

## Reducing Medicines Harm Across Transitions Medication Reconciliation WebEx Series

Thursday 19 January 2017 3pm-4pm

Presented by: NHS Dumfries and Galloway

#SPSPMeds











#### Welcome



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

What is our theory for improvement?
What tests of change have resulted in improvement?





# 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

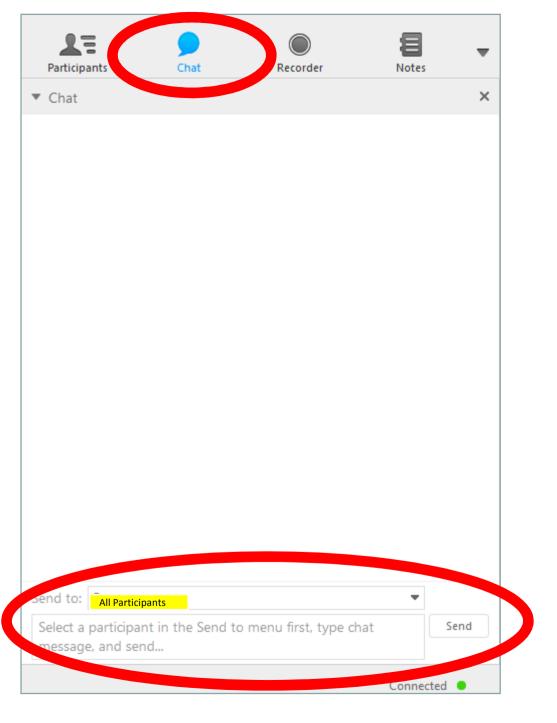




If you want to get involved in the conversation, please click on the Chat icon circled in red.

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



Ambition and Aims	<b>Primary Drivers</b>	Secondary Drivers	Change Ideas
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	Teamwork, Communication and Collaboration	- Roles and responsibilities for MR are understood by the multidisciplinary teams	- Feedback loop established between pre-hospital, primary and secondary care regarding communication of medicines information  - A joined up measurement & reporting strategy across acute and primary care interface  - Standard method of documenting medicines information  - Admission and discharge 'pairs'  - Use of 'teach back' with patients regarding medicines information  - Pharmacists based in the ED for admitted patients to start medicines reconciliation immediately  - Informing community pharmacists of admissions to hospital for patients on blister packs/delivery systems
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# From previous 3 WebExes:

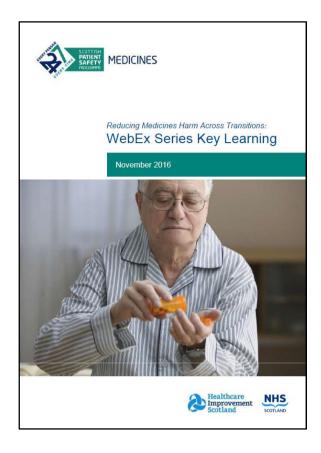
- September 15<sup>th</sup> (NHS Lanarkshire)
- October 20<sup>th</sup> (NHS Orkney and NHS Shetland)
- November 17<sup>th</sup> (NHS Highland)

#### **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

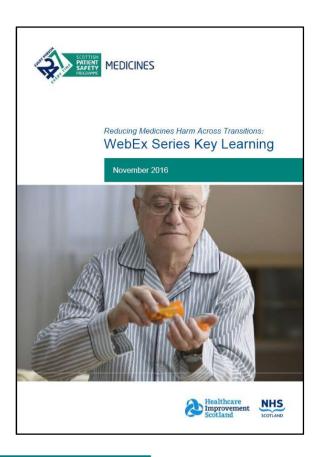






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- December 15<sup>th</sup> (NHS Lothian)



#### NHS Lothian (December 2016

Working with TRAK IDL templates

Developing Medicines Management Plans to improve the documentation and communication of medicine related issues across transitions.

Analysing and understanding your systems, and asking the question 'How can we make it safe?'











