SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

SPSP Medicines

Overview: Alister MacLaren

Lead Pharmacist, Clinical Governance

NHS SCOTLAND

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Oversight Group

NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde Terms of Reference
Name of Group :	Medicines Reconciliation Oversight Group
Membership of Group:	Lead Director Acute Medical Services Head of Pharmacy and Prescribing Support Unit Lead Medicines Reconciliation Acute Lead Medicines Reconciliation Primary Care Lead Medicines Reconciliation Mental Health Lead Nurse CHP Clinical Director Head of Clinical Governance Patient and Public Partners Chair ADTC Safer Use of Medicines Sub-Committee Representative from Information Technology Representative from Learning and Development Representative from Junior Doctors
Chair :	Lead Director Acute Medical Services
Frequency of Meetings:	Every three months
Reporting To:	Medical Director via Board Clinical Governance Committee Share reports / minutes with: • Acute Clinical Governance Forum • Primary Care Clinical Governance Forum • Area Drug and Therapeutics Committee • Safer use of Medicines Sub-Committee • Associate Medical Directors / Clinical Directors Group
Functions:	1) To provide strategic direction and to oversee the work of three work streams: • Medicines reconciliation on admission • Medicines reconciliation on discharge • Medicines reconciliation in General Practice 2) Strategic leadership and oversight of delivery of action plans for the following themes: • GAP analysis against guidance in SGHD/CMO(2013) 18 • Delivery of resulting actions plans in all three work streams • Patient involvement in medicines reconciliation • Medical Clinical leadership • Training for medicines reconciliation • Development of electronic enablers for medicines reconciliation • Monitoring and measurement

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: CMO Gap Analysis

NHS Greater Glasgow & Clyde
SGHD/CMO(2013)18 Gap Analysis – Updated Action List (Oct '15)

CMO Recommendation/Actions	Lead(s)	Progress
1. Involve patients & public in both NHS Board steering groups for MR and MR quality improvement work in clinical areas		
• Public representative(s) required for the Oversight group	AMacL	Patricia Munro and Caroline McCalman appointed to the group.
• Involve patients in MR work at practice level and test improvements which make MR more person-centred	AMacL/RB	To be discussed with Clinical teams. PPSU planning pharmacy input to wards participating in Nat person-centred collaborative.
2. Ensure MR is a core part of training for all doctors, pharmacists, nurse and pharmacy technicians, including induction training		
• Identify education & training requirements for nursing staff and how this will be met	AMacL/JS	Nursing leads have confirmed the view that the role of nursing staff is about raising awareness of the requirement for medicines reconciliation by medical/pharmacy staff and how to escalate when they see it is not happening. This message has been cascaded via SCNs and is picked up as part of SPSP performance reports. No specific additional training required.
3. Develop and implement electronic enablers to safer MR in collaboration with e-health and ensure staff have access		
• Implementation of electronic solution linking ECS/eMR with IDL	AMacL/AB	A specification of requirements has been developed and shared with Orion healthcare who are adapting their Medicines Management Module to try and meet these requirements. No decision has been made re. procuring this product until functionality and timelines clarified.
4. NHS Boards are encouraged to use patients' own medicines which are an excellent source for MR		
• Work with MMyM steering group to identify proportion of patients bringing their own meds into hospital and areas for improvement work e.g. Green bag scheme with SAS	AMacL/RB	Data being collected in GRI to assess current position and inform improvement work
5. Checks & balances are put in place to identify patients where MR has not been completed within 24hrs of admission		
• Implementation of clinical pharmacy triage & referral will identify many patients	JW	Triage now in most acute areas. Referral will be formally introduced to ward staff over the next 2-3 months

6. Pharmacy team input takes place as soon as possible during patient admission		
• Implementation of clinical pharmacy triage & referral across all acute hospitals	JW	See above
• Implementation of clinical pharmacy service across 7 days of the week	JW	The Director of Policy and Planning has advised that the business case for the 7 day Pharmacy service focussing on reviewing new patients admitted through Acute Receiving Units at each of the four hospitals with A&E services is not able to be funded at this time. Funding has been secured on the QEUH site to extend Pharmacy opening hours till 3pm on Saturdays and Sundays and till 7pm on week days for an 18 month period. However, this is focussed on dispensing of discharge prescriptions and is unlikely to have a significant impact on how quickly pharmacists review patients after admission.
7.The discharge document is sent to the patient's named community pharmacist as soon as possible after discharge.		
• Develop a technical solution to safely & securely share the IDL with the patient's nominated community pharmacy at discharge	AMacL	Pilot work in Paisley with IDLs being sent by secure email for selected patients. Looking to provide access to portal as a means of sharing IDLs in the future.
8.Develop and test medicines reconciliation process at discharge and spread best practice		
• Learn from pilot work undertaken at GRI	GMcK/ AMacL	GMcK to discuss with lead consultant
9.The MR process ensures changes are communicated to the patient or their representative/carer and a check made of their understanding		
• Develop and test change concepts with appropriate measurement	AMacL	PPSU has established a Patient Centred Care group and will consider improved ways of ensuring changes are effectively communicated. Testing will be done in collaboration with clinical teams.

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MR: ADTC Safer Use of Medicines Risk Register

NHSGG&C ADTC: Safer Use of Medicines Sub-Group: Risk Register

Type of Risk	The Risk	Controls in Place	Actions to Manage Risk	Update
Prescription	Incomplete reconciliation of medicines at key transition points (admission, transfer & discharge) and errors on prescription charts result in adverse drug events and patient harm.	• Clinical pharmacy service in prioritised areas • Nurse administration may detect errors in Rx • Patients/Carers may highlight errors • Policies & Guidance e.g. Safe & Secure handling of medicines • E&T for jnr Doctors e.g. Prep for Practice, induction • Clinical supervision • Access to ECS for all in-patients & use of eMR form. • Kardex designed to promote safer prescribing & administration	1. **Improve the quality of MR on admission to hospital** * 1.1 Spread SPSP: MR to all hospital wards directly admitting patients 1.2 Report Kardex accuracy as part of SPSP measurement 1.3 Replace MR eForm with electronic Medicines Management application in portal 1.4 Improve the quality of medicines information available on admission to hospital 2. **Improve how we use the medicine prescription chart (Kardex)** * 2.1 Test improvements to current processes in selected sites & clinical teams. Improve accuracy & completeness & share learning 2.2 Develop & implement a long stay Kardex to reduce the number of rewrites and transcription errors 3. **Improve the quality of medicines reconciliation on discharge from hospital** * 3.1 Test improvements to the quality of medicines information in IDLs in selected sites & clinical teams. Share learning	1.1 see MR progress report 1.2 Kardex accuracy measures being rolled out across engaged teams 1.3 Application being developed 1.4 Guidance issued to practices on "safest" way to record "non-primary care" drugs in the GP record. Change request accepted by EMIS to facilitate this, but no timeframe confirmed for change. M/H summaries in clinical portal highlight patients on clozapine and depot antipsychotics. 2.1 Audits followed by feedback and education being used in selected areas. Included in new CAS Medicines management standard. 2.2 Complete 3.1 Care of Elderly wards at GRI have improved IDL completion/accuracy. Spread plan required as part of SPSP. Monthly data being collected in over 200 GP Practices shows 80% of IDLs contain satisfactory level of information re. Medicines and changes.

MR: Hospital Policy

NHS Greater Glasgow and Clyde

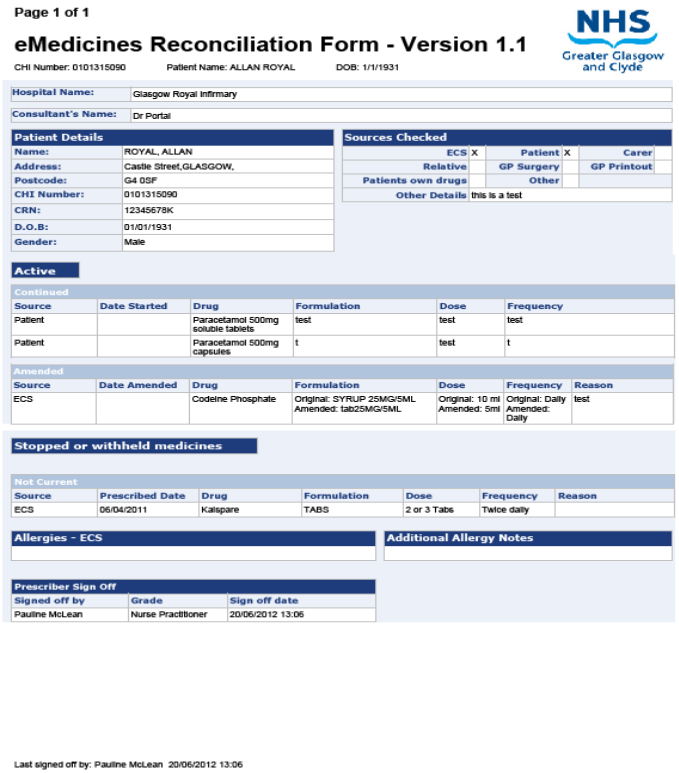
Medicines Reconciliation In Hospital

Author(s)	Dr A MacLaren on behalf of NHSGG&C Medicines Reconciliation Oversight Group
Responsible Director(s)	Dr D Stewart, Lead Director for Acute Medical Services Prof. Norman Lannigan, Head of Pharmacy & Prescribing Support Unit
Approved by	Acute Division Clinical Governance Forum
Date Approved	March 2015
Date of Review	March 2018

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Electronic Applications

Clinical Portal



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eMedicines Reconciliation Form - Version 1.1

NHS Greater Glasgow and Clyde

CHI Number: 0101315090 Patient Name: ALLAN ROYAL DOB: 1/1/1931

Hospital Name:	Glasgow Royal Infirmary
Consultant's Name:	Dr Portal

Patient Details

Name:	ROYAL, ALLAN
Address:	Castle Street,GLASGOW,
Postcode:	G4 0SF
CHI Number:	0101315090
CRN:	12345678K
D.O.B:	01/01/1931
Gender:	Male

