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Medication Reconciliation: Story so far

- *MR happening in primary care, acute adult, paediatrics and mental health*
- *Started in acute then mental health, paediatrics and primary care*
- *We will share examples from each area*



GP Primary Care



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Medication Reconciliation: Story so far

- SPSP - Primary Care launched April 2013
 - 47 of 55 GP practices signed up in 2013
 - 50 of 55 practices signed up in 2015
 - Launch meeting followed by local collaborative meetings
 - Medicines reconciliation bundle
 - Monthly benchmarking data

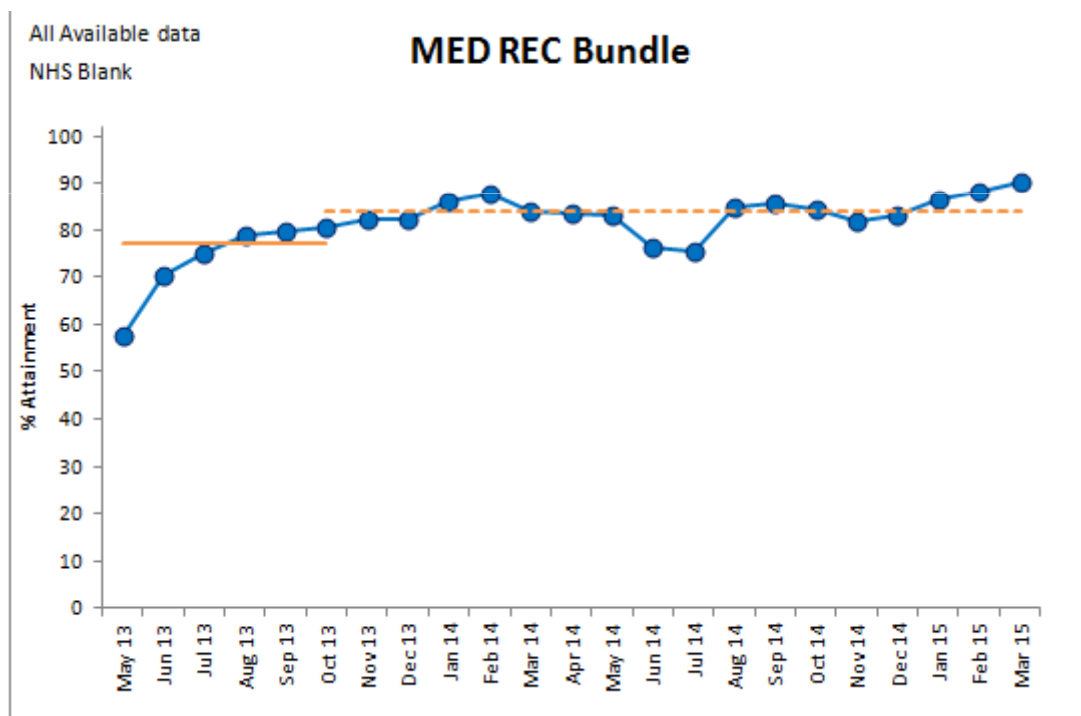
Medicines reconciliation

- Audit 10 of the following patients per month:
 - all patients discharged from an acute medical admission
 - all patients >75 discharged from an inpatient stay from anywhere

Care bundle

- Has the Immediate Discharge Document been workflowed on the day of receipt?
- Has medicines reconciliation occurred within 2 working days of the Immediate Discharge Document being workflowed to the GP/Pharmacist?
- Is it documented that any changes to the medications have been discussed with the patient or their representative?
- Are all the above measures met?

Data



- All Ayrshire data
- Percentage of patients fully compliant with bundle
- Tests of change



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Innovation

- Adverse events analysed using Enhanced Significant Event Analysis (Human factors/Ergonomics framework) now being peer reviewed by NES
- Informed primary/secondary interface board
- New doctor induction – delivered jointly by GPs and pharmacists
- Patients involved - occasionally



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Patient Involvement / Patient Stories

- Story boards
- Patient stories used at collaborative meetings
- Always events
 - Pilot project completed
- Teach-back for administrative and clerical staff
 - Resources developed and training of practice managers



