Healthcare Improvement Scotland's Improvement Hub


# Reducing Medicines Harm Across Transitions

## Medication Reconciliation WebEx Series 2016

Thursday 17 November 2016
3pm–4pm

Presented by:
NHS Highland

#SPSPMeds2016 @SPSPMedicines

NHS SCOTLAND
Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES


# SPSP Medicines

November 2016 WebEx

NHS Highland

Reducing medicines harm across transitions

NHS SCOTLAND

Healthcare Improvement Scotland

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?

NHS SCOTLAND Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

# A few WebEx etiquette points for our meeting today:

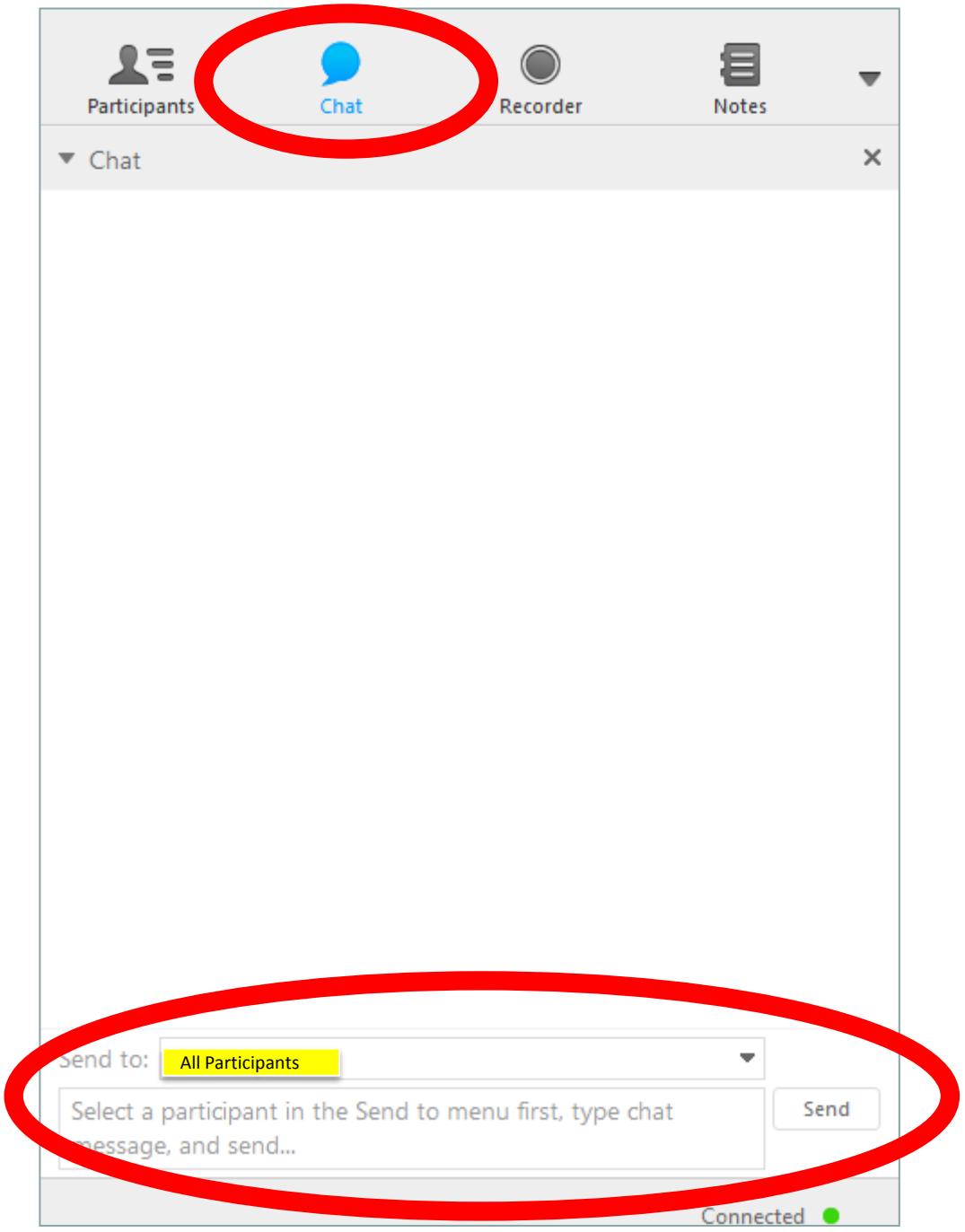
- If you are not presenting your phone is automatically on mute
- Be open to learning and sharing
- Please use the chat box to participate in the discussion during the presentation, and type in any questions you might have
- There will be time at the end of the WebEx for Q and A with the presenting board,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

NHS SCOTLAND Healthcare Improvement Scotland

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 | Primary Drivers | Secondary Drivers | Change Ideas |
|---|---|---|---|
| **Ambition:**<br>All patients will have their medicines accurately reconciled on admission to and discharge from hospital, including primary care. This information will be communicated to patients and healthcare professionals.<br><br>**Aims:**<br>95% of patients will have their medicines accurately reconciled within 24 hours of admission (+ accurate Kardex)<br><br>95% of patients will have their medicines accurately reconciled on discharge (+ accurate IDL)<br><br>95% of patients will have an accurate GP medication list within 2 working days of IDL being received.<br><br>Community pharmacy aim (TBC) | Person-Centred Care | - Patients are responsible for their own medicines<br>- Patients are actively involved in medication reconciliation processes | - Medication Passport (app and booklet)<br>- Patients represented on medication reconciliation implementation groups<br>- Links with medication self-management programmes<br>- Prompts for patients to take a meds list to all appointments/admissions<br>- Green bags (SAS/ ?Primary Care / ?preop)<br>- 'Tell me how you are taking your medicines'<br>- Ensuring involvement of informal carers in MR discussions, they are often the ones giving medication to the patient.<br>- Reminders to return unused medication stored at home.<br>- Teach back with whoever is giving out the medication to ensure safety and understanding.<br>- Risk assessment process to identify patient/carer understanding and ability re medication management. |
| | Leadership and Culture | - MR is integrated with other key strategic policies<br>- A single system approach supported by senior leadership<br>- MR is a named priority by NHS leaders at all levels<br>- CMO letter (18/2013) | - Policy to support MR across the continuum of care<br>- Establish MR group with oversight of acute and primary care services that reports to senior management<br>- Education of senior leaders regarding impact of MR<br>- Awareness of local data regarding MR processes<br>- Dashboard linking data from acute and primary care<br>- MR leads are named for key health disciplines |
| | 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<br>- A joined up measurement & reporting strategy across acute and primary care interface<br>- Standard method of documenting medicines information<br>- Admission and discharge 'pairs'<br>- Use of 'teach back' with patients regarding medicines information<br>- Pharmacists based in the ED for admitted patients to start medicines reconciliation immediately<br>- Informing community pharmacists of admissions to hospital for patients on blister packs/delivery systems |
| | Safe, Effective and Reliable Care | - Staff understand the importance of MR<br>- Standardised processes / documentation | - MR included as part of structured ward rounds /work flow<br>- MR prompts on white boards<br>- NES LearnPro MR module<br>- Real cases used during staff training to demonstrate the importance of MR |
| | Systems and IT infrastructure | - Explore and optimise eHealth solutions to support MR such as electronic prescribing and administration in hospitals (HEMPA) and primary care electronic solutions.<br>- Standardised documentation/ communication tools | - Linking of ECS and IDL information<br>- Use of eMR form during admission<br>- Incorporation of ECS into inpatient medical records<br>- Automation of communication between acute care and GPs/ community pharmacies (e.g. ECS and IDL)<br>- Linking secondary care and general practitioner prescribing<br>- Rationalisation of locations for documentation of key information (e.g. drug allergy – up to 6 places in health record) |

