SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

SPSP Medicines

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Medication Reconciliation: Story so far

Medicines Reconciliation monitoring has been taking place in

- **Acute**
- **Mental Health**
- **Primary Care**
- **Pharmacy**

Interface group established in Summer 2013

NHS Fife Pharmacy and Dental Collaboratives joined SPSP family therefore a new group established, chaired by Executive Sponsor – Medical Director.

- **Each area working on own bundles and sharing data, progress and interface issues.**

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Local Improvement goals

- **Increase the number of patients with access to high quality pharmaceutical care**

- **Increase patient involvement in the Meds Rec process**

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Acute

- **Established multi – professional group**
- **Developed an Action Plan following CMO letter**
- **Started data collection in Aug 2014 – Admissions Unit**
- **Review and relaunch of Meds Rec policy**
- **Revised Meds Rec admission documentation**

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Acute

- Implemented junior doctor Meds Rec training
- Used Admissions Unit safety brief to highlight Meds Rec process
- Pharmacist input to Consultant & Senior Doctor Mandatory training programme
- Senior Pharmacist appointment for Medical Education
- Implemented electronic Immediate Discharge Letter

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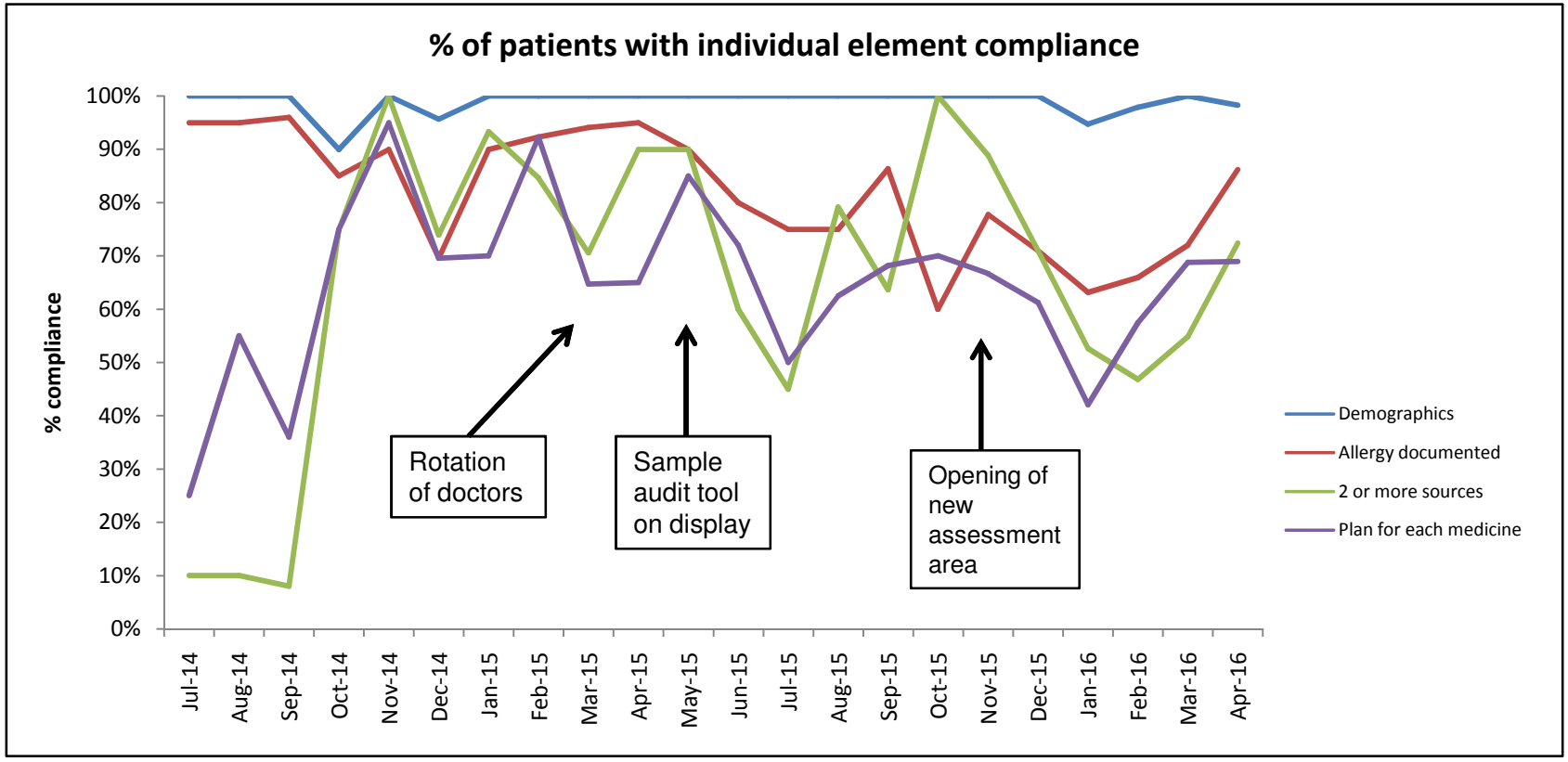
Admissions unit 1
VHK



Note: Audit performed prior to pharmacist intervention.

