SCOTTISH PATIENT SAFETY PROGRAMME 2008-2018

Transitions, Omissions and High Risk Medicine

WebEx Series 2018-2019

Bleeds associated with medicines use
SPSP Medicines team

Thursday 20 September 2018
3pm-4pm

@SPSPMedicines
#SPSPMeds

As part of Healthcare Improvement Scotland's ihub, SPSP activities support the provision of safe, high quality care, whatever the setting.

A few points for our WebEx today:

Please dial in on your phone:

0800 032 8069 and then use the pass code: 564 897 14 #

If you are not presenting your phone is automatically on mute

Phone lines will open at the beginning and end of the WebEx for Q and A with the presenter.

Meet the team

Arvind Veiraiah
National Clinical Lead

Lorraine Donaldson
Project Officer

Kirsty Allan
Administrative Officer

Polling Question 1

Which of the following professions best describes you?

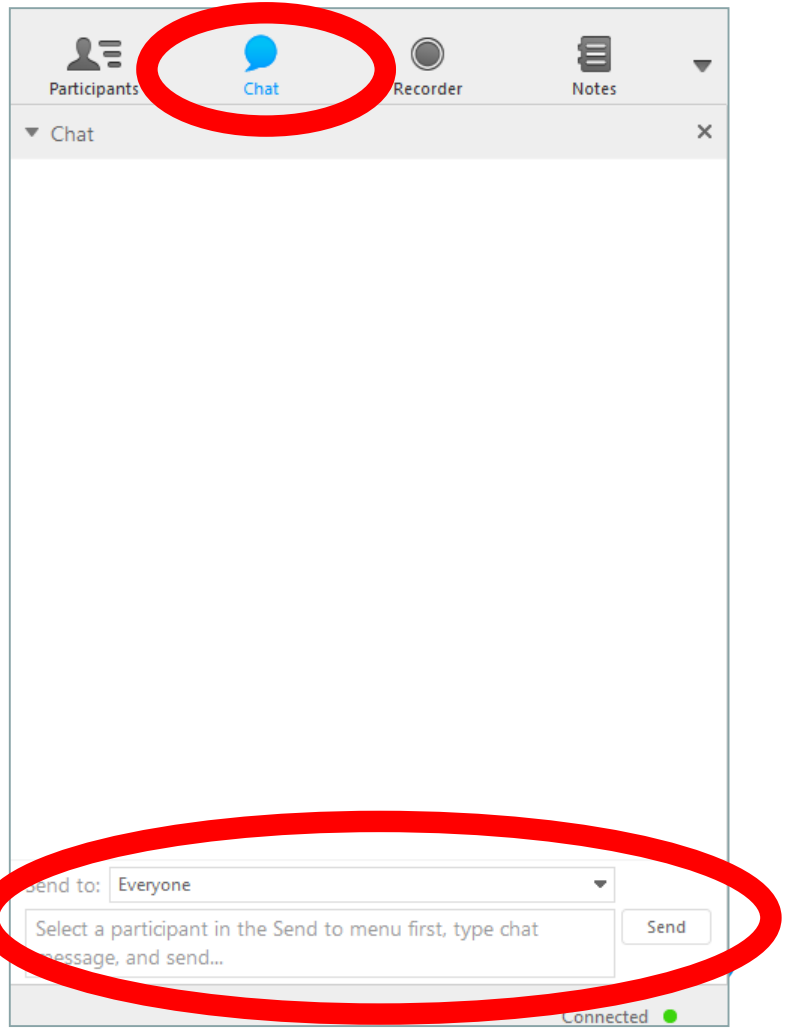
a. Patient / Service User
b. Medical
c. Nursing
d. Pharmacy
e. Other (please type in chat box)

Ten years of improving safety

To get involved in the conversation, please click on the Chat icon.

Select **Everyone** from the drop down menu, type your message then click send. Introduce yourself.

