

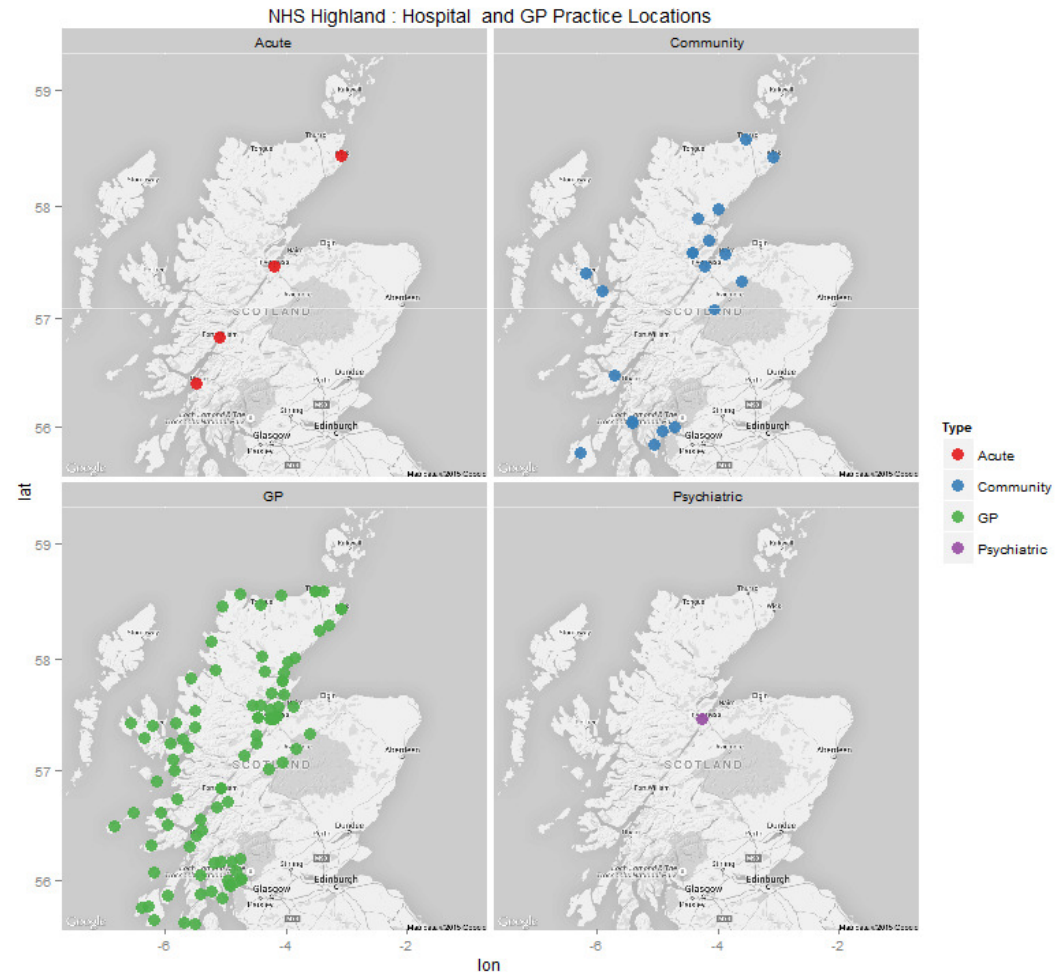


NHS Highland



Medication Reconciliation: Story so far

4 Acute Hospitals since
2008
100 GP practices
2 Acute Mental Health
units
1 Paediatric unit
7 Community
Pharmacy sites (5
pharmacies, 2
dispensing practices)