Sources Checked

ECS	X	Patient	X	Carer	
Relative		GP Surgery		GP Printout	
Patients own drugs		Other			
Other Details	this is a test				

Active

Continued

Source	Date Started	Drug	Formulation	Dose	Frequency
Patient		Paracetamol 500mg soluble tablets	test	test	test
Patient		Paracetamol 500mg capsules	t	test	t

Amended

Source	Date Amended	Drug	Formulation	Dose	Frequency	Reason
ECS		Codeine Phosphate	Original: SYRUP 25MG/5ML Amended: tab25MG/5ML	Original: 10 ml Amended: 5ml	Original: Daily Amended: Daily	test

Stopped or withheld medicines

Not Current

Source	Prescribed Date	Drug	Formulation	Dose	Frequency	Reason
ECS	06/04/2011	Kalspare	TABS	2 or 3 Tabs	Twice daily	

Allergies - ECS

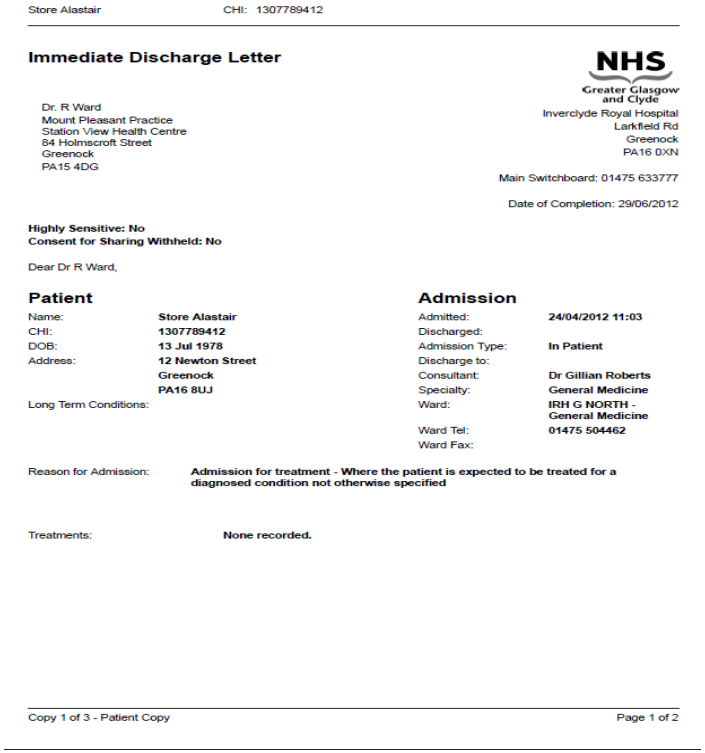
Additional Allergy Notes

Prescriber Sign Off

Signed off by	Grade	Sign off date
Pauline McLean	Nurse Practitioner	20/06/2012 13:06

Last signed off by: Pauline McLean 20/06/2012 13:06

TrakCare



Store Alastair CHI: 1307789412

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN

Main Switchboard: 01475 633777

Date of Completion: 29/06/2012

Dr. R Ward
Mount Pleasant Practice
Station View Health Centre
84 Holmscroft Street
Greenock
PA15 4DG

Highly Sensitive: No
Consent for Sharing Withheld: No

Dear Dr R Ward,

Patient

Name:	**Store Alastair**
CHI:	**1307789412**
DOB:	**13 Jul 1978**
Address:	**12 Newton Street**
	Greenock
	PA16 8UJ
Long Term Conditions:	

Admission

Admitted:	**24/04/2012 11:03**
Discharged:	
Admission Type:	**In Patient**
Discharge to:	
Consultant:	**Dr Gillian Roberts**
Specialty:	**General Medicine**
Ward:	**IRH G NORTH - General Medicine**
Ward Tel:	**01475 504462**
Ward Fax:	

Reason for Admission: **Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified**

Treatments: **None recorded.**

Copy 1 of 3 - Patient Copy Page 1 of 2

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Electronic Applications

PRODUCT OVERVIEW
MEDICINES

Orion Health™ MEDICINES is a community platform that delivers an integrated, patient-centric clinical solution for the management of medications across an entire healthcare system. Whether you are a patient or clinician, in a hospital or in a community care setting, Orion Health MEDICINES enables you to curate, review, modify, order and administer medications to deliver a higher level of care. By leveraging medicine terminologies, interoperability standards and embedded clinical knowledge, the Orion Health MEDICINES platform ensures that clinicians are supported in making the best possible therapeutic decisions for their patient.

Orion Health MEDICINES, integrated with Orion Health ENTERPRISE Pharmacy for order fulfilment within the hospital setting, provides a closed-loop medication management solution to deliver safe and effective care.

KEY BENEFITS

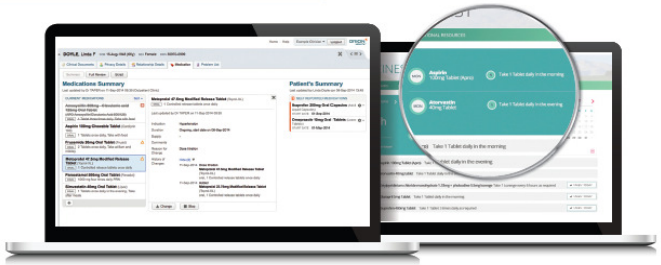
- Curation and active management of medication lists
- More informed clinical decisions
- Reduced duplication and improved decision making
- Highly connected, flexible and scalable platform
- Optimised for patients and their care providers
- Improved patient safety for better health outcomes

ENABLE THE CURATION AND ACTIVE MANAGEMENT OF MEDICATION LISTS, WITH CHANGES TRACKED OVER TIME

The existence of an accurate, trusted and shared current medication list empowers effective clinical management of a patient. Orion Health MEDICINES is designed to make it easy for multiple clinicians across community and inpatient care settings, as well as the patients themselves, to manage the patients' current medications.

Medications can be recorded or amended as quick orders, with periodic reviews to validate and update the current medication list.

Changes in therapy are recorded with a reason, to support a clinician's understanding of previous medication-related clinical decisions. Changes within an order are at the generic level, allowing a continuous view of a medication even when the dose or formulation has changed.



ORION HEALTH MEDICINES

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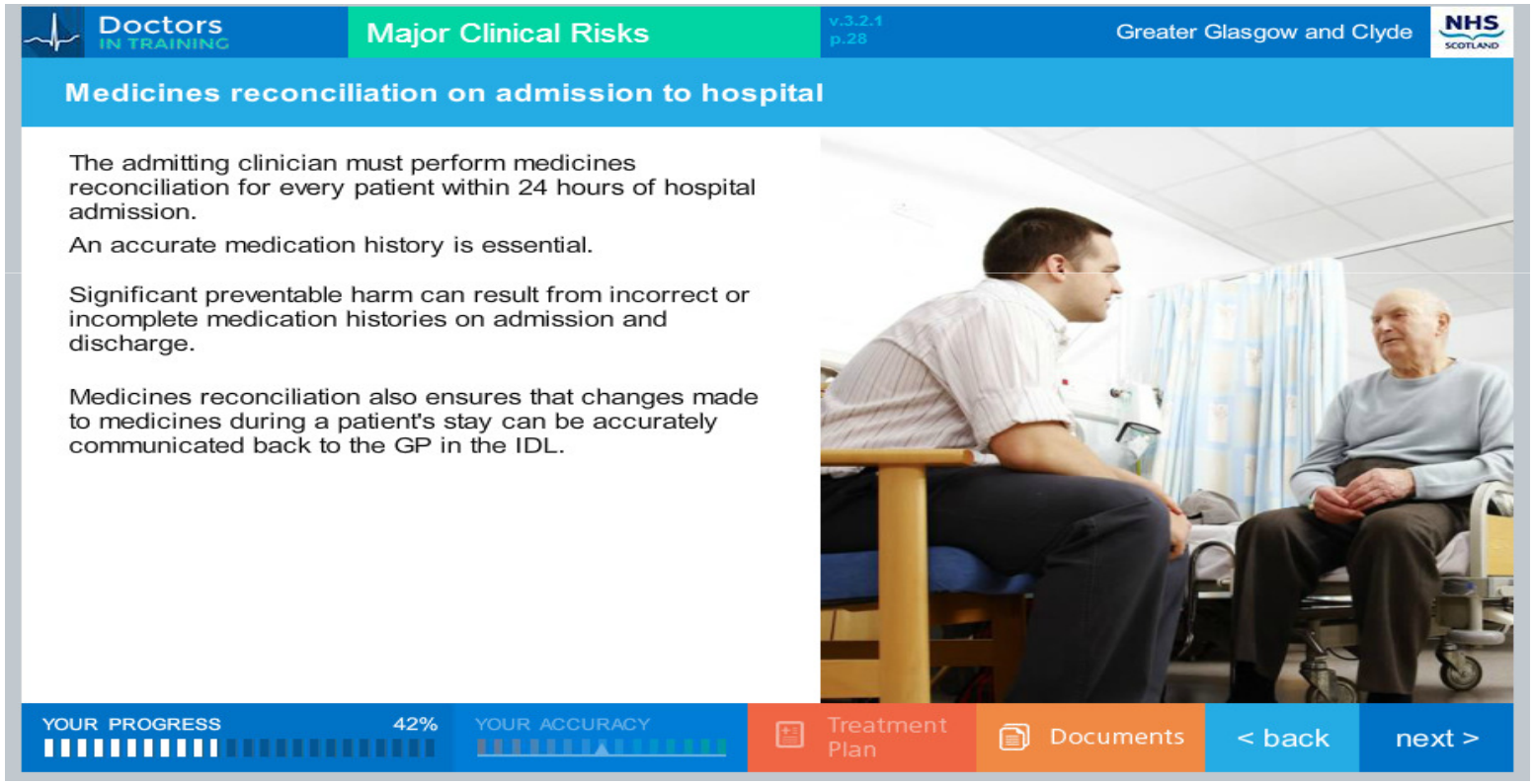
SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Education & Training



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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: The Evidence

- Random sample of 699 prescriptions on AMU
- 478 with medicines reconciliation, 221 without
- Examined accuracy of prescription chart against gold standard of pharmacy-led reconciliation with multiple sources
- Results were adjusted for all confounders such as ward, clerking doctor, time of day, etc. using a patient-level random effects model
- Error rate per prescription when MR form was used was 12.1% versus 41.3% without
- Highly statistically significant ($p<0.0001$)

McKay A, Currie L, Cameron A, McKay G. Acute medical Unit, GRI. May 2013.

