Healthcare Improvement Scotland's Improvement Hub

Reducing Medicines Harm Across Transitions

Medication Reconciliation WebEx Series 2016

Thursday 15 September 2016
3pm–4pm

Presented by:
NHS Lanarkshire

#SPSPMeds2016 @SPSPMedicines

SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

SPSP Medicines

September 2016 WebEx – NHS Lanarkshire

Reducing medicines harm across transitions

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

Welcome

Support the learning and sharing between boards regarding medication reconciliation as a whole system

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A few WebEx etiquette points for our meeting today:

- If you are not presenting your phone is automatically on mute
- Be open to learning and sharing
- Please use the chat box to participate in the discussion during the presentation, and type in any questions you might have
- There will be time at the end of the WebEx for Q and A with the presenting board, and we will be monitoring the chat box

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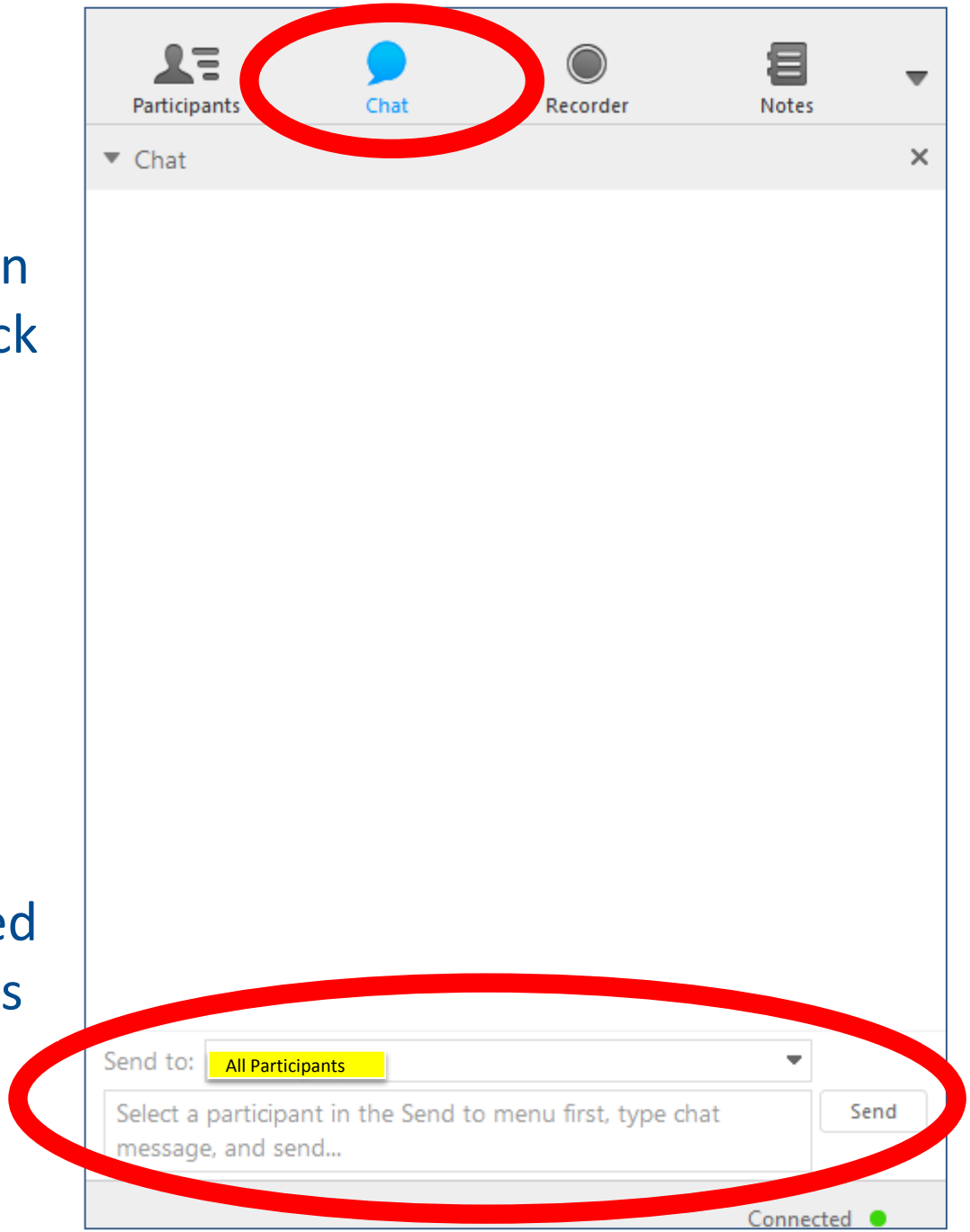
If you want to get involved in the conversation, please click on the Chat icon circled in red.

