Healthcare Improvement Scotland's Improvement Hub

Reducing Medicines Harm Across Transitions

Medication Reconciliation WebEx Series 2016

Thursday 18 August 2016
3pm–4pm

Presented by:
NHS Borders

#SPSPMeds2016 @SPSPMedicines

NHS SCOTLAND
Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

SPSP Medicines

August 2016 WebEx

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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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

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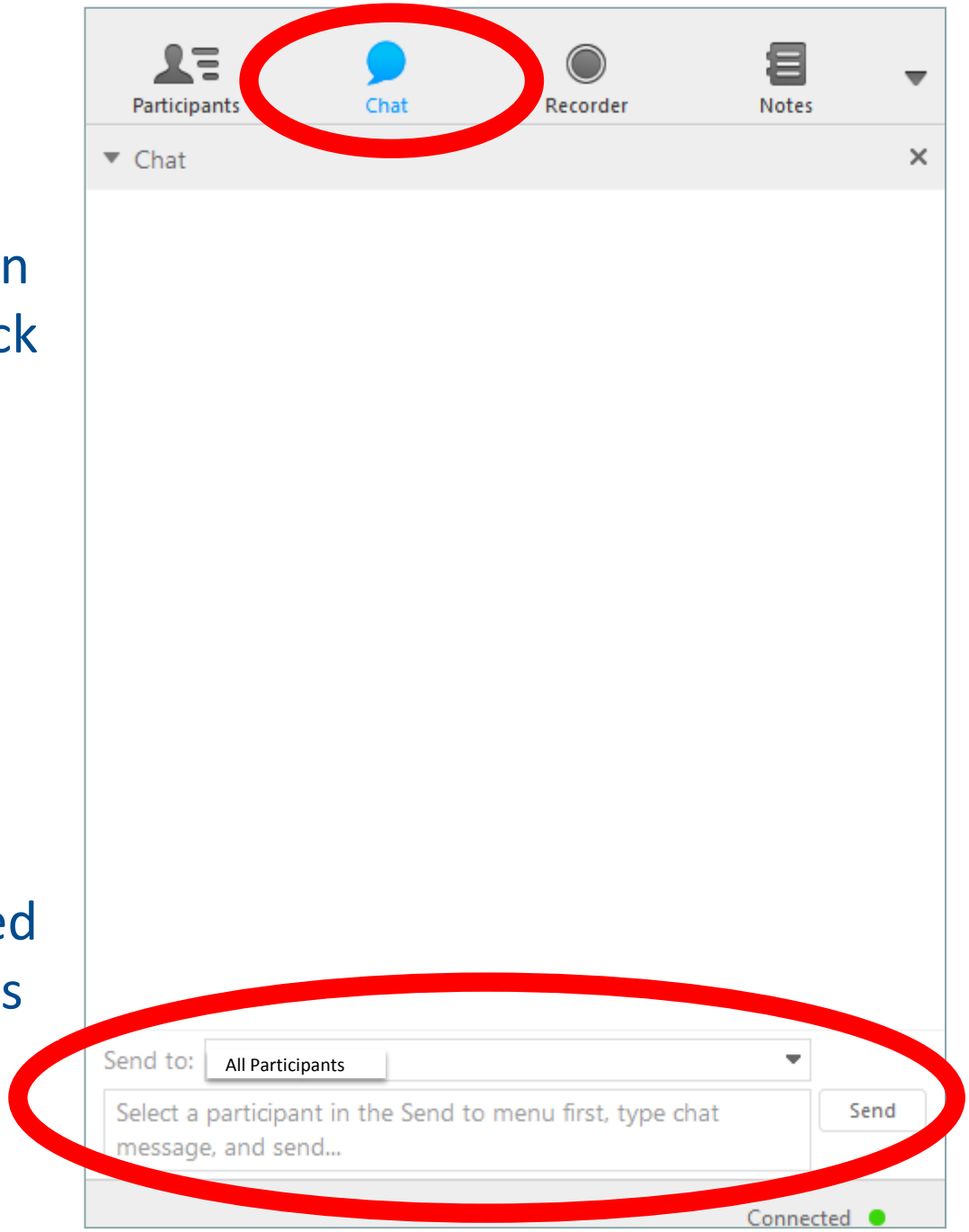
If you want to get involved in the conversation, please click on the Chat icon circled in red.

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

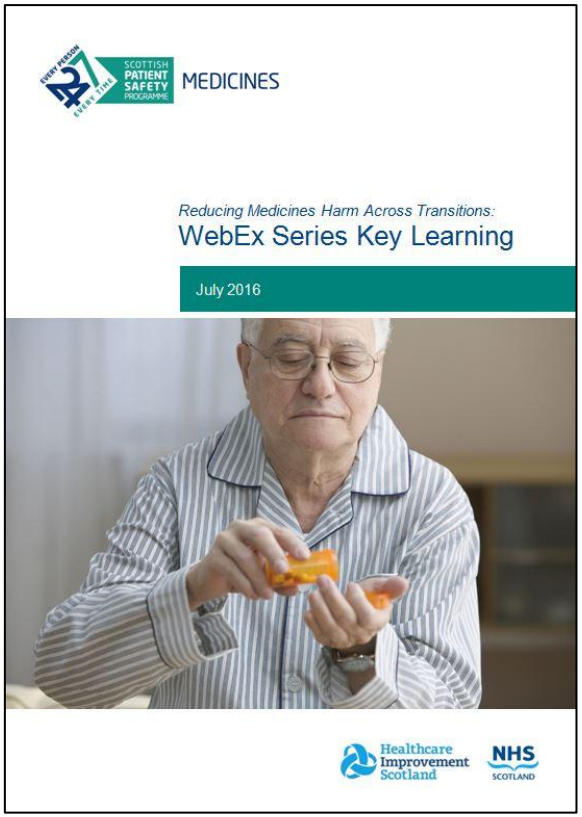


SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

From previous 3 WebExes:

- May 19th (NHS Fife)
- June 16th (NHS Grampian)
- July 21st (NHS Forth Valley)

