



20th Congress of the EAHP  
25-27 March 2015  
The hospital pharmacist's agenda  
- patient safety first  
ONLINE ABSTRACT SUBMISSION  
AND  
CONGRESS REGISTRATION OPEN!

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# Medicines Reconciliation on Admission (in UK)

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# Conflict of interest: None

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## Learning Objectives

Participants should be able:



- To describe the importance of Medication Reconciliation process
- To present the principles and strategies to spread and measure the improvements in Medication Reconciliation beyond pilot unit
- To recognise the pharmacist and pharmacy technician's role in this process

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## Questions

- Do you understand why Medication Reconciliation on admission is important – and understand the evidence of benefits for this ?
- Is your understanding of the use of the Model for Improvement [including: PDSA cycles, tests of change, measurement and run charts] sufficient for you to implement Medicines Reconciliation ?
- Do you understand the key factors to gain the support to spread and embed in an organisation ?

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## Meds Rec: Definition:

*Medicines reconciliation ensures that the medicines prescribed on patients admission correspond to those taken before admission.*

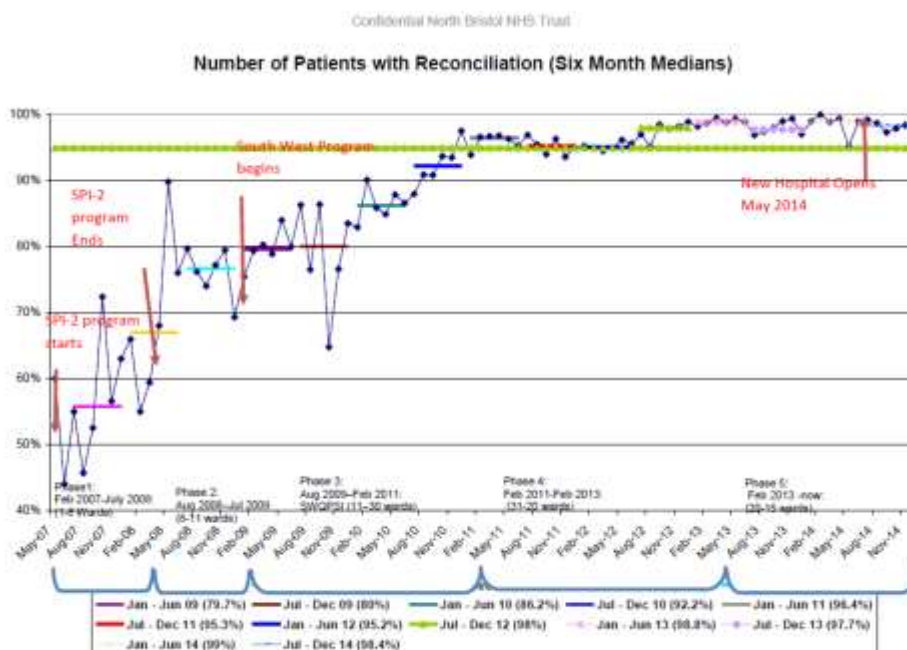
*This process involves discussion with patients and/or carers and using primary care records*

*... as well as PODs*



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# Who are we ?

NBT –

Patient Safety: Medicines Management work stream



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# Who are we ?

## NBT –

### Patient Safety: Medicines Management work stream

- SPI2 project team
- SWQPSI project team
- Medicines Governance Group – Patients
- NBT staff – Consultants; Other Doctors; Pharmacists; Nurses; Ward receptionists; Clinical Audit; etc.



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## NBT Team



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# Why is this important ?

## Globally

- WHO High 5s (2006)
- IHI Saving Lives Campaign (2006)

## UK: Nationally/Regionally

- SPI1 and SPI2 (2006 – 2009)
- SWQPSI / Safer Care Southwest (2009 – now)

## Patient Safety

- Reduced harm
- Reduce length of stay

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# Key Drivers (1)

## UK: Nationally

- NPSA/NICE – Medicines Reconciliation guidance (2007)
- NPSA/2010/RRR009: “Reducing harm from omitted and delayed medicines in hospital” (2010)
- Francis Report: (February 2013)
- Medication Safety Thermometer (July 2013)



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## Key Drivers (2)