Local NHS Highland Infrastructure



Board



Clinical Governance Committees



SPSP Senior Leadership Team

Medicine's safety sub-group

Community Pharmacy



2008-2012



2012-2016



2012-2016



2013- 2016



2012 -2015

Local Delivery Groups Meeting's for Each of the Individual programmes

Measurement System for Process and Outcome Measure Reporting

Methodology : Model for Improvement and Measurement for Improvement



Primary care

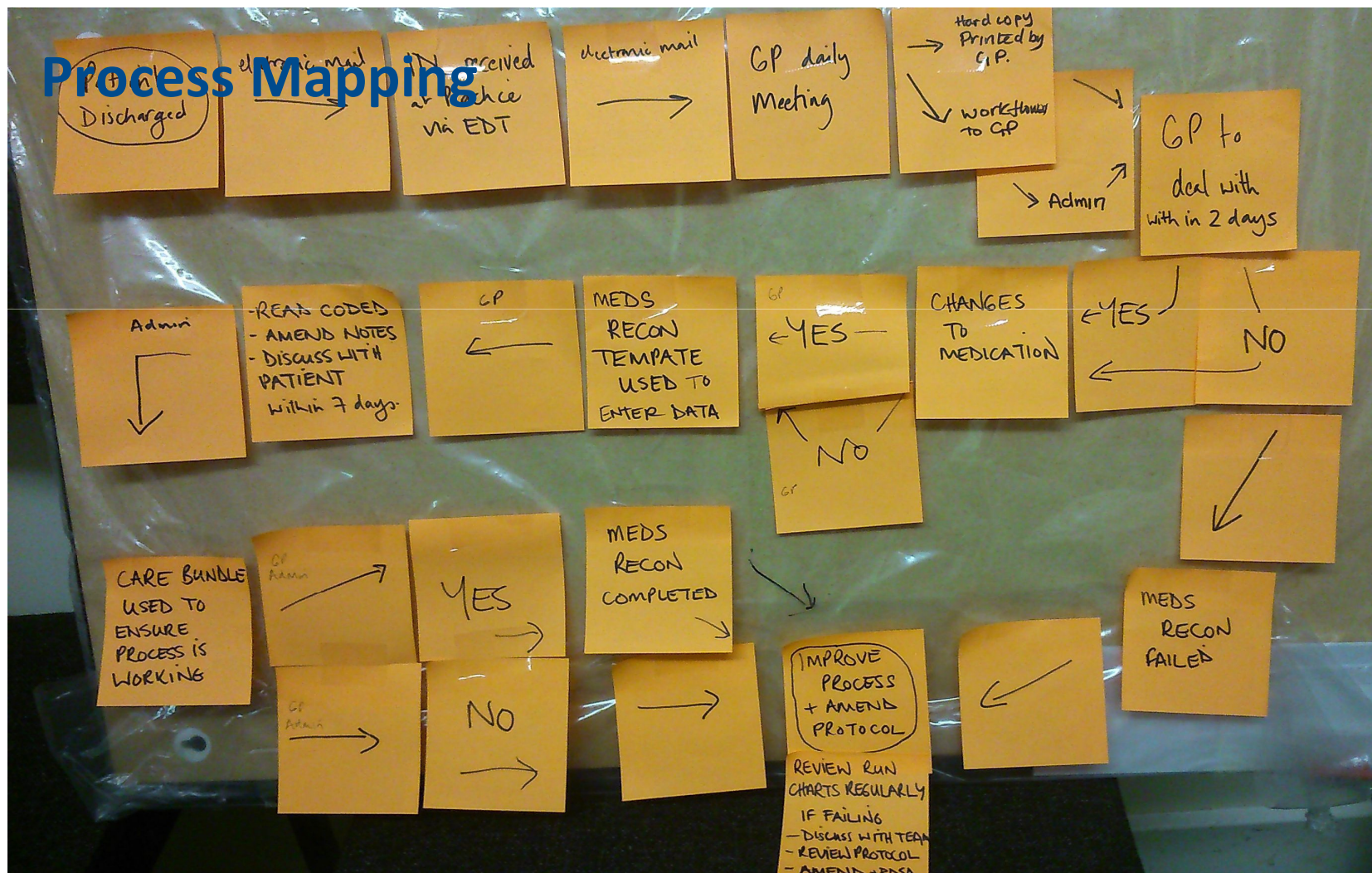


MEDICINES

SPSP – Primary Care

- Provide Safe and Effective Medicines Management in Primary Care.
- One piece of the 'safer medicines' workstream.
- Enhanced Service introduced May 2014, now year 2
- GP and Manager Attended Learning event
- Practices complete Medicines Reconciliation bundle.
- Provide evidence of process mapping and develop Protocol and Reflection sheet.

Process Mapping





MEDICINES

- Aim: 95% or > of GP Practices have Safe and Reliable systems for Medicines Reconciliation following Discharge by 2016:

Medicines Reconciliation Bundle:

Measure 1: Has the Immediate Discharge Document (IDL) been workflowed on the day of receipt?

Measure 2: Has medicines reconciliation occurred within 2 working days of the IDL being workflowed to the GP/Pharmacist?