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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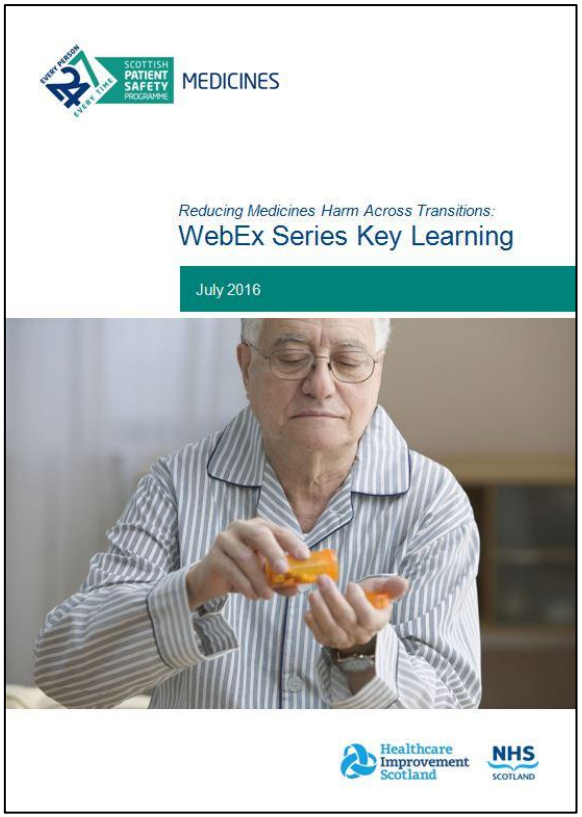
From previous 3 WebExes:

- May 19th (NHS Fife)
- June 16th (NHS Grampian)
- July 21st (NHS Forth Valley)

NHS Forth Valley (July 2016)
Understanding the value of involving community pharmacy in medicines reconciliation.
Gaining the engagement and support of leads (whether medical or nursing) is key.
Experience of implementing HEPMA.



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MEDICINES

SPSP Medicines

Prepared by: NHS Borders

18th August 2016

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hello

Our name is...

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Medicines Reconciliation at NHS Borders

- Borders General Hospital
  - 31 bed medical admissions unit (MAU)
  - High patient turnover

- Mental Health Unit
  - Huntlyburn ward
  - 19 bed acute adult in-patient unit for people aged 18-69 with mental health problems
  - Average length of stay: 2 to 3 weeks

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Medication Reconciliation on MAU: Story so far

- Over the years, there has been input to a number of clinical areas of Borders General Hospital to improve medicines reconciliation
- These clinical areas include:
  - Medical Admissions Unit (MAU)
  - Surgical
  - Orthopaedics
  - ITU
  - Paediatrics

Medical Admissions Unit

- 29 bed ward, 5 Ambulatory beds and 3 ambulatory chairs
- Acute Assessment Unit incorporated into MAU Dec 2015
  - GP referrals, patients re-attending for review etc
- Junior medical staff rotate to MAU
- Average number of admissions per week: 130
  - ~ 18% aged between 65 and 74
  - ~ 44% aged over 75

Medication Reconciliation on MAU: Story so far

- Medication reconciliation group reconvened in January 2016 improve current processes on MAU
  - Initially met weekly
  - Engagement from:
    - Lead consultant for MAU – Dr Lynn McCallum
    - Acute Physician – Dr Chris Evans
    - Medical Director – Dr Andrew Murray
    - Associate Director of Nursing – Charlie Sinclair
    - Patient Safety Team
    - Pharmacists

Medication Reconciliation: Story so far

- Data collection started March 2016
- Collected by ward pharmacists
- Results cascaded at daily huddle meeting on MAU each morning
- 5 patients per day:

1. Patient Demographics
2. Allergy Status
3. Two or more sources (one to be the patient or carer)
4. Medicines Plan Documented (continue / withold / stop)
5. Safe and Accurate Transcription on to Kardex

