Healthcare Improvement Scotland's Improvement Hub

Reducing Medicines Harm Across Transitions

Medication Reconciliation WebEx Series 2016

Thursday 20 October 2016
3pm–4pm

Presented by:
NHS Island Boards

#SPSPMeds2016 @SPSPMedicines

NHS SCOTLAND
Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

SPSP Medicines

October 2016 WebEx –

NHS Orkney and NHS Shetland

Reducing medicines harm across transitions

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

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?

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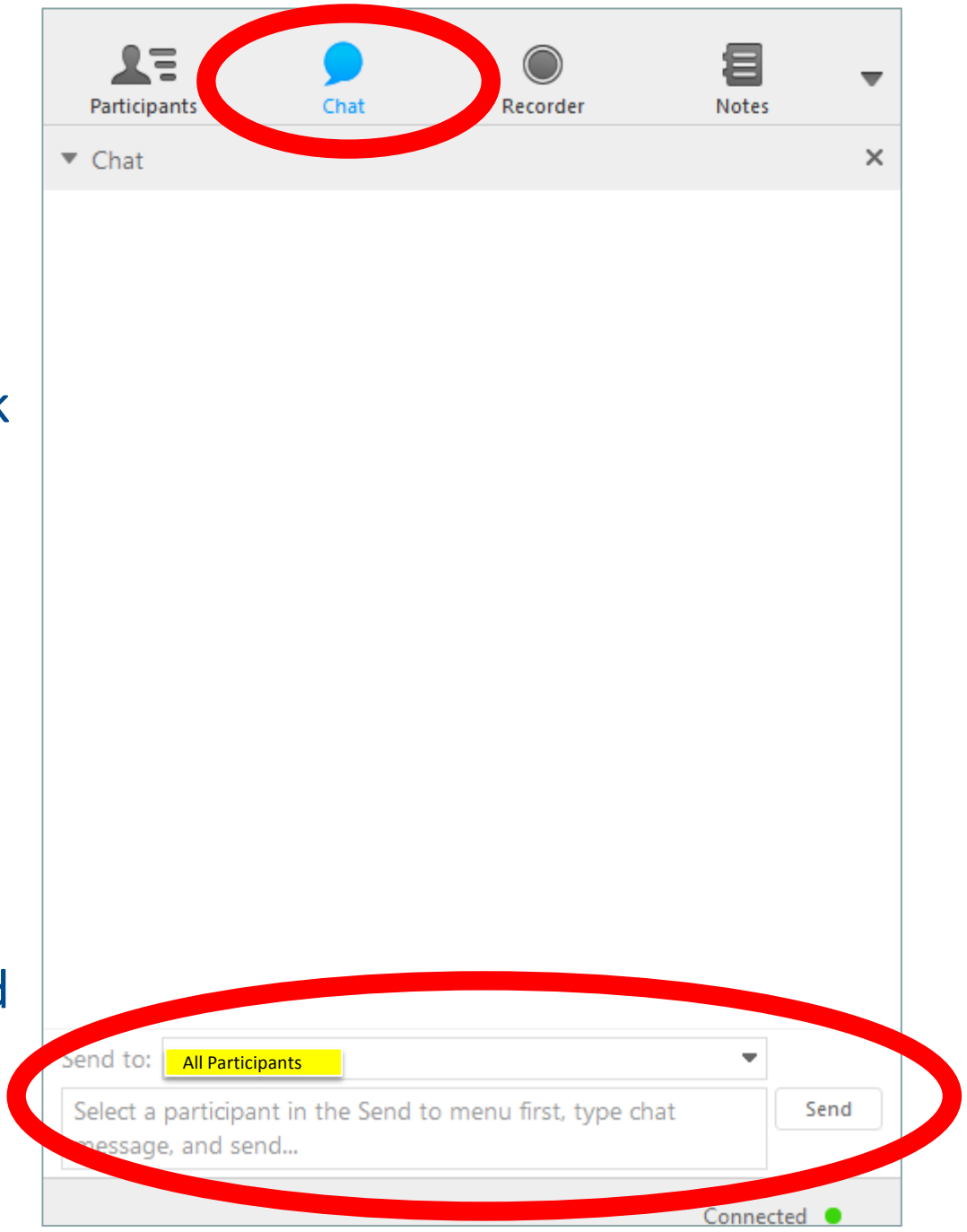
If you want to get involved in the conversation, please click on the Chat icon circled in red.