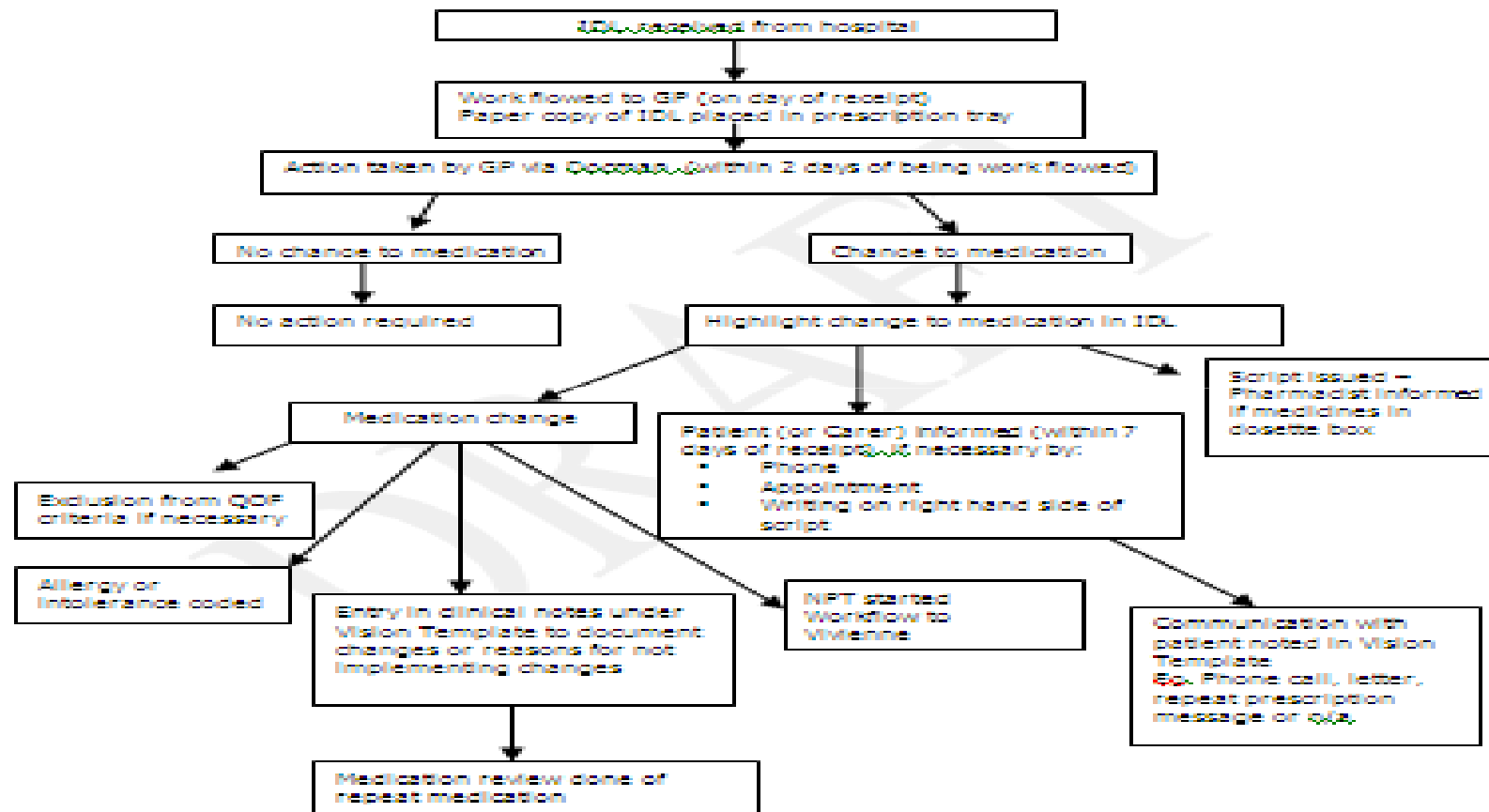
Measure 3: Is it documented that any changes to the medications have been acted upon?

Measure 4: Is it documented that any changes to the medications have been discussed with the patient or their representative?

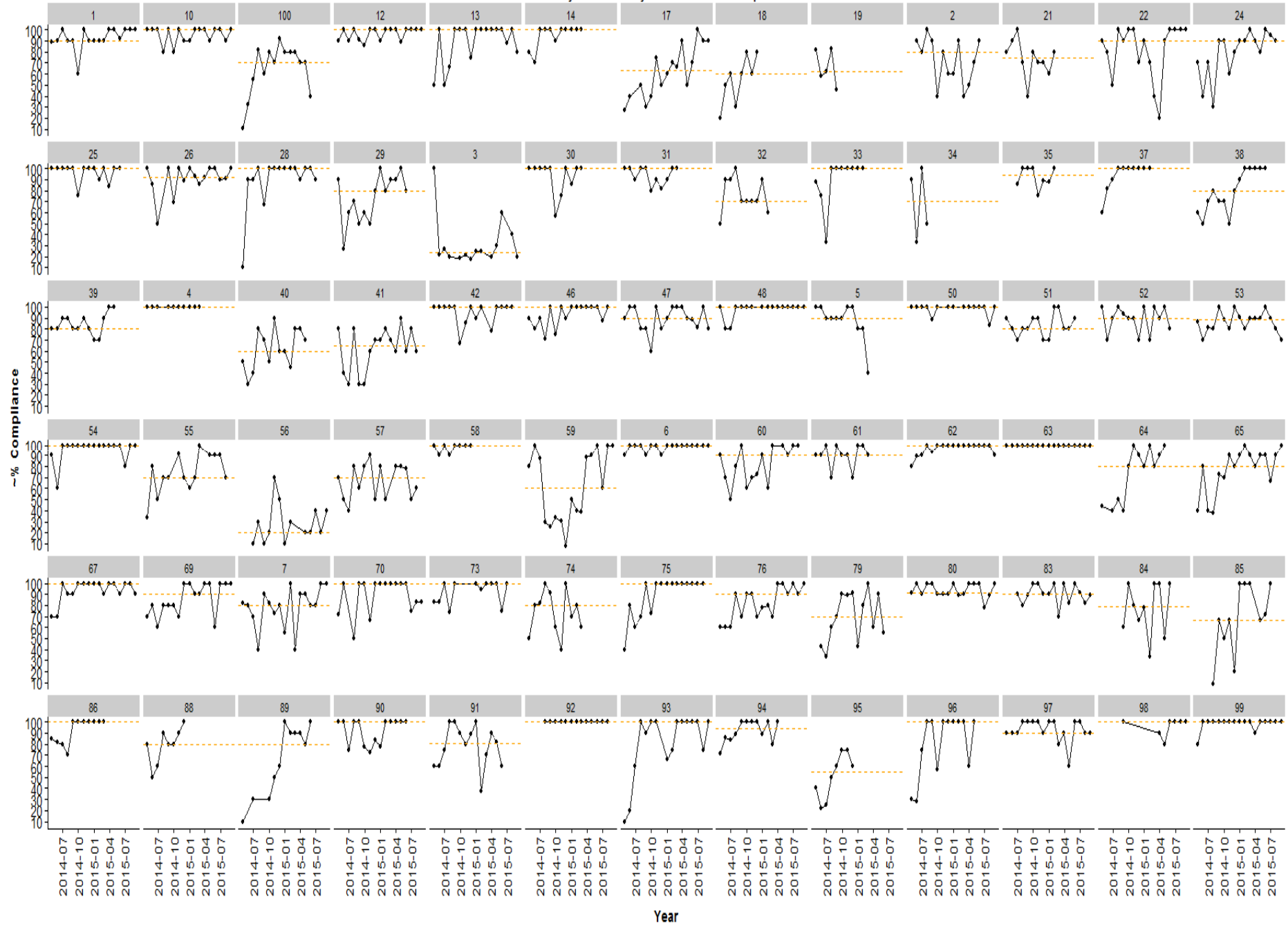
Measure 5 Have all measures been met (compliance with full bundle)?