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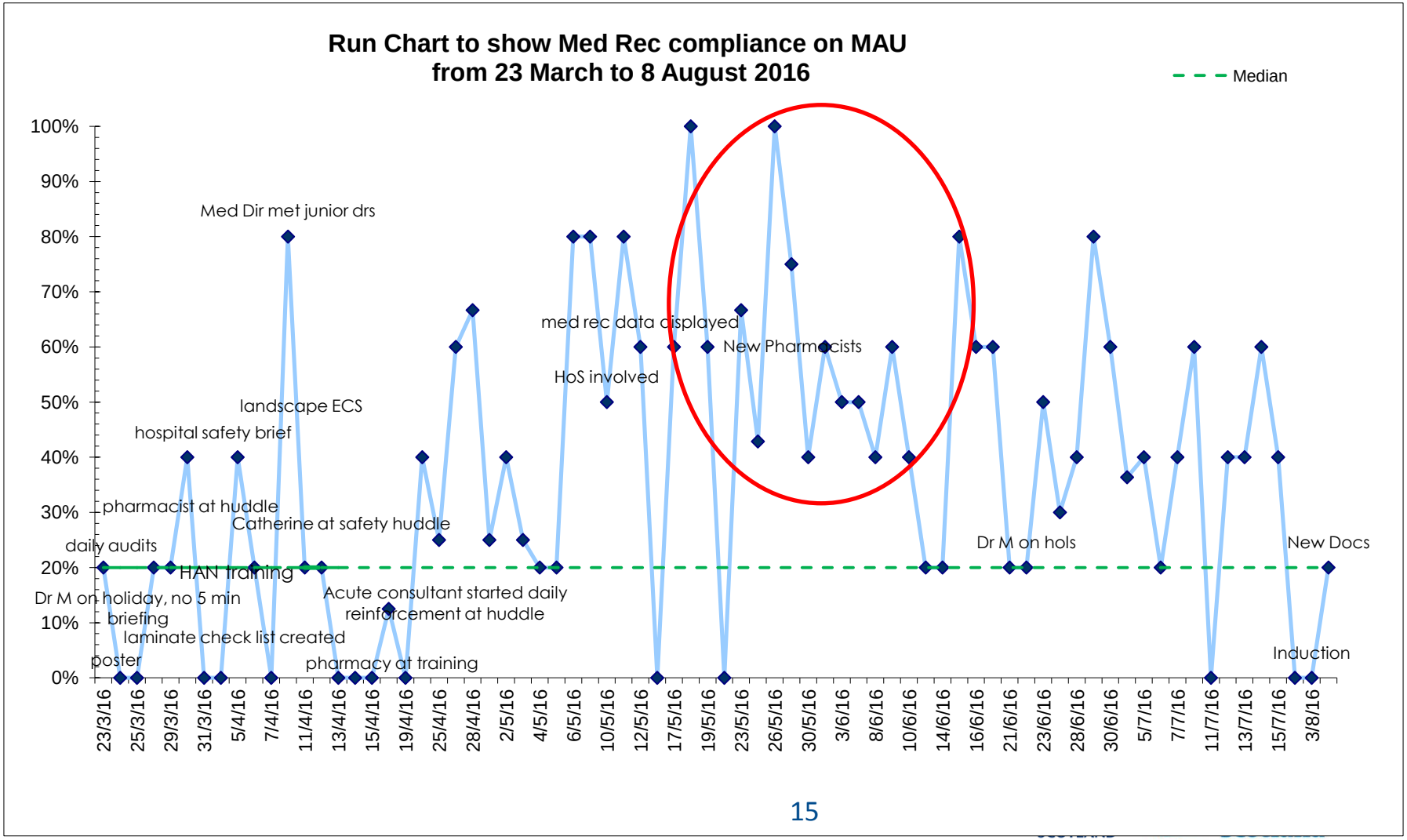
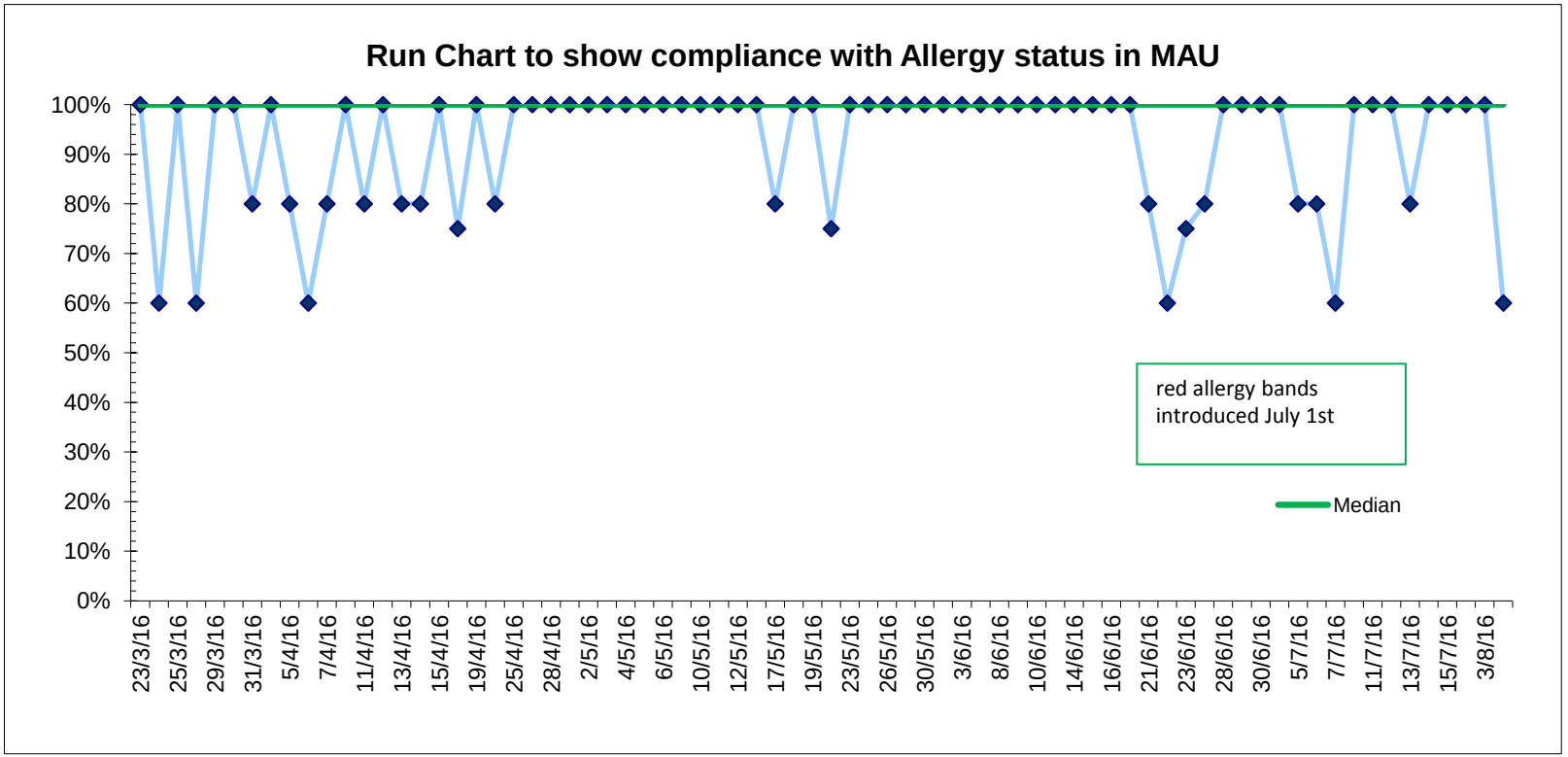