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

You said:

- There needs to be a greater focus on the tools for improvement, specifically the driver diagram for medicines reconciliation and data
- Can boards highlight as part of their sharing specific tests of change that have lead to improvement
- There needs to be an opportunity for WebEx participants to contribute to the Q&A session after the board presentation (i.e. Un-mute our microphones)

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

We did:

- The driver diagram for medicines reconciliation has been added to our discussions today
- All phone lines will be un-muted after the board presentation to allow a more interactive Q&A session

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Ambition and Aims	Primary Drivers	Secondary Drivers	Change Ideas
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www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/MR-DD.pdf

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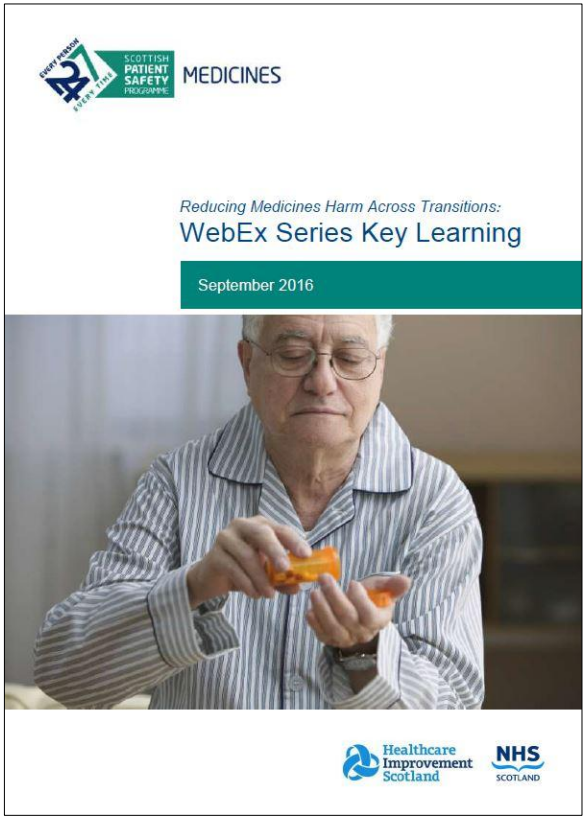
SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

From previous 3 WebExes:

- July 21st (NHS Forth Valley)
- August 18th (NHS Borders)
- September 15th (NHS Lanarkshire)

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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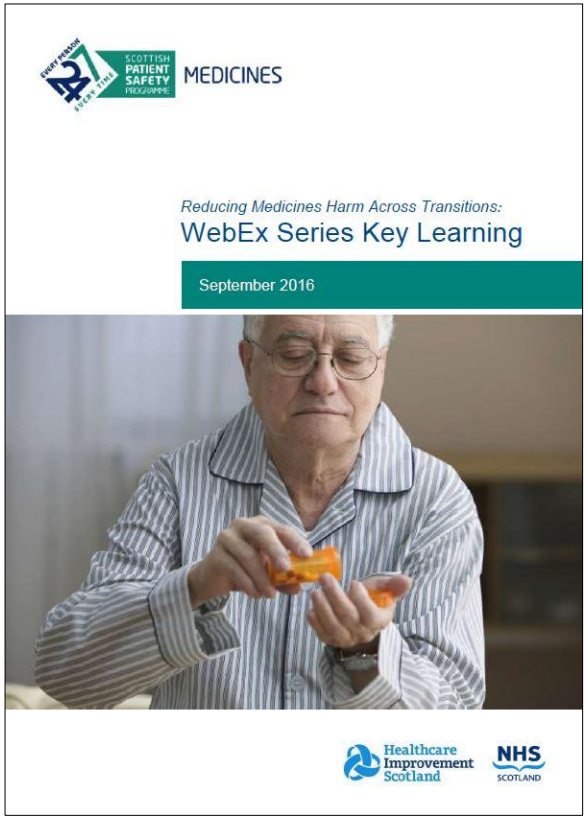
NHS Lanarkshire (September 2016)
Using pharmacy view to improve medicines reconciliation at transitions of care
Engaging patients in the medicines reconciliation process
Prototyping – reducing harm from insulin as a high risk medicine