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SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

SPSP Medicines

Acute Adult: Colette Byrne

Lead Pharmacist, Medicines Governance

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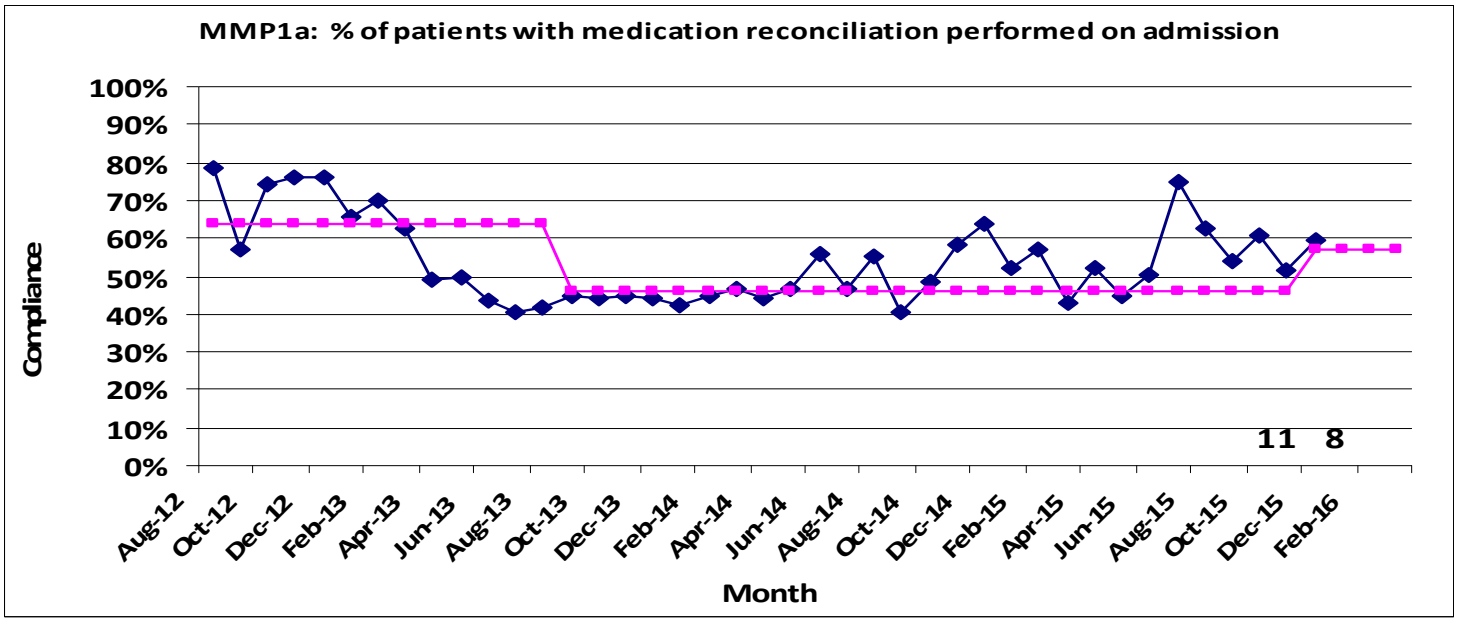
SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Acute Hospital



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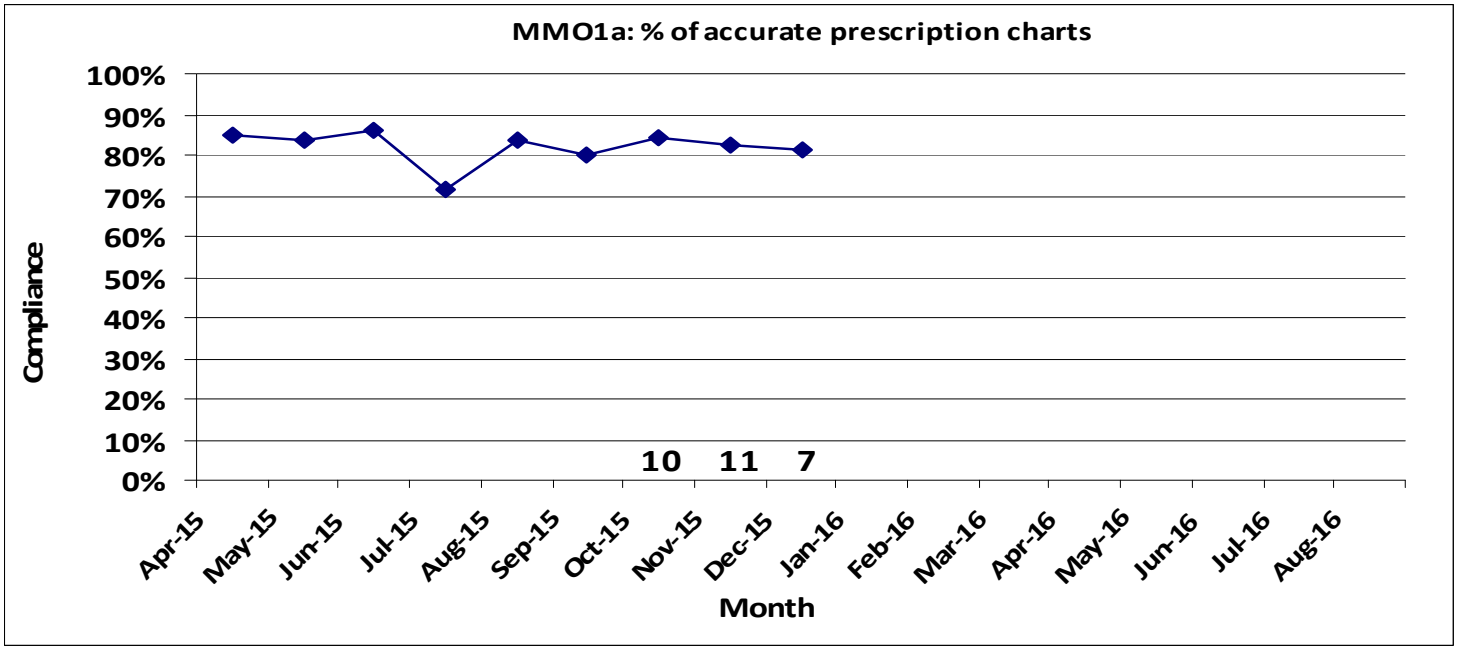
SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Acute Hospital



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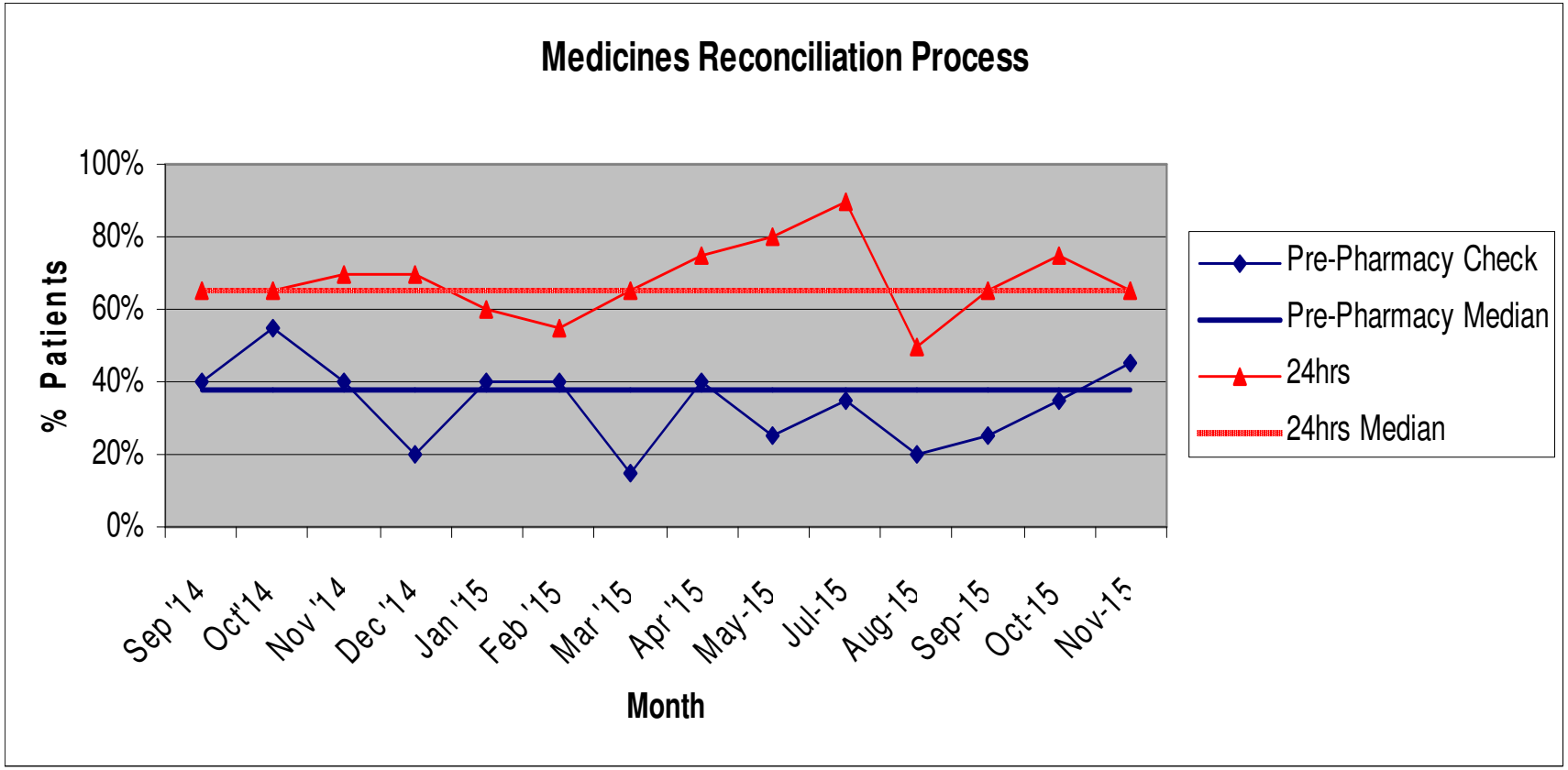