- The CEL 03 (2013) Patient Safety in Primary Care establishes the requirement for NHS Boards to support the SPSP-PC work stream. Boards are required to report progress against these aims nationally.

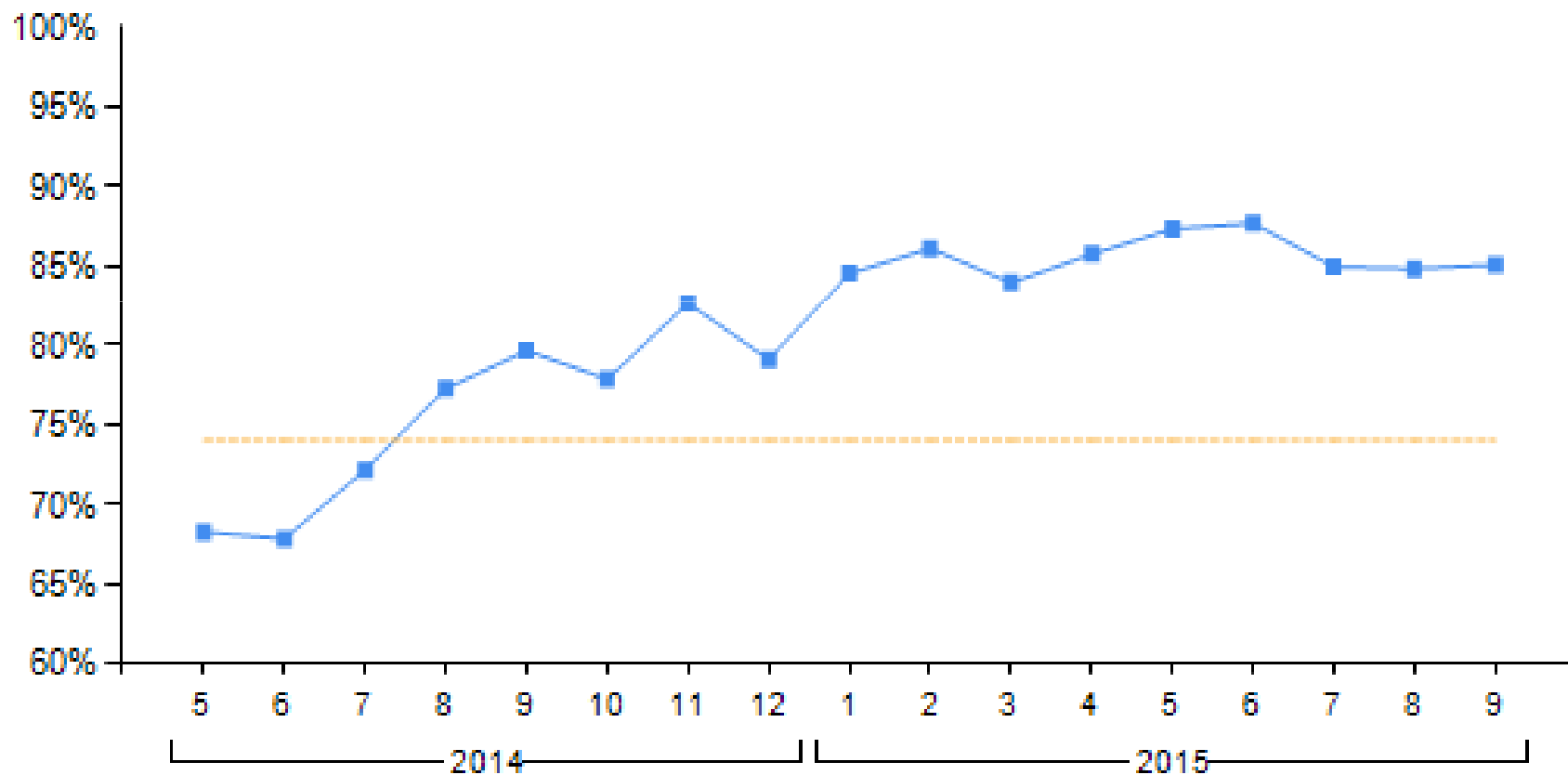
MEDICINES RECONCILIATION FLOWCHART



Anonymous Primary Care Meds Rec Compliance



Aggregated Overall Bundle Compliance



Successes and Challenges