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SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

SPSP Medicines

Orkney

Wendy Lycett, Principal Pharmacist

Jackie Gratton, Head of Health Intelligence & Clinical Governance

Shetland

Louise Anderson, Clinical Pharmacist, Gilbert Bain Hospital

Simon Boyd, Clinical Pharmacist, Gilbert Bain Hospital

Becky Blair, Primary Care Pharmacist, Lerwick Health Centre

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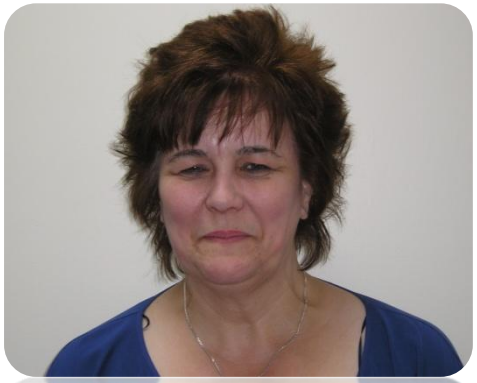
NHS Orkney



Jackie Gratton
Head of Health Intelligence & Clinical Governance

Wendy Lycett
Principal Pharmacist
NHS Orkney

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

Medication Reconciliation: Story so far in Orkney

Current service provision in secondary Care

- Previously ad-hoc
- Varying levels of input from medical staff
- Acute Ward & Assessment & Rehab Ward (A&R) (circa 40 beds in total)

  Medicines Reconciliation (Med Rec) confirmation by pharmacy

  Mon to Fri (usually within 24 hours of admission)

- **Acute Ward**

  Technician Led

  Supported by Clinical Pharmacist

- **Assessment & Rehab Ward**

  Clinical Pharmacist

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

Challenges

- Small Board
- Identifying organisational lead for SPSP
- Few numbers of Staff; Lots of Hats
- What gives?
- Rapid turn over of Junior Doctors & Consultant Physicians (Medical Lead)
- Staff Engagement / Availability
- Resilience of Service and areas not covered at present
- Weekends & OOH

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The kick

- Pharmacy review of skill mix to maximise staff roles
- Identified role for technical service provision for Med Rec (Dec 15)
- Drawn out process
- Staff engagement / Definition of roles & accountability
- OPAH Inspection: Lack of Med Rec from both Drs & Pharmacy (May 16)
- A&R Med Rec being undertaken but not properly recorded
- Inspection report prompted genuine engagement – The Kick
- Substantive service from July, Data collection from Aug 16
- A&R, review of documentation process