Select **All Participants** from the drop down menu, type your message then click send!

This WebEx is being recorded as a resource for SPSP teams

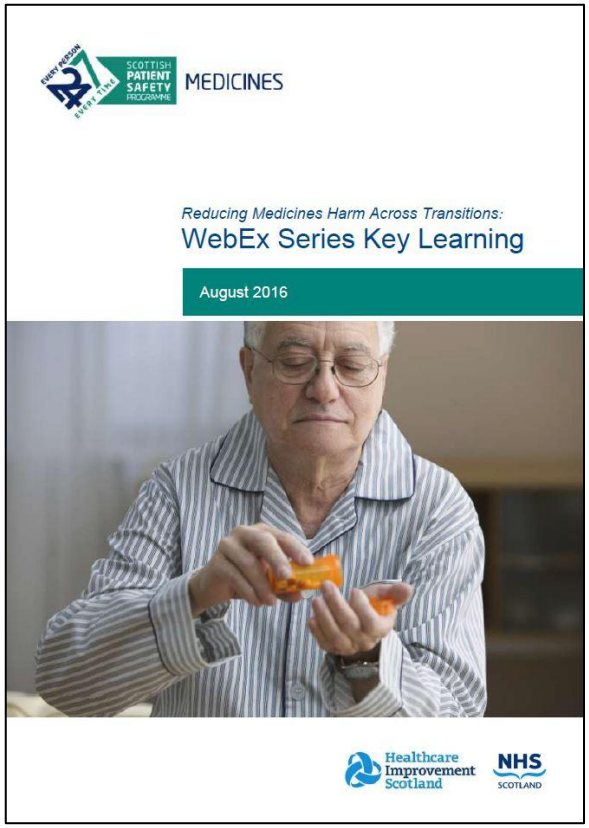


SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

From previous 3 WebExes:

- June 16th (NHS Grampian)
- July 21st (NHS Forth Valley)
- August 18th (NHS Borders)

National Level
Medication reconciliation is a complex clinical process
Senior medical engagement is key to success in the acute care setting
Boards are looking at ways to capture feedback across points of transition regarding the quality of information being communicated