www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/MR-DD.pdf

NHS SCOTLAND

Healthcare Improvement Scotland

| Ambition and Aims | Primary Drivers | Secondary Drivers | Change Ideas |
|---|---|---|---|
| **Ambition:**<br>All patients will have their medicines accurately reconciled on admission to and discharge from hospital, including primary care. This information will be communicated to patients and healthcare professionals.<br><br>**Aims:**<br>95% of patients will have their medicines accurately reconciled within 24 hours of admission (+ accurate Kardex)<br><br>95% of patients will have their medicines accurately reconciled on discharge (+ accurate IDL)<br><br>95% of patients will have an accurate GP medication list within 2 working days of IDL being received.<br><br>Community pharmacy aim (TBC) | **Person-Centred Care** | - Patients are responsible for their own medicines<br>- Patients are actively involved in medication reconciliation processes | - Medication Passport (app and booklet)<br>- Patients represented on medication reconciliation implementation groups<br>- Links with medication self-management programmes<br>- Prompts for patients to take a meds list to all appointments/admissions<br>- Green bags (SAS/ ?Primary Care / ?preop)<br>- 'Tell me how you are taking your medicines'<br>- Ensuring involvement of informal carers in MR discussions, they are often the ones giving medication to the patient.<br>- Reminders to return unused medication stored at home.<br>- Teach back with whoever is giving out the medication to ensure safety and understanding.<br>- Risk assessment process to identify patient/carer understanding and ability re medication management. |
| | Leadership and Culture | - MR is integrated with other key strategic policies<br>- A single system approach supported by senior leadership<br>- MR is a named priority by NHS leaders at all levels<br>- CMO letter (18/2013) | - Policy to support MR across the continuum of care<br>- Establish MR group with oversight of acute and primary care services that reports to senior management<br>- Education of senior leaders regarding impact of MR<br>- Awareness of local data regarding MR processes<br>- Dashboard linking data from acute and primary care<br>- MR leads are named for key health disciplines |
| | 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<br>- A joined up measurement & reporting strategy across acute and primary care interface<br>- Standard method of documenting medicines information<br>- Admission and discharge 'pairs'<br>- Use of 'teach back' with patients regarding medicines information<br>- Pharmacists based in the ED for admitted patients to start medicines reconciliation immediately<br>- Informing community pharmacists of admissions to hospital for patients on blister packs/delivery systems |
| | Safe, Effective and Reliable Care | - Staff understand the importance of MR<br>- Standardised processes / documentation | - MR included as part of structured ward rounds /work flow<br>- MR prompts on white boards<br>- NES LearnPro MR module<br>- Real cases used during staff training to demonstrate the importance of MR |
| | Systems and IT infrastructure | - Explore and optimise eHealth solutions to support MR such as electronic prescribing and administration in hospitals (HEMPA) and primary care electronic solutions.<br>- Standardised documentation/ communication tools | - Linking of ECS and IDL information<br>- Use of eMR form during admission<br>- Incorporation of ECS into inpatient medical records<br>- Automation of communication between acute care and GPs/ community pharmacies (e.g. ECS and IDL)<br>- Linking secondary care and general practitioner prescribing<br>- Rationalisation of locations for documentation of key information (e.g. drug allergy – up to 6 places in health record) |

www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/MR-DD.pdf

NHS SCOTLAND

Healthcare Improvement Scotland

| Ambition and Aims | Primary Drivers | Secondary Drivers | Change Ideas |
|---|---|---|---|
| **Ambition:**<br>All patients will have their medicines accurately reconciled on admission to and discharge from hospital, including primary care. This information will be communicated to patients and healthcare professionals.<br><br>**Aims:**<br>95% of patients will have their medicines accurately reconciled within 24 hours of admission (+ accurate Kardex)<br><br>95% of patients will have their medicines accurately reconciled on discharge (+ accurate IDL)<br><br>95% of patients will have an accurate GP medication list within 2 working days of IDL being received.<br><br>Community pharmacy aim (TBC) | Person-Centred Care | - Patients are responsible for their own medicines<br>- Patients are actively involved in medication reconciliation processes | - Medication Passport (app and booklet)<br>- Patients represented on medication reconciliation implementation groups<br>- Links with medication self-management programmes<br>- Prompts for patients to take a meds list to all appointments/admissions<br>- Green bags (SAS/ ?Primary Care / ?preop)<br>- 'Tell me how you are taking your medicines'<br>- Ensuring involvement of informal carers in MR discussions, they are often the ones giving medication to the patient.<br>- Reminders to return unused medication stored at home.<br>- Teach back with whoever is giving out the medication to ensure safety and understanding.<br>- Risk assessment process to identify patient/carer understanding and ability re medication management. |
| | **Leadership and Culture** | - MR is integrated with other key strategic policies<br>- A single system approach supported by senior leadership<br>- MR is a named priority by NHS leaders at all levels<br>- CMO letter (18/2013) | - Policy to support MR across the continuum of care<br>- Establish MR group with oversight of acute and primary care services that reports to senior management<br>- Education of senior leaders regarding impact of MR<br>- Awareness of local data regarding MR processes<br>- Dashboard linking data from acute and primary care<br>- MR leads are named for key health disciplines |
| | 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<br>- A joined up measurement & reporting strategy across acute and primary care interface<br>- Standard method of documenting medicines information<br>- Admission and discharge 'pairs'<br>- Use of 'teach back' with patients regarding medicines information<br>- Pharmacists based in the ED for admitted patients to start medicines reconciliation immediately<br>- Informing community pharmacists of admissions to hospital for patients on blister packs/delivery systems |
| | Safe, Effective and Reliable Care | - Staff understand the importance of MR<br>- Standardised processes / documentation | - MR included as part of structured ward rounds /work flow<br>- MR prompts on white boards<br>- NES LearnPro MR module<br>- Real cases used during staff training to demonstrate the importance of MR |
| | Systems and IT infrastructure | - Explore and optimise eHealth solutions to support MR such as electronic prescribing and administration in hospitals (HEMPA) and primary care electronic solutions.<br>- Standardised documentation/ communication tools | - Linking of ECS and IDL information<br>- Use of eMR form during admission<br>- Incorporation of ECS into inpatient medical records<br>- Automation of communication between acute care and GPs/ community pharmacies (e.g. ECS and IDL)<br>- Linking secondary care and general practitioner prescribing<br>- Rationalisation of locations for documentation of key information (e.g. drug allergy – up to 6 places in health record) |

www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/MR-DD.pdf

NHS SCOTLAND

Healthcare Improvement Scotland

| Ambition and Aims | Primary Drivers | Secondary Drivers | Change Ideas |
|---|---|---|---|
| **Ambition:**<br>All patients will have their medicines accurately reconciled on admission to and discharge from hospital, including primary care. This information will be communicated to patients and healthcare professionals.<br><br>**Aims:**<br>95% of patients will have their medicines accurately reconciled within 24 hours of admission (+ accurate Kardex)<br><br>95% of patients will have their medicines accurately reconciled on discharge (+ accurate IDL)<br><br>95% of patients will have an accurate GP medication list within 2 working days of IDL being received.<br><br>Community pharmacy aim (TBC) | Person-Centred Care | - Patients are responsible for their own medicines<br>- Patients are actively involved in medication reconciliation processes | - Medication Passport (app and booklet)<br>- Patients represented on medication reconciliation implementation groups<br>- Links with medication self-management programmes<br>- Prompts for patients to take a meds list to all appointments/admissions<br>- Green bags (SAS/ ?Primary Care / ?preop)<br>- 'Tell me how you are taking your medicines'<br>- Ensuring involvement of informal carers in MR discussions, they are often the ones giving medication to the patient.<br>- Reminders to return unused medication stored at home.<br>- Teach back with whoever is giving out the medication to ensure safety and understanding.<br>- Risk assessment process to identify patient/carer understanding and ability re medication management. |
| | Leadership and Culture | - MR is integrated with other key strategic policies<br>- A single system approach supported by senior leadership<br>- MR is a named priority by NHS leaders at all levels<br>- CMO letter (18/2013) | - Policy to support MR across the continuum of care<br>- Establish MR group with oversight of acute and primary care services that reports to senior management<br>- Education of senior leaders regarding impact of MR<br>- Awareness of local data regarding MR processes<br>- Dashboard linking data from acute and primary care<br>- MR leads are named for key health disciplines |
| | **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<br>- A joined up measurement & reporting strategy across acute and primary care interface<br>- Standard method of documenting medicines information<br>- Admission and discharge 'pairs'<br>- Use of 'teach back' with patients regarding medicines information<br>- Pharmacists based in the ED for admitted patients to start medicines reconciliation immediately<br>- Informing community pharmacists of admissions to hospital for patients on blister packs/delivery systems |
| | Safe, Effective and Reliable Care | - Staff understand the importance of MR<br>- Standardised processes / documentation | - MR included as part of structured ward rounds /work flow<br>- MR prompts on white boards<br>- NES LearnPro MR module<br>- Real cases used during staff training to demonstrate the importance of MR |
| | Systems and IT infrastructure | - Explore and optimise eHealth solutions to support MR such as electronic prescribing and administration in hospitals (HEMPA) and primary care electronic solutions.<br>- Standardised documentation/ communication tools | - Linking of ECS and IDL information<br>- Use of eMR form during admission<br>- Incorporation of ECS into inpatient medical records<br>- Automation of communication between acute care and GPs/ community pharmacies (e.g. ECS and IDL)<br>- Linking secondary care and general practitioner prescribing<br>- Rationalisation of locations for documentation of key information (e.g. drug allergy – up to 6 places in health record) |