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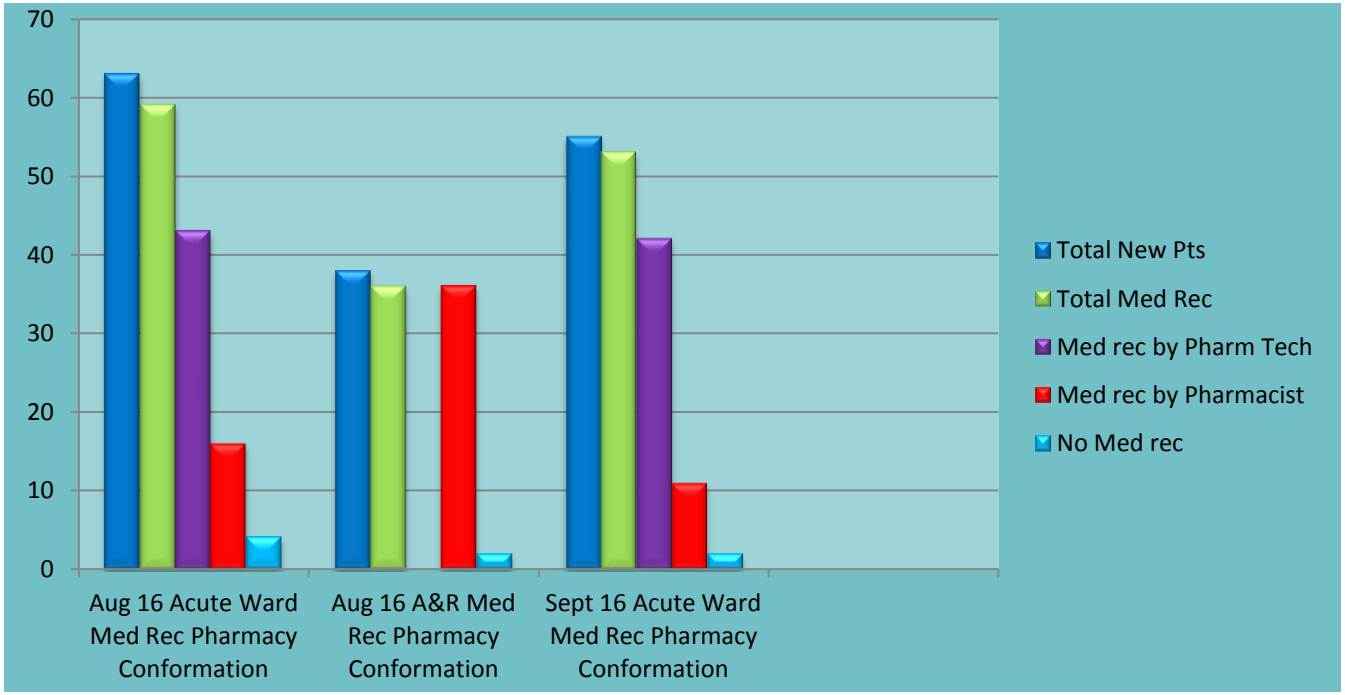
MEDICINES

Data in Orkney (very limited to date)

- Med Rec confirmation by pharmacy team (2 sources of information)
- Acute Ward: August & Sept (94% & 96% completion rate)
- A& R: August only (95% completion Rate)
- Audit of Medical & pharmacy input agreed for Dec 16



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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

Primary Care

Currently Scoping

- Input to GP practices
- Two sessions per week to support Med Rec on Discharge
- Interface with polypharmacy reviews, quality prescribing work
- Technician input into Supported living facilities, 1 session per week.

Challenges

- eHealth
- Community pharmacy
- Sustainability
- Equity of access & roll out
- Resource

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NHS Shetland

Louise Anderson
Clinical Pharmacist
Gilbert Bain Hospital

Simon Boyd
Clinical Pharmacist
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Becky Blair
Primary Care Pharmacist
Lerwick Health Centre

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

Medication Reconciliation: Story so far in Shetland

- Slow start. No SPSP dedicated staff. Results variable due to turnover junior doctors.
- Medicines Reconciliation Process:
  - Secondary Care
    - 50 beds split over 3 wards (Surgical, General medical and Rehab)
    - Different documentation for surgical patients
    - Pharmacists medrec all patients Monday-Friday, generally within 24 hours (excl. Weekends)
  - Medicines Reconciliation: Primary Care
    - Lerwick Health Centre: – pharmacist involvement
    - Other health centres: - GP led – no pharmacist involvement