This WebEx is being recorded as a resource and will be available on the ihub website



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EVERY PERSON EVERY TIME
SCOTTISH PATIENT SAFETY PROGRAMME
2008-2018
Ten years of improving safety

High-risk Medicines

Prepared by: Arvind Veiraiah

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NHS SCOTLAND

Pre-WebEx Question 1

- **As a patient/carer or professional, what medicines, through use or non-use, cause the most harms?**

- If you can, please type in the chat box, describing your **setting**, your **role**, and the **high-risk medicines** in your setting (and why the medicine is high risk if not commonly recognised as such). If you can't type in the chat box, please write down your thoughts if you can – 1 min

- We will discuss your answers after a minute – please feel free to continue typing in the chat box if you wish.

Pre-WebEx Question 2

- **How do you know which medicines cause the most harms in your setting?**

- If you can, please type in the chat box, describing whether your assessment is based on intuition, or on data, and if the latter, please describe how the data are collected. If you can't type in the chat box, please write down your thoughts if you can – 1 min

- We will discuss your answers after a minute – please feel free to continue typing in the chat box if you wish.

Pre-WebEx Question 3

- **Please name any harm-reduction steps for specific medicines that you plan to test or implement in the next 6 months.**

- If you can, please type in the chat box, describing the medicine(s) and the main intervention(s). If you can't type in the chat box, please write down your thoughts if you can – 1 min

- We will discuss your answers after a minute – please feel free to continue typing in the chat box if you wish.

High risk medicines : Story so far

- On the SPSP Medicines agenda since September 2015

- HRM Measures originally considered:
  - 95% of patients on gentamicin and vancomycin within the therapeutic range
  - 30% reduction in INRs which are outwith the range 1.5 – 6
  - Double number of days between incidences involving high risk drugs
  - 95% of patients on {high risk drug , eg oxytocin} prescribed correct concentration, dose & route

High risk medicines : Story so far

- On the SPSP Medicines agenda since 2015

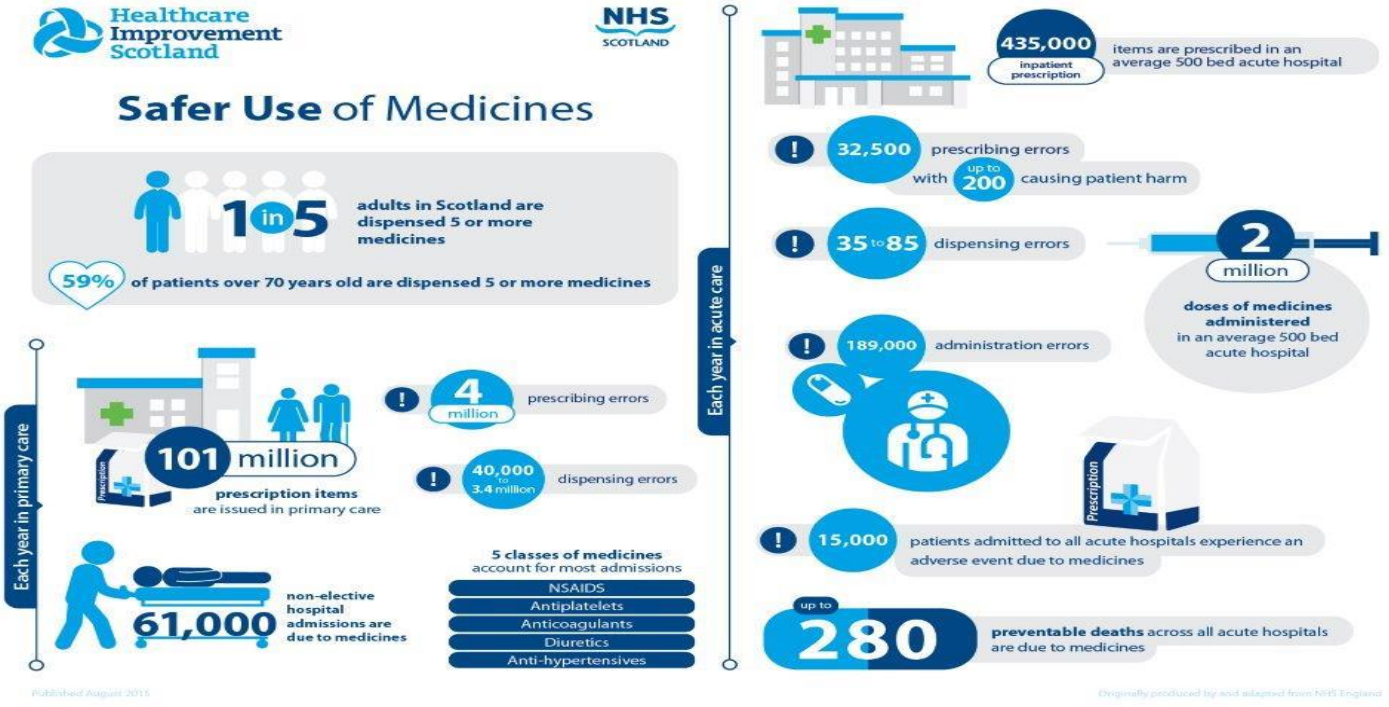
- "Outcome measures" challenging:
  - Poor recognition & reporting of harm
  - Focus on drugs with narrow therapeutic margins and measurable concentrations
  - Poor adaptation to area of work