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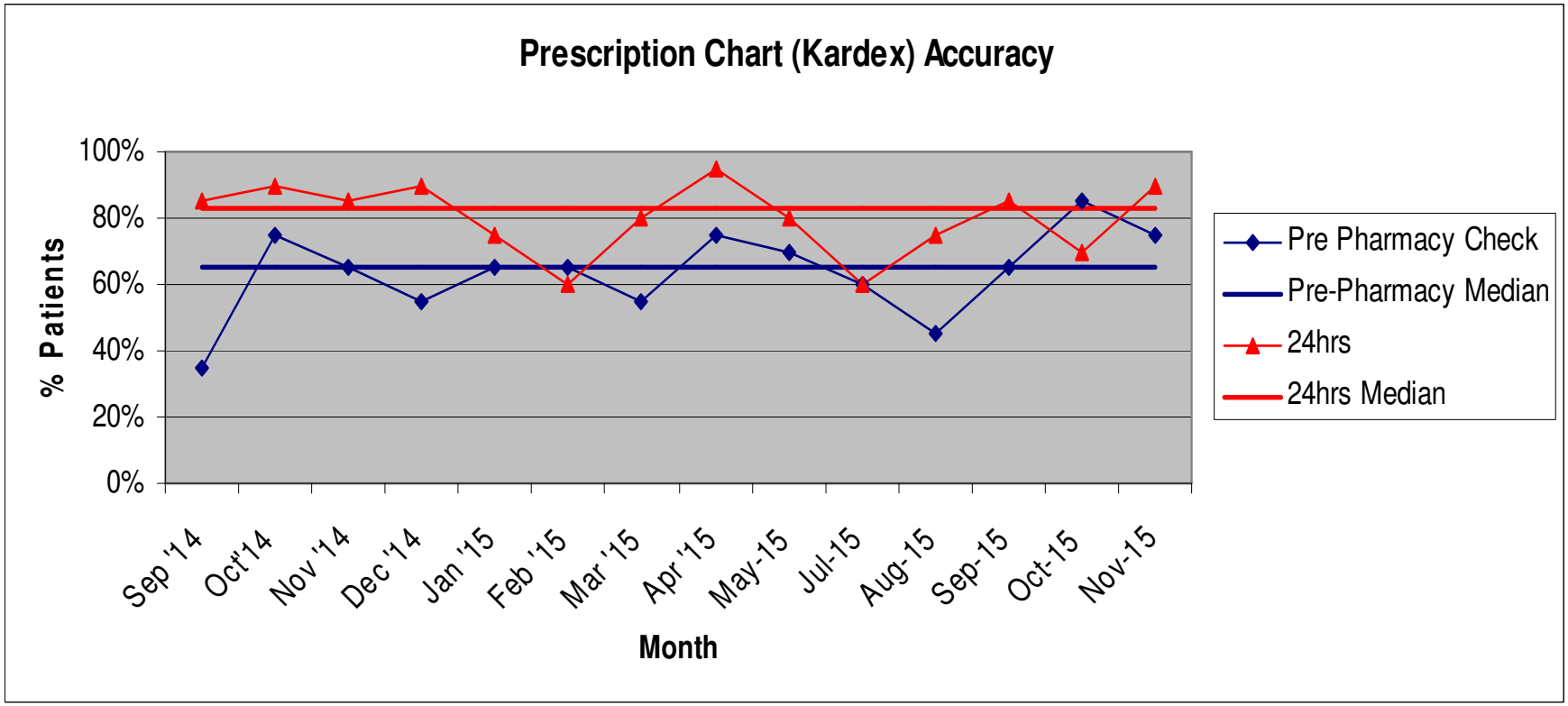
MR: Acute Hospital



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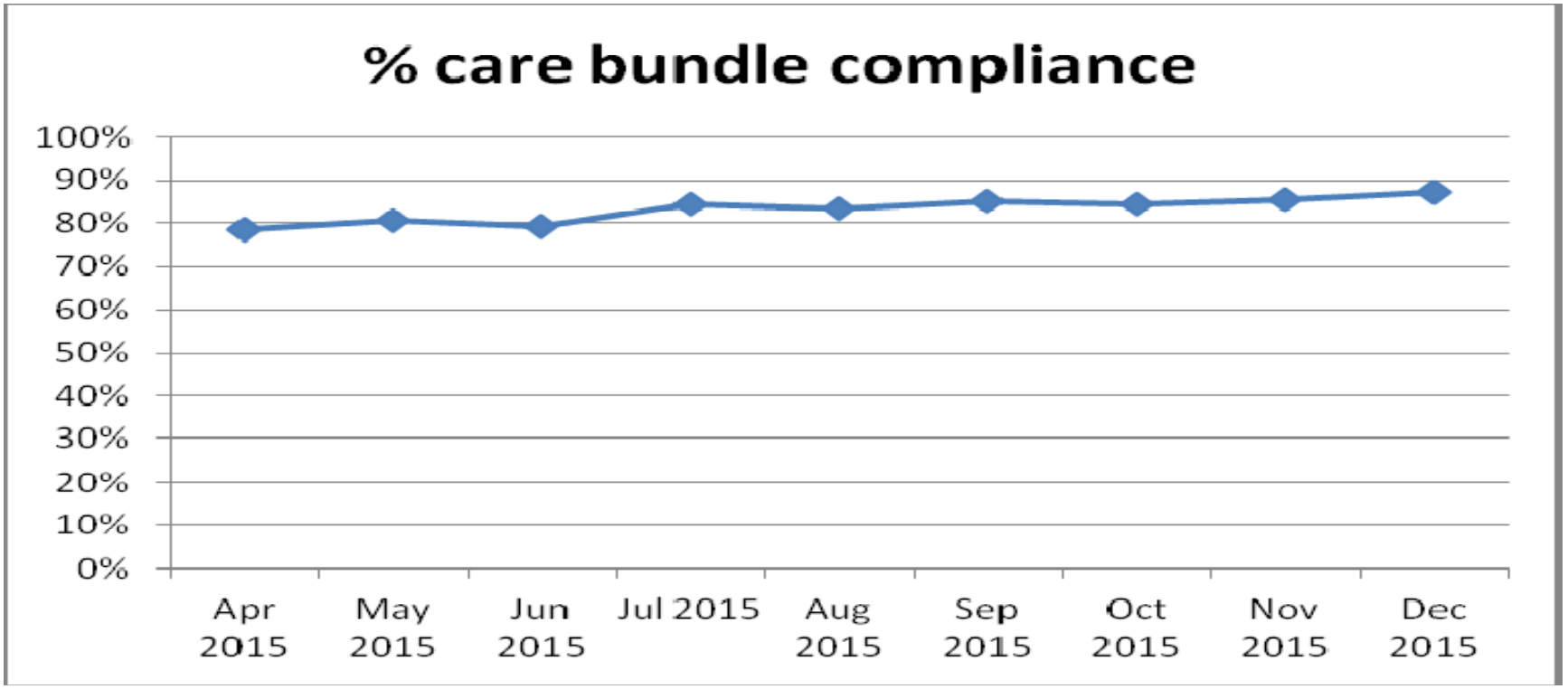
MR: Acute Hospital



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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Acute Hospital

Acute Division Objectives

- All engaged teams can demonstrate a reliable MR process within 24hrs of admission by 31 Mar ‘17
- All target teams are actively engaged to improve medicines reconciliation within 24hrs of admission by 31 Dec ‘16
- 50% of clinical teams are actively engaged in improving MR at discharge by 31 Dec ‘16

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Acute Hospital

What are we doing & what have we learned?

- We have targeted our busy medical and surgical receiving areas. Most teams have shown improvement, but achieving and sustaining reliability at 95% remains a challenge
- MR process is well understood, but takes time to complete. Documentation of medicines plan an area of weakness
- High dependency on individual clinical leads and pharmacy
- Challenge to keep leads and services engaged, exacerbated by recent service redesign
- In addition to medical and pharmacy leads, we need nursing leadership and better engagement with General and Clinical Service Managers
- Programme objectives provide a framework and timeline for services to agree improvement goals for individual teams

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Acute Hospital

Future tests of change

- MR report format printed from ECS in the clinical portal for completion by hand
- Kardex review an integral part of post-take ward round
- Patients/relatives/carers to be given ECS/Kardex/IDL to check for accuracy, omissions & understanding of medicines and allergies
- Integration of MR process in pre-admission clinics
- Test integration of electronic applications within clinical workflows

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SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

SPSP Medicines

Mental Health: Andrew Walker

Lead Clinical Pharmacist

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Mental Health

Medication Reconciliation: Story so far

- Testing of meds rec on admission in 3 adult mental health wards
- Langhill AAU, Leverndale ward 3A & Dykebar AAU.

- Mixed picture so far
- Process reliability was achieved at Langhill AAU
- Progress has been poor in the other 2 wards
- Meds rec has not been the number 1 medicines priority for SPSP-MH in GG&C.