Data


Run Chart to show compliance with Allergy status in MAU
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
23/3/16
25/3/16
29/3/16
31/3/16
5/4/16
7/4/16
11/4/16
13/4/16
15/4/16
19/4/16
25/4/16
28/4/16
2/5/16
4/5/16
6/5/16
10/5/16
12/5/16
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19/5/16
23/5/16
26/5/16
30/5/16
3/6/16
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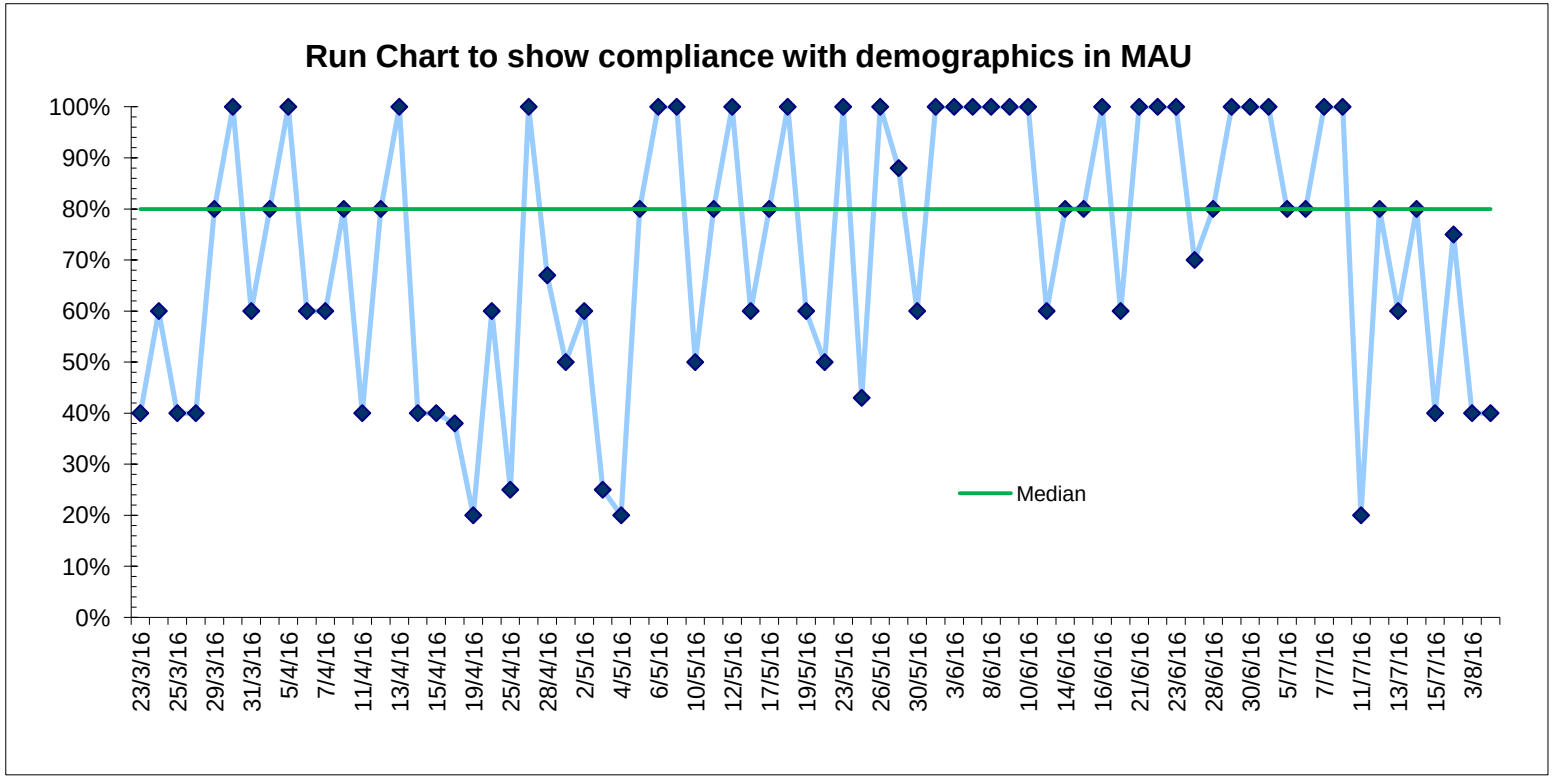
10/6/16
14/6/16
16/6/16
21/6/16
23/6/16
28/6/16
30/6/16
5/7/16
7/7/16
11/7/16
13/7/16
15/7/16
3/8/16
red allergy bands introduced July 1st
Median

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

Data



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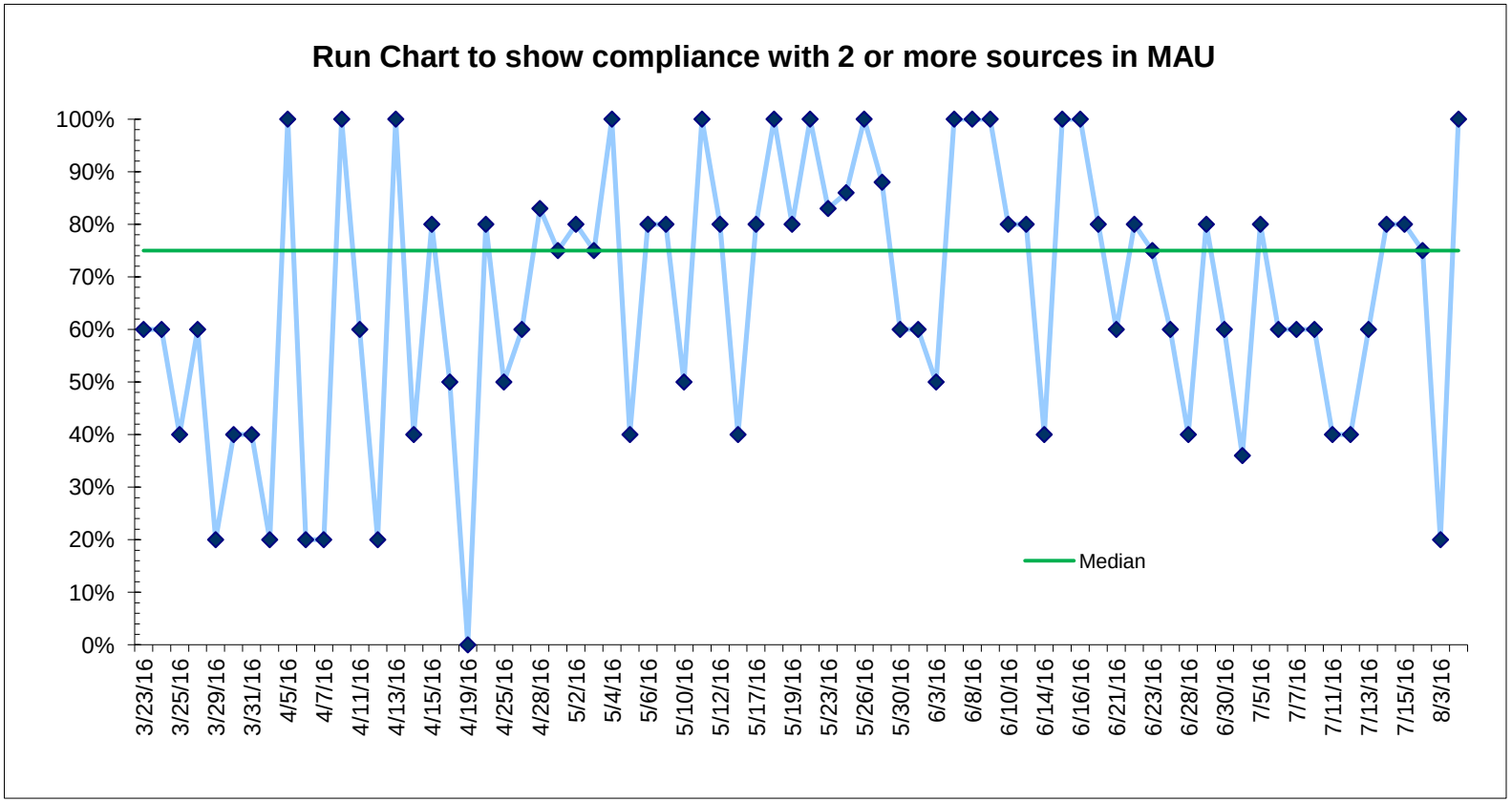