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Successes and Challenges

- **Successes**

- Practices working together, sharing ideas and learning about QI

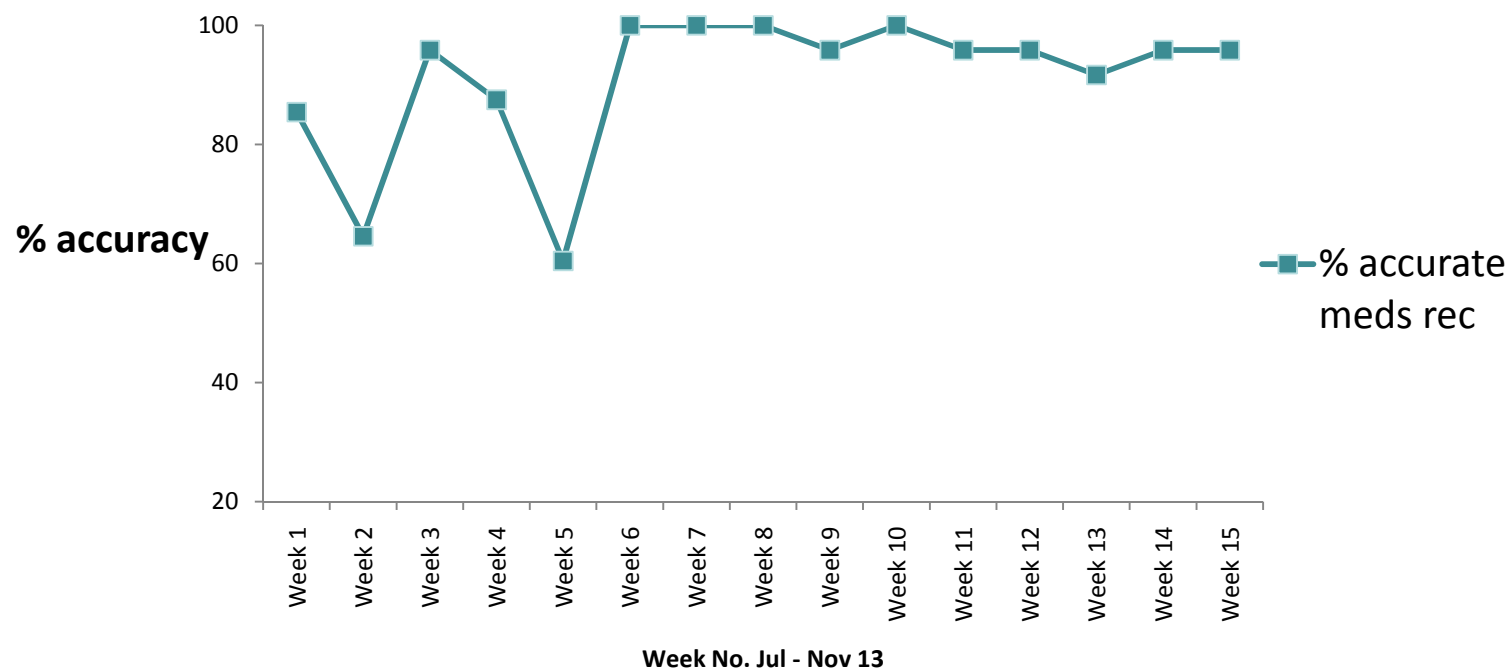
- **Challenges**

- Perceived workload and time away from practices
- Cultural shift
- Limited understanding of data and how to use to drive improvement
- Lack of effective interface working between primary & secondary care