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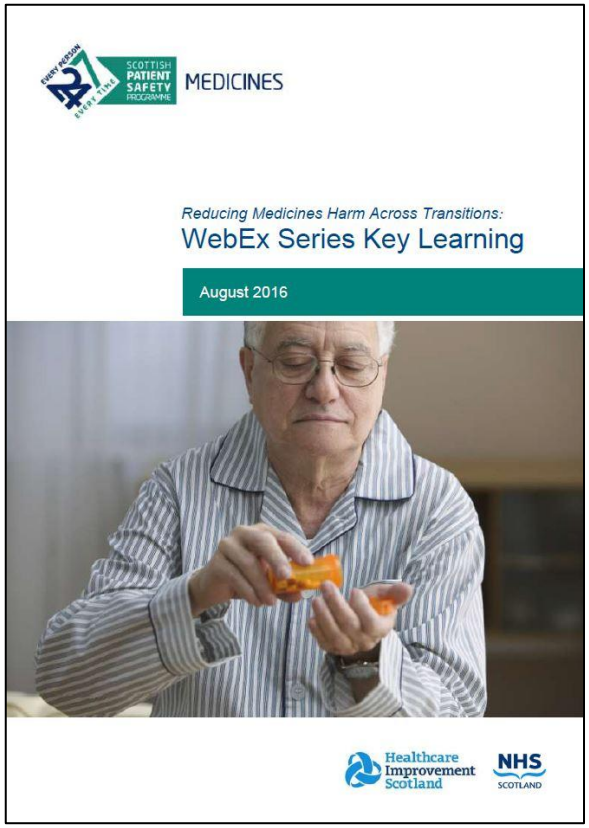
NHS Borders (August 2016)
Nurse led medicines reconciliation
Senior clinical engagement
Our medicines reconciliation project in primary care



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SPSP Medicines

Prepared by: NHS Lanarkshire

15th September 2016

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Medicines at the interface
NHS Lanarkshire

Brian McGurn
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Consultant Geriatrician