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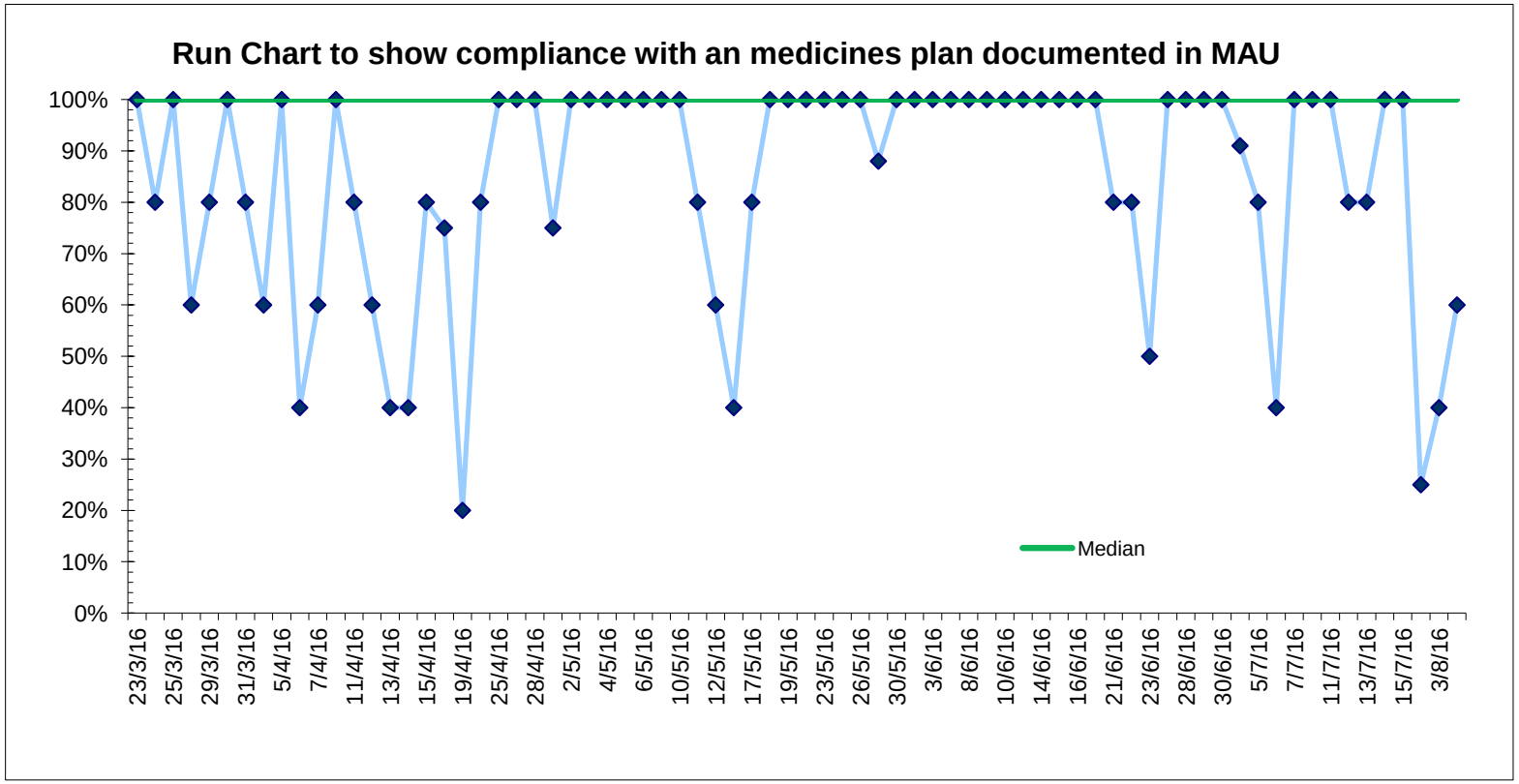
Data


