

Introduction

Evidence of long-term effectiveness of hypnotic agents for insomnia is lacking and their use in the elderly is associated with adverse events such as falls, hip fractures, delirium and cognitive impairment.¹⁻³

Drug Usage Evaluation (DUE) is an ongoing cyclical process which promotes optimal drug therapy by monitoring drug use, comparing it with specific pre-defined standards and initiating appropriate standards when it is inconsistent with these standards.

A DUE kit for review of benzodiazepine and non-benzodiazepine hypnotic use for insomnia in residential aged care facilities (RACFs) was released in March 2005 by NPS.

The DUE activity was aimed at:

- identifying inappropriate or unnecessary use of these hypnotics in residents of RACFs
- encouraging efforts to improve the use of these hypnotics in RACFs.

Use of the kit also assists the RACF to meet components of accreditation standards⁴ and to comply with Australian Pharmaceutical Advisory Council Guidelines for medication management in RACFs.⁵

Objective

We had no previous experience with supplying a DUE to RACFs, nor with using the website as the access point. This evaluation of use of the kit will allow:

- improvement of the usability of the kit
- more effective targeting and promotion of future products for use in RACFs.

Methods

The DUE kit was promoted through direct mailing to national and state branches of 7 aged care/nursing home associations and 6 pharmacy associations, relevant sections of national and state health departments, as well as Aged Care GP Panels in individual divisions of general practice (DGPs) and NPS facilitators.

Key stakeholder organisations including the Australian Association of Consultant Pharmacists (AACP), national and state health departments, Aged Care Standards and Accreditation Association (ACSA), Australian Nursing Homes and Extended Care Association, Aged Care Providers (e.g. Anglicare) and Aged Care GP Panels in each DGP were asked to promote the kit to members and to include editorial in publications where possible.

Access to the kit required completion of an online survey with mandatory fields for profession, workplace type and initial source of knowledge about the kit, and optional fields for contact details. Where early respondents (first 4 months, n = 180) provided contact details, they were contacted 3–4 months later by e-mail and asked to complete a survey on ease of use, usefulness and other feedback about the kit. Respondents who had not used the kit were asked to reply by e-mail with the factors that prevented them from using the kit.

Results

In the 12 months after launch of the kit (March 2005–March 2006), the online survey was completed by 440 people.

Nurses who completed the survey mainly described themselves as Managers or Directors of Nursing (DONs) (18%) or Registered Nurses (4%).

The majority of those completing the survey were pharmacists and they mainly described themselves as accredited, consultant or MMR/HMR pharmacists (18%), as well as NPS facilitators and students or pre-registration pharmacists.

Of the respondents who were neither nurses or pharmacists, most were employees of DGPs and/or Aged Care Panels (6%), NPS facilitators (7%, including some pharmacists and nurses) and doctors (3%). (See Figure 1)

When asked which type of facility they represented, survey respondents most frequently nominated RACFs (48%), DGPs (14%), pharmacy (8%) and hospital (8%).

Most respondents heard about the kit from the NPS website (21%) or from written material or other communication from NPS (17%). However it is unlikely that the website was the primary source and other communications were probably involved. Some Aged Care organisations and AACP were also commonly cited. (See Table 1)

Of the early respondents (n = 180) who provided contact details (n = 142), four implemented the kit and completed the survey on use of the kit. Five others replied by e-mail, mostly citing insufficient staff and/or time as the reason for not having used the kit.

All who used the kit and completed the survey indicated that they agreed or strongly agreed that the kit was useful and that it had clear and easy-to-follow instructions. These respondents all indicated that they would consider undertaking another DUE in their facility.

Figure 1. Most frequent professional groups or specialties among those who accessed the DUE kit (n = 440)

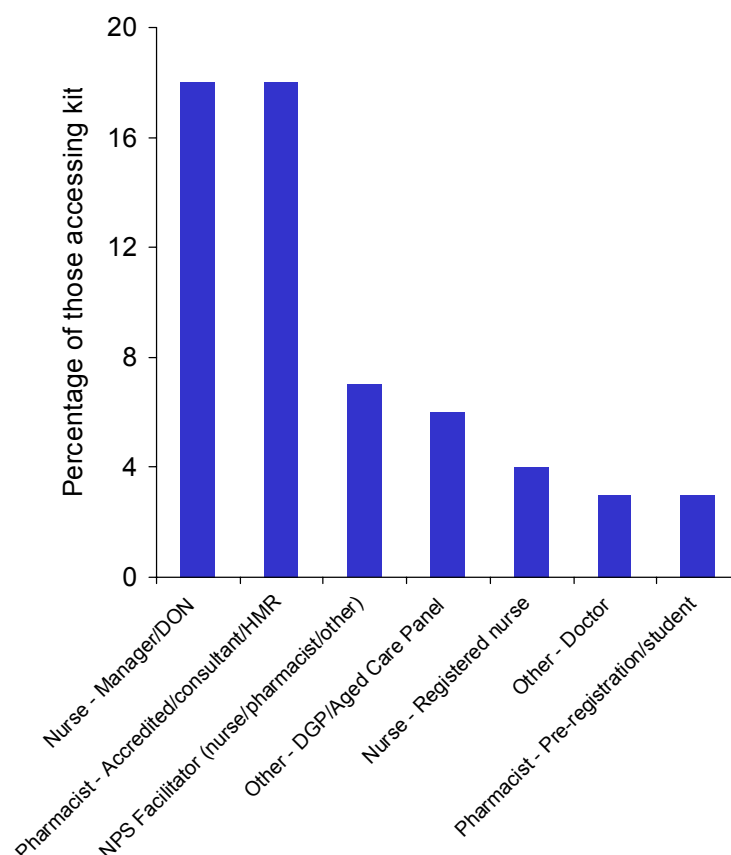


Table 1. Sources where respondents found out about the DUE kit.

Response	n	%
NPS website	93	21
NPS Facilitator	20	5
NPS written/phone on-hold message or unspecified	76	17
Australian Association of Consultant Pharmacy Newsletter/website	23	5
Pharmacy organisation (PSA, Pharmaceutical Council of WA, SHPA, Pharmacy Guild of Australia)	24	6
State Aged Care organisations communications	29	7
Aged and Community Services Association newsletter/report	34	8
Divisions of general practice	16	4
Colleague	17	4
Pharmacy Australia Congress presentation (Oct 2004)	12	3
Other or not specified	87	20

Conclusions

- The kit was most commonly accessed by accredited pharmacists and Nurse Managers or DONs and was well received by those who used it.
- Promotion of the kit should be repeated, with these groups targeted and responses monitored. AACP, other pharmacy organisations and Aged Care organisations should again be included.
- Repeat promotion should also include direct mailing to RACFs and to Medication Advisory Committees with emphasis on the benefits of investing time in implementing the kit.
- Consider developing an online data collection form to help with using the DUE kit, or collating data that has been collected manually from RACFs to increase interaction with those implementing the kit and to offer support.

Acknowledgements

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References

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