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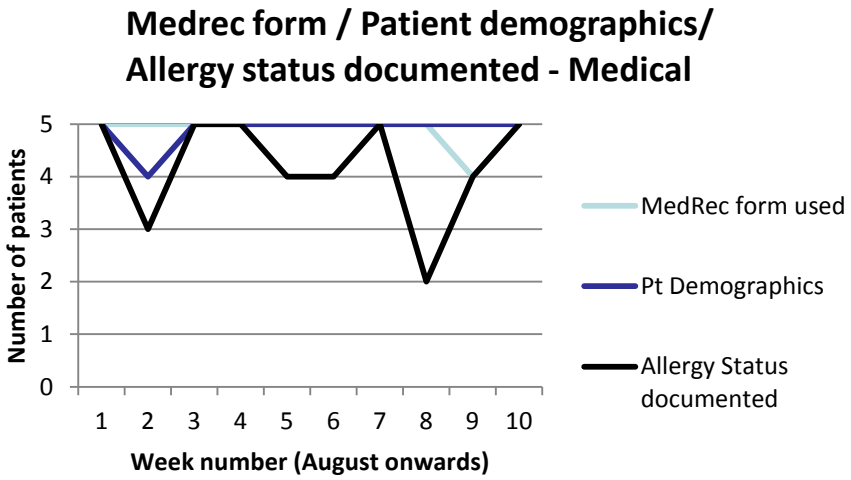
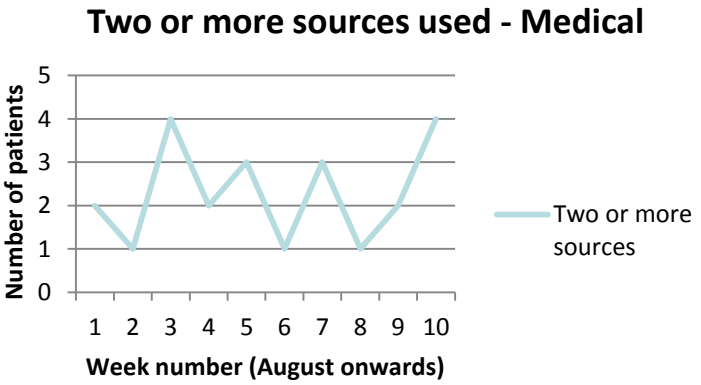
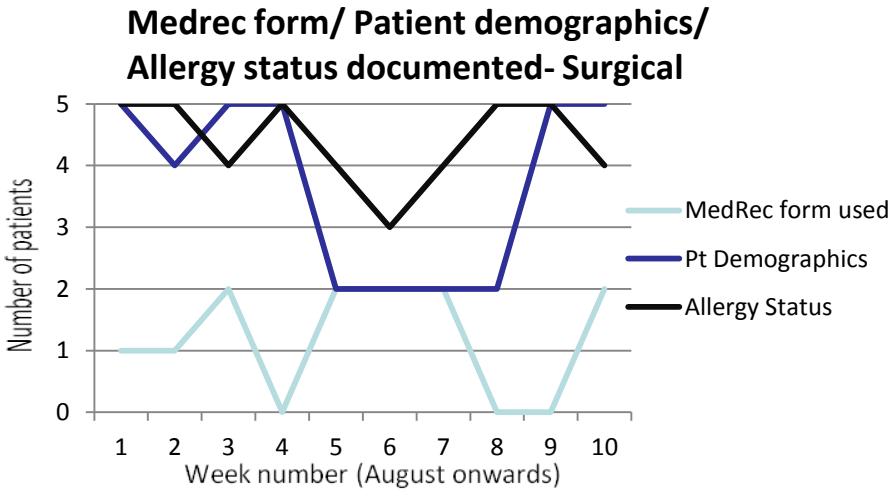
Medication Reconciliation: Process in Hospital

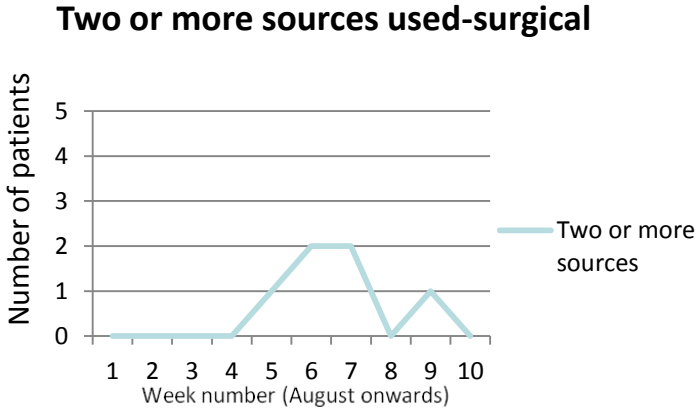
- *Hospital*
  - *Mainly doctor and pharmacist led.*
  - *Pharmacists provide training to each new cohort junior doctors – safe prescribing presentation which include medicines reconciliation*
  - *Limited nurse involvement in medicines reconciliation (pre-op patients only)*
  - *Technical service recently evolved – more streamlined discharge process. Next steps include medicines reconciliation.*