Sarah Connolly
Senior Pharmacist Surgery and Critical Care
MonklandsHospital

Jane Murkin
Head of Patient Safety

Connie Sharrock
Improvement Advisor

Allie Marshall
Senior Pharmacist

Strategic Overview

•Board Patient Safety Strategic Plan 2014 –
•Aim - Reducing Harm from Medicines

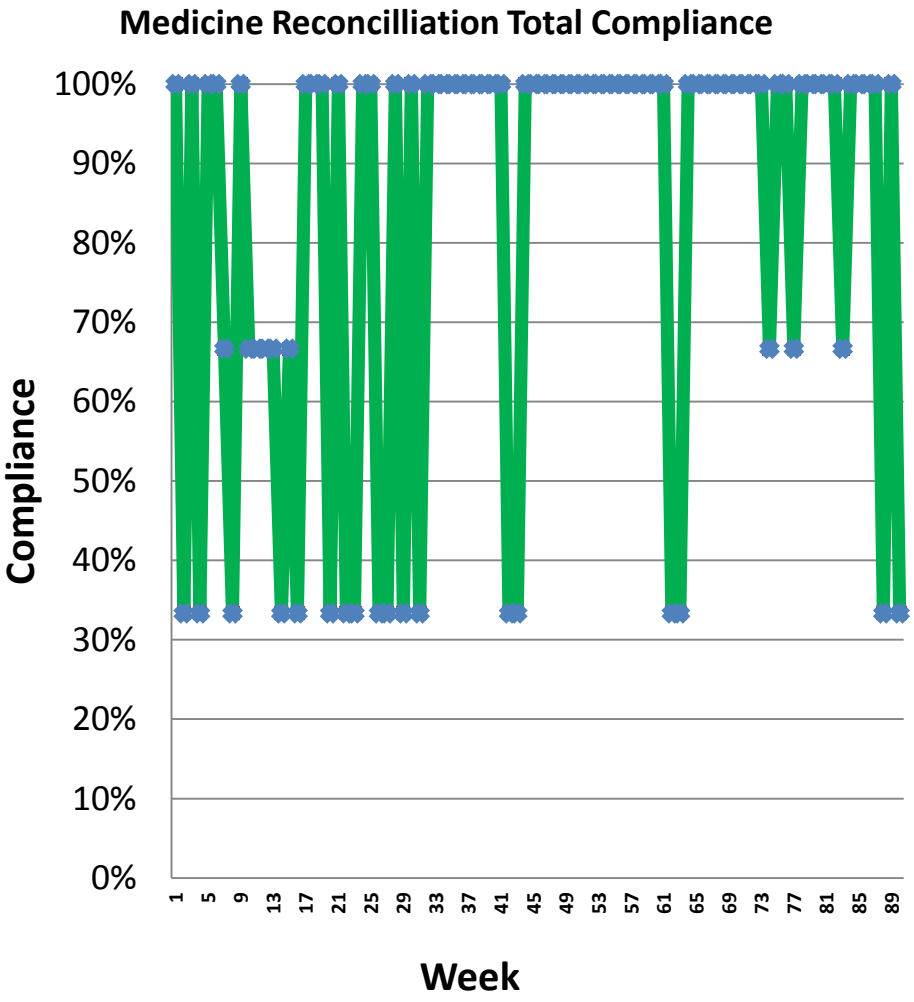
Reducing Harm Collaborative

•Refreshed prioritised patient safety plan
•Corporate priorities Meds
•Broader organisational work on Medicines