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Admissions unit 1
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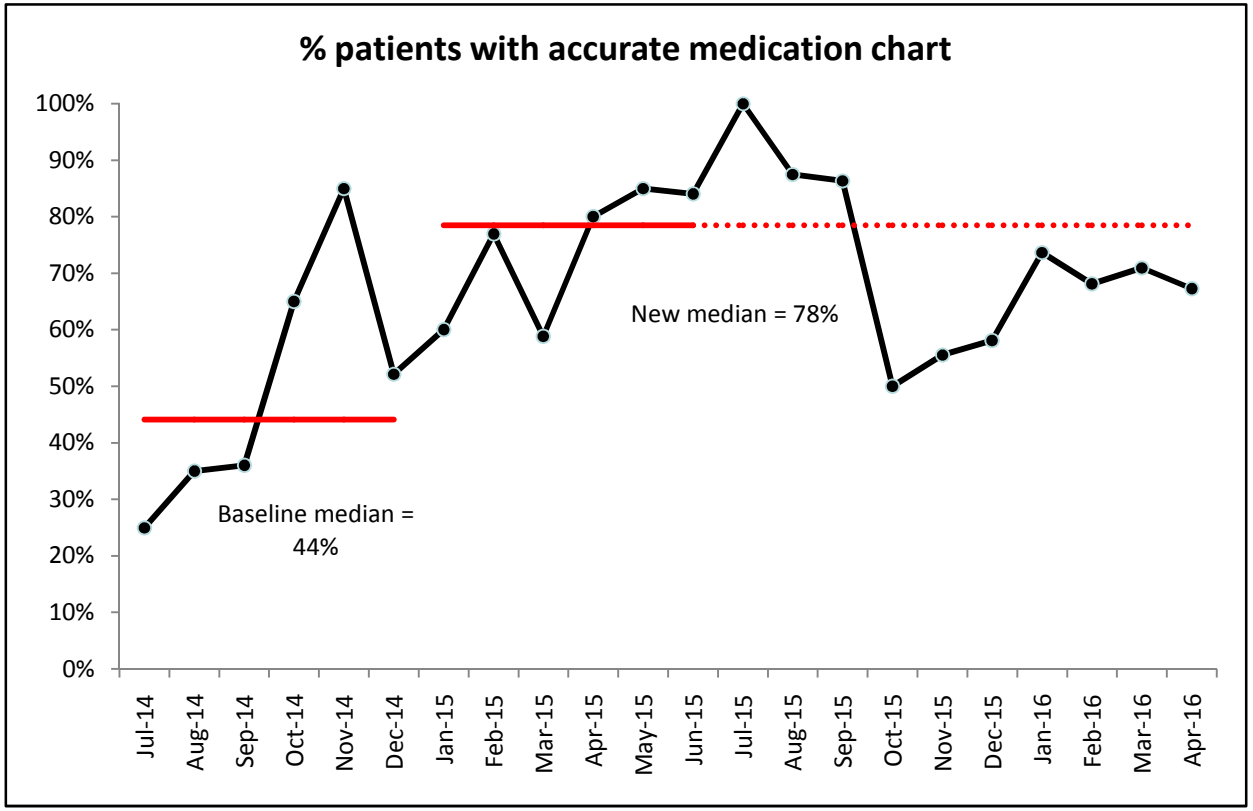

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Acute

Steps taken to improve results from Jan 2016

- **Sample size increased to be more of a true reflection of adherence to medicines reconciliation process measures**
- **Consultant teaching on Medicines Reconciliation**
- **Pharmacist actively participating on Consultant led ward rounds**
- **New admission unified case documentation highlighting Medicines Reconciliation area**
- **Live ECS access available to medical staff**

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Acute

Pharmacy Team in Admissions Unit

- **Clinical pharmacy input within 24 hours of admission**
- **Pharmacy Technician takes drug history**
- **Technician to pharmacist referral tool**
- **Pharmacists on post take ward rounds**
- **Independent Prescriber Pharmacists**