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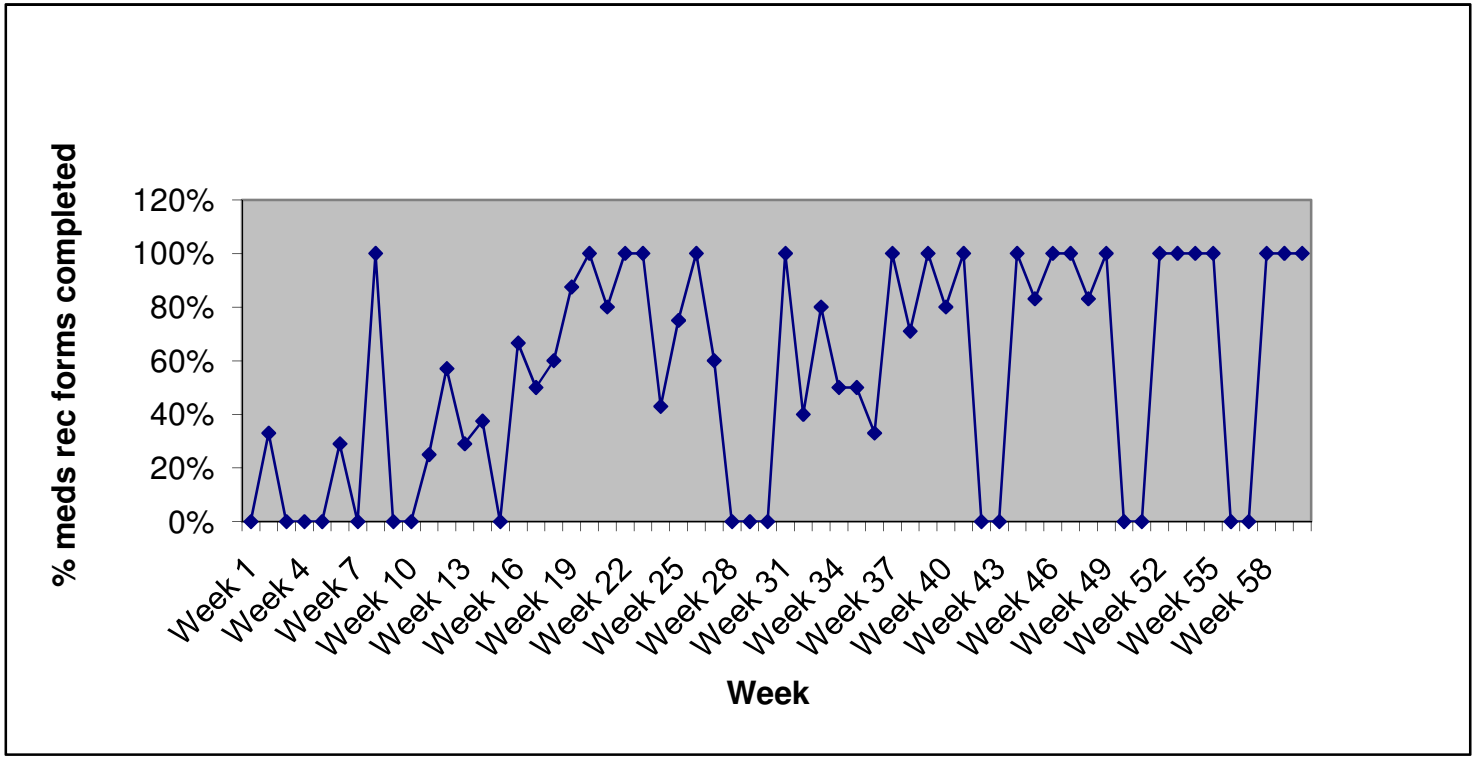
SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Mental Health

Data – Langhill AAU



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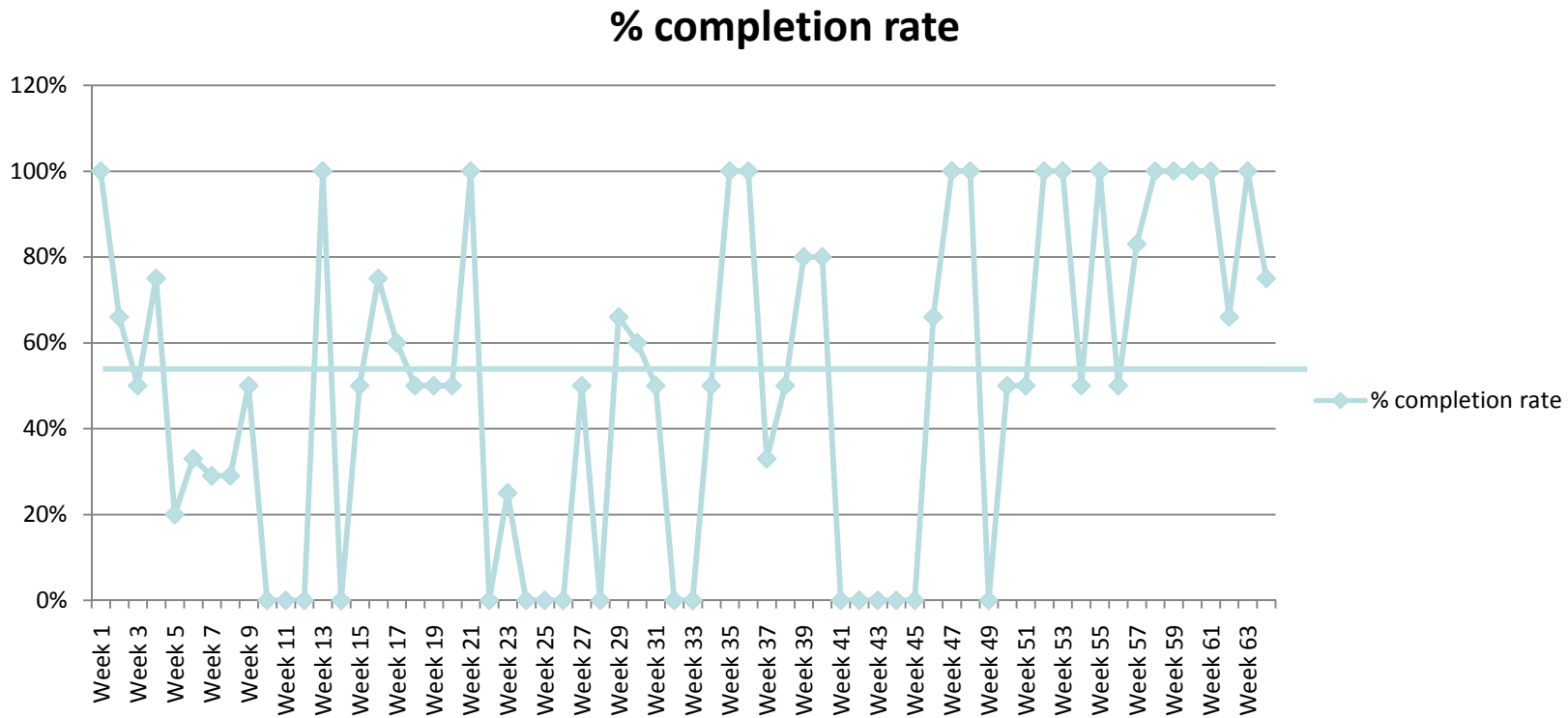
MR: Mental Health

Data – Leverndale 3A – median = 50%



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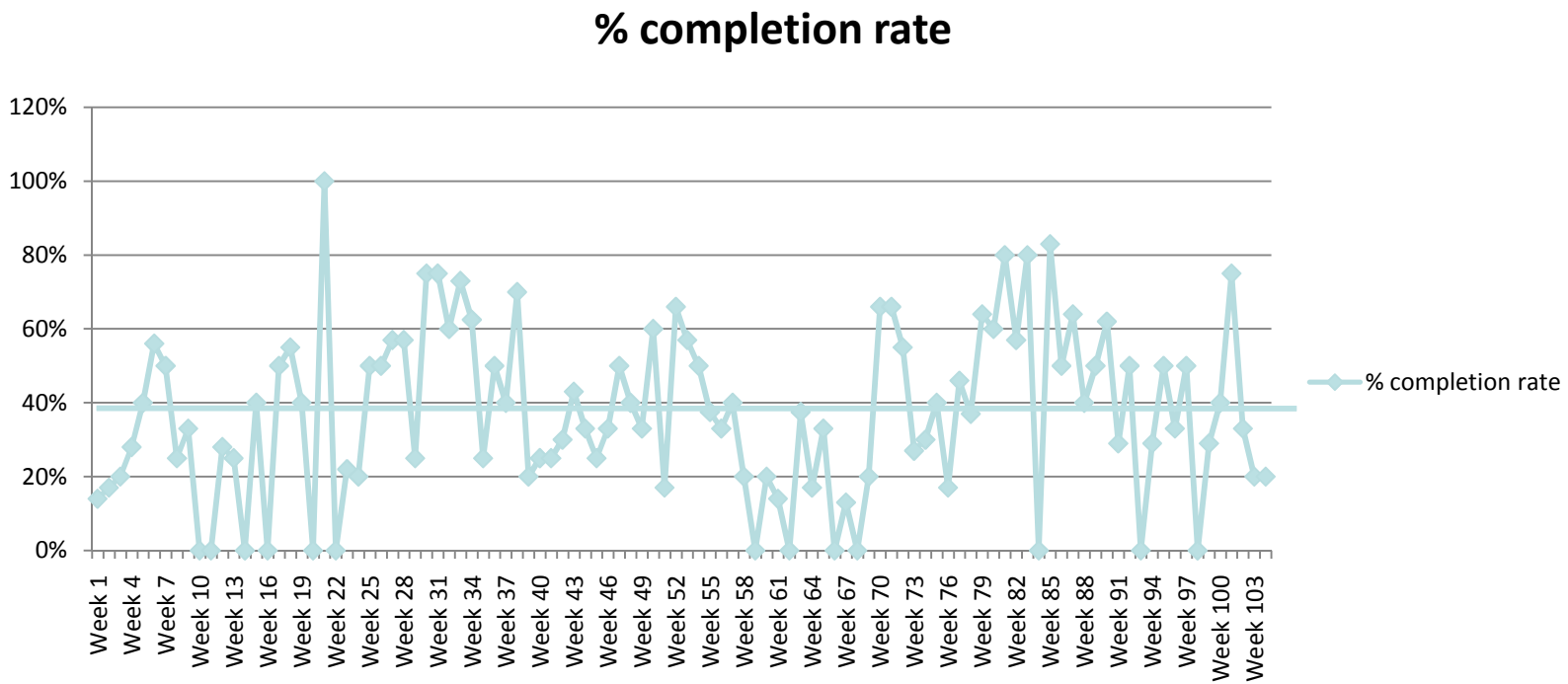
MR: Mental Health