Great to see data being reported, although some submissions dropping off

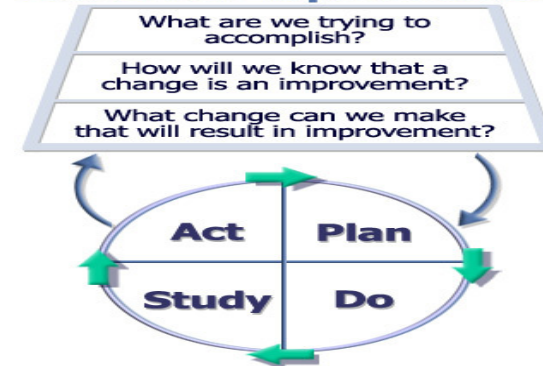
Champion practices identified

Local PC learning events

Need to develop a mechanism for shared learning
- local and National

Lack of QI facilitator support and GP clinical lead

Model for Improvement





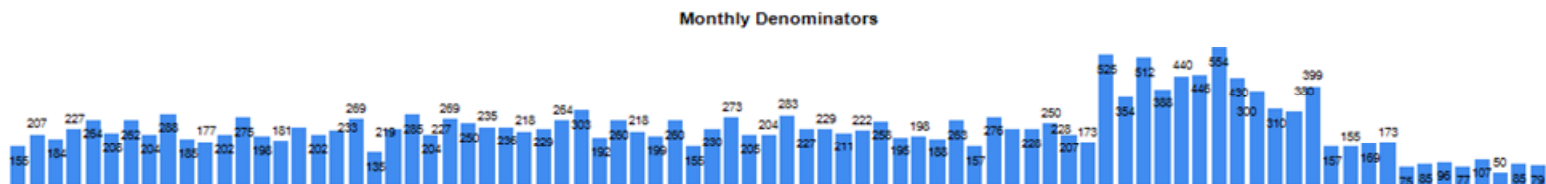
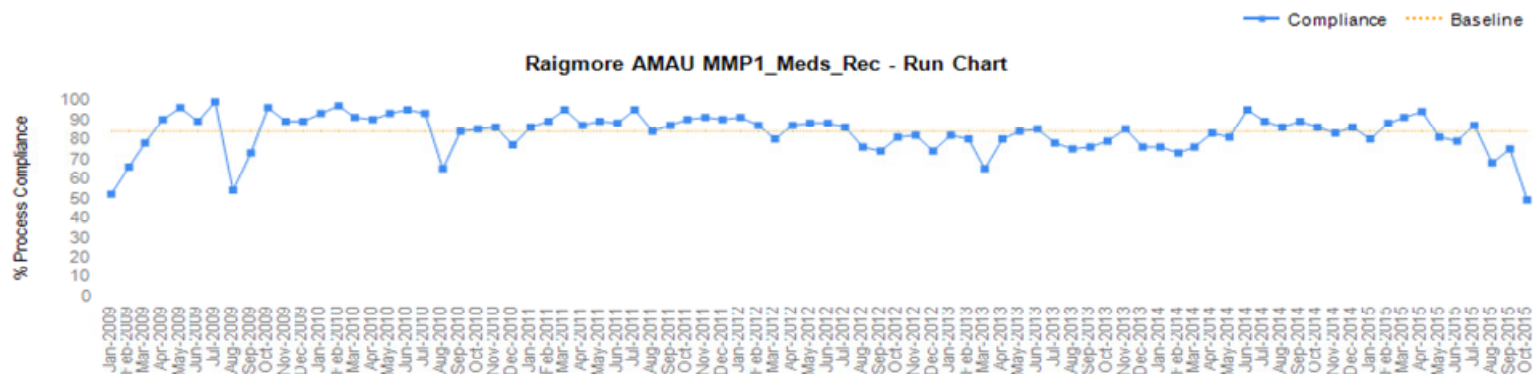
Acute Care