Shetland Data









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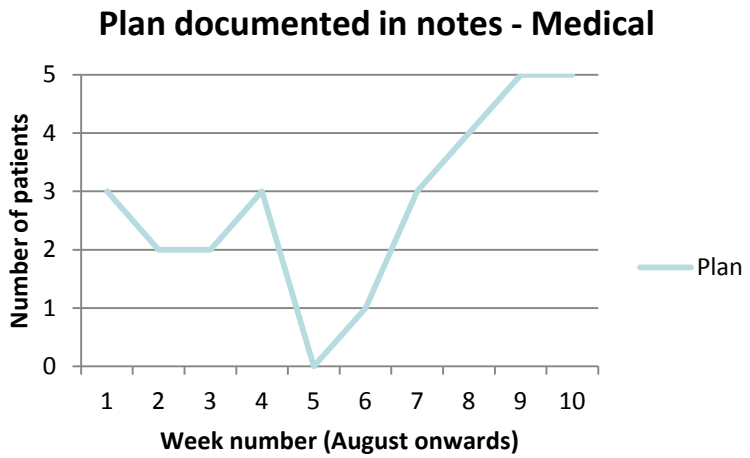
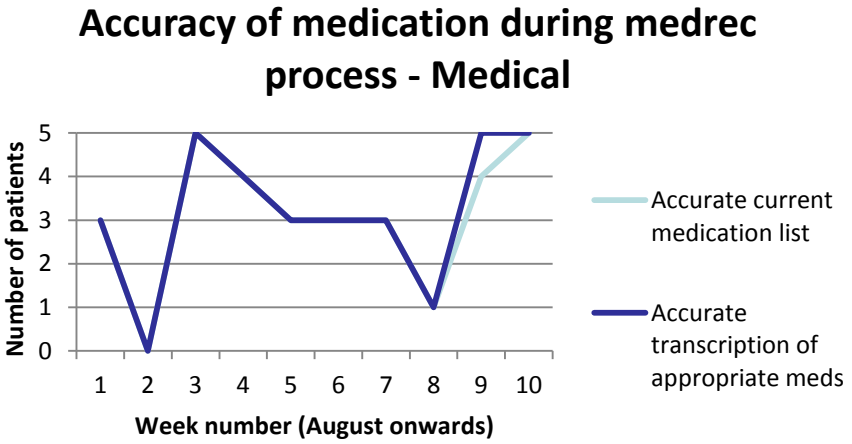
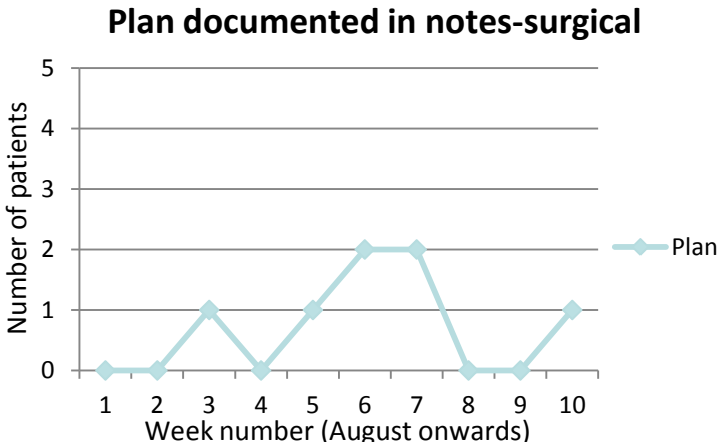
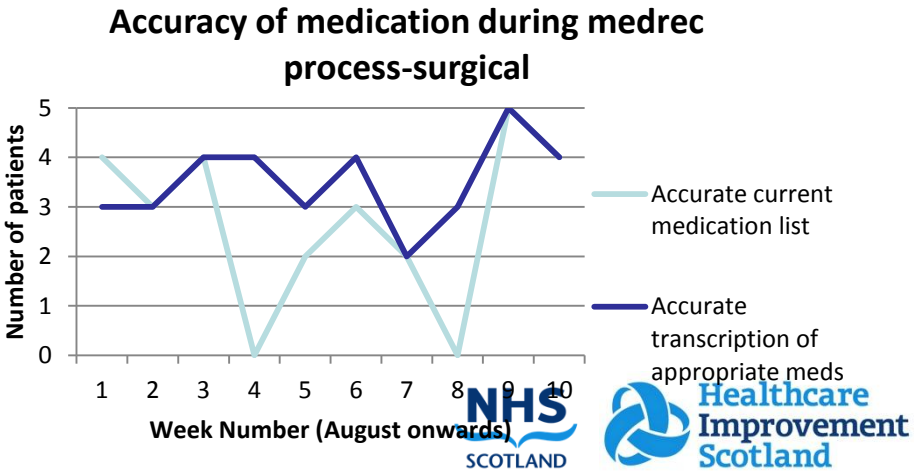