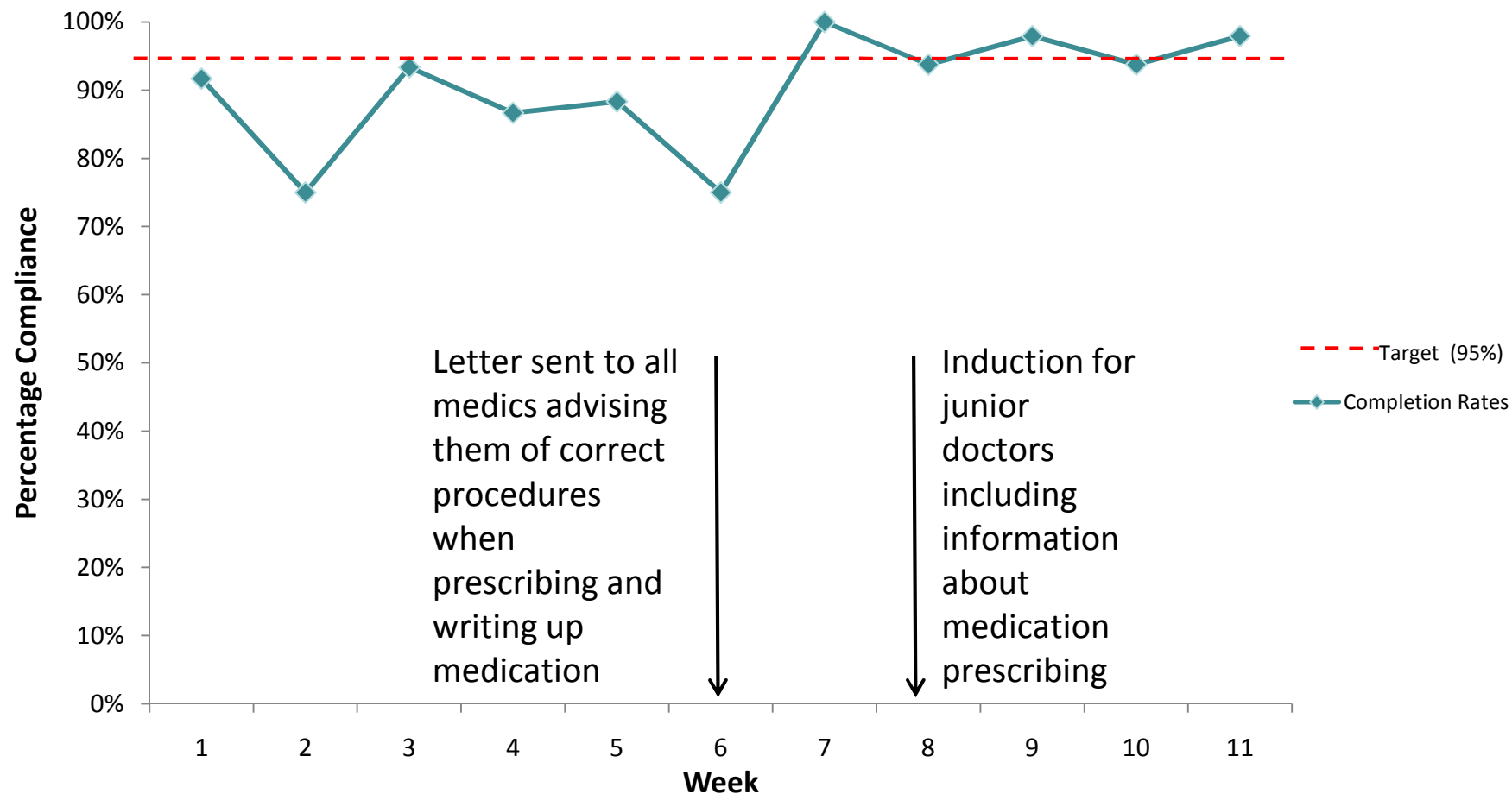


Mental Health

Medicines Reconciliation Monitoring Park Ward



Accuracy In Patient Prescription Chart





I feel more able to trust the nurse when she talks to me about my medication while she is giving it to me

The nurses have more time to spend with me as they are not looking in the trolley for medication.

Everything feels safer and calmer now when I am getting my medication.