•Prototyping
•Connecting Process & outcomes

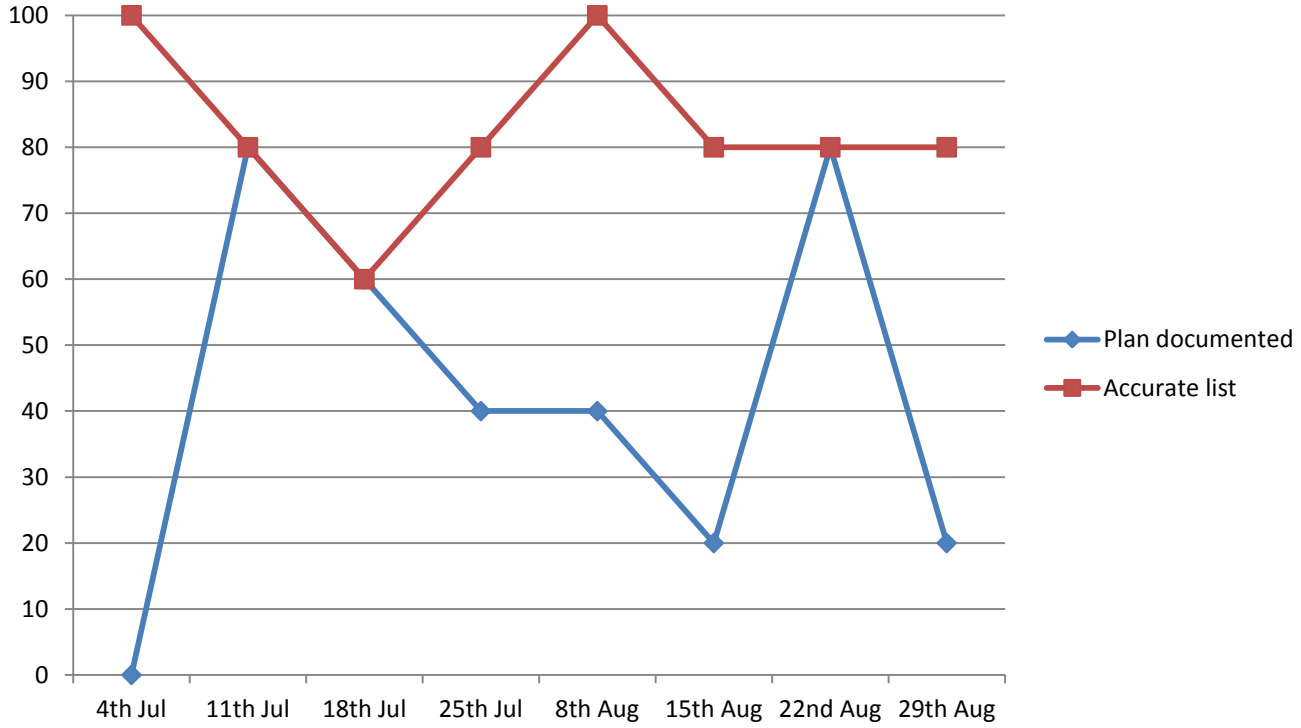
•MDT Approach
•Engagement & Ownership

Medicines reconciliation Acute



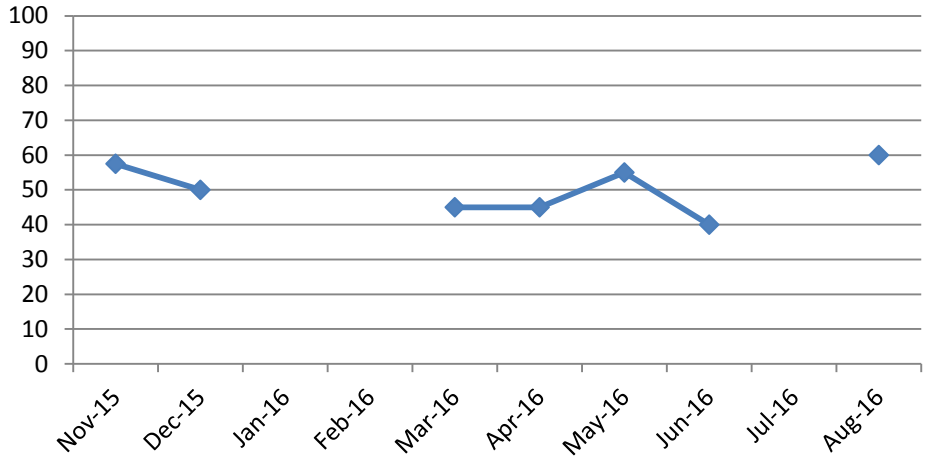
- Mental health
- No pharmacist input
- Medicines reconciliation carried out by nursing staff
- *"Necessity breeds action"*

Ongoing Challenges

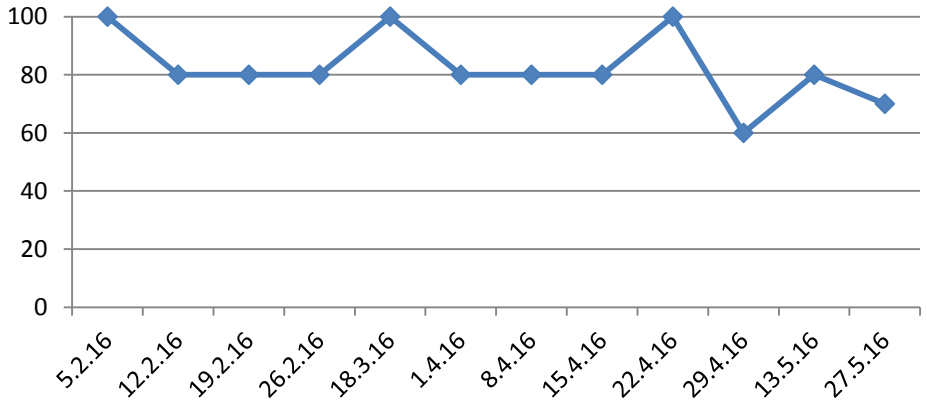


- Documenting a plan
- Measurement in medical receiving

Accurate transcription on Kardex



Accurate kardex (after pharmacy input)



Surgery

RAG

team

How? - *Prioritise*

All patients in critical care and level 1 seen daily (usually by 8A lead pharmacist as per GPICS standards[1])

1. All patients in 4A
2. Red patients on Pharmacyview in wards 4, 7, 6, 9
3. Patients in wards 4&7 identified to be on high risk medicines by nursing staff
4. Patients with no medicines reconciliation completed in wards 4 & 7 in admission date order
5. Amber patients in wards 4 & 7
6. Green patients in wards 4 & 7

How? – *new technology*

iPads and PharmacyView utilised to allow patients to be triaged and followed whatever ward they go to

Previous work by NHS Lanarkshire Clinical Pharmacy Managers (Prioritisation of Pharmaceutical Care) allows pharmacists to identify patients who need daily review (RED), review every 2-3 days (AMBER) and review on discharge (GREEN)

PharmacyView -

- Quick and easy identification of RED patients on any surgical ward, whether they were triaged in surgical receiving, medical receiving or on another NHS Lanarkshire site.
- Allows quick and easy identification of patients without medicines reconciliation completed or who have not been triaged.