Data – Dykebar AAU median = 35%



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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Mental Health

Successes and Challenges

- Where pharmacist can persistently reinforce the message compliance improves.
- Difficult to get true medical buy in.
- With over 30 admission points getting a standard paper based approach is practically impossible

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SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES

SPSP Medicines

Community Pharmacy: Elaine Paton

Lead Pharmacist SPSP PPCC

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Community Pharmacy

Medication Reconciliation: Story so far

Being tested in four Boards across Scotland (Highland, Grampian, Fife, GGC)

Process

- 95% of Patient(s)/Carer(s)s have their medicines accurately reconciled in community pharmacy by July 2016

Outcome

- 95% of Patient(s)/Carer(s) have discussed changes to their medication with their community pharmacy team, by July 2016
- 95% of dispensed prescriptions awaiting collection have been checked and, by July 2016

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Community Pharmacy

Care Bundle

- *Is there a record that the GP10 prescription has been reconciled with a minimum of two sources?*
- *Have identified differences been discussed with the prescriber?*
- *Have the changes been explained to the patient/carer?*
- *Has the patient/carer been counselled on their medicines?*
- *Have all measures been met?*

- Commenced January 2016, so only have 2 months data at present.
- Tests of change include sharing the IDL, methodology of access, discussing changes with the patient/ carer

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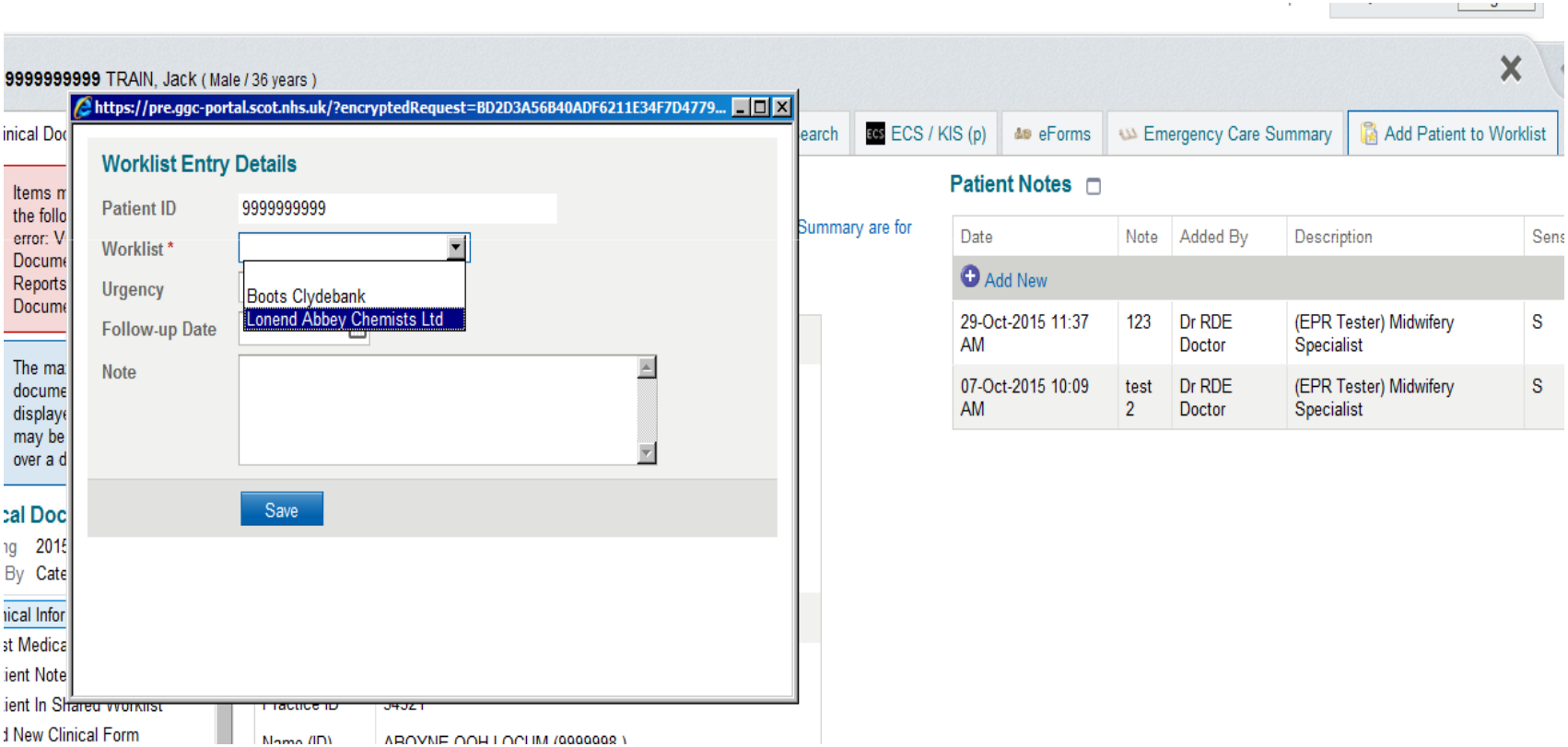
Innovation : Access to Clinical Portal



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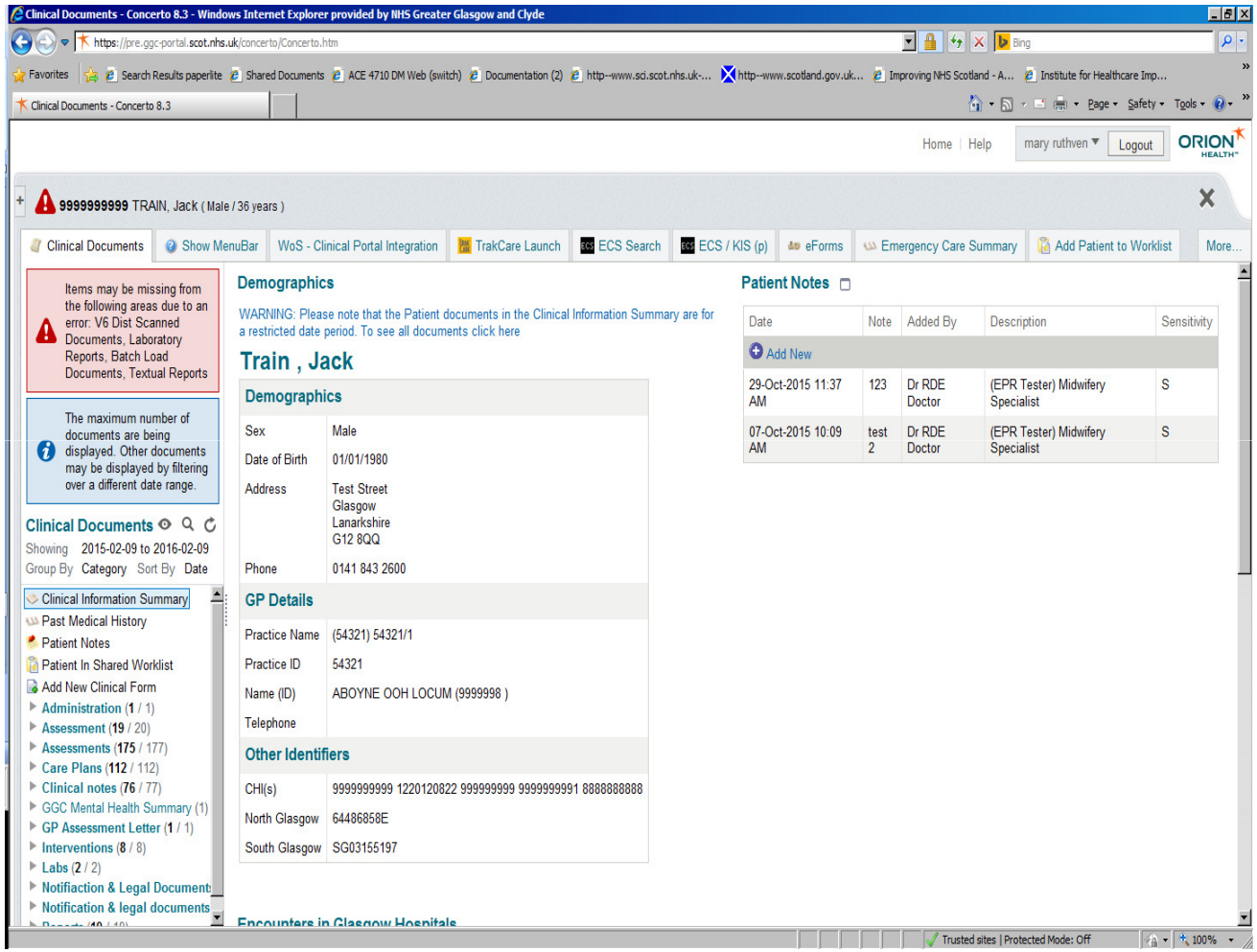
MEDICINES



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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Community Pharmacy

Patient Involvement / Patient Stories

- Friday afternoon, pharmacist receives a GP10 from a local GP and carries out a meds rec check. She notices that there seems to be an omission of one of the discharge medications and queries it with the doctor. The GP was very grateful that this had been noticed and corrected before the patient had run out of his medication over the weekend and so prevented unnecessary concern and worry for the patient and his carers.