www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/MR-DD.pdf

NHS SCOTLAND

Healthcare Improvement Scotland

| Ambition and Aims | Primary Drivers | Secondary Drivers | Change Ideas |
|---|---|---|---|
| **Ambition:**<br>All patients will have their medicines accurately reconciled on admission to and discharge from hospital, including primary care. This information will be communicated to patients and healthcare professionals.<br><br>**Aims:**<br>95% of patients will have their medicines accurately reconciled within 24 hours of admission (+ accurate Kardex)<br><br>95% of patients will have their medicines accurately reconciled on discharge (+ accurate IDL)<br><br>95% of patients will have an accurate GP medication list within 2 working days of IDL being received.<br><br>Community pharmacy aim (TBC) | Person-Centred Care | - Patients are responsible for their own medicines<br>- Patients are actively involved in medication reconciliation processes | - Medication Passport (app and booklet)<br>- Patients represented on medication reconciliation implementation groups<br>- Links with medication self-management programmes<br>- Prompts for patients to take a meds list to all appointments/admissions<br>- Green bags (SAS/ ?Primary Care / ?preop)<br>- 'Tell me how you are taking your medicines'<br>- Ensuring involvement of informal carers in MR discussions, they are often the ones giving medication to the patient.<br>- Reminders to return unused medication stored at home.<br>- Teach back with whoever is giving out the medication to ensure safety and understanding.<br>- Risk assessment process to identify patient/carer understanding and ability re medication management. |
| | Leadership and Culture | - MR is integrated with other key strategic policies<br>- A single system approach supported by senior leadership<br>- MR is a named priority by NHS leaders at all levels<br>- CMO letter (18/2013) | - Policy to support MR across the continuum of care<br>- Establish MR group with oversight of acute and primary care services that reports to senior management<br>- Education of senior leaders regarding impact of MR<br>- Awareness of local data regarding MR processes<br>- Dashboard linking data from acute and primary care<br>- MR leads are named for key health disciplines |
| | 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<br>- A joined up measurement & reporting strategy across acute and primary care interface<br>- Standard method of documenting medicines information<br>- Admission and discharge 'pairs'<br>- Use of 'teach back' with patients regarding medicines information<br>- Pharmacists based in the ED for admitted patients to start medicines reconciliation immediately<br>- Informing community pharmacists of admissions to hospital for patients on blister packs/delivery systems |
| | **Safe, Effective and Reliable Care** | - Staff understand the importance of MR<br>- Standardised processes / documentation | - MR included as part of structured ward rounds /work flow<br>- MR prompts on white boards<br>- NES LearnPro MR module<br>- Real cases used during staff training to demonstrate the importance of MR |
| | Systems and IT infrastructure | - Explore and optimise eHealth solutions to support MR such as electronic prescribing and administration in hospitals (HEMPA) and primary care electronic solutions.<br>- Standardised documentation/ communication tools | - Linking of ECS and IDL information<br>- Use of eMR form during admission<br>- Incorporation of ECS into inpatient medical records<br>- Automation of communication between acute care and GPs/ community pharmacies (e.g. ECS and IDL)<br>- Linking secondary care and general practitioner prescribing<br>- Rationalisation of locations for documentation of key information (e.g. drug allergy – up to 6 places in health record) |

www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/MR-DD.pdf

NHS SCOTLAND

Healthcare Improvement Scotland

| Ambition and Aims | Primary Drivers | Secondary Drivers | Change Ideas |
|---|---|---|---|
| **Ambition:**<br>All patients will have their medicines accurately reconciled on admission to and discharge from hospital, including primary care. This information will be communicated to patients and healthcare professionals.<br><br>**Aims:**<br>95% of patients will have their medicines accurately reconciled within 24 hours of admission (+ accurate Kardex)<br><br>95% of patients will have their medicines accurately reconciled on discharge (+ accurate IDL)<br><br>95% of patients will have an accurate GP medication list within 2 working days of IDL being received.<br><br>Community pharmacy aim (TBC) | Person-Centred Care | - Patients are responsible for their own medicines<br>- Patients are actively involved in medication reconciliation processes | - Medication Passport (app and booklet)<br>- Patients represented on medication reconciliation implementation groups<br>- Links with medication self-management programmes<br>- Prompts for patients to take a meds list to all appointments/admissions<br>- Green bags (SAS/ ?Primary Care / ?preop)<br>- 'Tell me how you are taking your medicines'<br>- Ensuring involvement of informal carers in MR discussions, they are often the ones giving medication to the patient.<br>- Reminders to return unused medication stored at home.<br>- Teach back with whoever is giving out the medication to ensure safety and understanding.<br>- Risk assessment process to identify patient/carer understanding and ability re medication management. |
| | Leadership and Culture | - MR is integrated with other key strategic policies<br>- A single system approach supported by senior leadership<br>- MR is a named priority by NHS leaders at all levels<br>- CMO letter (18/2013) | - Policy to support MR across the continuum of care<br>- Establish MR group with oversight of acute and primary care services that reports to senior management<br>- Education of senior leaders regarding impact of MR<br>- Awareness of local data regarding MR processes<br>- Dashboard linking data from acute and primary care<br>- MR leads are named for key health disciplines |
| | 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<br>- A joined up measurement & reporting strategy across acute and primary care interface<br>- Standard method of documenting medicines information<br>- Admission and discharge 'pairs'<br>- Use of 'teach back' with patients regarding medicines information<br>- Pharmacists based in the ED for admitted patients to start medicines reconciliation immediately<br>- Informing community pharmacists of admissions to hospital for patients on blister packs/delivery systems |
| | Safe, Effective and Reliable Care | - Staff understand the importance of MR<br>- Standardised processes / documentation | - MR included as part of structured ward rounds /work flow<br>- MR prompts on white boards<br>- NES LearnPro MR module<br>- Real cases used during staff training to demonstrate the importance of MR |
| | **Systems and IT infrastructure** | - Explore and optimise eHealth solutions to support MR such as electronic prescribing and administration in hospitals (HEMPA) and primary care electronic solutions.<br>- Standardised documentation/ communication tools | - Linking of ECS and IDL information<br>- Use of eMR form during admission<br>- Incorporation of ECS into inpatient medical records<br>- Automation of communication between acute care and GPs/ community pharmacies (e.g. ECS and IDL)<br>- Linking secondary care and general practitioner prescribing<br>- Rationalisation of locations for documentation of key information (e.g. drug allergy – up to 6 places in health record) |

www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/MR-DD.pdf

NHS SCOTLAND

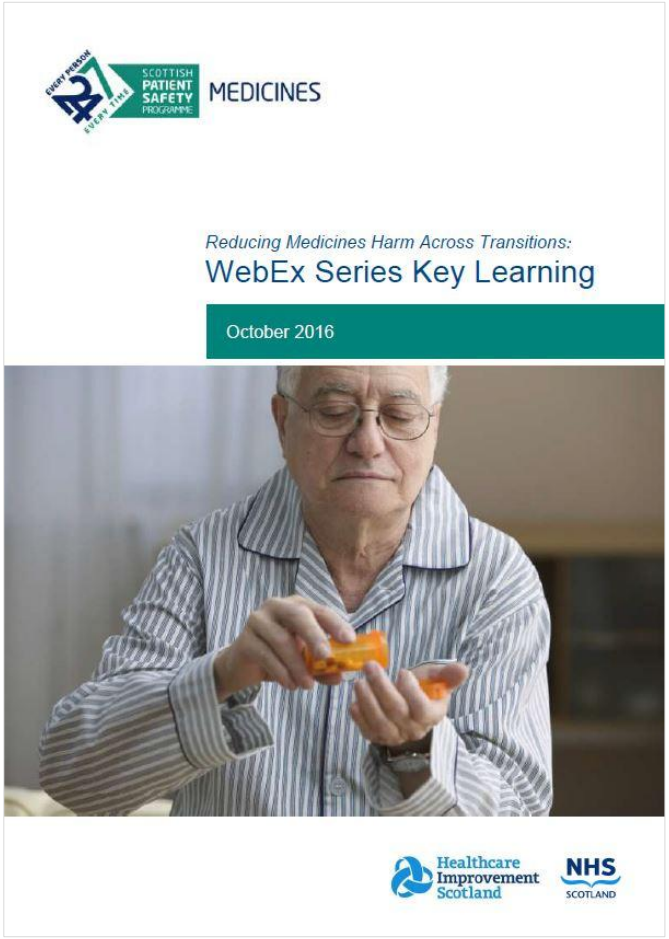
Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