Paediatrics

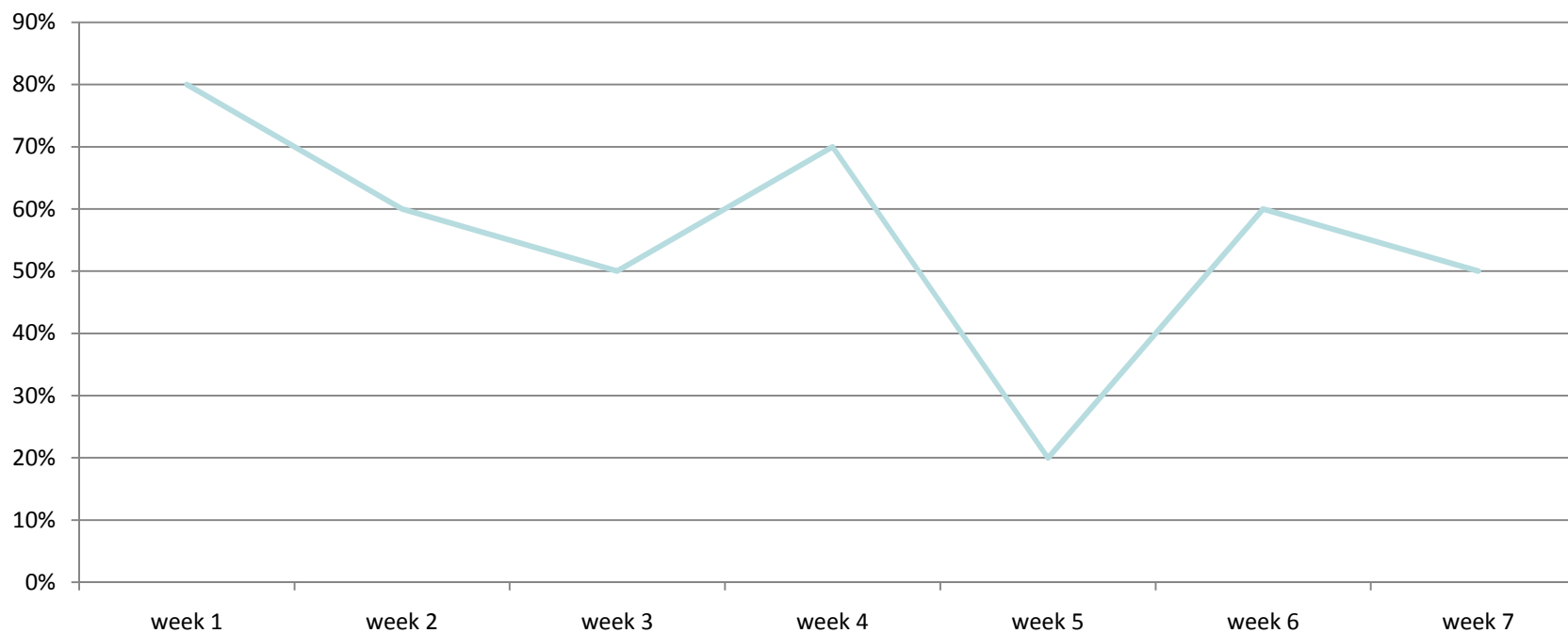


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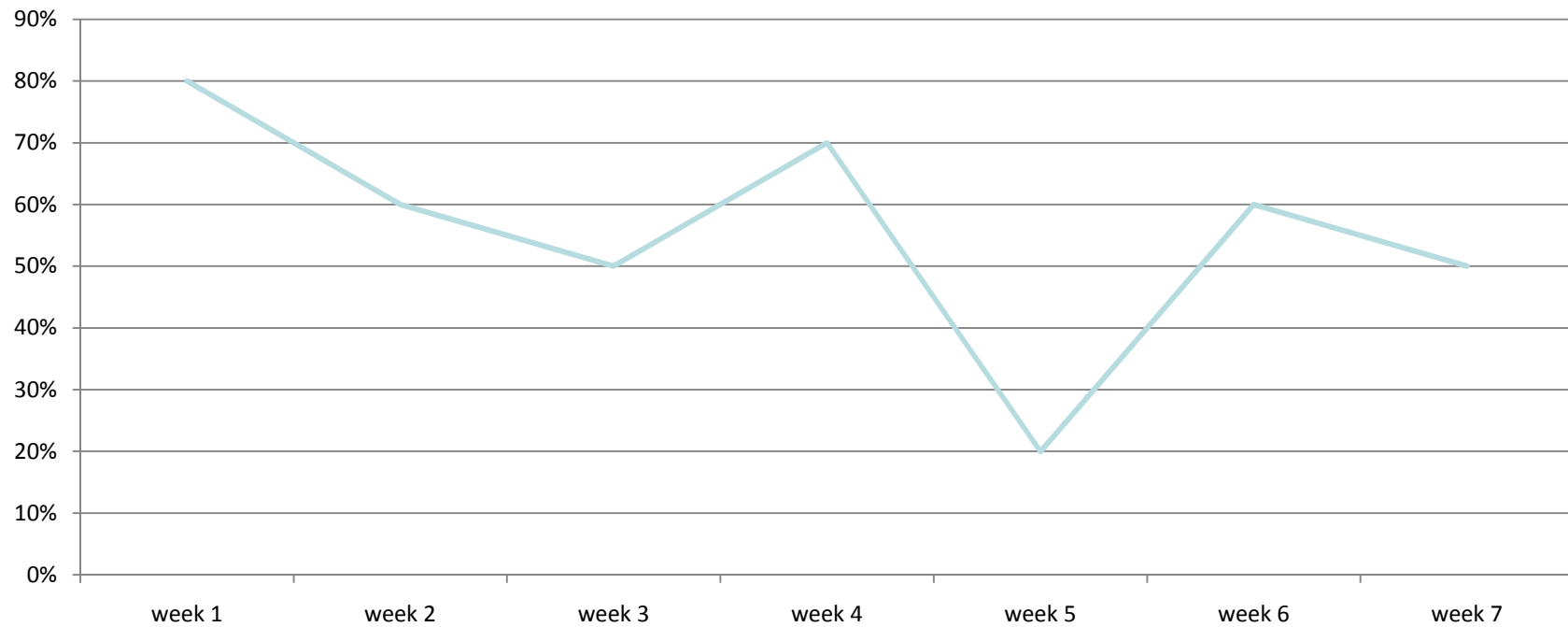
Admission

- 10 notes per week audited
- Junior doctors at Friday handover meeting
- Check MR filed in notes
- Check compliance of completed forms
- No improvement noted
- Change in process planned

