing-aged-care-services/working-in-aged-care/restrictive-practices-in-aged-care-a-last-resort#medical-and-nurse-practitioners

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