# From previous 3 WebExes:

- August 18th (NHS Borders)
- September 15th (NHS Lanarkshire)
- October 20th (NHS Orkney and NHS Shetland)

| 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 |



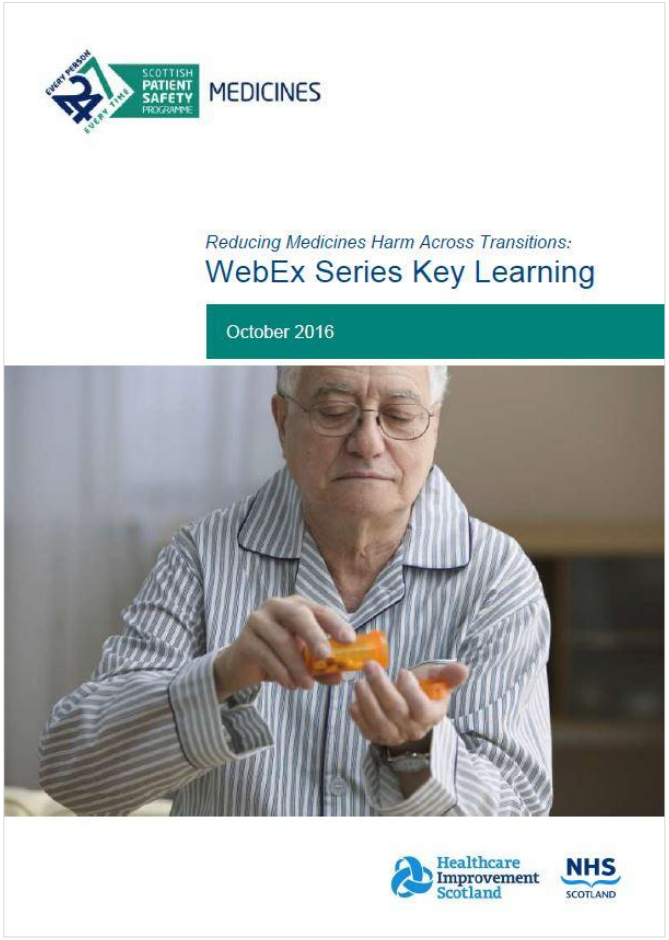

NHS SCOTLAND Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

# From previous 3 WebExes:

- August 18th (NHS Borders)
- September 15th (NHS Lanarkshire)
- October 20th (NHS Orkney and NHS Shetland)

| NHS Island Boards (October 2016) |
| --- |
| Difficulties of engaging locum doctors in medicines reconciliation process |
| Communication between secondary and primary care |
| Integrated team working |




NHS SCOTLAND Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

NHS Highland


# SPSP Medicines

Prepared by:
Ian Rudd, Director of Pharmacy
Clare Morrison, Lead Pharmacist (Quality Improvement)
NHS Highland

NHS SCOTLAND

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

# NHS Highland – the story so far…

- *Medicines reconciliation – Acute Adult, Mental Health, Paeds, Primary Care (GP) and Community Pharmacy*

- *Some successes and some not successes*

NHS SCOTLAND Healthcare Improvement Scotland

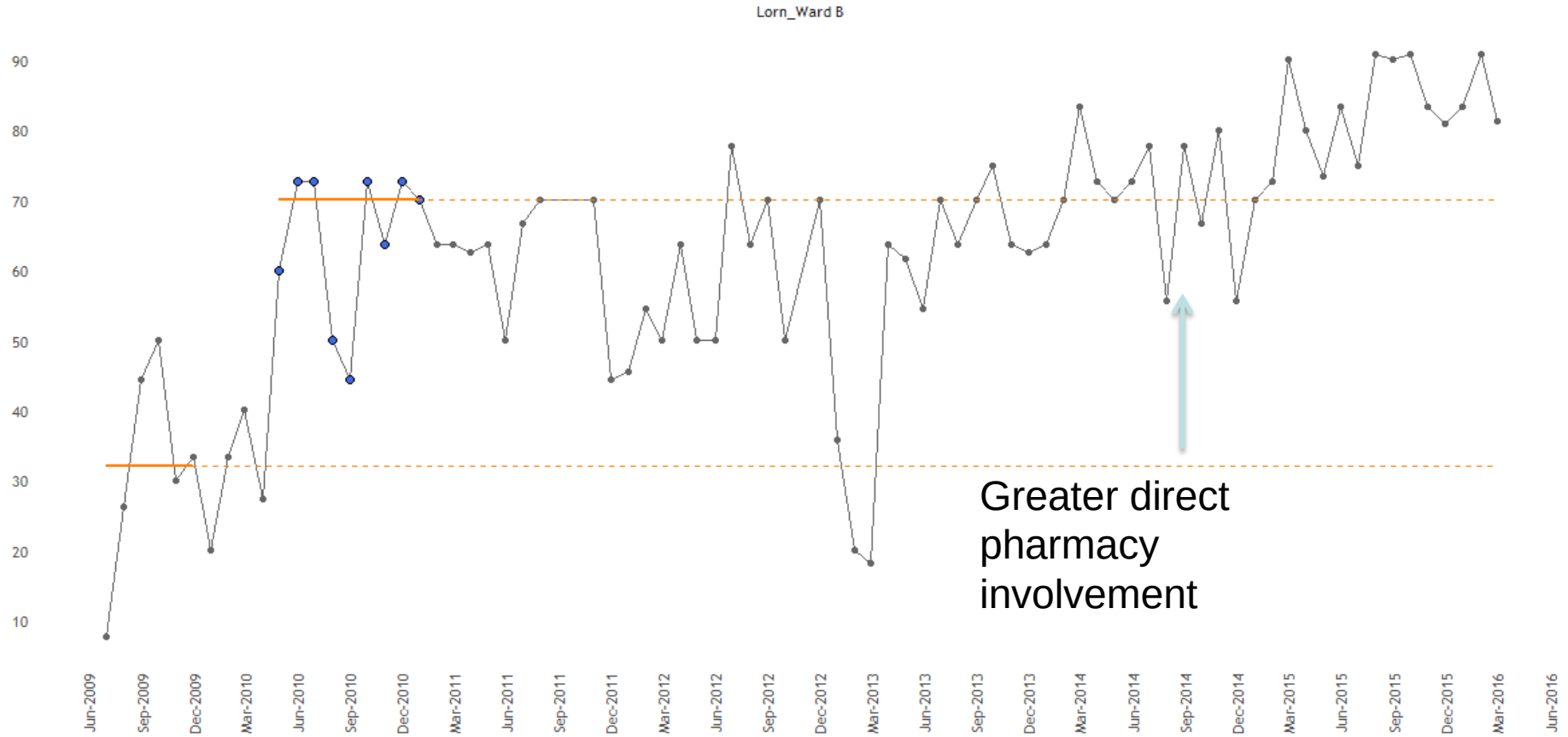
SCOTTISH PATIENT SAFETY PROGRAMME

# MEDICINES

MMP1 Medicines Reconciliation performed on Admission - % Compliance to month beginning 2016-03-01

Multiple Sustained Runs (run length >=9) Identified

Success!