Run Chart to show compliance with an medicines plan documented in MAU
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Median
23/3/16
25/3/16
29/3/16
31/3/16
5/4/16
7/4/16
11/4/16
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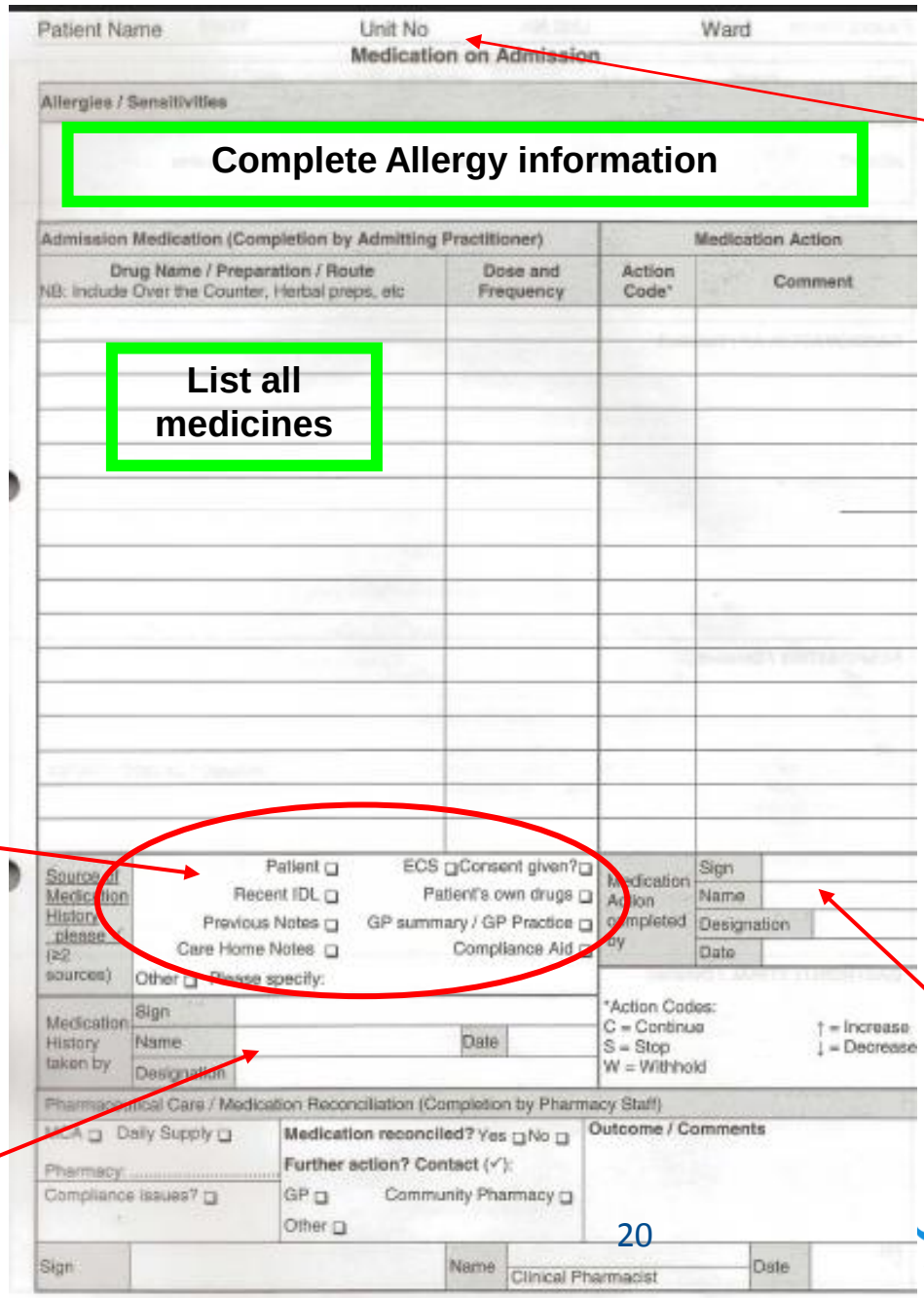


Patient Demographics

√ to indicate sources used

Complete Action Codes

Sign to indicate completion of med history

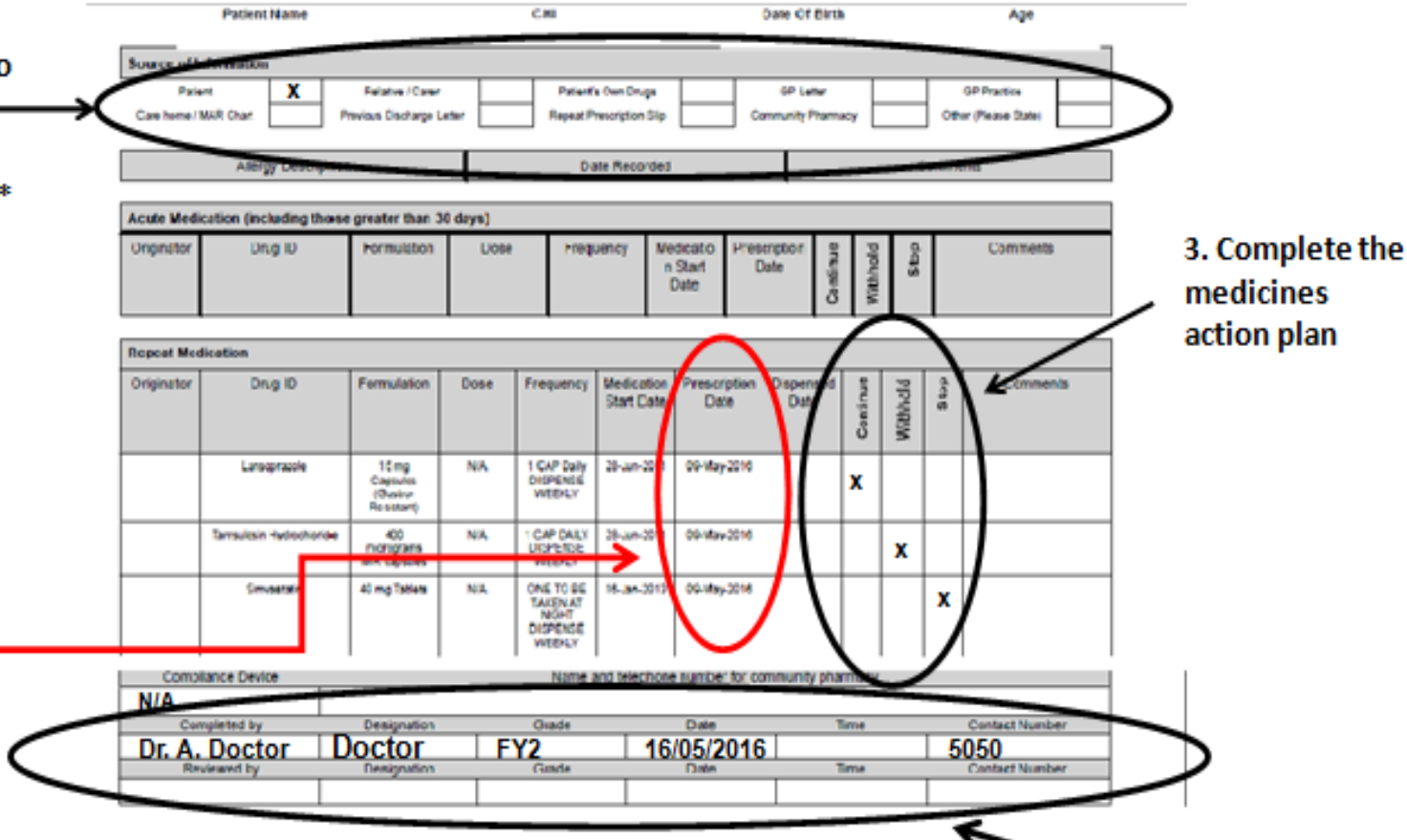
Sign to indicate completion of Action Codes

Using ECS to support completion of the bundle

- Use of the medicine reconciliation reports on ECS were encouraged to help meet 4 parts of the bundle:
  - Demographics
  - Allergy status (not always on ECS)
  - One source of drug history
  - Documentation of medication plan