Future developments

- **Medical team referring to pharmacy for high risk patients**
- **Pre ward round "pause"**
- **One stop dispensing and green bag scheme**

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Mental Health

Challenges

- Key personnel changed
- Irregular monitoring
- Getting a consistent approach to Meds rec process across all staff

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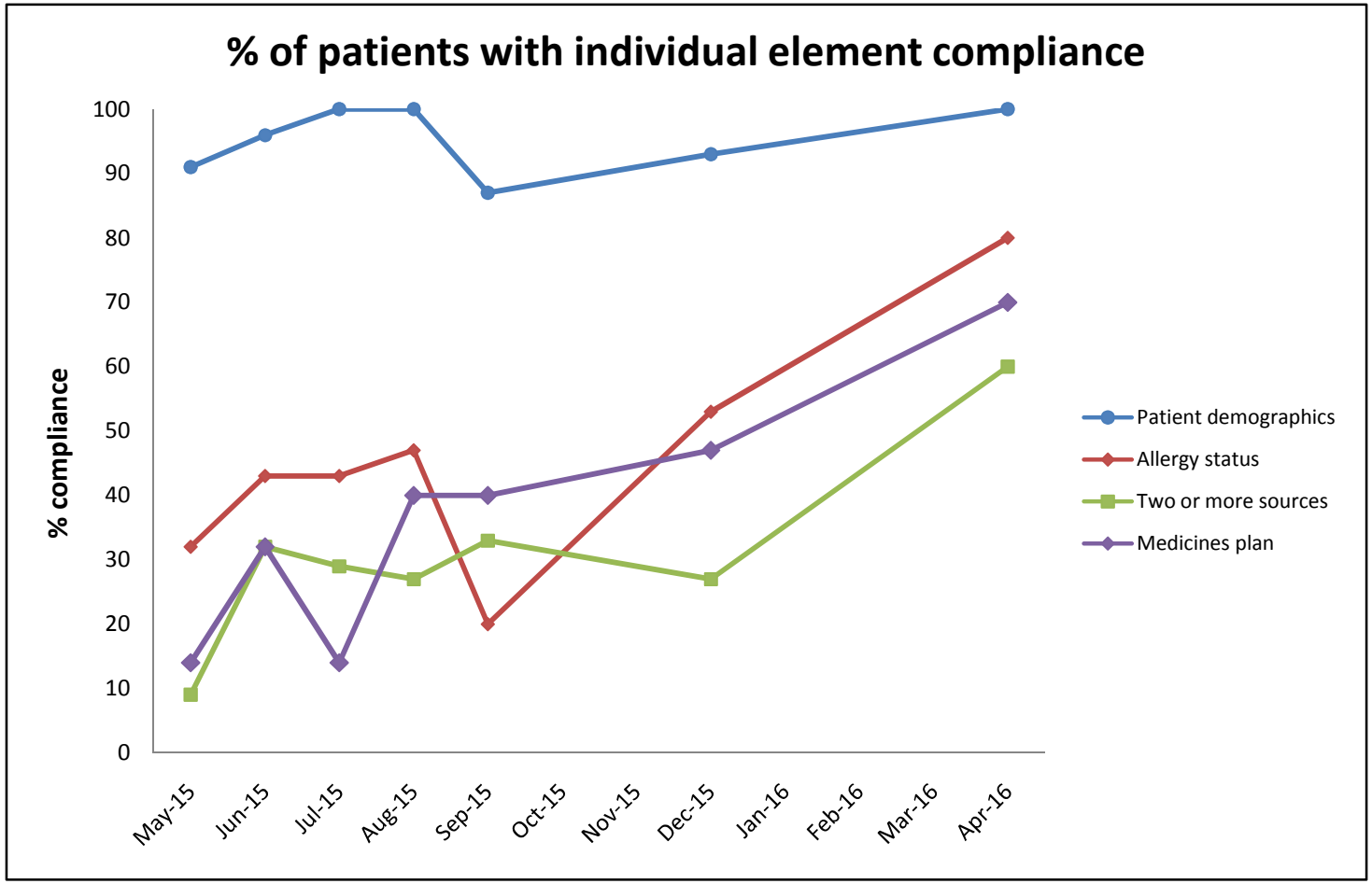
MEDICINES