MEDICINES

May contain CONFIDENTIAL and/or PATIENT IDENTIFIABLE data

SPSP Run Chart Viewer

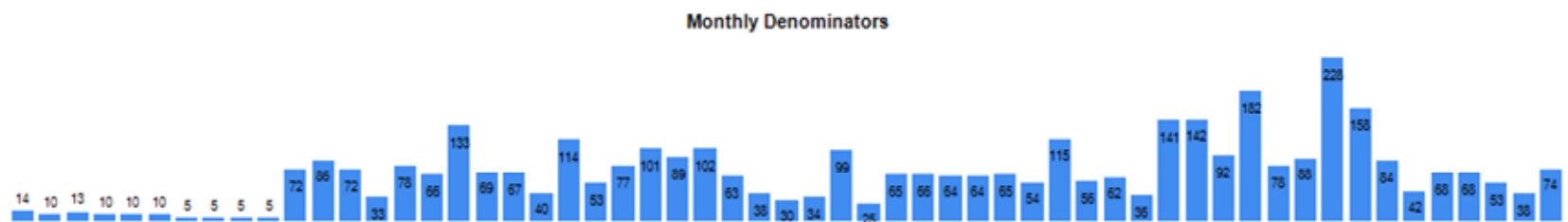
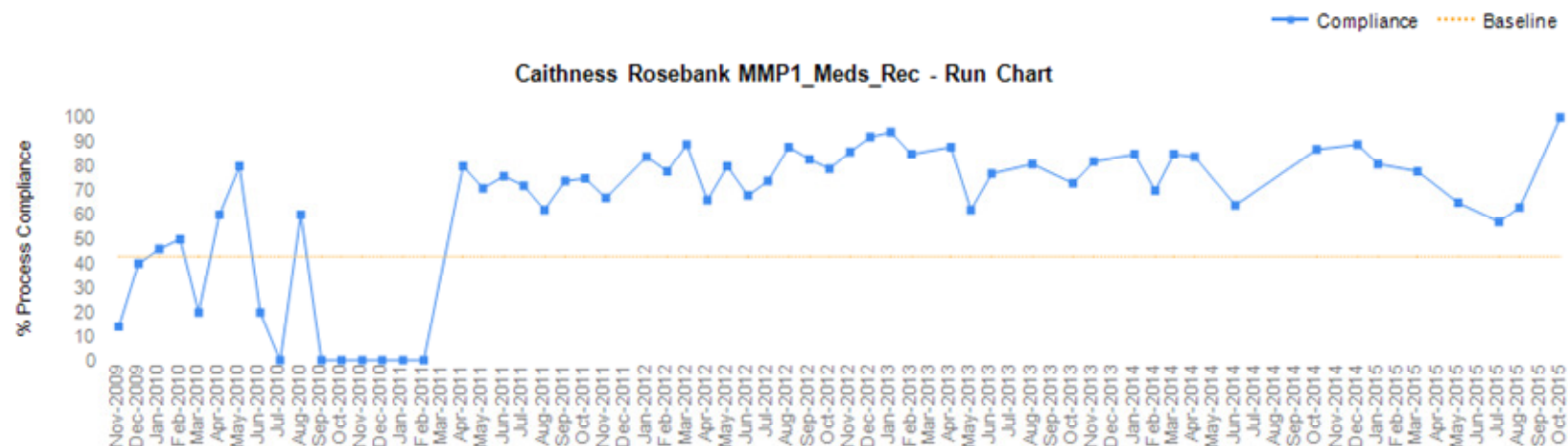


Positive Runs above Median

Start Date	End Date	Run Length
Jul 2009	Jul 2009	1
Oct 2009	Jul 2010	10
Oct 2010	Nov 2010	2
Jan 2011	Jul 2011	7
Sep 2011	Feb 2012	6
Apr 2012	Jul 2012	4
Jun 2013	Jun 2013	1
Nov 2013	Nov 2013	1
Jun 2014	Oct 2014	5
Dec 2014	Dec 2014	1
Feb 2015	Apr 2015	3
Jul 2015	Jul 2015	1

May contain CONFIDENTIAL and/or PATIENT IDENTIFIABLE data

SPSP Run Chart Viewer

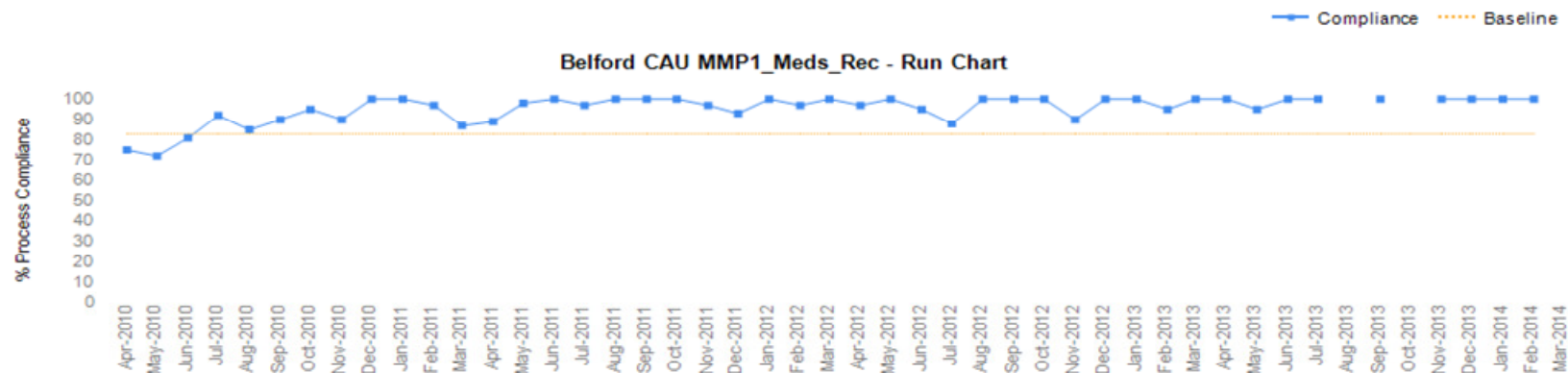


Positive Runs above Median

Start Date	End Date	Run Length
May 2010	May 2010	1
Aug 2010	Aug 2010	1
Apr 2011	Oct 2015	41

May contain CONFIDENTIAL and/or PATIENT IDENTIFIABLE data

SPSP Run Chart



Positive Runs above Median

Start Date	End Date	Run Length
Oct 2010	Feb 2014	41



MEDICINES Innovation

NHS
Highland

ATTACH
PATIENT LABEL

Date document started:

**GENERAL SURGERY, UROLOGY,
ENT & MAXILLOFACIAL**

INPATIENT

**PRE-ASSESSMENT AND
ADMISSION DOCUMENT**

Complete this section in clinic or office and send document to Pre-Assessment with patient.
For non pre-assessed patients (e.g. admission for investigations) new document begins on admission.