# **Medication Reconciliation: Story so far**

- Medicines Reconciliation happens in preassessment, AMU, SAU, psychiatry, orthopaedics, and now paediatrics...!
- Local Medicines Safety group continues to meet every two months
- HIS funding applied for to resource the next step spreading the success
  - Funding not granted
  - Need to formalise an implementation plan and measurement plan –
     but with no additional resource



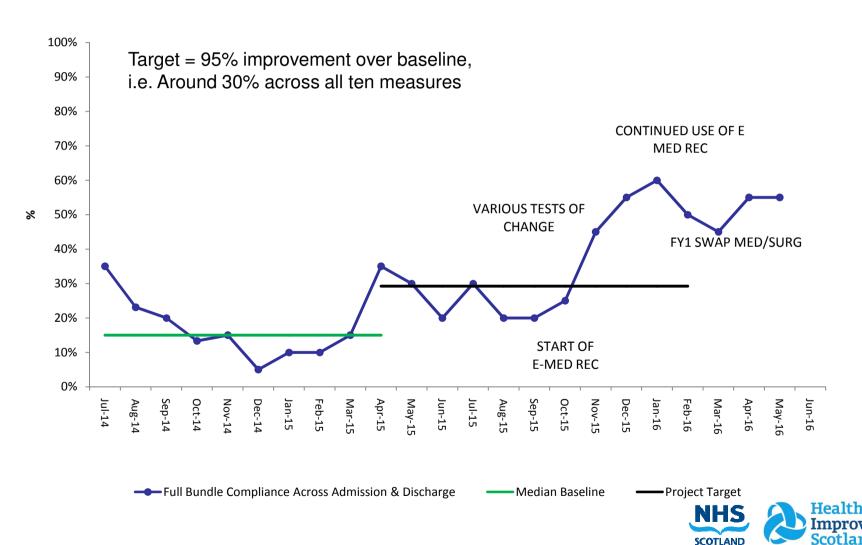


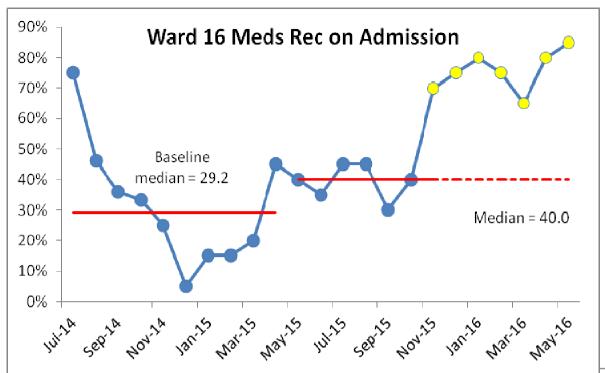
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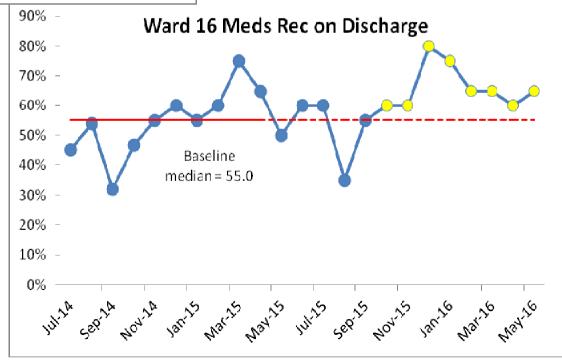
- Let's look at the journey so far to understand where we go next......
- Health Foundation funded project 2012- Jan 2014, then phase 2 funding through to May 2016.
- Ward 16 ortho trauma patients project focus up to mid 2016



# MEDICINES Med Rec Overall - Full Bundle Compliance (Patient has received both admission and discharge bundle)









# **New Data? Not an Easy Thing to do Right Now**

- No additional resource available to take project to next stages
- Want to hold the gains in ward 16 and be able to demonstrate full implementation in one area.
- Pharmacy team currently holding the ball.





# **New Data? Not an Easy Thing to do Right Now**

- Want to spread resourcing is the key challenge
- Recently spread to medical ward pharmacists involved in measurement sample of 20 patients per month.
- Paediatric ward has robust approach but very low number in any measurement sample.