Mental Health



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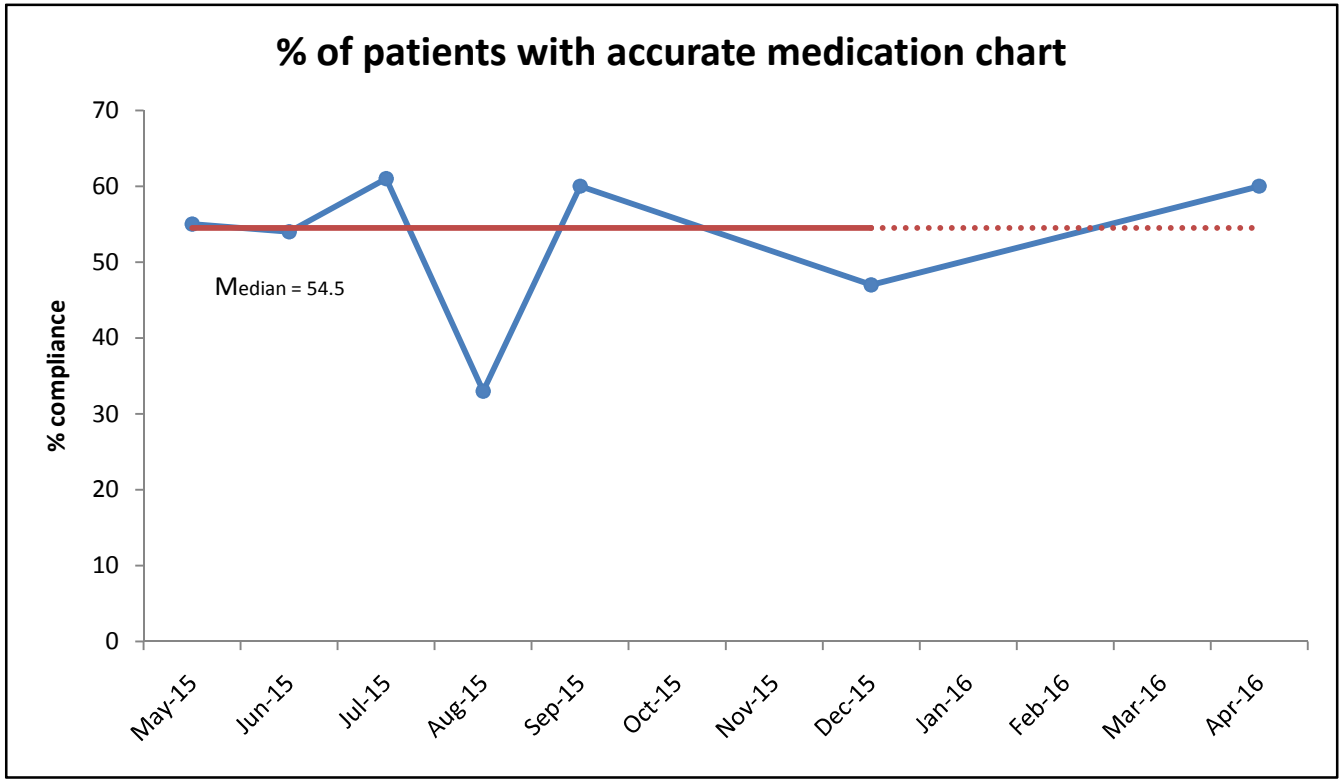
Mental Health



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Mental Health

Tests of change

- Introduced new admissions paperwork including a Meds Rec form - this increased compliance

- Raised awareness at trainees induction sessions

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Primary Care

Started June 2014 using Meds Rec care bundle – 55 out of 58 practices

1. **Has the immediate discharge document been workflowed on the day of receipt?**

2. **Has medicines reconciliation occurred within 2 working days of the IDD being workflowed to the GP/Pharmacist?**

3. **Is it documented that any changes to the medications have been acted upon?**

4. **Is it documented that any significant changes to the medications have been discussed with the patient or their representative?**