This patient is participating in the
ENHANCED RECOVERY PROGRAMME (ERAS)?

YES ☐

NO ☐

This patient has been pre-assessed?

YES ☐

NO ☐

Lead Reviewer – Mr K Walker, Consultant Surgeon

V280711

Lead Reviewer - Mr B Wolf, Consultant Surgeon 10

Text: SPSIP VTE Group Draft 9 Medical and Emergency



MEDICINES

Successes and Challenges

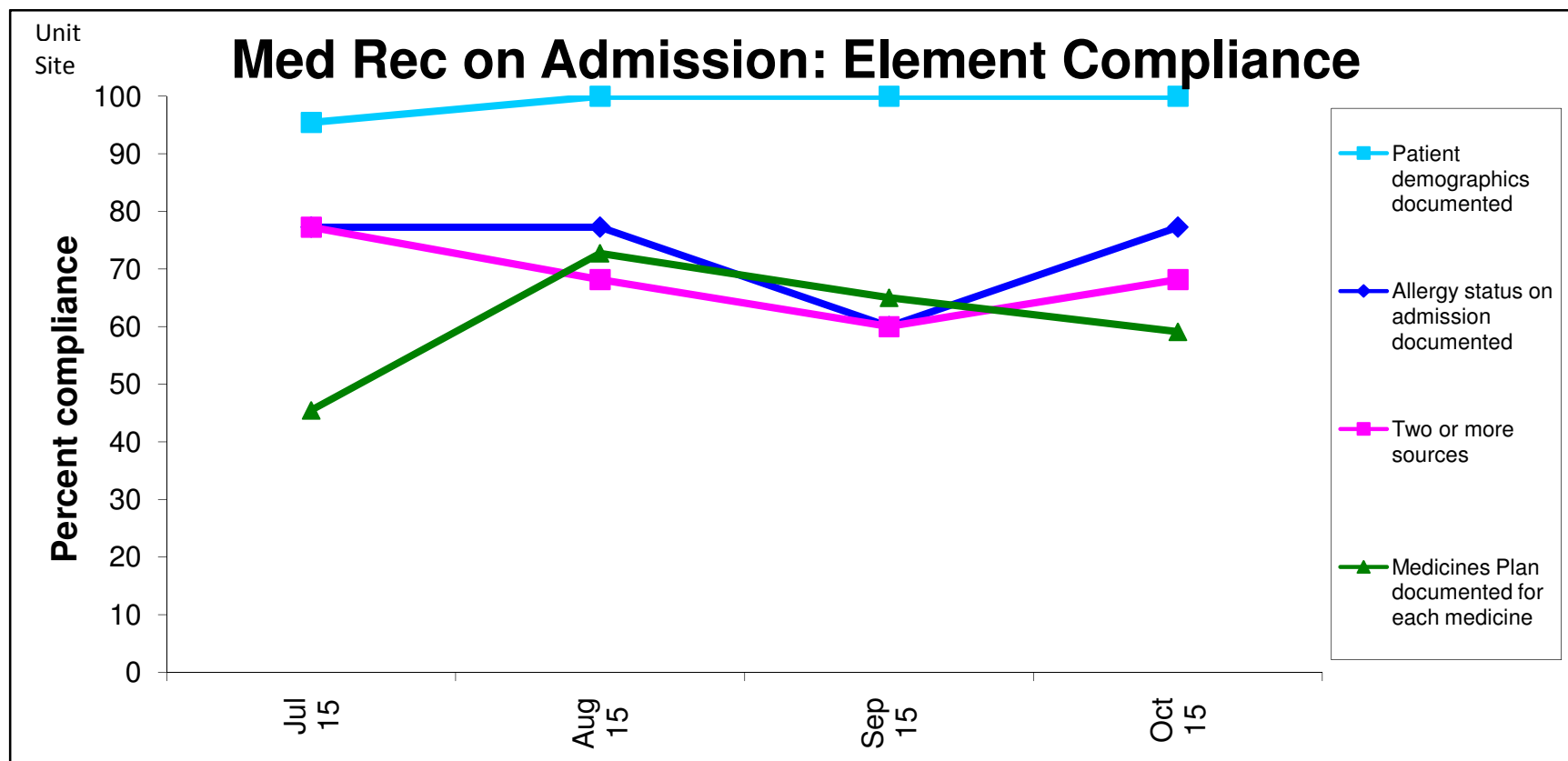
- A consistent team achieves improved reliability
 - Active Pharmacy input
 - Pre-assessment nursing team
- Medicines reconciliation form being placed within CAD
- Lack of medical leadership support
- pressing junior doctors to do it better whilst at the same time expecting them to discharge patients sooner