Changes to previous model

- All RED patients in 6, 7 and 9 now reviewed
  - Allows ICU step down patients to be seen until amber (ward 6&9) or until home (ward 7)
  - Allows level 1 step down patients to be seen until amber (ward 6&9) or until home (ward 7)
- All patients in ward 7 have medicines reconciliation undertaken
- All patients triaged in ward 7

Outcomes

- All patients have medicines reconciliation undertaken in wards 4A, 4 & 7
    - Increase in ward 7 from 30% to 100%

- RED patients triaged on a ward with pharmacist cover are seen where ever they are transferred.

- More appropriate reviews undertaken

Involving patients in medicines rec

Your medicines are important to us

We think we have got them right.

If we have not please let us know.

Impact

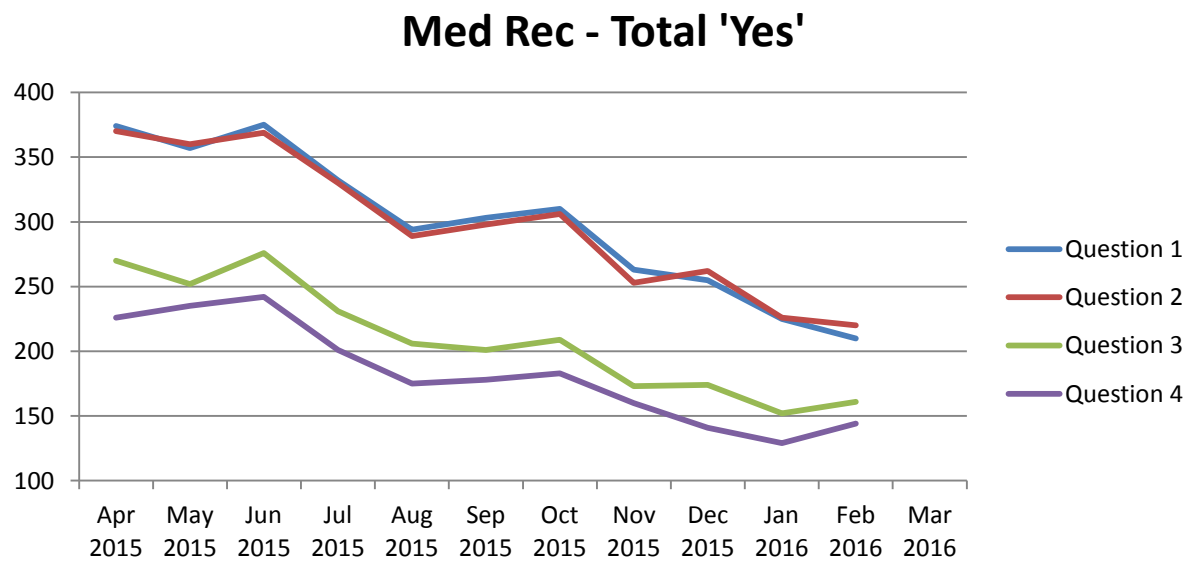
- No increase in feedback from patients
- Why?
- Wrong part in patient journey
  - ?too ill in receiving ward
  - ? most changes in meds after initial review
  - ? More feed-back to nurses at visiting
- Next PSDA:
  - Poster above every bed

Next steps for meds rec on ward 2 HM

- Specific discussion about medicines at morning handover
- Referral board for difficult med rec
- Med rec on daily goals sheet
- Kardex pause: involve ANP to highlight medicines rec