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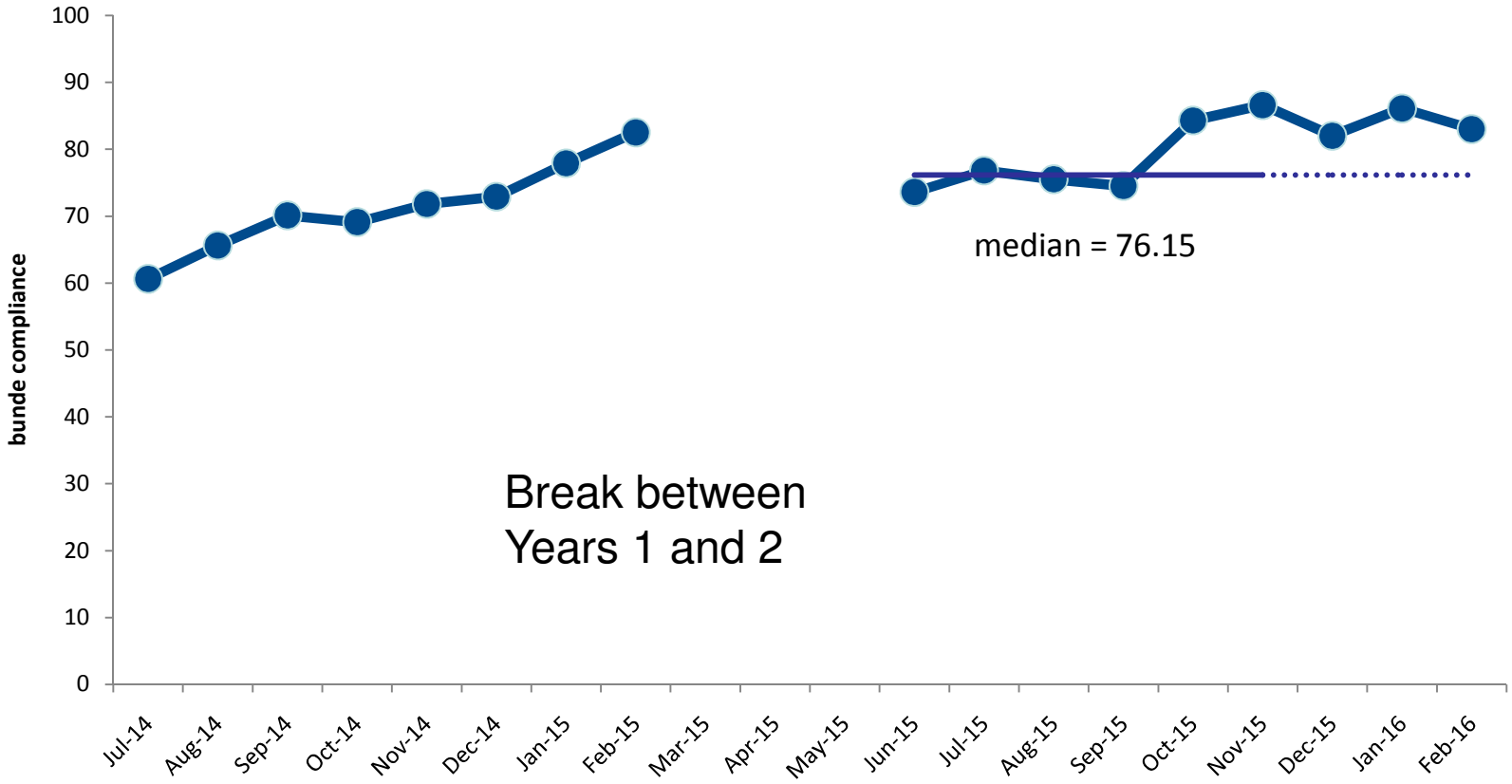
Year 2 – only IDLs with a significant change to medication included

SPSP-PC Meds Rec Bundle



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Patient Involvement / Patient Stories

- **Primary care work has had an active patient rep on the group**
- **All GP Practices involved in the work contacted patients to ask them about the medicine reconciliation process following discharge from hospital.**
- **Findings included**
  - ***It highlighted to us that medication changes are often not fully understood by the patient. 57% of patients who had medication changes felt they needed more information.***

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Patient Involvement / Patient Stories

The Practice Team learned that although Medicines Reconciliation is time consuming work, it ultimately helps patient safety and clarifies the medication changes for patients.

Since the introduction of our Medicines Reconciliation Protocol any patients who have changes recorded on the IDL are telephoned by the Practice. This conversation may be with a carer or the individual themselves and ensures everyone is clear about their drugs. This often highlights any discrepancies and the hospital can be contacted for clarification of changes.