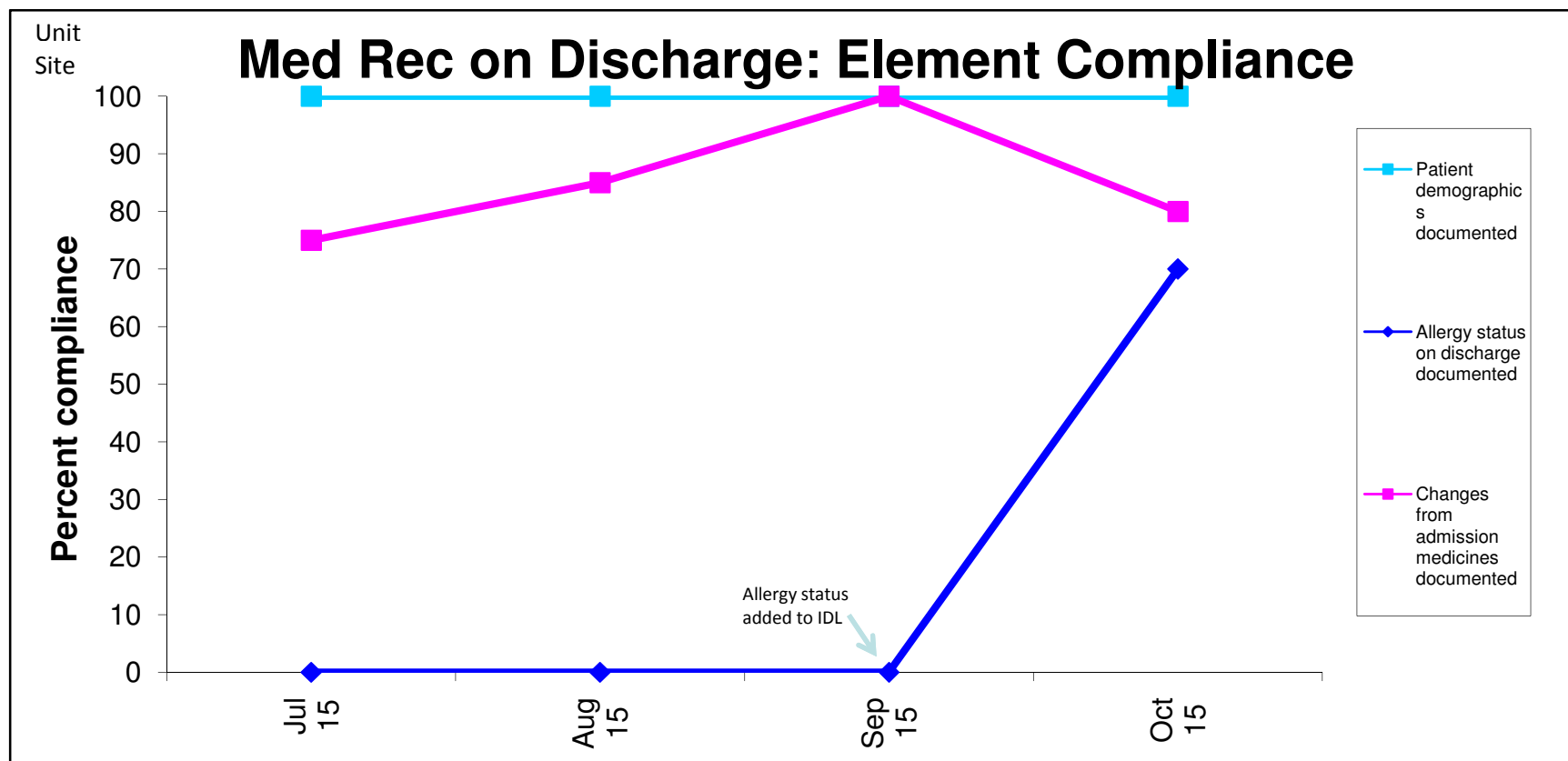


Mental Health

Mental Health, New Craigs Hospital
Compliance with Admissions Criteria:



Mental Health, New Craigs Hospital Compliance with Discharge Criteria:





MEDICINES

Successes and Challenges

- New Craigs Hospital was the first mental health hospital to achieve full roll out of admissions and discharge medicines reconciliation.
- New Craigs is now testing the use of CMO letter criteria in a mental health setting.



Community Pharmacy



Community Pharmacy

No data yet

Due to start collecting data after learning event in November 2015

Community pharmacy innovation

Community pharmacists given access to SCI store so they can view IDLs after hospital discharge (via Caldicott Authorisation)

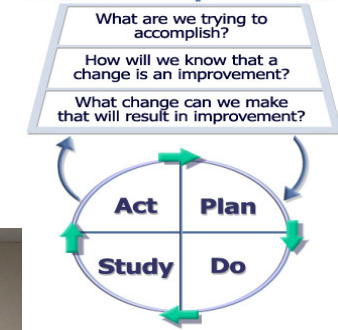


MEDICINES

Next steps.....



- National picture
- Further collaboration between programmes – whole system approach
- Other activity we are still to work on in is the quality of meds rec at discharge
- Person-centred – is there more we can do?



**“Coming together is a beginning.
Keeping together is progress.
Working together is success. ”**
~ *Henry Ford*