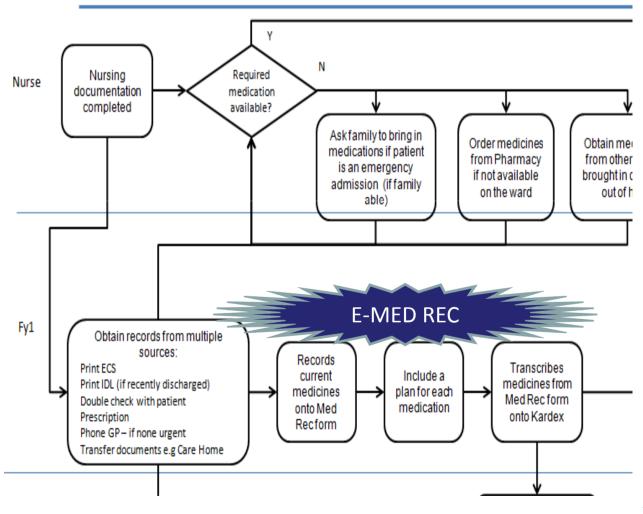
#### **Innovation**

- E-med rec appears to have been the most effective innovation
  - Icon available on all ward computers
  - All of nursing leadership are ware of its availability
  - No formal spread plan in place





#### Admission (within 24hrs)









# **Patient Involvement / Patient Stories**

- During 2015 a patient questionnaire was developed and tested
- We found that ortho trauma patients were not the right group to give valuable feedback
  - Need to test this elsewhere ?no resource





# **Successes and Challenges**

- We are most proud of the development of the e-med rec software, interfacing to existing patient administration systems, e.g. Topas, Emergency Care Summary
- We have seen objective, high quality process measurement undertaken for admission and discharge, and resultant improvement in the quality of Immediate Discharge Letters
- We would like to see a subsequent version of electronic prescribing software (HEPMA) develop to include e-med rec functionality





# **Successes and Challenges**

- We feel that education with FY1's has been an essential element for example workshop with their own hand-written med rec forms analysed in small groups
- With a new general hospital as the key priority, we are challenged to keep this work centre-stage in 2017





# **Key Points for Sharing:**

Ask NHS Dumfries and Galloway about:

- 1. meds rec on discharge: FY1 and ward pharmacist process with electronic discharge letter
- 2. clinical ward pharmacy team on AMU 7/7 since Dec 2016
- 3. electronic Medicine Reconciliation





# **Key Points for Sharing:**

NHS Dumfries and Galloway would like to know more about:

- 1. eMR/ECS med rec report linking to HEPMA (JAC)
- 2. engaging medical staff to drive the process forward/improve
- 3. communicating an indication/plan/review date for every new medicine prescribed ?functionality on EMIS/GPASS in primary care & viewing this info













# Medicines Reconciliation Summit

Thursday 2 March 2017

COSLA Conference Centre Haymarket, Edinburgh



















#### Improving and Maintaining Medicines Reconciliation on Admission at North Bristol NHS Trust

Jane Smith
Principal Pharmacist
Governance and Medication Safety Officer
North Bristol NHS Trust Bristol

https://www.nice.org.uk/sharedlearning/improving-and-maintaining-medicines-reconciliation-on-admission-at-north-bristol-nhs-trust-nbt







Roles and responsibilities – Getting it right the first time

Information technology and information governance

Patient involvement







Registration closes on the 23<sup>rd</sup> of February

Please contact your board SPSP Programme Manager if you are interested

http://www.scottishpatientsafetyprogramme.scot.nhs.uk/events







# **WebEx Series**

WebEx Schedule for 2017			
Date	Time	NHS Board Presenting	
16 <sup>th</sup> February 2017	3pm – 4pm	NHS Tayside	
16 <sup>th</sup> March 2017	3pm – 4pm	Summit Feedback	





hcis-medicines.spsp@nhs.net

www.scottishpatientsafetyprogramme.co.uk/programmes/medicines



**@SPSP Medicines** 

# **THANK YOU**