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Challenges

- **Time to contact patients to discuss medication**
- **Timely receipt of paper IDLs**
- **Differences of opinion regarding role of primary care in contacting patients about secondary care prescribing**
- **Timely Meds Rec for part time staff**

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Tests of change

- **NHS Fife introduced electronic IDLs – currently being rolled out**
- **Practices started "buddy" system for part time GPs**
- **New Meds Rec form - pulls data from GP system**
- **Variety of methods for contacting patients**

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Community Pharmacy

- *Part of pilot programme SPSP- Pharmacy in Primary Care. Joined Nov' '14 Started Med's Rec' Nov' 15*
- *Four health boards using the same Medicines Reconciliation bundle*
- *Fife has 7 community pharmacies – mixture of urban/rural and independent/multiple*

1. Is there a record that the GP10 prescription has been reconciled with a minimum of two sources?
2. Have identified differences been discussed with the prescriber?
3. Have the changes been explained to the patient/carer?
4. Has the patient/carer been counselled on their medicines?

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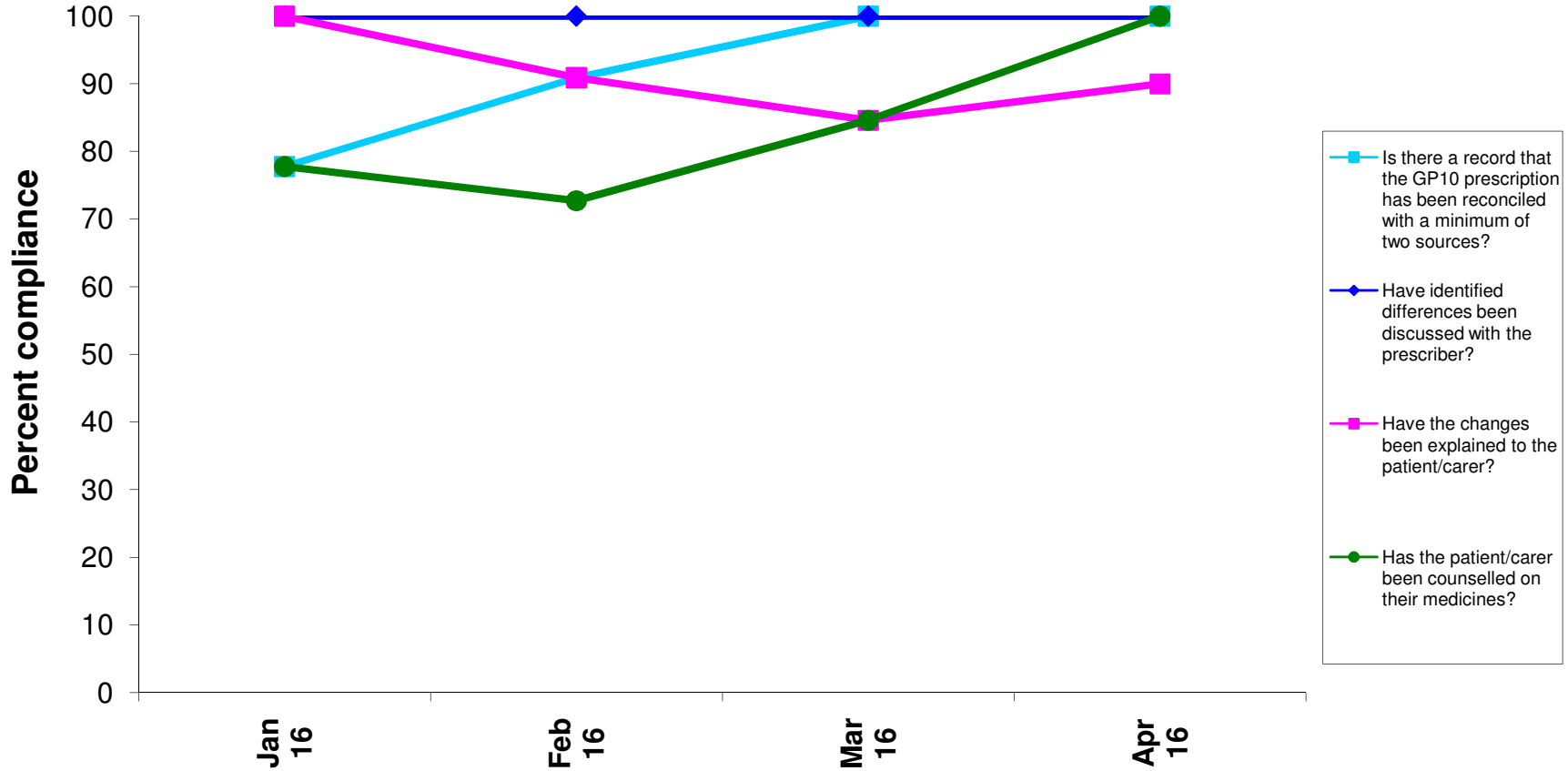
MEDICINES