MR forms filed



MR compliance





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Acute

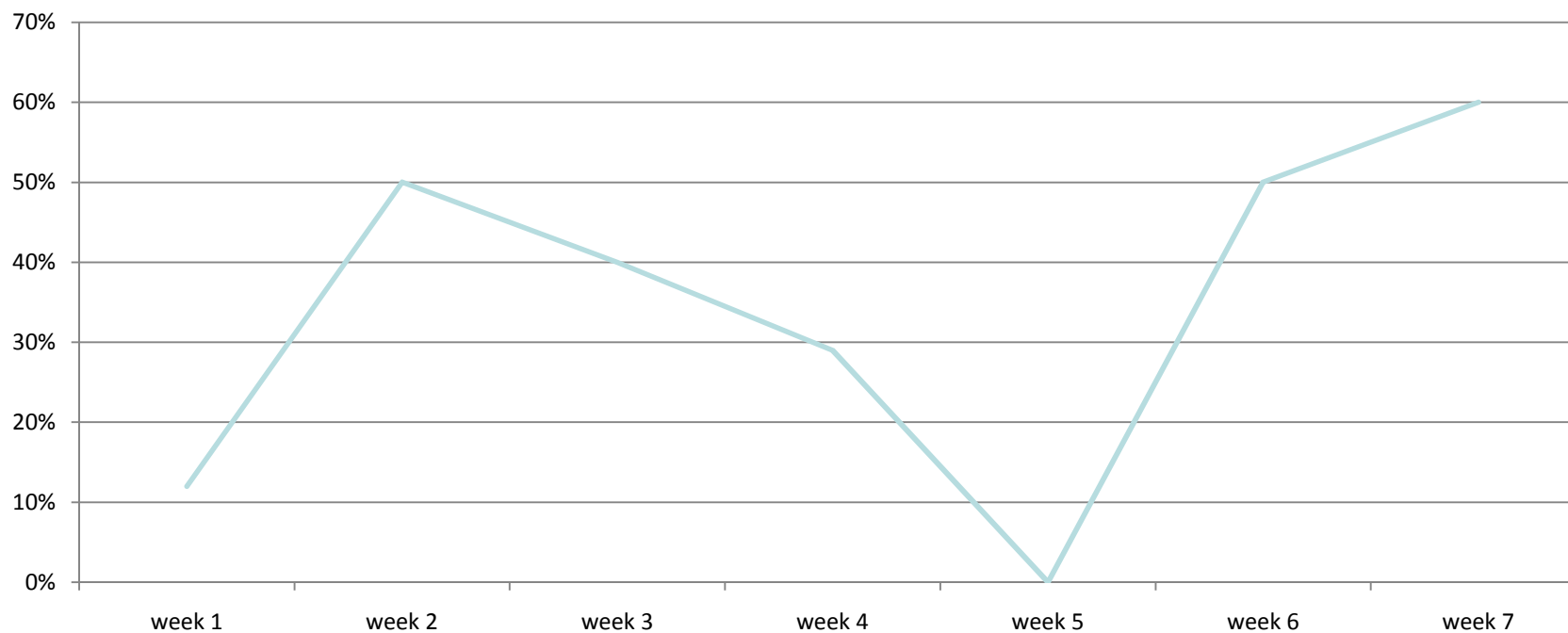


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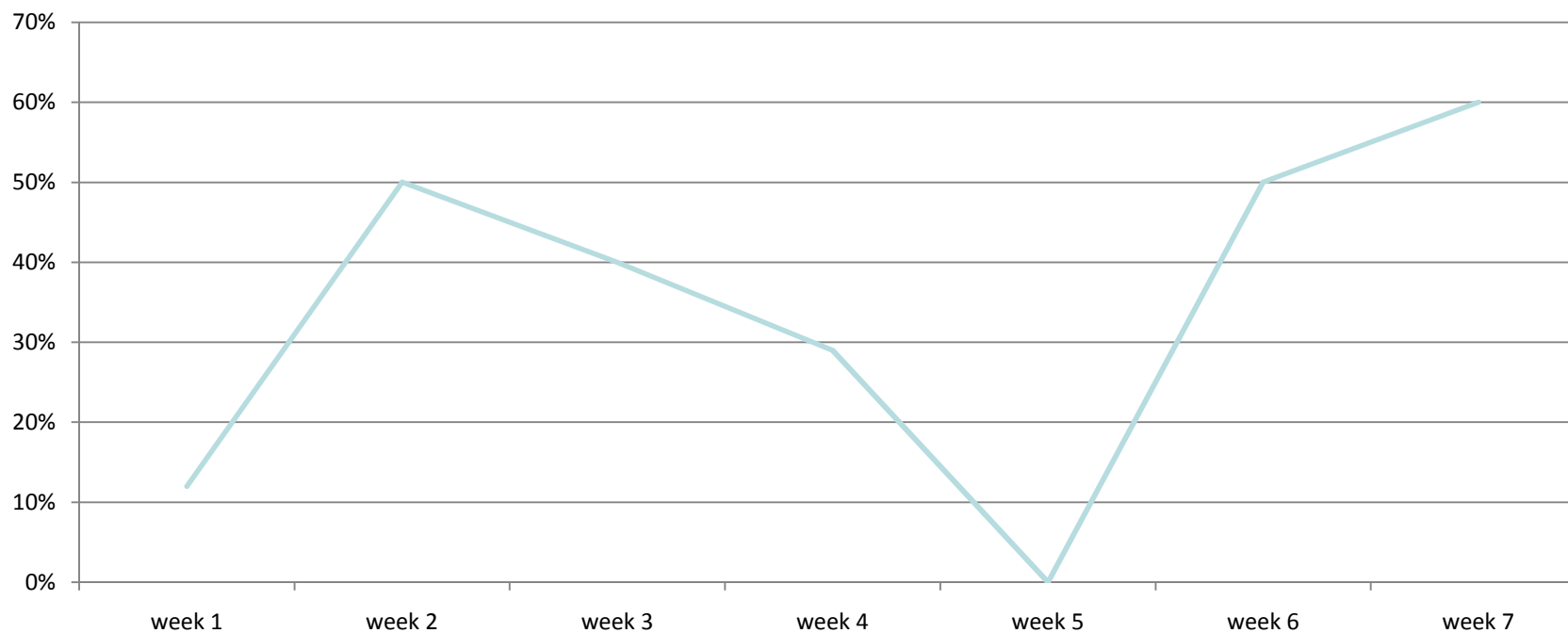
Admission