- How to engage staff in further work when they were still struggling with "Meds Rec"?

High risk medicines : Story so far

- Other HRM choices:
  - (NSW standards) opiates, methotrexate, neuromuscular blocking drugs, paracetamol, IV potassium, vincristine, other anticoagulants
  - Dreischulte et al (NHS Tayside) in the DQUIP study explored measures to reduce harm from NSAIDs +/- antiplatelets +/- anticoagulants in “high risk” patients (by age)
  - Additional NHS Improvement options – valproate, methotrexate, opioids & analgesic infusions, Li, insulin, theophylline, anaethetic medicines, IV potassium, BB in asthma, prolonged antipsychotic (dementia)

High risk medicines : Story so far



Clyde Sector
Medication Incident Learning Report

Sharing criteria: Clyde Sector / NHSGGC / National

Category: Significant Clinical Incident

If other, please specify: Medication Incident

Sharing Learning Points

LOCALLY AND NATIONALLY

NHS Greater Glasgow and Clyde

What happened?

Patient admitted who suffered from Adrenal insufficiency, long term hydrocortisone.

Prednisolone was placed in her POD by mistake.

Three different nurses gave her doses over three days and there was one dose omission – all thought hydrocortisone and prednisolone was same drug

The patient suffered Addison's crisis and peri-arrest. She recovered

What went well?

- Staff reacted quickly instigating essential supportive management
- Open and honest incident reporting ensured rapid escalation and investigation

What, if anything, could we improve?

- Processes around administration of medicines
- Knowledge and awareness of steroidal medicines
- Use of 'Chance to Check' prior to administration of medicines

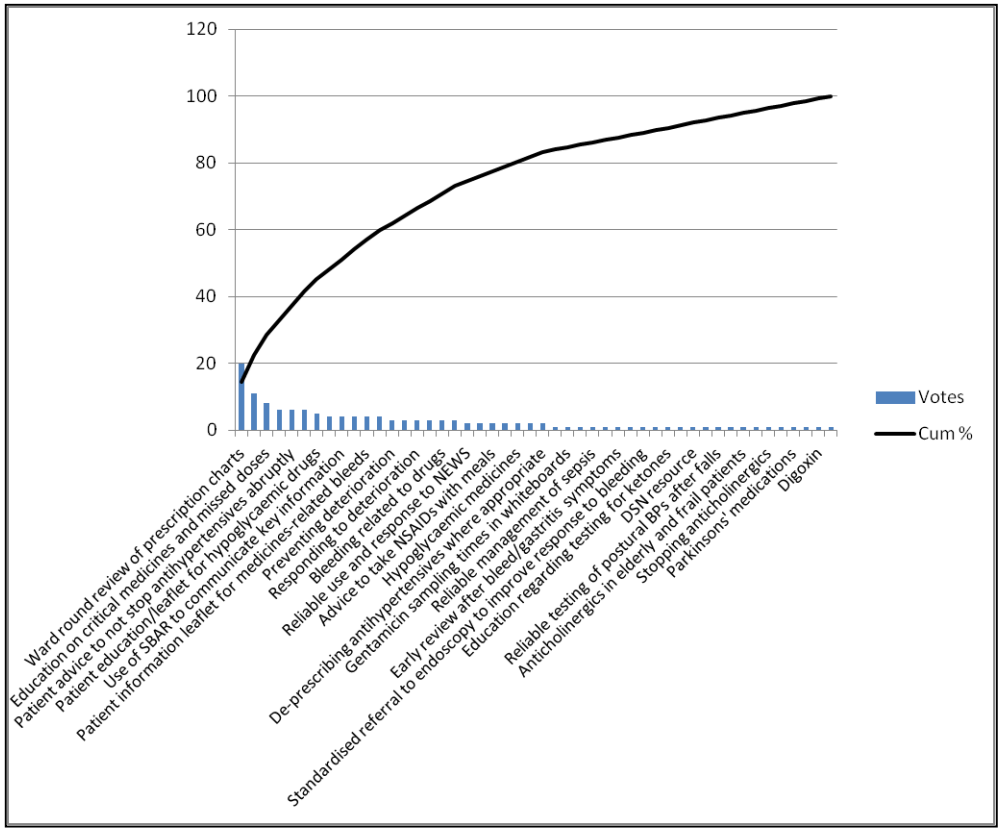
What have we learnt?