Cummulated Data of
NHS Fife

SPSP-PPC Med Rec Bundle: Element Compliance



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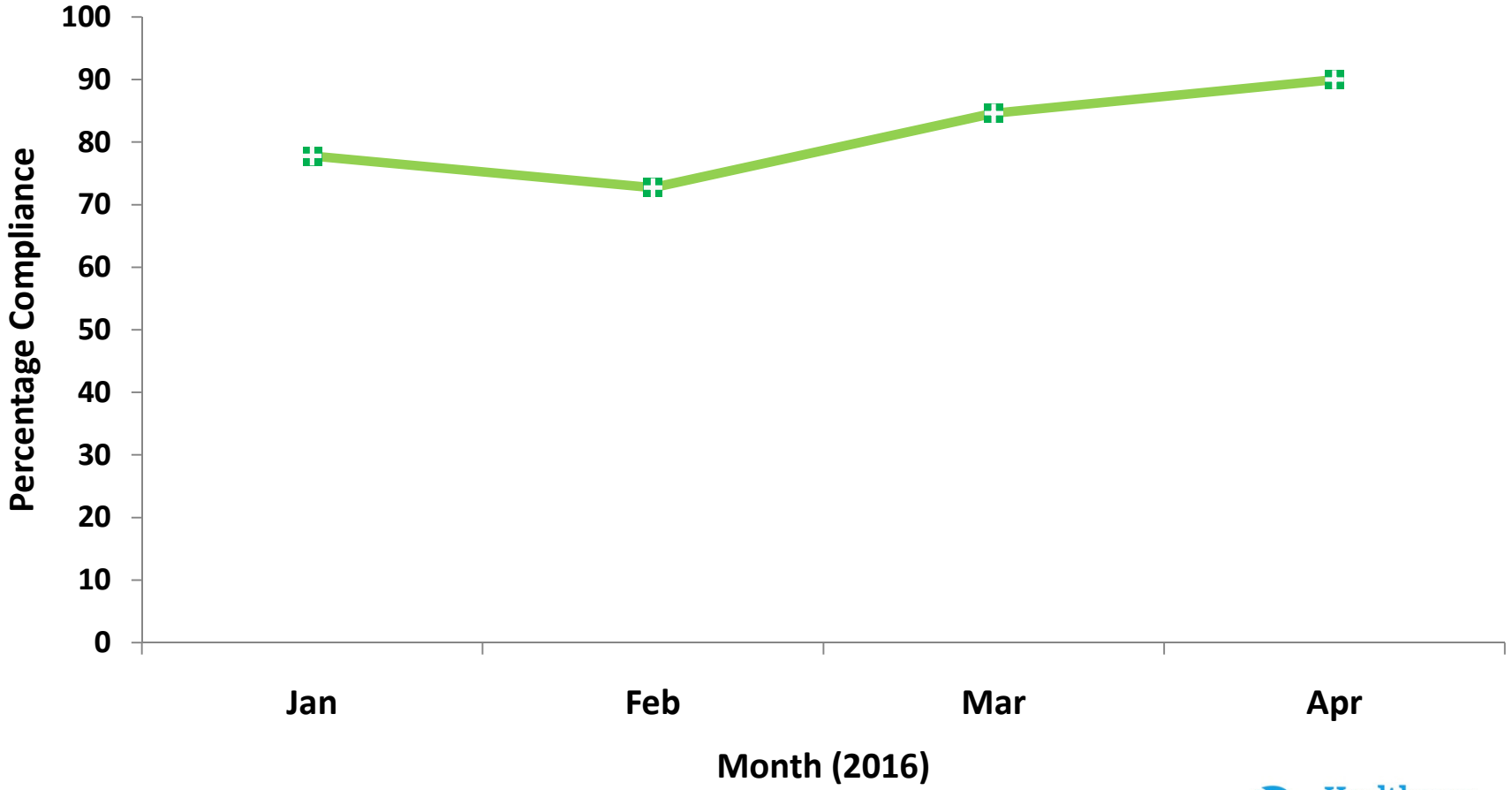
Community Pharmacy

Overall Med's Rec' Bundle Compliance



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Challenges

- **Community Pharmacy has limited choice of 'sources' to perform med's rec' process**
- **Providing access to the portal / electronic alternative**
- **IT challenges**
- **Public's perception of the Pharmacists' role.**
- **Someone other than the patient collecting the medication**
- **Accessing 'accurate' discharge information provides more questions than answers**
- **Time**