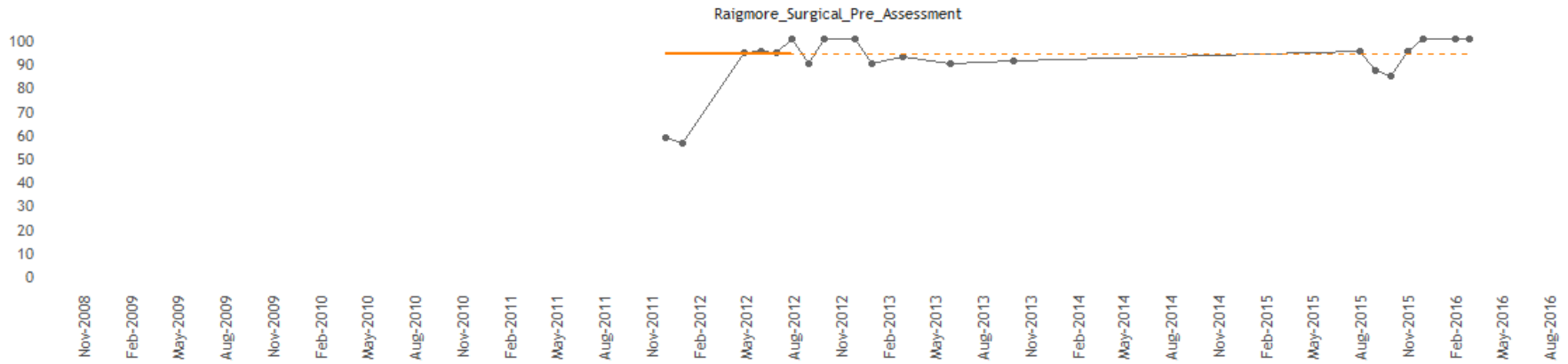

Greater direct pharmacy involvement

NHS SCOTLAND

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

# A reliable system

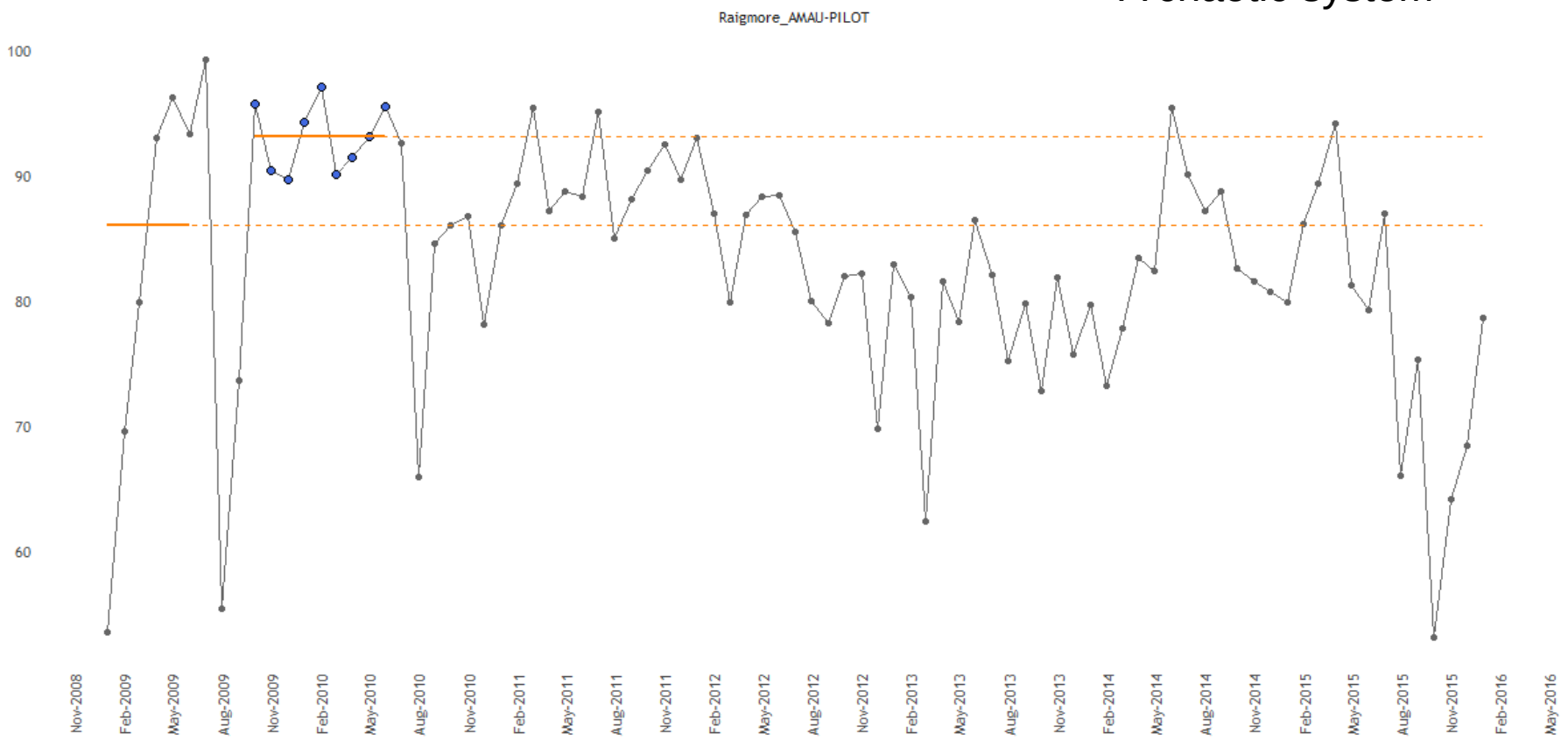



NHS SCOTLAND Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

# A chaotic system




NHS SCOTLAND

Healthcare Improvement Scotland

# Medicines reconciliation in community pharmacy

- What approach did we take in community pharmacy?
- What is the process for medicines reconciliation in community pharmacy?
- How does this support a whole system approach to medicines reconciliation?
- What are My Medicines wallets, and how do they support medicines reconciliation in primary and secondary care settings?

# Why community pharmacy?

- SPSP Pharmacy in Primary Care – 1 of 4 NHS Board pilot sites
- Nationally agreed bundle – the Community Pharmacist:
  - ✓ Reconciles GP10 prescription with 2 other sources
  - ✓ Discusses differences with prescriber
  - ✓ Explains any changes to patient
  - ✓ Counsels patient on all medicines