1. Click on Medicines Reconciliation Report to print the medicines reconciliation version of the ECS

2. Select the sources used to complete Medicines Reconciliation*



3. Complete the medicines action plan

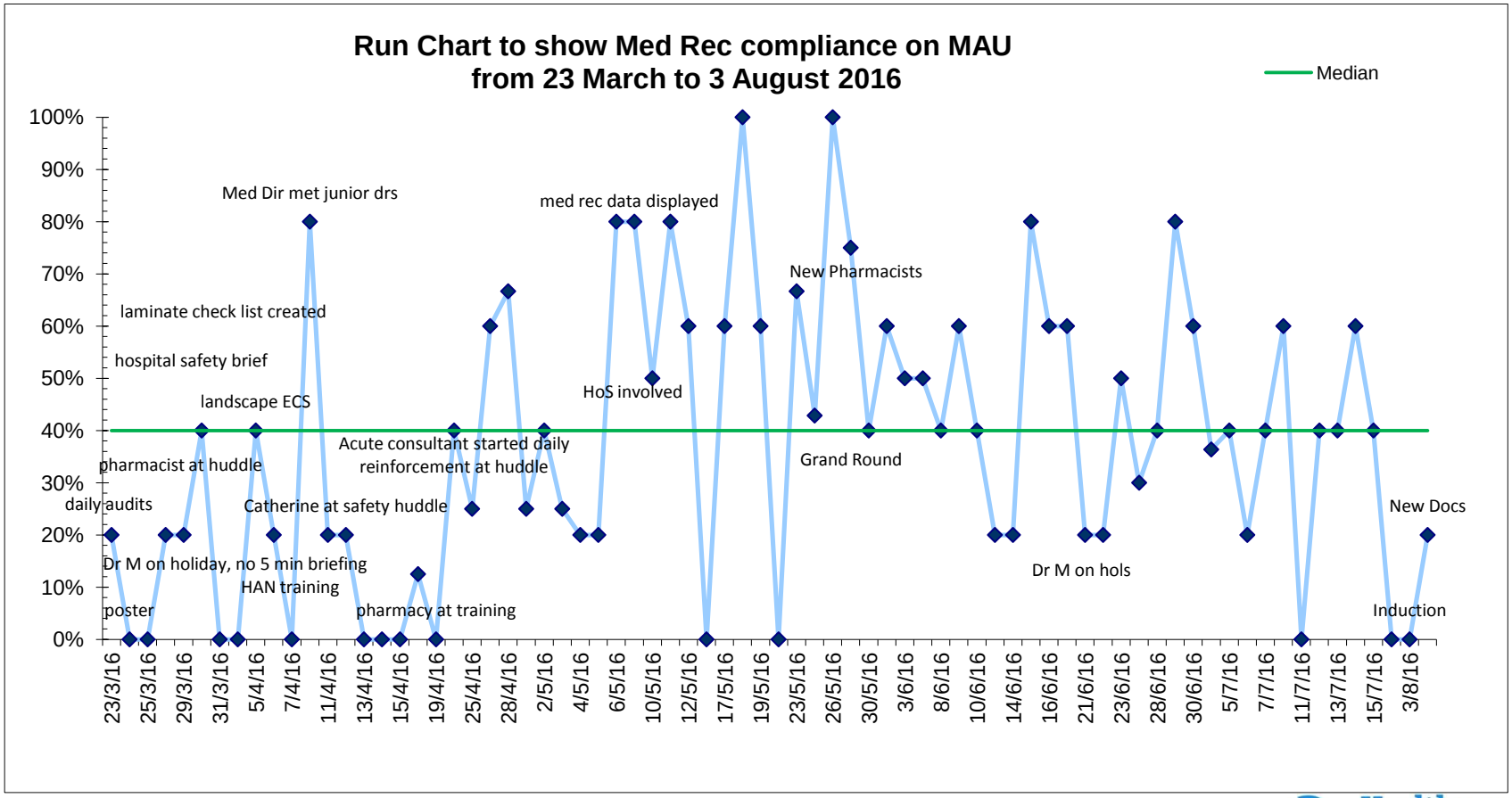
4. Watch out for old prescription dates!

6. Sign and Date

5. Transcribe safely and accurately to the Drug Chart

* For accurate Med Rec TWO sources should be used. One source should ideally be the patient or carer.

Progress to date



SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

Innovation / Tests of change

- Daily huddle on MAU
- Posters displayed on ward
- Medical Director meeting with junior doctors
- Grand Round presentations
  - With follow up email to all medical staff
- Hospital safety brief
- FY1 induction programme

Successes

- Band 6 pharmacists championing medicines reconciliation
  - Working well under pressure
  - Engagement with medical staff and medical director
  - Engagement with associate director of nursing
- HIS OPAH inspection
  - Draft feedback noted pharmacist input to the process of medicines reconciliation
- Reviewed input from pharmacy technicians
  - Training to increase clinical skills
  - Patient involvement on admission and discharge

Challenges

- Challenges with:
  - Locums
  - Frequency of junior doctor rotation
  - Influencing number of different consultants who cover MAU
  - Real time feedback to doctors and HAN team
  - Clinical pharmacy capacity
  - Implementing other new ways of working within pharmacy at the same time

Future plans

- Multidisciplinary data collection
  - Three times a week
  - Pharmacy, medical staff, safety team
- BGH has recruited Clinical Development Fellows (CDFs) to reduce number of locums
  - Hope to improve results with sustainable education and training
- Re-modelling of medical services
  - Review how pharmacy ward work fits in
- Formally aligning with ADTC to improve medication safety
- VTE improvement advisor has been recruited through HIS funding
  - Will link in with VTE work to raise the profile of medication safety overall
- Introduction of name stamps for staff to use for entries in medical notes
  - Will make it easier to identify who has prescribing responsibility for the patient