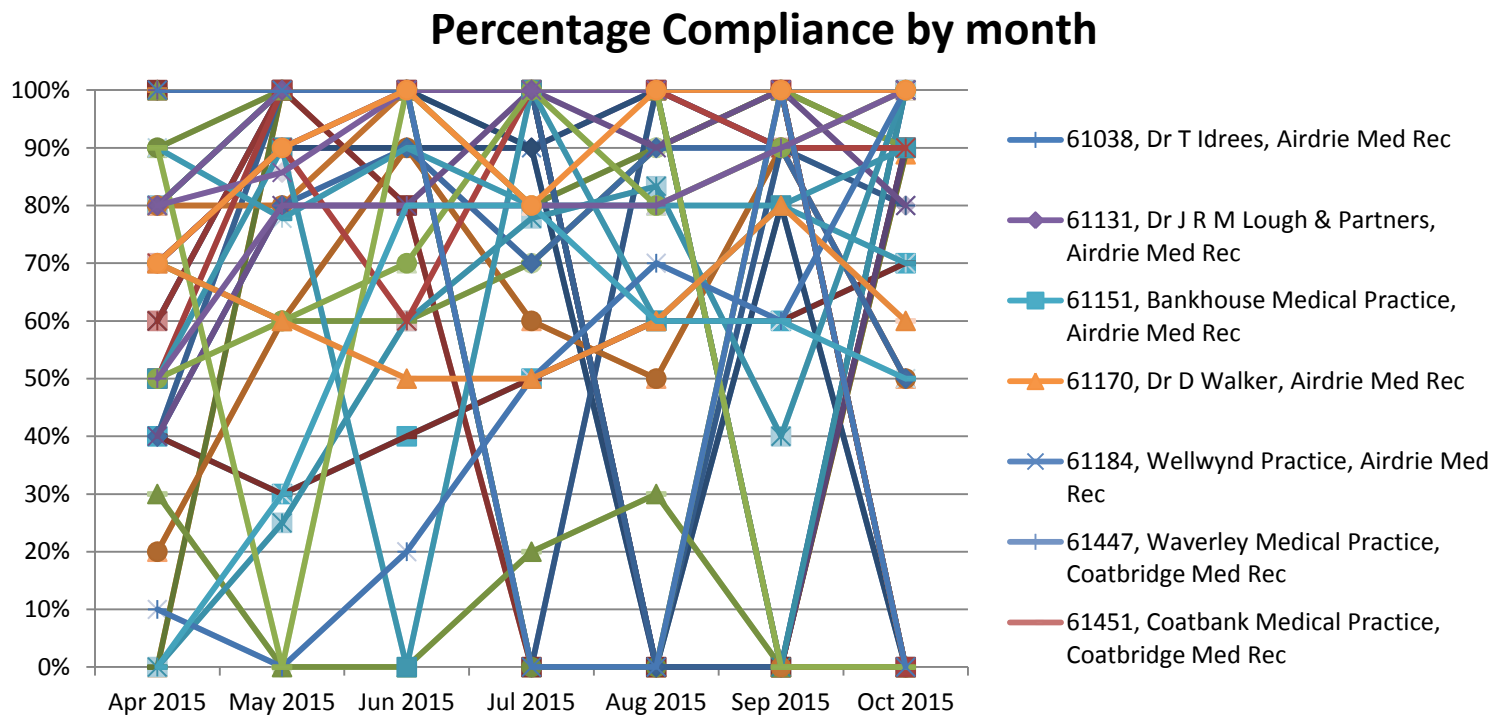
Medicines Reconciliation in Primary Care

- 41/98 practices Med Rec LES
- Usefulness of information?
- Feedback to Practices