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

NHS Highland

# We thought it would be easy...

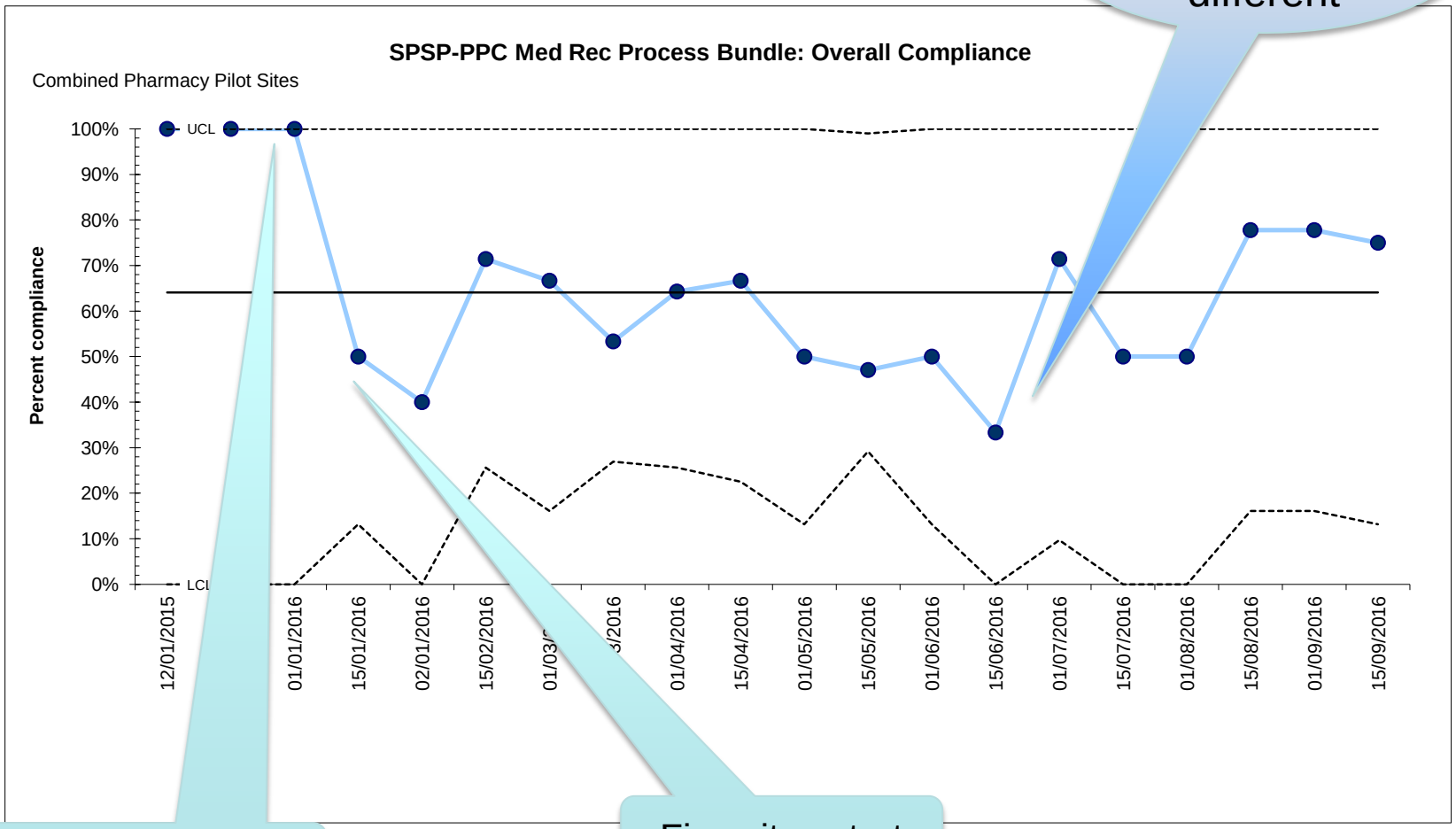

NHS SCOTLAND

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

Decision to do something different



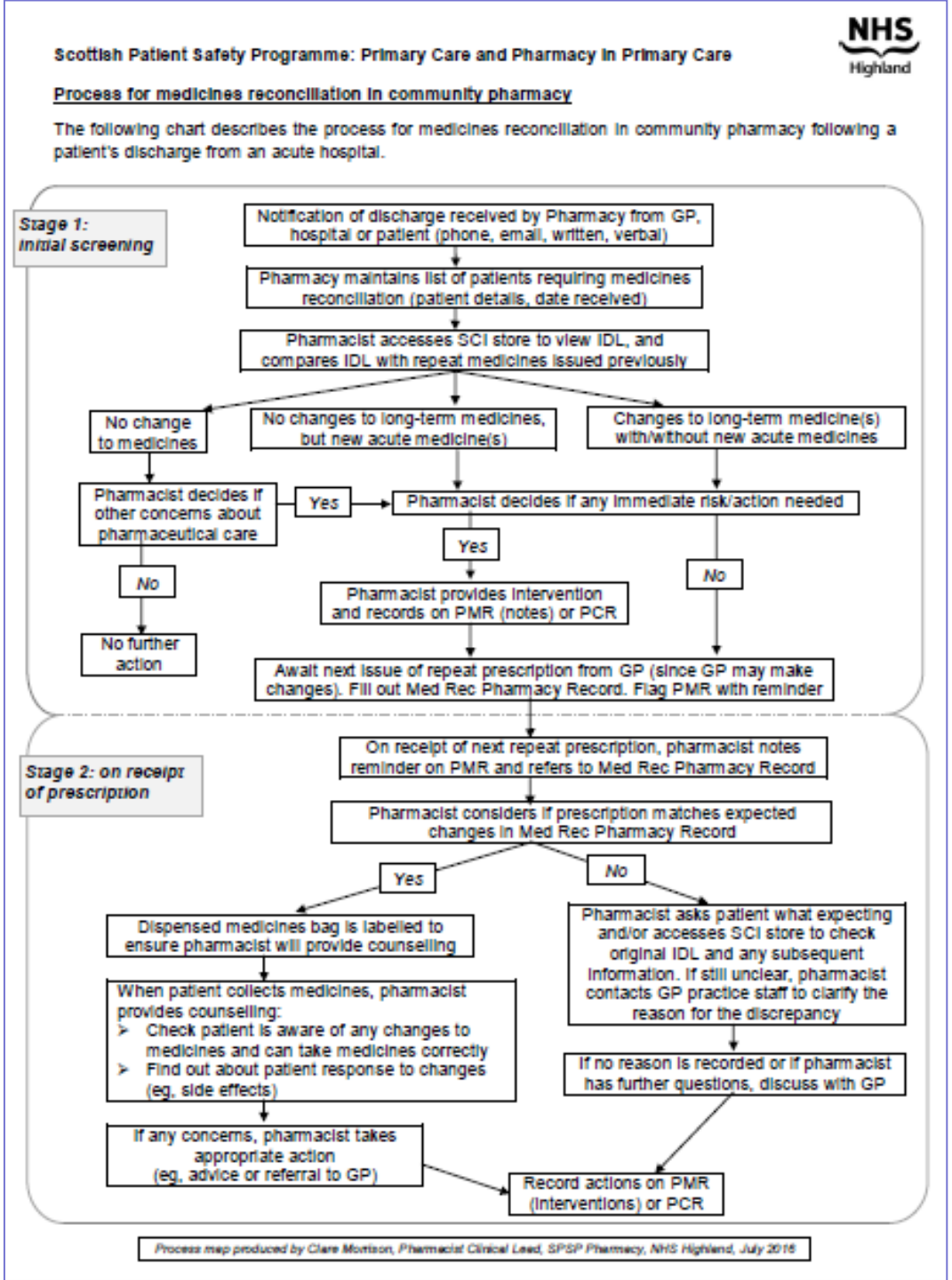

One site testing

Five sites start

NHS SCOTLAND

Healthcare Improvement Scotland

Nine months later...



Scottish Patient Safety Programme: Primary Care and Pharmacy in Primary Care

NHS Highland

**Process for medicines reconciliation in community pharmacy**

The following chart describes the process for medicines reconciliation in community pharmacy following a patient's discharge from an acute hospital.



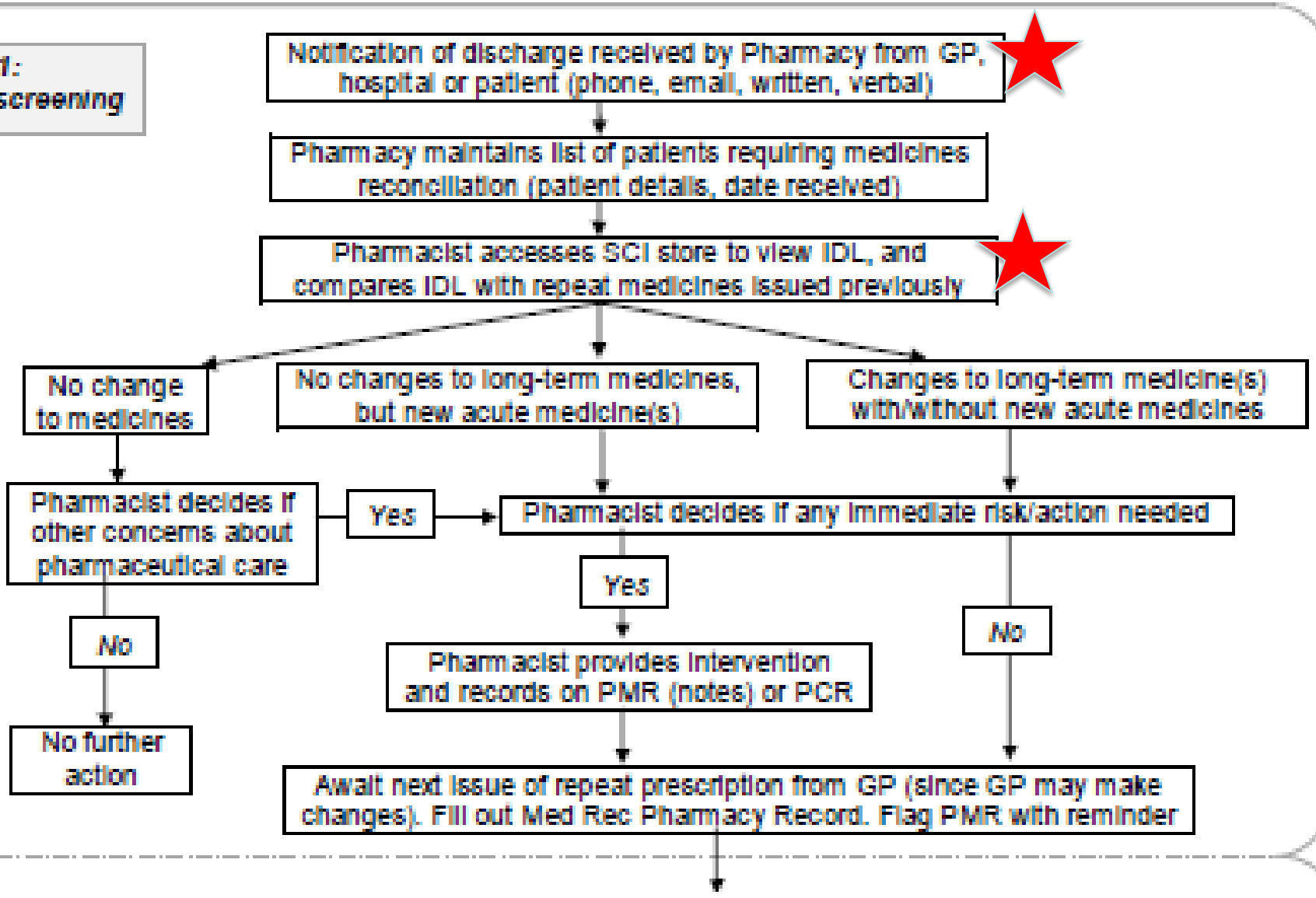
*Process map produced by Clare Morrison, Pharmacist Clinical Lead, SPSP Pharmacy, NHS Highland, July 2016*

SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

NHS Highland

**Stage 1:**
***Initial screening***

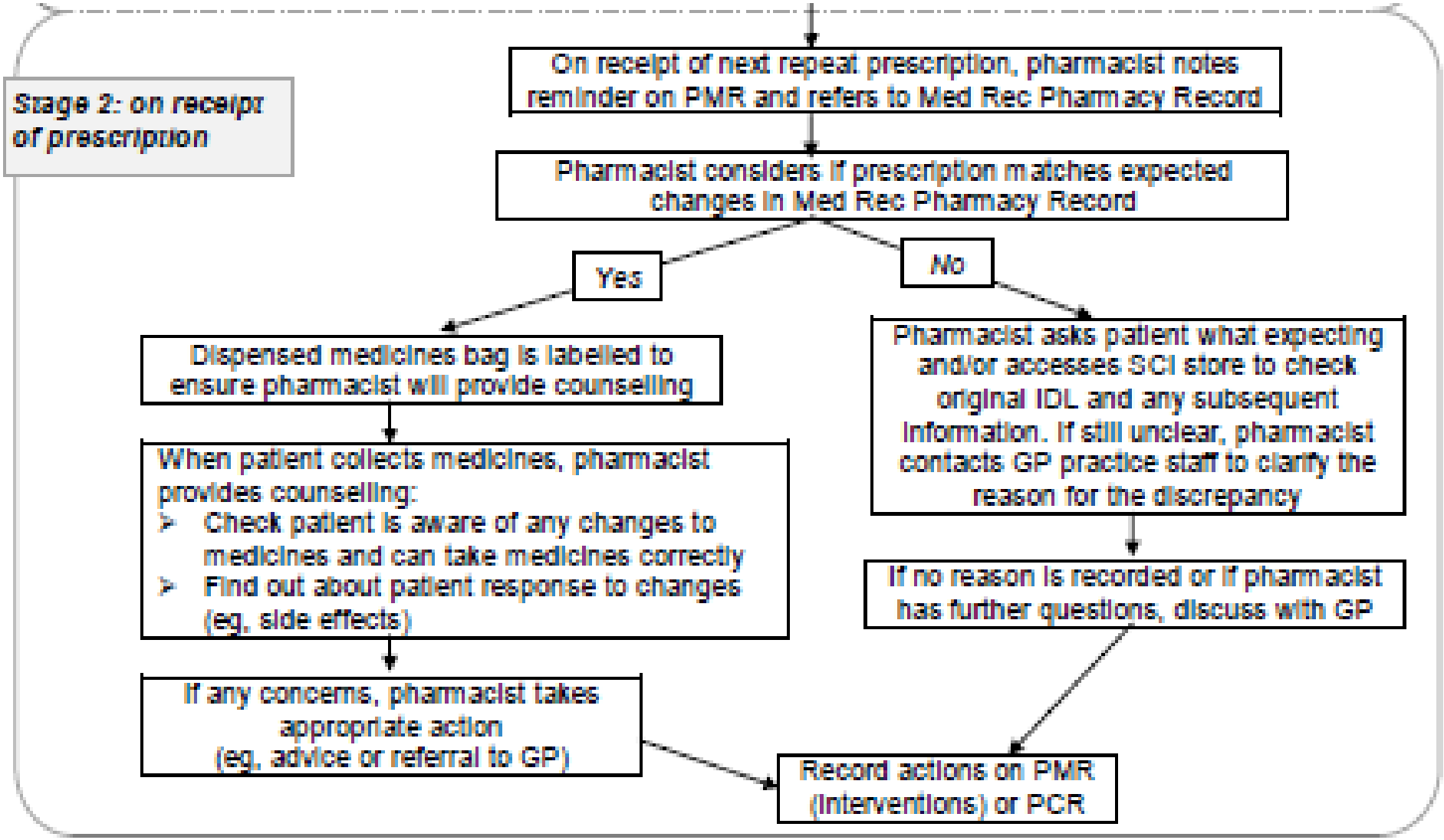


SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

NHS Highland

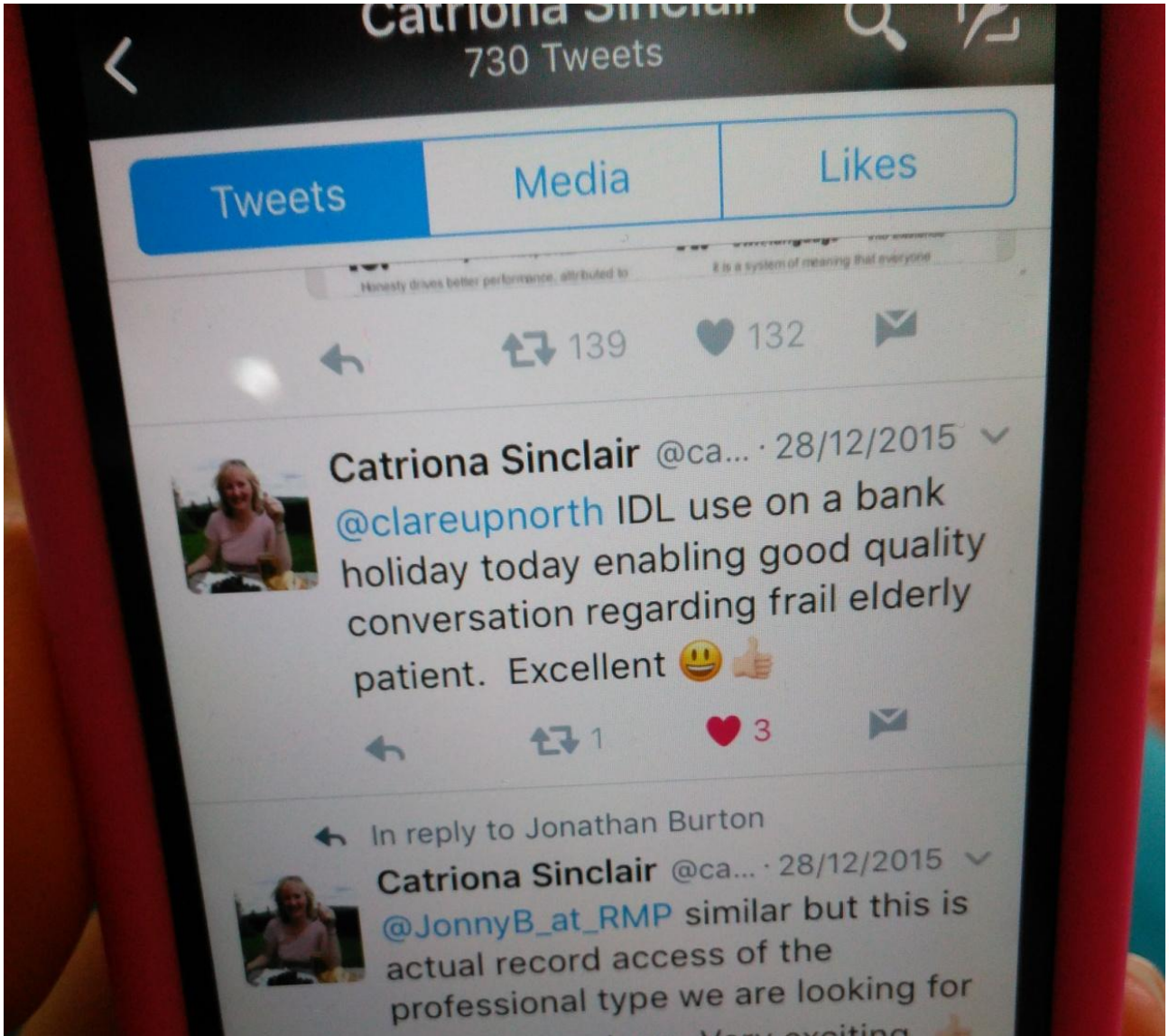
***Stage 2: on receipt of prescription***



SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

NHS Highland




Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

NHS Highland

**Community Pharmacist**

Checks IDL and identifies safety concerns

Checks GP10 against IDL and identifies discrepancies

Provides any follow-up requested

Counsels patient on medicines

**GP**

Reviews IDL and issues GP10

Requests follow-up by pharmacist

Answers queries about discrepancies and any other concerns

NHS SCOTLAND

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

NHS Highland

# Innovation


NHS SCOTLAND

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

# MEDICINES

NHS Highland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

NHS Highland

Hospital staff on admission

Community nurses

Out of hours service

Ambulance crew

**Any health professional who doesn't have access to the patient's medical record**

Carers

Dentists

Opticians

Community pharmacists *(if away from home)*

GP *(if away from home)*

**EMPOWERS THE PATIENT**

NHS SCOTLAND

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

NHS Highland

# Feedback

**This is such a good initiative. It'll certainly help Optoms in the eye exam**
@janet pooley

**"My Medicines Wallets... have truly engaged a lot of our patients"**
Pilot pharmacist

**Excellent, a simple idea that's so useful in event of accident etc**
@Rapidolass

**Such a good, practical idea, and sure to be effectual**
@drduncanhogg

NHS SCOTLAND

Healthcare Improvement Scotland

# Successes and Challenges

| | |
|---|---|
| **Successes** | • Defining a process for medicines reconciliation<br>• Working with GP practices to identify a joint approach<br>• My Medicines wallets |
| **Challenges** | • Discharge notifications<br>• Access to discharge letters now pilot is finished: portal? |