- If you are not familiar with a medicine, always check indication and dose
- We need to ensure this knowledge gap is addressed both locally and across the acute
- Pharmacists DO NOT review every patient every day – DO NOT rely on someone else to check prescriptions or medicines
- Consider contacting the medicines Information Centre for advice (Tel 0141 211 4407)
- Incidents can repeat themselves, always report and share learning

High risk medicines : Story so far
Nov 2016 SPSP Medicines conference and since

Medicine or medicine group	Harm (adverse effect or effect of omitted dose(s))	Deterioration (changes that are associated with increased likelihood of harm in that patient)	Interventions to PREVENT deterioration	Interventions to increase RECOGNITION of deterioration	Interventions to improve (structured) RESPONSE to deterioration

High risk medicines : Story so far
Nov 2016 SPSP Medicines conference and since



High risk medicines : Story so far
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Lithium	**ADR** - Toxicity **Harm from omission** In the short term little but sudden drops in serum level associated with greatest risk of relapse compared to reduced compliance with other mood stabilisers	- Dehydration - Reduced renal function - Interacting medicines - Lack of monitoring - Transfer to a different area/team - Physical illness -Changes to salt intake	- Education for staff - Education for patients & carers - Systematic approach to monitoring including routine serum level on admission (? Done in acute/cottage hospitals) - Standardised approach to SE monitoring	- Choice & Medication website & leaflets - Reinforce at every clinical contact (include community pharmacy here) - Lithium SE check list - Lithium ward bundle	- National monitoring standards (in development with SGHD) - Pre-administration nursing check list -SOP for management of suspected toxicity if not included elsewhere
Clozapine	**ADR** - Constipation - Weight gain & metabolic syndrome **Harm from omission** - Inappropriate treatment breaks and significant impact this has e.g. avoidable admission for re-titration and/or relapse	- Change in bowel habit - Abdominal pain - Chronic bowel obstruction - Faecal overflow - type 2 diabetes - Unnecessary admissions to re-establish treatment - Loss of symptom control -Change to smoking status -Interacting medicines -Transfer to a different area/team	- Education -Transfer checklist	- Systematic assessment at every clinical contact -Action at time of change to smoking status (planned or enforced e.g. admission to non-smoking environment)	- Pro-active treatment - Standard nursing SE care plan - Guidelines - Effective medicines reconciliation - National clozapine physical health standards