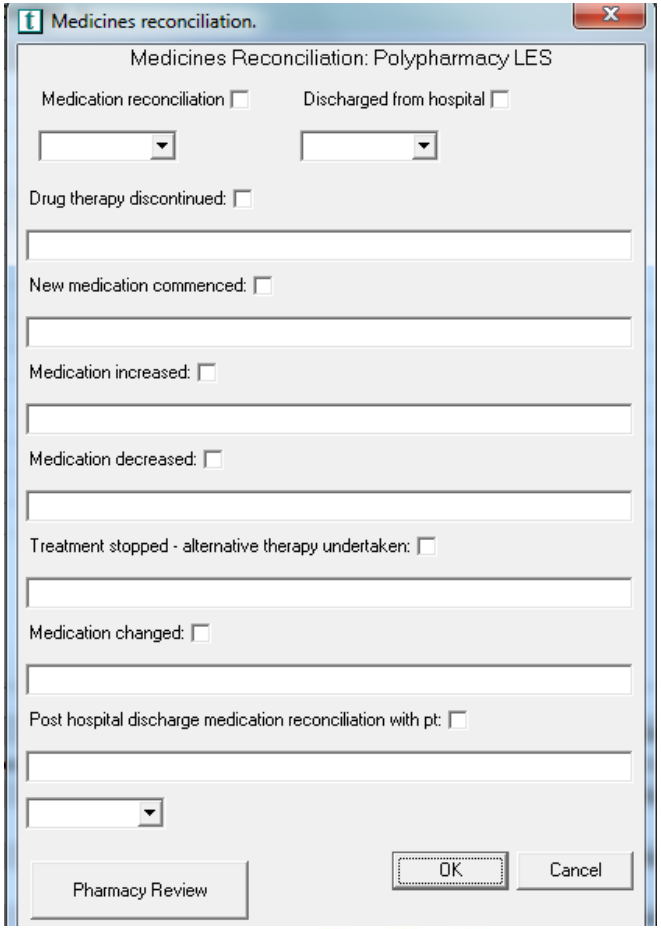


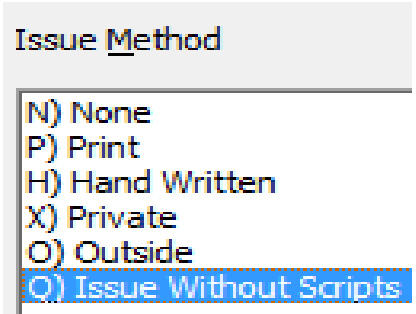


Medication Reconciliation: Process in Primary Care in Shetland

Primary Care / Community

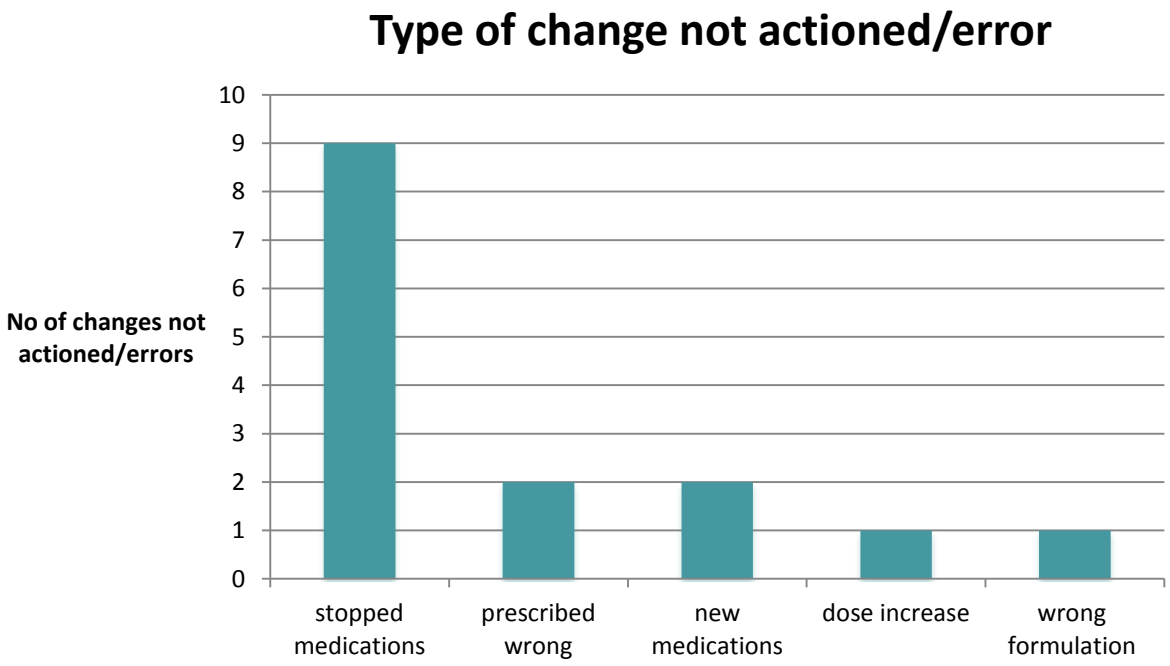
- *Doctor and pharmacist led*
- *Lerwick health centre (8927 patients – nearly half of all the patients in Shetland)*
- *GPs hesitant at first but now want more input*
- *IDLs emailed to health centre on day of discharge*
- *Straight to pharmacist rather than GP – passed on when needed*
- *Standard template (shown)*
- *Use of "Q" and "O" codes*





Primary care data

- *16 discharges from a fortnight*
- *3/16 had an EMIS entry acknowledging the discharge – 19%*
- *24/39 changes made correctly - 62%*



Innovation (Orkney and Shetland)

- Quicker turnaround of any medication changes to GP surgery
  - *NHS Shetland does not currently have electronic discharges. On discharge, pharmacy scans IDL to GP practice once complete.*
  - *NHSO e discharge format not fit for purpose (Risk)*

- Care Home/Care at Home Patients
  - *Community pharmacy informed of admissions and discharges.*
  - *Provide an up to date MAR sheet on discharge for all of these patients.*

- Complex Patient follow up / review
  - *Close relationship with GP surgeries and primary care pharmacists to highlight patients requiring further review or follow up*

Patient Involvement / Patient Stories Orkney and Shetland

- *Nursing Staff have welcomed the service within Orkney*
- *Med Rec confirmation interfaces with review & use of PODs*
- *Patient satisfaction audit to be undertaken when service embedded across sectors*

Patient stories

- *Complex discharge*
  - *primary care pharmacist review to check compliance and understanding.*