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SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: Community Pharmacy

Successes and Challenges

- Built upon earlier work in Inverclyde using Shared access to Pharmacy Care Record demonstrated benefits of sharing information on admission and discharge across the interface:
  - ✓ Knowledge of patient admission/ preparation for discharge
  - ✓ Highlighting key pharmaceutical care issues for follow up post-discharge
  - ✓ Inclusion of CP with Meds Rec work to identify other issues
  - ✓ Inclusion of the CP as part of the clinical team.
- Support for post-discharge during out of hours or weekends

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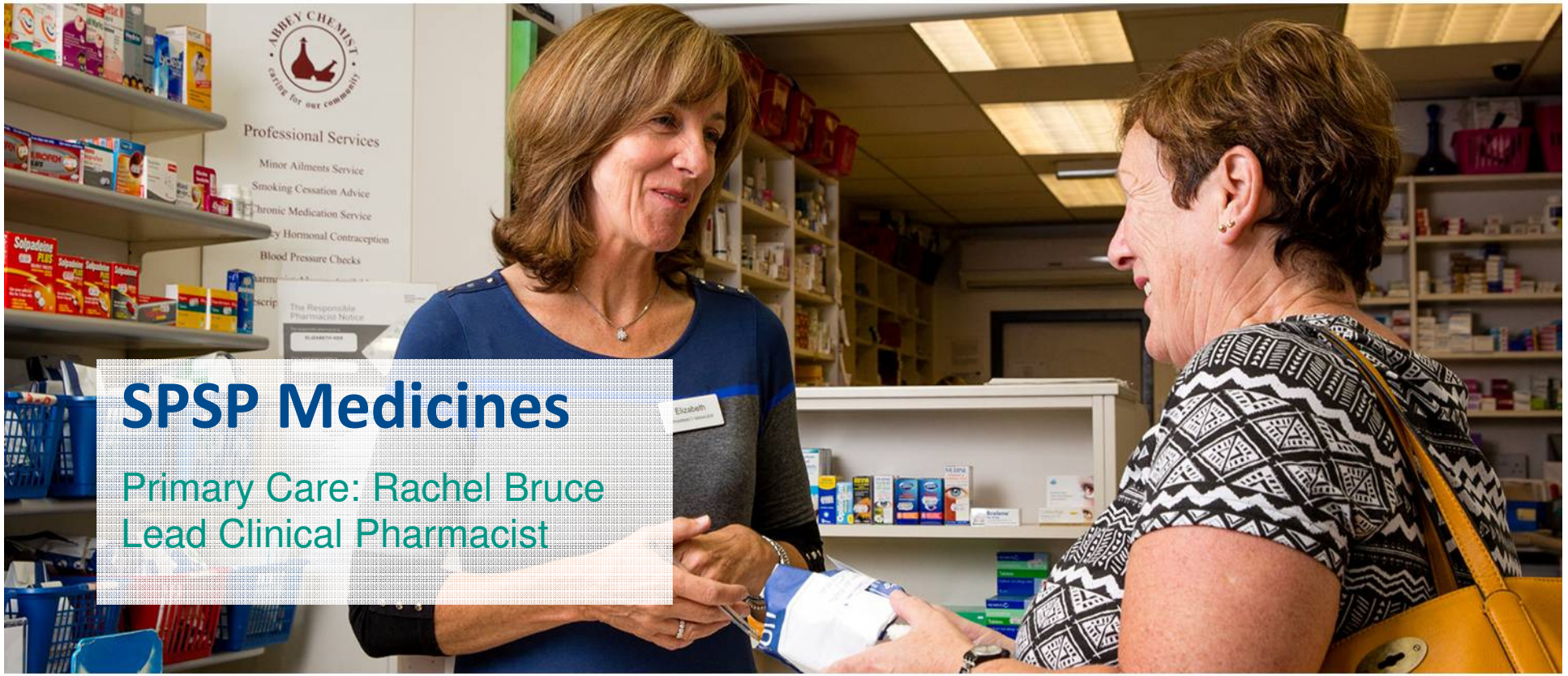
SCOTTISH PATIENT SAFETY PROGRAMME

MEDICINES



SPSP Medicines

Primary Care: Rachel Bruce
Lead Clinical Pharmacist

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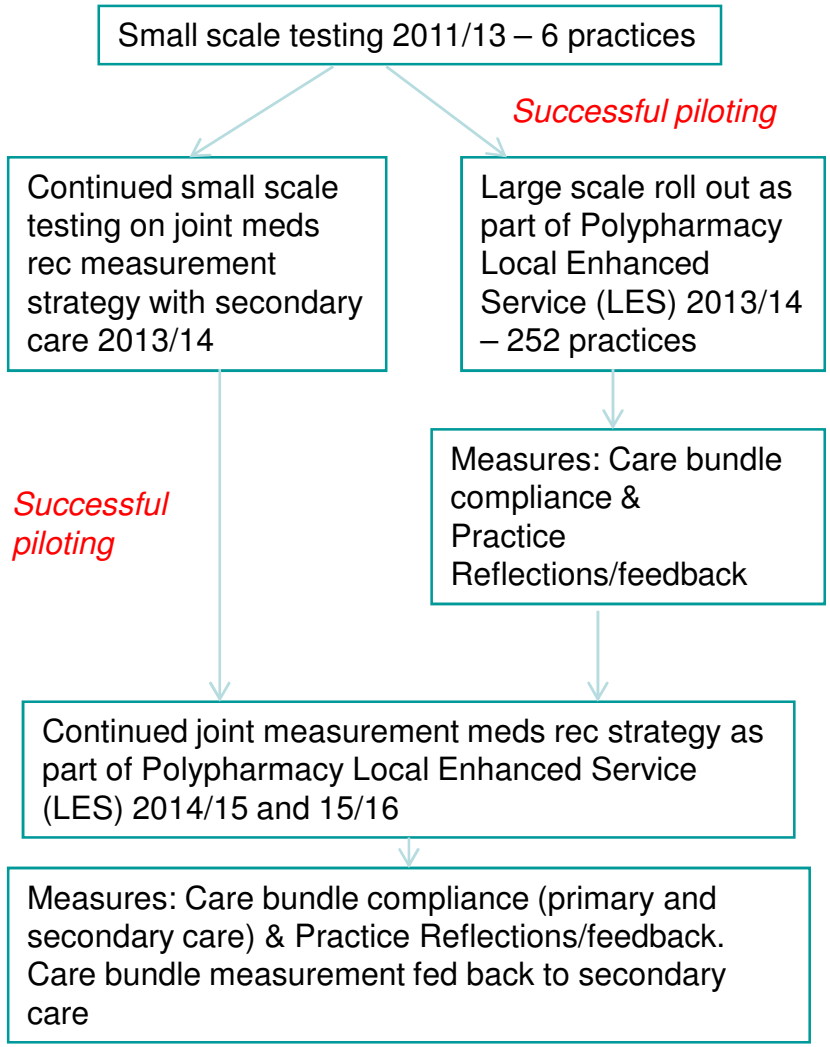
Scottish Patient Safety Programme – Medicines Reconciliation in Primary Care

HIGHLIGHT REPORT - February 2016

HIGHLIGHTS

- Evolution of programme



Successes

- Joint measurement strategy for meds rec
- Now small scale testing on meds rec with Community Mental Health teams and coming together at local SPSP primary care learning sessions
- GP practice compliance with MR care bundle is stable at 93-94%
- Average compliance with secondary care MR bundle has improved from 79% (Apr 15) to 89% (Dec 15)
- GP reflections/feedback (n=203) state 85% feel the primary care meds rec bundle has improved patient safety; 80% feel it has improved practice processes
- Patient outcomes – currently analysing admissions data for patients over 65 in Glasgow City to see if there has been any reduction in readmissions

Challenges

- Data collection, collation and analysis
- Patient experience feedback very low
- Getting data to frontline staff in secondary care to effect change and make improvements
- New forthcoming changes in GP contract
- Small sample sizes for the community mental health work

Data: what are we measuring?

MR: GP Practice

1. GP practice process reliability (National primary care MR care bundle)

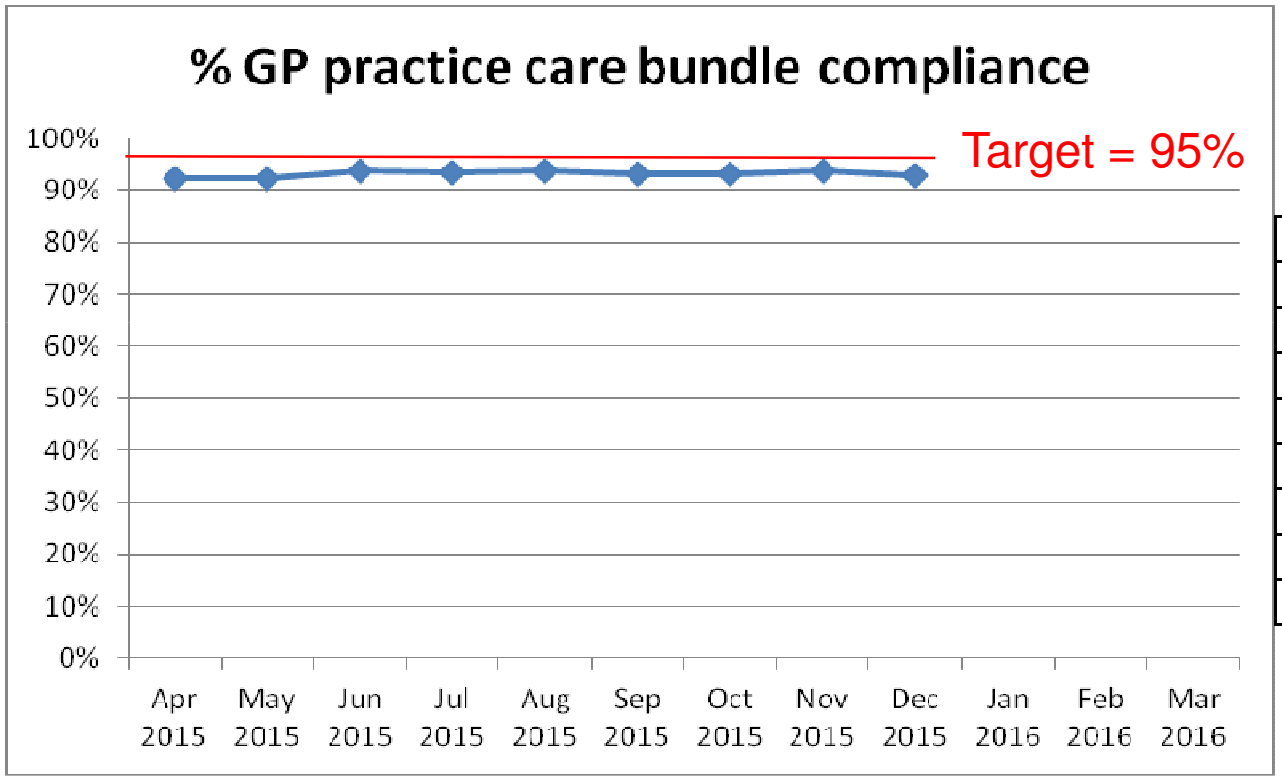
1) Has the Immediate Discharge Letter (IDL) been workflowed on the day of receipt?	2) Has medicines reconciliation occurred within 2 working days of the IDL being workflowed to the GP?	3) Is it documented that any changes to the medication have been acted upon?	4) Is it documented that any changes to the medications have been discussed with the patient or their representative within 7 days of receipt?	Comments