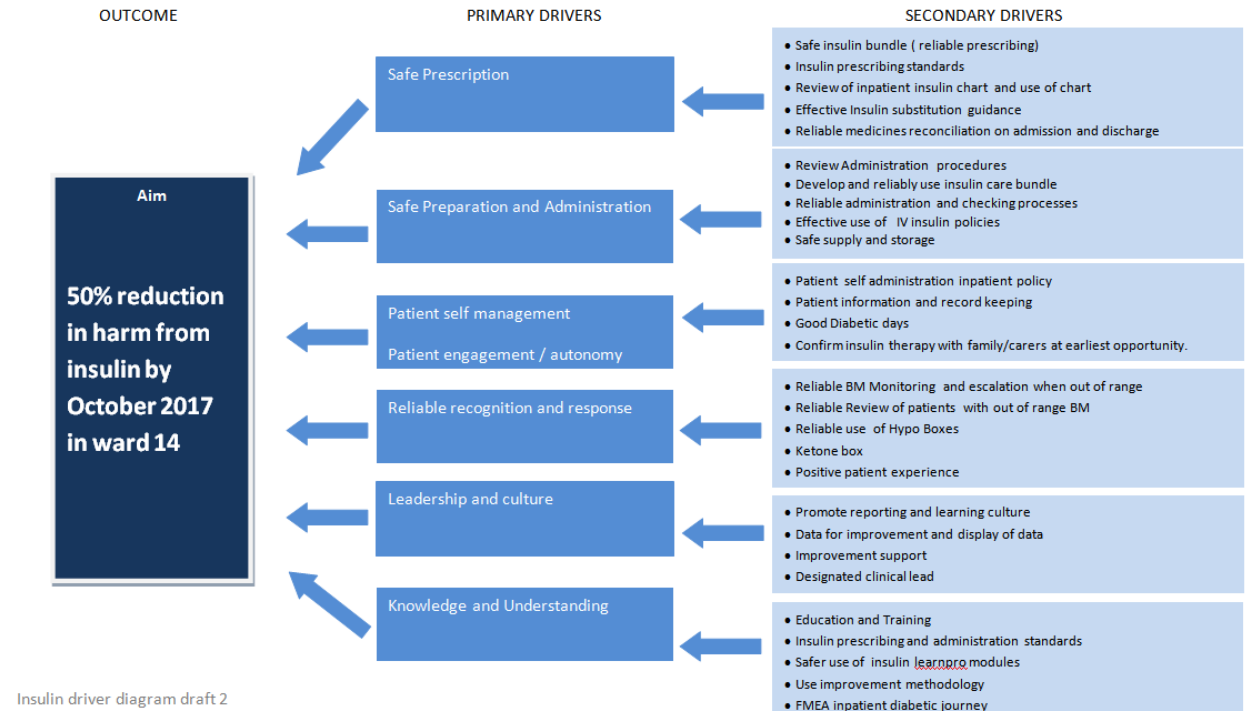
Primary care Challenges

- Engagement with GP's – No PLT
- Data for payment – not for improvement



NHS L medicines plan

- Strategic priority
- Prototyping work with insulin – using medicine reconciliation as a driver



3 key points from NHS Lanarkshire

1. Using pharmacy view to improve medicines reconciliation at transitions of care
2. Engaging patients in the medicines reconciliation process
3. Prototyping – reducing harm form insulin as a high risk medicine

3 things we would like help with

1. When should we be measuring medicines rec post admission?
2. Engaging with Primary care colleagues in the absence of Financial driver and established learning system
3. Clinical engagement – multi disciplinary team working – med rec is not the sole domain of the pharmacist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WebEx Evaluation Survey

Closing date – 16th September

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WebEx Series

WebEx Schedule for 2016		
Date	**Time**	**NHS Board Presenting**
20th October 2016	3pm - 4pm	NHS Island Boards
17th November 2016	3pm – 4pm	NHS Highland
15th December 2016	3pm – 4pm	NHS Lothian

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hcis-medicines.spsp@nhs.net

www.scottishpatientsafetyprogramme.co.uk/programmes/medicines

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THANK YOU

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