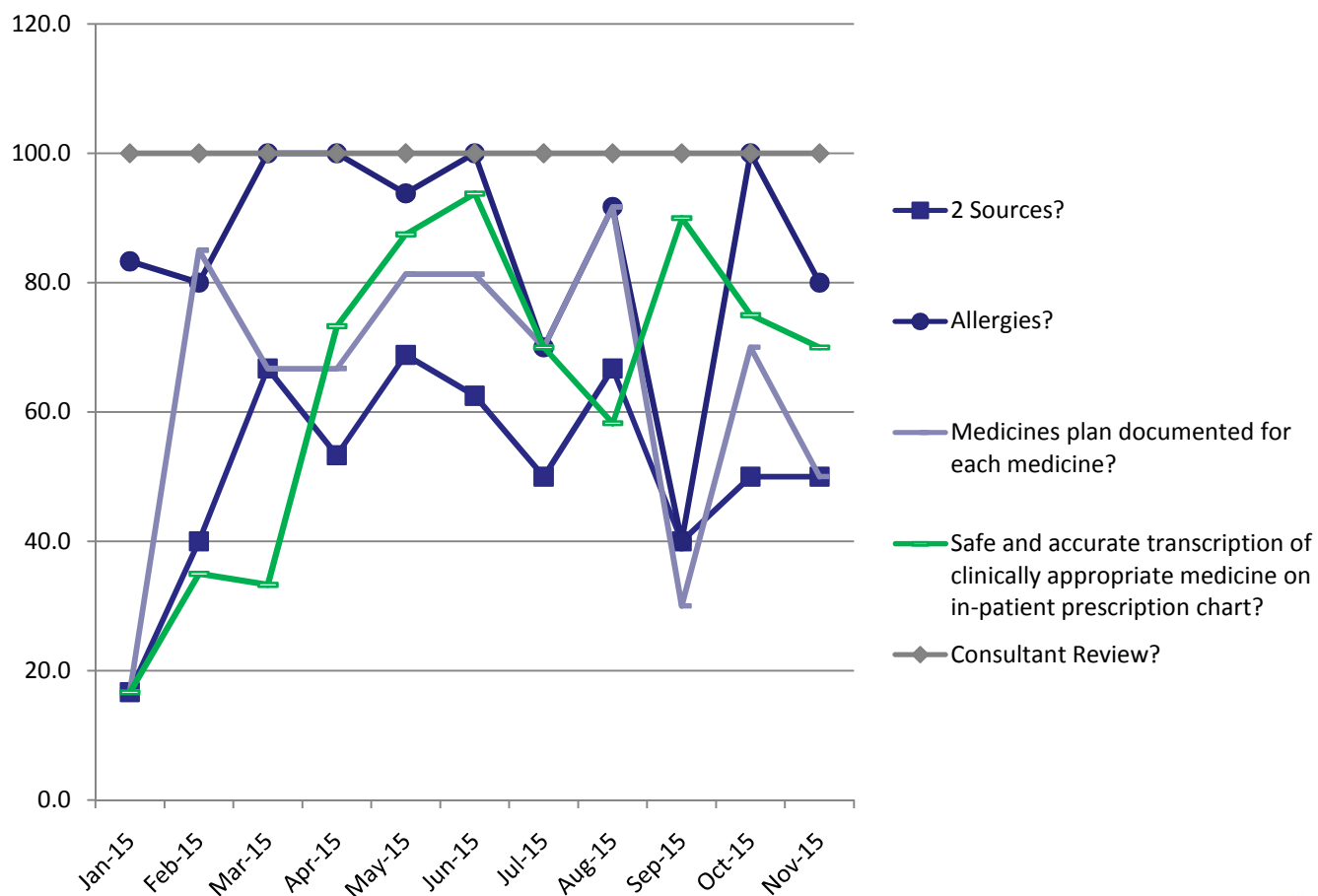
- 10 case notes per week
- Check MR filed on notes and then check completion
- Junior doctors complete audit after Friday morning handover
- Despite reinforcement of importance- no improvement
- New tests to improve compliance planned