  - *Unusual method of taking her medication*
  - *Formulation change required*

- *IDL with changes missed (duplicate)*
  - *Furosemide and Ramipril stopped*
  - *Patient unaware/forgot*
  - *District Nurse visit for bloods and GP review*

Successes and Challenges (Orkney and Shetland)

Successes

- Holistic approach – involvement of carers/contact community pharmacy
- Risk assessment of pt understanding – flags for compliance/MAR sheet
- Pharmacy technician involvement
- Improved feedback loop between secondary and primary care
- Introduction of pharmacist led med rec in primary care

Successes and Challenges (Orkney and Shetland)

Challenges

- Different documentation between wards in Shetland
- Defined roles/responsibilities of HCP in medrec
- Maintaining momentum with competing priorities
- Ensuring improvement with high turnaround of medical staff (locums)
- Nurse engagement/involvement in medrec process (A+E staff)
- eHealth – IT system forward movement
- A fair way to go....

Key Points for Sharing:

- Ask NHS Orkney and Shetland about
  - Difficulties of engaging locum doctors in medicines reconciliation process
  - Communication between secondary and primary care
  - Integrated team working

- NHS Orkney and Shetland would like to know more about
  - Nurse / HCP engagement in the medicines reconciliation process
  - Any ideas to manage this with no dedicated staff

SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

NHS SCOTLAND

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

WebEx Series

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

NHS SCOTLAND Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

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THANK YOU

NHS SCOTLAND Healthcare Improvement Scotland