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Tests of change

- **Granting access to Clinical Portal for pharmacies**
- **Sending IDL information from hospital and/or GP Practice to pharmacy**
- **Developing Kardex-Record of change sheet for MCA patients**

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Discharge Medicine Reconciliation

Completed By | Workflow To

Peppa Pig Date Med. Rec.: 12 02 2016

Admission Date | Discharge Date | Hospital

Date Received by Practice | Date passed to GP

Medication - All

	Details	Dosage/Quantity
Current Repeat		
31/07/2014P	Glichazide Tablets 80 mg	ONE TO BE TAKEN EACH DAY, 56 TABLET
NOT ISSUED.	Gaviscon Advance Oral suspension (peppermint)	5 - 10ML AFTER MEALS AND AT BEDTIME, 500 ML
30/07/2014P	Novorapid Injection 100 units/ml, 10 ml vial	AS DIRECTED, 1 vial
30/07/2014P	Simvastatin Tablets 20 mg	ONE TO BE TAKEN AT NIGHT, 56 TABLET
29/01/2015Q	Diclofenac Sodium E/c tablets 25 mg	ONE TO BE TAKEN THREE TIMES A DAY, 84 TABLET
NOT ISSUED.	Ranitidine Tablets 75 mg	ONE TABLET DAILY, 56 tablet
12/02/2015P	Cetirizine Hydrochloride Tablets 10 mg	ONE TO BE TAKEN DAILY, 56 TABLET
08/10/2015P	Levothyroxine Sodium Tablets 50 micrograms	ONE TABLET IN THE MORNING, 56 TABLET
02/09/2015P	Aspirin Dispersible tablets 75 mg	ONE TO BE TAKEN EACH MORNING, 56 TABLET

Were there any changes to medications? YES / NO

Does the patient use a compliance aid? YES / NO

Medication	Suggestions On Discharge Letter (D/C)				On EMIS Not D/C	Comments - **Admin**	**GP Recommendation**: (**R**epeat/**O**ther/**A**cute **D**iscontinue)	
	Dose Change	Assume Acute	Assume Repeats	Stopped			**ROAD**	Comments

Reasons for changes clearly in discharge document? YES / NO / N/A

Have these changes been discussed with patient according to letter? YES / NO / N/A

Did secondary care need to be contacted for clarification? YES / NO / N/A

Does this need to be discussed with the patient? YES / NO Date Done

GP: Has reviewed prior to prescribing changes? YES – Signed

Prescriptions Team: EMIS updated? YES / NO / N/A – Date

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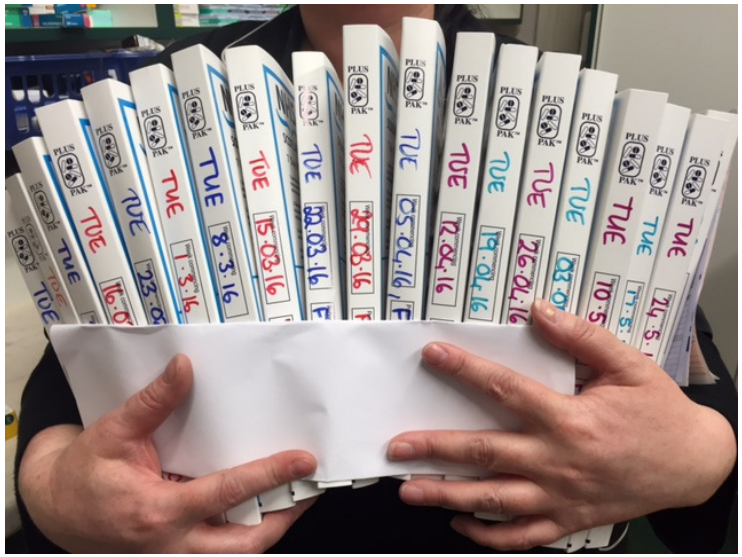
Next steps

SPSP Fife group focusing on Medicines across the interface

- **Led by Medical Director**
- **Focusing on Meds Rec**



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Key Points for Sharing:

- **Ask NHS Fife about**
  - **Patient questionnaire and Meds Rec form for GP Practice**
  - **Applying for Caldicott approval for access to Clinical Portal**
  - **Development of post take ward rounds**

- **NHS Fife would like to know more about**
  - **Increasing compliance in Mental Health**
  - **Should we include patients seen by pharmacy team in acute bundle recognising 24/7 service provision?**
  - **Alternative successful Meds Rec journeys, processes … Have you approached things differently and successfully?**

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