QUM Priority Topic, Qtr 1 2017

Anticoagulants & Falls

Background Information: A 2016 Coroner's Case investigated the death of a nursing home resident following a fall. The resident was on warfarin and suffered a brain haemorrhage.

The Coroner recommended referring a resident to hospital for assessment if a fall results in a minor head injury and that the hospital should consider a CT scan for those on an anticoagulant.

The Department released an 'Industry Alert' in response to the Coroner's recommendations.

Anticoagulant **DRUGS** used in aged care	*warfarin* (Marevan & Coumadin)	*dabigatran* (Pradaxa)	*apixaban* (Eliquis)	*rivaroxaban* (Xarelto)	*Enoxaparin* (Clexane)

Health Team	Implications	Choice Aged Care approach
Organisation (service provider)	The Department Alert (not a legislative obligation) recommends that service providers: • Read the Coroner's full report • Make key personnel aware of the info in the Coroner's report and Industry Alert • Take appropriate action	1. Support organisations to update falls policy and protocols with respect to residents receiving an anticoagulant. 2. Assist with updating organisational Medication Management policy relating to anticoagulants.
RACF / service site	As per Department Alert recommendations above. The Aged Care Act 1997 also legislates that approved sites: • Conduct timely and ongoing assessments when care recipients' needs change • Arrange referrals for appropriate health specialists in accordance with a care recipients' assessed needs and preferences	3. Discuss and make recommendations at a local site level regarding associated RMMR and QUM service interventions. 4. Implement a targeted RMMR and QUM service that supports a site's obligations and duty of care relating to residents on an anticoagulant. 5. Provide benchmarking data to track and analyse anticoagulant drug usage.
Nursing staff	• Be aware of the Coroner's report and how it applies to professional practice standards (the Coroner directed criticism at an agency nurse involved in this case for failing to adequately conduct or record her observations) • Conduct timely and ongoing assessments as per organisational protocols following a fall or any suspected medication misadventure. • Understand your organisation's policy and procedures relating to falls.	5. Offer QUM Blast in-services on anticoagulant therapies and falls prevention during scheduled clinical rounds. 6. Discuss QUM issues with nurses when conducting anticoagulant RMMRs. 7. Support staff Continuous Professional Development by designing and distributing an appropriate module on the TLC Hub relating to anticoagulant therapy.
GP	• Routinely review the risk Vs benefits for residents receiving anticoagulant therapy, especially those at a high risk of falls. • Refer for multidisciplinary input where appropriate (e.g. RMMR pharmacist) • Document and inform staff of any specific directives relating to a patient receiving anticoagulant therapy in the event of a fall +/- head injury.	8. Coordinate RMMR referrals for residents receiving an anticoagulant who have not had a review by the clinical pharmacist within the past 12-months. 9. Target the subsequent RMMR review and report at the surrounding QUM issues specifically relating the resident's anticoagulant therapy.