High risk medicines : Story so far
Nov 2016 SPSP Medicines conference and since

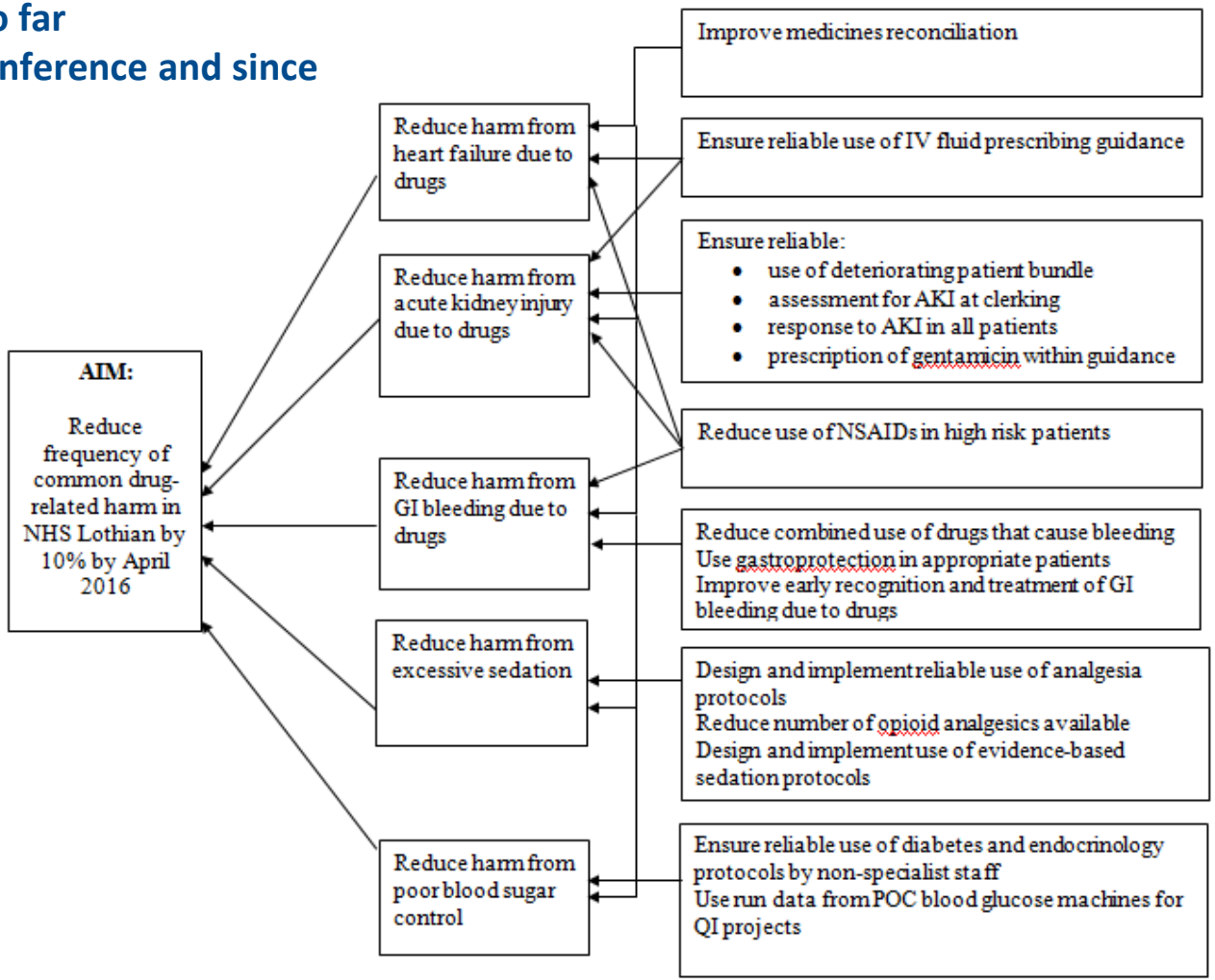
Dental High Risk Medicines (HRM) Data Collection Form

Date..... Site..... Type of clinic..... Name of practitioner..... Role.....