Acknowledgements

- Joyce Botham
  - Lead Administrator for BGH pharmacy

- Ward pharmacists
  - Lois Gault and Sean McPherson

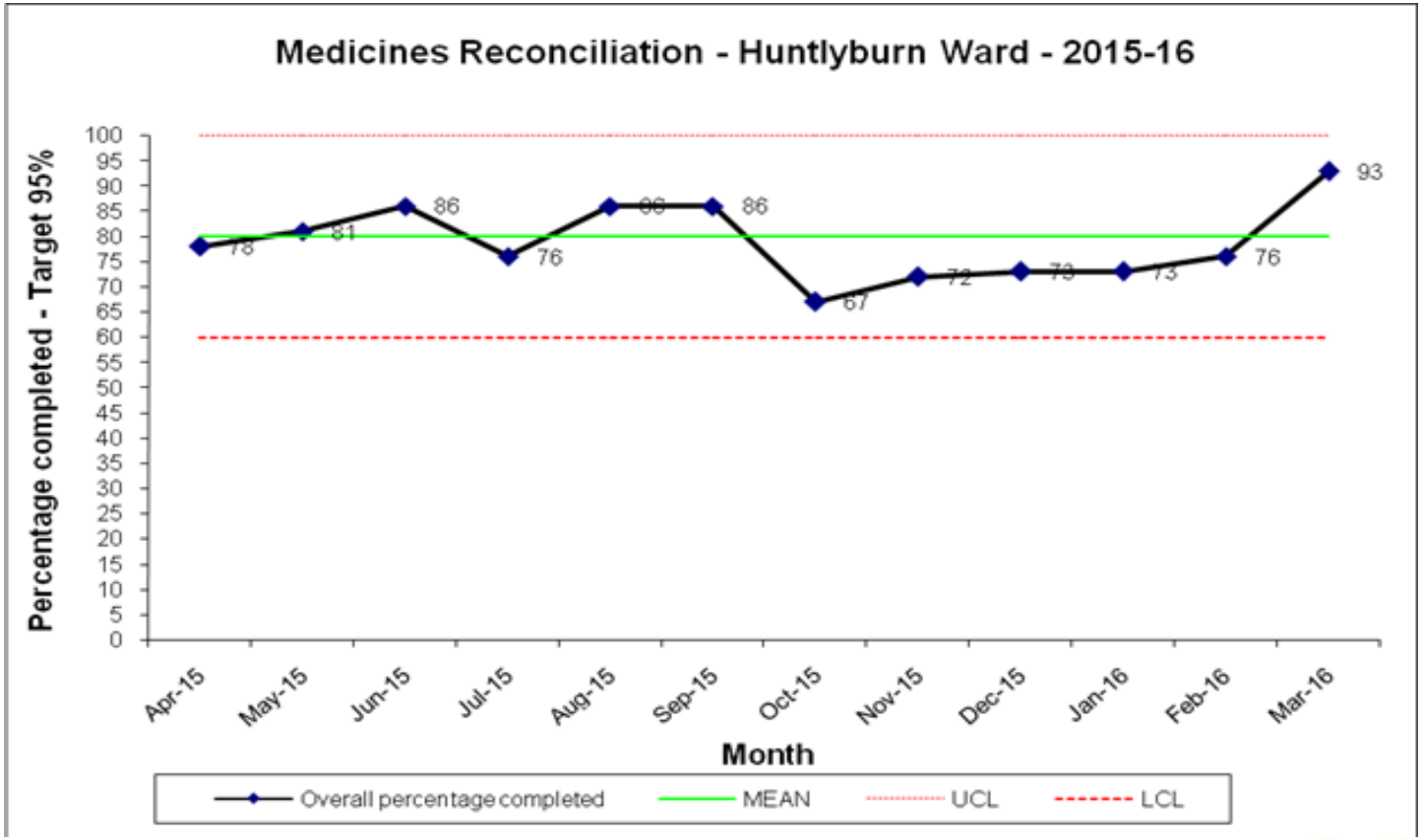
- Catherine Scott
  - Lead Pharmacist

Nurse led medicines reconciliation

Innovation

- Huntlyburn ward is a 19 bedded acute mental health ward. Medicines reconciliation has been nurse led. It was recognised that the admission process and the first review by a medic was always nurse led.
- Staff on the ward have access to the emergency care summary and will have the information available for the admitting Doctor who will them check and prescribe.
- All medications are then action coded on admission and checked at first review
- It is nursing responsibility to ensure its completed on admission and discharge.

Data: 2015-16


Medicines Reconciliation - Huntlyburn Ward - 2015-16
Percentage completed - Target 95%
100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
78
81
86
76
86
86
67
72
73
73
76
93
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Month
Overall percentage completed
MEAN
UCL
LCL

Medicines Reconciliation in Primary Care

Keith Maclure
Lead Pharmacist - Medicines Utilisation & Planning

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

Primary Care Medicines Reconciliation project

- 1 Borders GP practice – average demographics.
- Experienced Primary Care Pharmacist (with previous Hospital experience) visiting twice weekly for 1 month (mid Jan→Feb)
- Saw 33 discharge letters
- Ave age: 60yrs (range 22-89)
- Ave number of meds on letter: 10 (0-23)
- Ave drugs added to repeat: 3 (1-9)
- Ave drugs removed from repeat: 2 (1-6)
- Dose changed: 1 in 5 letters (1-2)
- Letters with drugs omitted: 1 in 10 (0-4)
- 7 in 10 letters had a query of some kind.
- Ave time taken: 18min (3-70)

Primary Care Medicines Reconciliation project

- Letter from BGH, but discharge from RIE, 5 meds missing from discharge - no explanation if missing or intentionally stopped. (70min)

- 5 meds not on discharge and not documented if stopped. (50min)

- 3 calls to RIE then wait on a call back from FY1, dose change Bumetanide not documented, Clopidogrel as new drug and for how long not documented. (60min)

Primary Care Medicines Reconciliation project

- Promoting good housekeeping
  - Removing duplicates and obsoletes (among other things!)

- No drug will show on ECS until it is issued.
  - Applies to all drugs, but 2015-16 Prescribing LES: CMS

- Other problems with ECS/EMIS:
  - Acutes e.g. Citalopram
  - “Outside Medicines”: e.g. ~mabs, BAS, Psychiatry, etc, etc

Key Points for Sharing:

- Ask NHS Borders about:
  1. Nurse led medicines reconciliation
  2. Senior clinical engagement
  3. Our med rec project in primary care
- NHS Borders would like to know more about:
  1. Does electronic prescribing aid the process of medicines reconciliation?
  2. Who “owns” medicines reconciliation in your board?
  3. If patients are acutely unwell and unable to discuss their medicines, does this affect your results?

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WebEx Evaluation Survey

Go Live Date:	18th of August
Reminder:	2nd of September
Closing Date:	16th of September

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WebEx Series

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

..... the 3rd Thursday of each month between 3pm – 4pm

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

hcis-medicines.spsp@nhs.net

www.scottishpatientsafetyprogramme.co.uk/programmes/medicines

@SPSP Medicines

THANK YOU

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