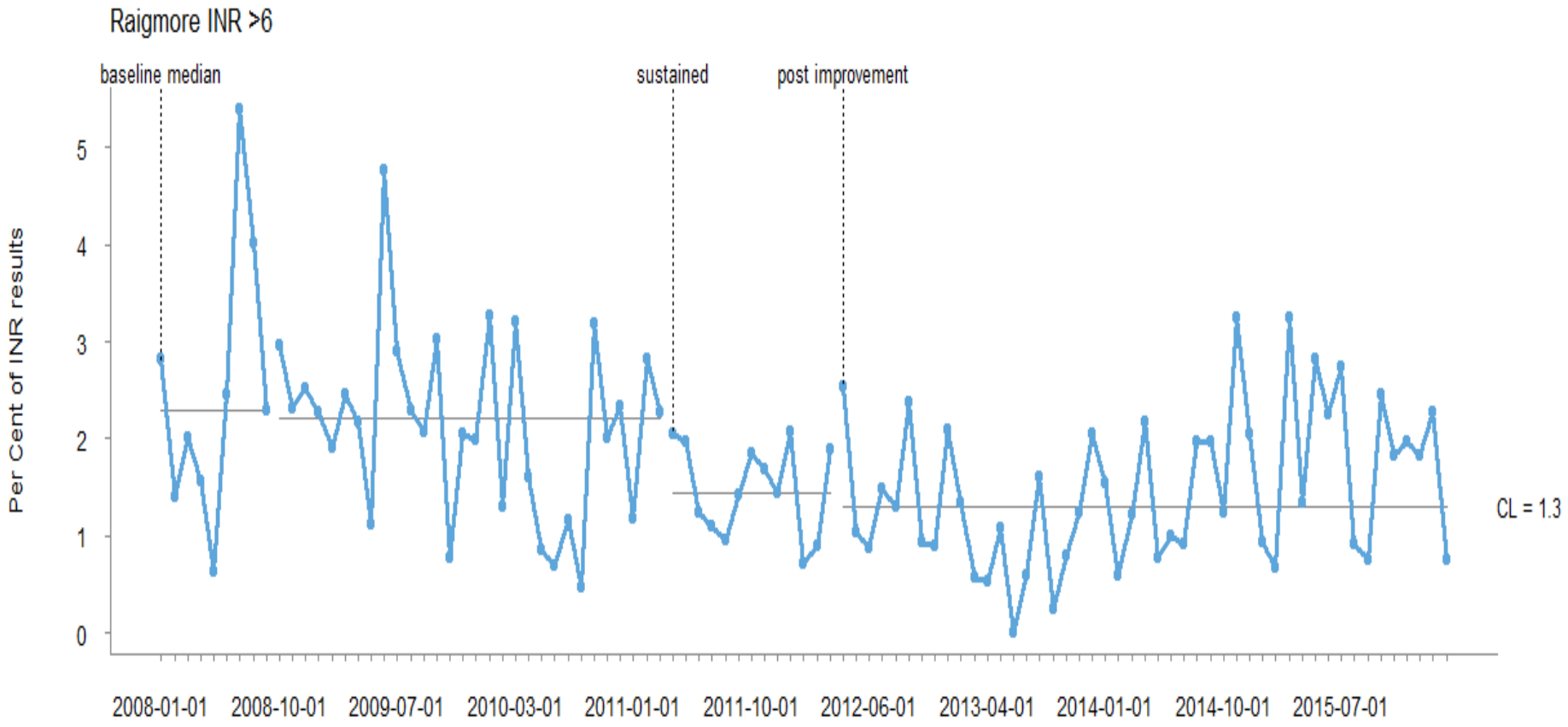
## Key Points for Sharing:

- Ask NHS Highland about
  - Medicines reconciliation process in community pharmacy
  - My Medicines wallets

- NHS Highland would like to know more about
  - Systems for notification of hospital admissions and discharges to community pharmacy

SCOTTISH PATIENT SAFETY PROGRAMME

# MEDICINES




NHS SCOTLAND

Healthcare Improvement Scotland

# SO WHY DID WORK ON INRS>6 WORK?

Because just as we did in community pharmacy SPSP we experimented and didn't allow ourselves to be constrained by the past or the expectation of others.

SCOTTISH PATIENT SAFETY PROGRAMME

EVERY PERSON EVERY TIME

# Thank you

SCOTTISH PATIENT SAFETY PROGRAMME

# MEDICINES

NHS SCOTLAND

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

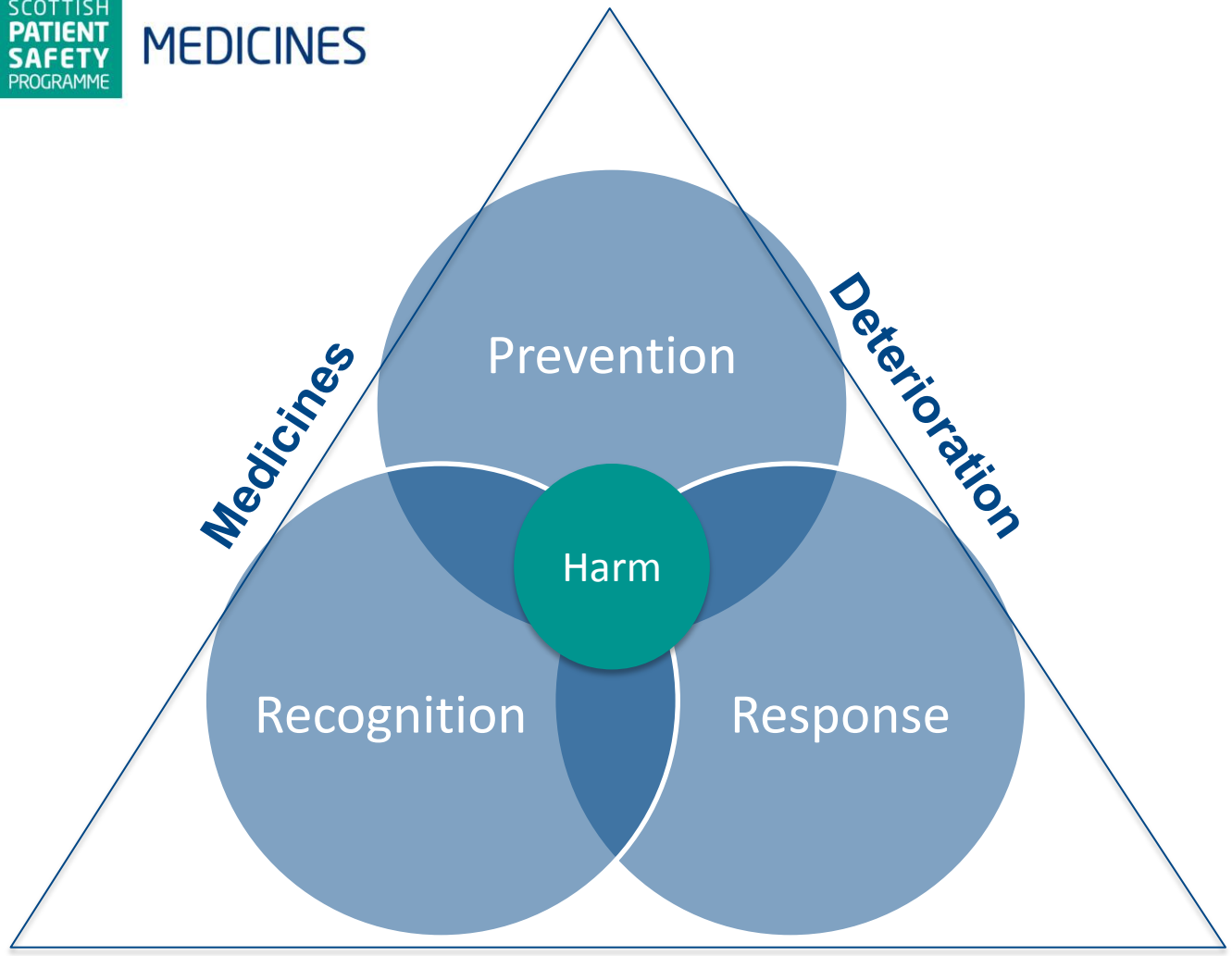
# WebEx Series


| WebEx Schedule for 2016 | | |
|---|---|---|
| **Date** | **Time** | **NHS Board Presenting** |
| 15th December 2016 | 3pm – 4pm | NHS Lothian |
| 19th January 2016 | 3pm – 4pm | NHS Dumfries and Galloway |
| 16th February 2016 | 3pm – 4pm | NHS Tayside |

NHS SCOTLAND Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES




SPSP Conference 2016


Omitted medicines
Prevention
Recognition
High risk medicines
Response

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

hcis-medicines.spsp@nhs.net

www.scottishpatientsafetyprogramme.co.uk/programmes/medicines

@SPSP Medicines

# THANK YOU

NHS SCOTLAND Healthcare Improvement Scotland