2. "Accuracy" of IDLs from secondary care

1) Are all patient demographics documented in the IDL?	2) Could you readily identify any medication changes in the IDL?	3) Were the reasons for any new, stopped or changed medicines detailed in the IDL?	4) Was the info in the IDL sufficient to make contact with the discharging ward/hosp/dept unecessary?	Comments

Collated GGC GP practice data

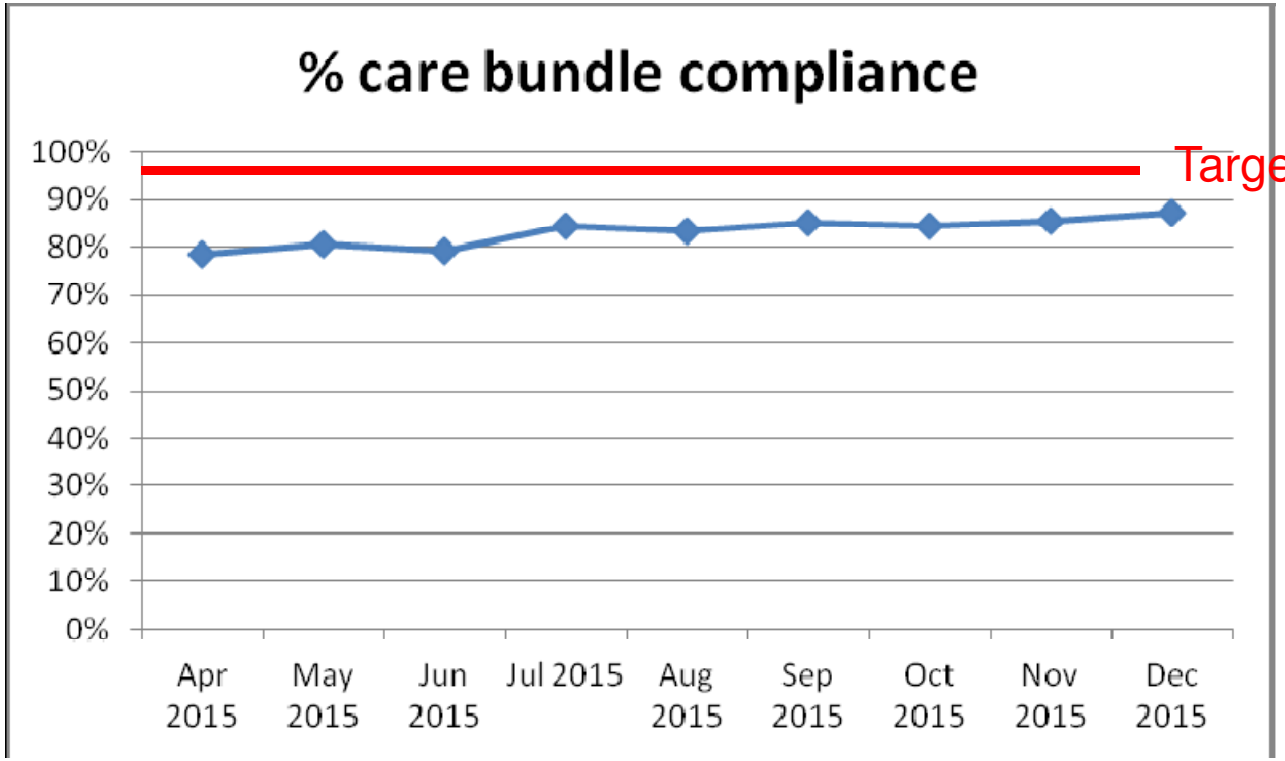
MR: GP Practice



	Practices Reporting	Total Patient Sample Size
Apr 2015	208	1037
May 2015	207	1031
Jun 2015	207	1027
Jul 2015	205	1022
Aug 2015	202	1000
Sep 2015	200	989
Oct 2015	195	964
Nov 2015	198	981
Dec 2015	186	924

Collated GGC Secondary care data

MR: GP Practice



	Practices Reporting	Total Patient Sample Size
Apr 2015	180	895
May 2015	189	943
Jun 2015	175	870
Jul 2015	190	945
Aug 2015	189	931
Sep 2015	191	938
Oct 2015	189	933
Nov 2015	189	934
Dec 2015	178	879

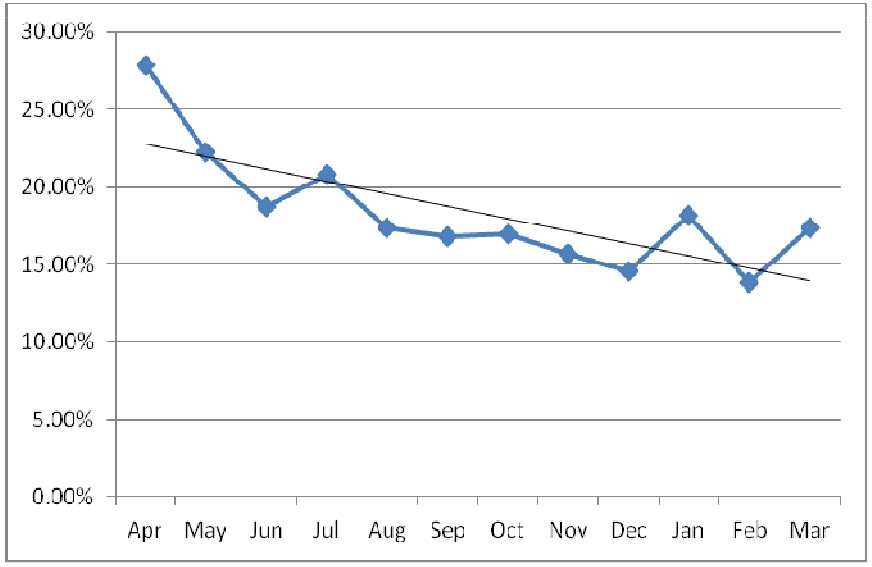
SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

Does a robust meds rec process in primary care result in a reduction in readmission rate?

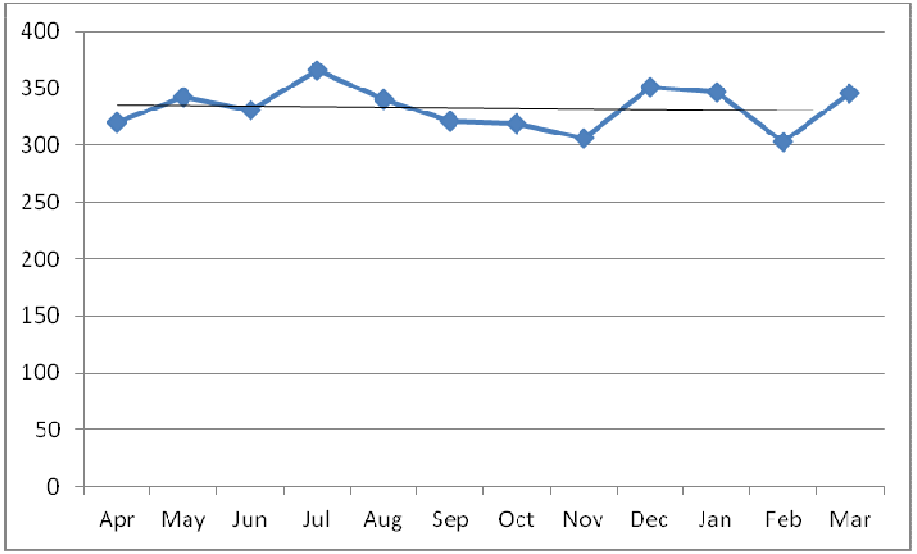
MR: GP Practice

Patient cohort analysed: 65 years and over registered with a GP practice in Glasgow City HSCP

% of patients with a meds rec + readmission within 30 days as a % of all readmissions in 30 days over time



Number of total readmissions per month 2014/15



NHS SCOTLAND Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

MR: GP Practice

Ongoing

Financial year end we will also have around 200 (e)SEAs from practices relating to medication issues on discharge.

Potential Challenges for MR

Polypharmacy LES not continuing for 16/17

Changes to GP contract 16/17 and beyond

NHS SCOTLAND Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME MEDICINES

NHSGGC would like to know more about:

- Actively engaging patients/representatives in the process of medicines reconciliation
- Medicines Reconciliation process in pre-admission clinics
- How changes to the GP contract are impacting on Boards plans to implement SPSP work in GP Practices
- Integrating electronic MR applications into clinical workflow

NHS SCOTLAND Healthcare Improvement Scotland