Compliance with MR forms filed

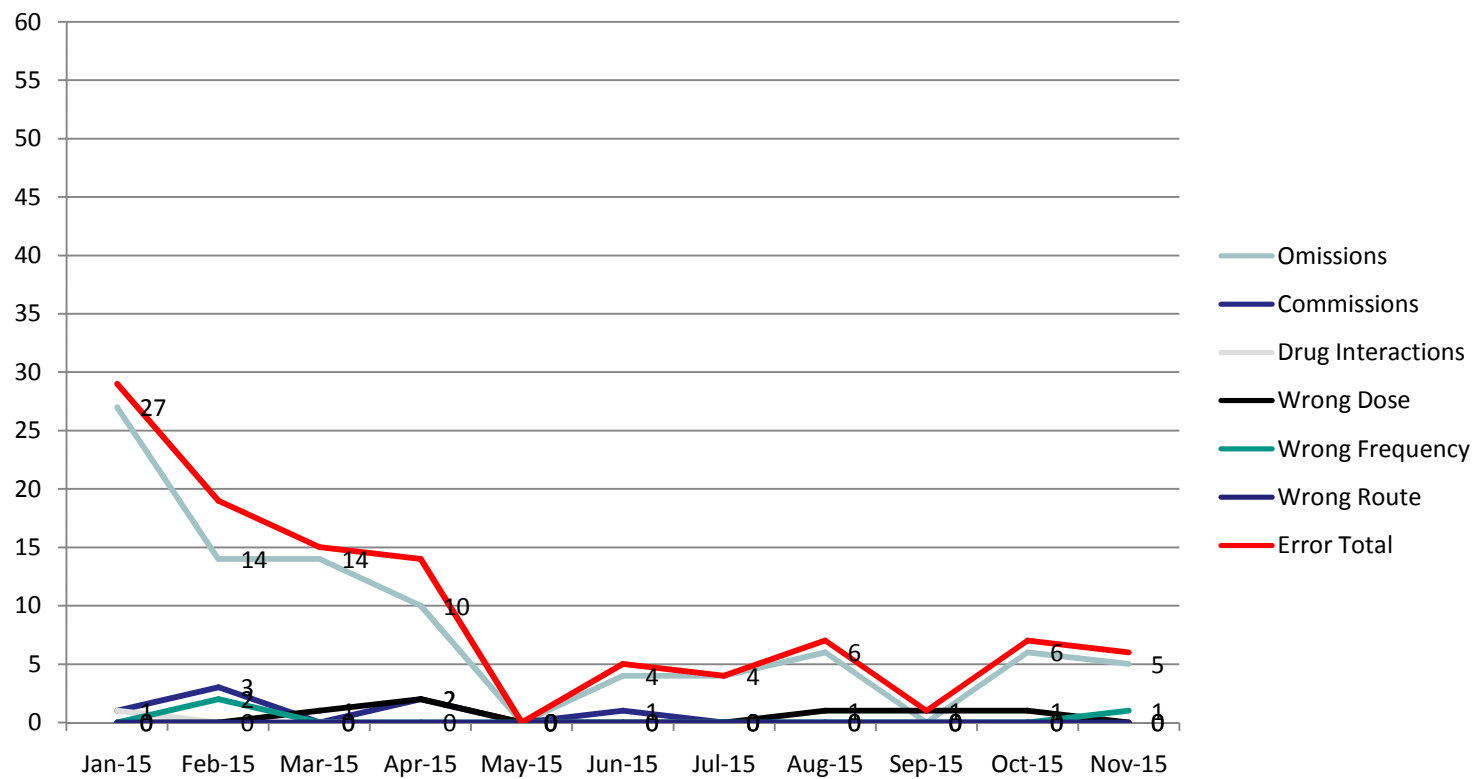


Compliance with MR form completion

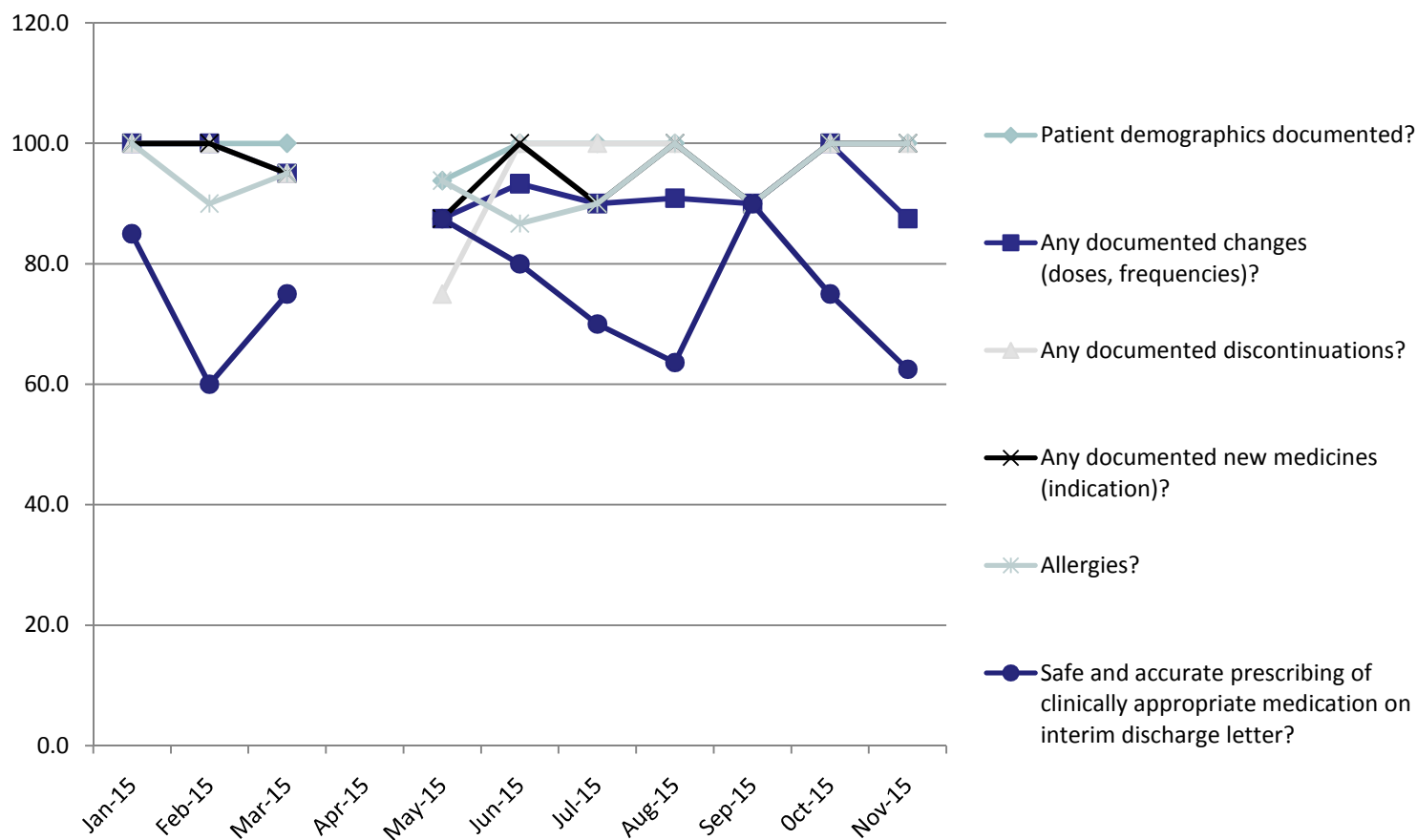




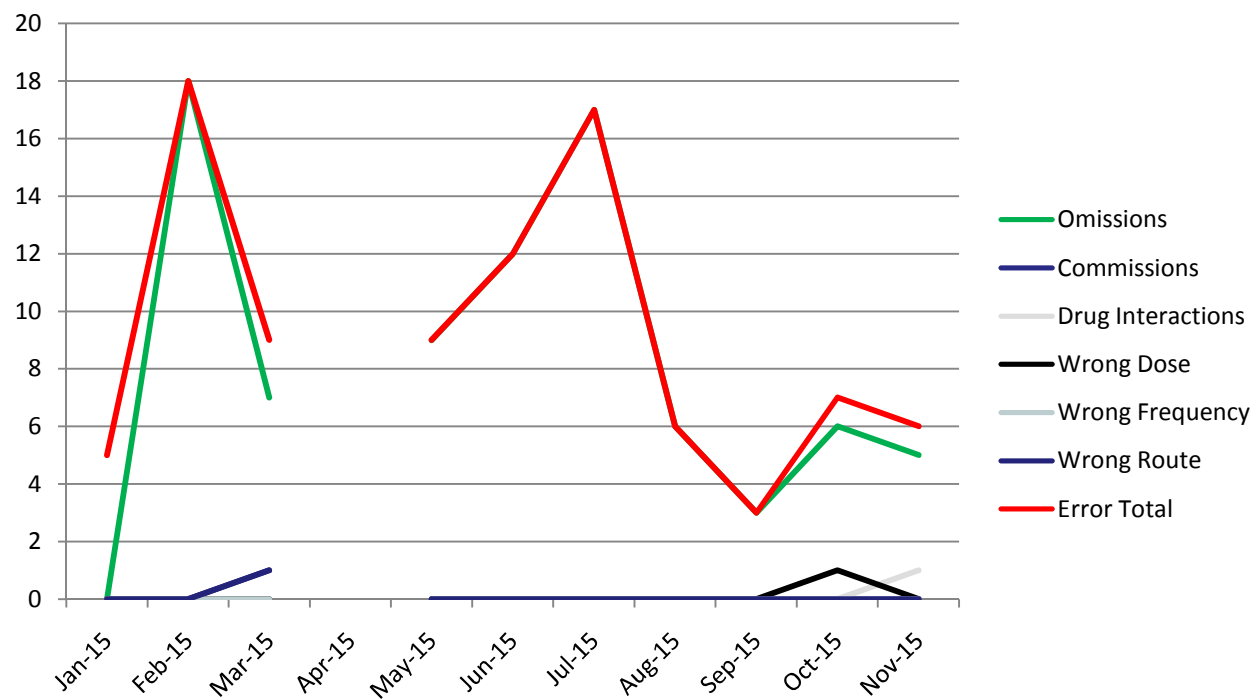
Identified errors



Discharge Med Rec



Identified errors





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Innovation

HEPMA implementation – positive impact especially discharge information

Demographic and clinician details

Allergy information documentation improved from 5% to 99%

Fewer omitted medicines



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Key Points for Sharing:

- Ask NHS Ayrshire and Arran about
 - ✓ HEPMA impact on Discharge MR
 - ✓ Service change to focus on MR
- NHS Ayrshire and Arran would like to know more about
 - Maternity units undertaking MR
 - Community teams involvement in MR
 - Data collection improvement