Pt #	Names of HRM currently used or considered * (See list on right)	Any HRM-related risks discussed with patients? Please give details.	Any other HRM interventions? E.g. changes to other meds, referral, call for advice...
1			
2			
3			
4			
5			
6			
7			

*HRM Types	Risk
Anticoagulants E.g. Warfarin, Direct Oral Anti-Coagulants and Low Molecular Weight Heparins	Post operative bleeding
Antiplatelets E.g. aspirin, clopidogrel	Post operative bleeding
Anti-resorptive and anti-angiogenic medicines E.g. bisphosphonates	Medication Related Jaw Osteo Necrosis
Hypoglycaemic medicines E.g. insulin, metformin	Diabetic complications, e.g. hypoglycaemia
NSAIDs E.g. ibuprofen or diclofenac	Interactions with other medicines
Paracetamol	Overdose and toxicity
Antibiotics or Antifungal medications	Interactions with other medicines

High risk medicines : Story so far
Nov 2016 SPSP Medicines conference and since



High risk medicines : Story so far
Bleeds study

Count of Bleeds	Age Group			Age Group
Bleed descriptor	18-64	65+	TOTAL	75+
Intracerebral	293	852	**1145**	585
Upper GI	7261	4866	**12127**	2394
Lower GI	840	518	**1358**	299
Unspecified	1351	1318	**2669**	812

	Type of bleed causing death				Annual admissions
	Intracranial	Upper GI	Lower GI	Unspecified	
No drugs of interest	130	30	1	20	6364
Anti-acid only	28	9	0	9	4893
Aspirin +/- NSAID only	52	10	0	6	1299
Aspirin +/- NSAID + anti-acid only	31	9	0	7	2434
Other antiplatelets +/- anti-acid only	48	3	0	10	903
Aspirin + other antiplatelets only	2	0	0	0	85
Aspirin + other antiplatelets + anti-acid only	2	0	0	0	171
Anticoagulant + (aspirin/NSAIDs/other antiplatelet)	0	1	0	2	76
Anticoagulant + (aspirin/NSAIDs/other antiplatelet) + anti-acid only	2	1	0	1	153
Total	295	63	1	55	16378

Polling Question 2

What should we do next with high risk medicines?

a. Develop a medicines-related “intracranial bleed” bundle
b. Challenge Boards to reduce all medicines-related bleeds by x%
c. Both of the above
d. Develop other high risk medicines targets
e. Other (please type in chat box)

Engaging the drivers for change from Feb 2018

- **Patient empowerment**: Not sure just ask? Signage in superstores?
- **Work processes**: Electronic alerts, polypharmacy review
- **Education**: Reframing HRM by actual harms rather than PK/PD?
- **Recognition for excellence**: Celebrating teams with best results – WebEx, other forums
- **QI support**: SPSP Meds as QI support vs facilitator for learning network
- **Digital [IT] systems**: Using ISD and prescribing data, electronic alerts, HEPMA

Successes and Challenges

Successes:

- Enthusiastic network
- Data demonstrate HRM not just drugs with narrow therapeutic indices
- Intracranial bleeds, dental work, etc provide new avenues for innovation

Challenges:

- Utility of frameworks still to be demonstrated
- Risk of dissipation if tangible results not achieved
- Facilitating local prioritisation

Key Points for Sharing:

- High risk medicines should be defined based upon frequency of actual harms, rather than pharmacological properties alone

- SPSP Medicines and our stakeholders are engaged in developing comparable data on specific harms, simple tools for measurement, and frameworks to help recognise risks and design improvements

- As a group we need to work on identifying and implementing effective interventions to reduce harms from high risk medicines from diverse settings

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Any Questions?

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NHS SCOTLAND

WebEx Series

- Patient empowerment
- Education
- QI support
- Work processes
- Recognition for excellence
- Digital [IT] systems

Every Person Every Time
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Webex Series 2018/2019			
Date	**Time**	**Presenters**	**Topic**
Thursday 18th October	3pm – 4pm	NHS Greater Glasgow & Clyde, NHS Western Isles and NHS Orkney	Using a QI approach to reducing omitted medicines (in collaboration with Excellence in Care)
Thursday 8th November	3pm – 4pm	NHS Greater Glasgow & Clyde	Digital solutions to reduce medicines transcription

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Using a QI approach to reducing omitted medicines
EiC test sites and SPSP Medicines team

Thursday 18 October 2018
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See you on 18th October…….

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http://ihub.scot/spsp/medicines/

@SPSP Medicines

Looking forward
to welcoming you to...

NHS SCOTLAND 70 YEARS #nhsscot70

Glasgow 2019
FORUM