### UK: Nationally

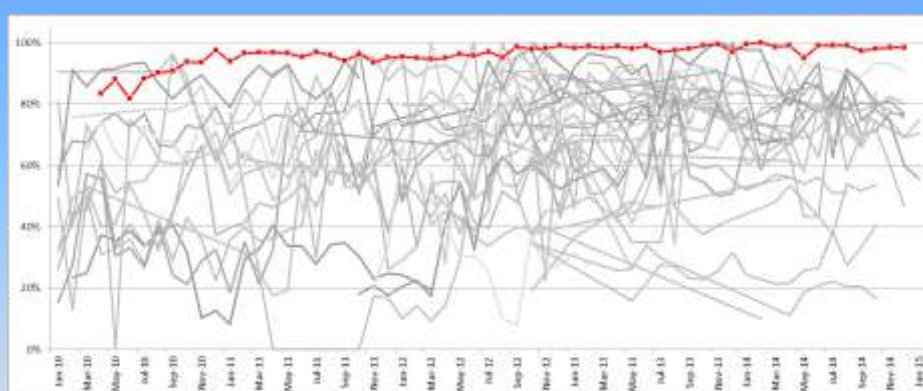
- Medicines Optimisation Dashboard (June 2014)
- Sign up to Safety (June 2014)
- PSA 014: "Risks arising from breakdown and failure to act on communication during handover at the time of discharge from secondary care (August 2014)
- NHSBN: Pharmacy: Acute Trusts (November 2014)



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## QIPP: % reconciliation: all Trusts

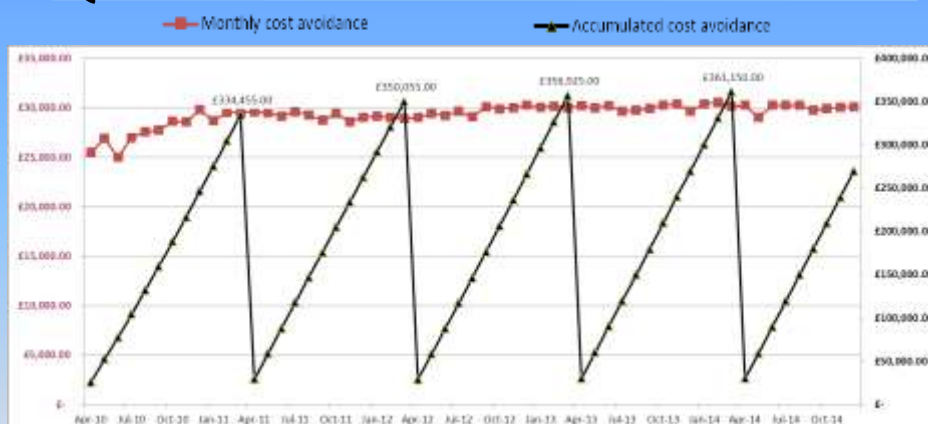


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## QIPP: Cost Avoidance

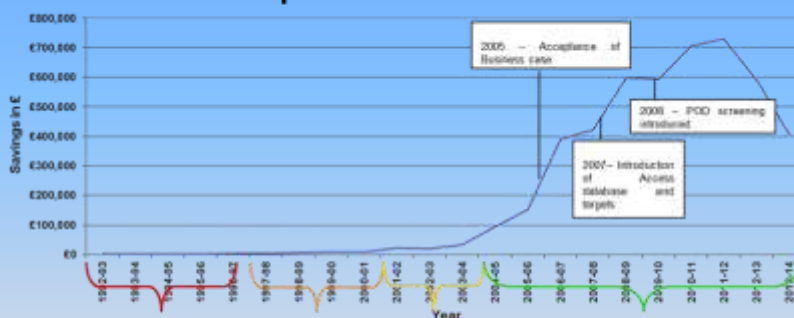


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## Patient's Own Drugs

Patients Own Drugs Savings – North Bristol NHS Trust  
April 1992 – March 2014



Phase 1: 1992 – 1996 – POD: Pharmacy processed (SMH only)	Phase 2: 1997 – 2000 – POD: Ward processed (SMH only)	Phase 3: 2001 – 2004 – MM: trials (SMH)	Phase 4: 2005 – present time – MM: service spread (SMH + FR)
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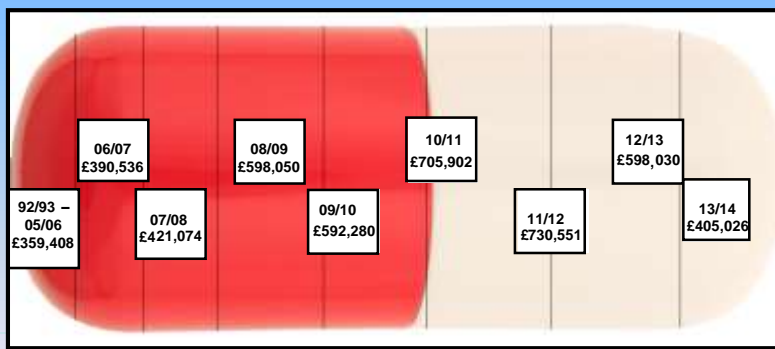
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## Patient's Own Drugs

Patient Own Drugs Savings – North Bristol NHS Trust  
Apr 1992 – Mar 2014  
**Total Savings - £4,800,859**



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## How are we sharing ?

### UK: Posters



■ Patient Safety Congress  
(Birmingham: May 2013)



■ European Hospital Pharmacy Congress  
(Paris: March 2013)



■ National Pharmacy Management Forum  
(London: Nov 2012)



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## How are we sharing ?

### Presentations and Workshops

- European Association of Hospital Pharmacists Congress, Hamburg (March 2015)



- West of England Academic Health Science Network Annual Conference (October 2014)



- National Pharmacy Management Forum (London: Nov 2013 and Nov 2014)



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## How are we sharing ?

### Journal Articles

- “Improving medicines reconciliation on admission”  
Hospital Pharmacy Europe (v. 074: Summer 2014)
- “Medicines Reconciliation on Admission – other issues - at North Bristol NHS Trust (NBT)”  
Hospital Pharmacy Europe (v. 075: Autumn 2014)



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## Achievements

### UK Awards: Shortlisted Finalists

- HSJ Awards (Nov 2014)
- HQIP Awards (Nov 2014)
- LEAN Healthcare Academy Awards (Feb 2014)
- HSJ Patient Safety Award (July 2013)

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## Achievements

### UK Awards: Winners

- APTUK Awards (June 2014)
- Clinical Pharmacy Congress (March 2014)



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## Summary: What have we done ?

### 1) We have improved the quality of the service NBT provides to all patients by:



- Achieving our 95% target
- Maintaining/Improving 95% target on up to 30 wards

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## Summary: What have we done ?

### 2) We are the best acute Trust as shown by (QIPP) benchmarking

...and possibly one of the best in the world

Frank Federico: Executive Director: IHI:

**“Your efforts inform us that, as difficult as medication reconciliation may be worldwide, it is possible to succeed”**

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## Summary: What have we done ?

### 3) We are successful in carrying out Medicines Reconciliation, and demonstrating savings

Clare Howard, Deputy Chief Pharmaceutical Officer: NHS England

**“North Bristol Trust are to be congratulated on their impressive journey to improve medicines reconciliation rates”**

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## What have we done (1)

- Ongoing measurement
- Tests of change



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Worksheet for Testing Change –			
Aim: (Overall goal you would like to reach)			
Every goal will require multiple smaller tests of change			
Describe your first (or next) test of change	Person Responsible	When to be done	Where to be done
<u>Plan</u>			
List the tasks needed to set up this test of change	Person Responsible	When to be done	Where to be done
Predict what will happen when the test is carried out	Measures to determine if prediction succeeds		
<u>Do</u>			
Describe what actually happened when you ran the test			
<u>Study</u>			
Describe the measured results and how they compared to the predictions			
<u>Act</u>			
Describe what modifications to the plan will be made for the next cycle from what you learned			

## What have we done (2)

- **Phase 1: Feb 2007–July 2008: (1 - 8 wards)**  
 Introduced a Medicines Admissions Proforma  
 Developed an e-audit tool
- **Phase 2: Aug 2008–Jul 2009 (8 - 11 wards)**  
 Training DVD was designed  
 Analysed admissions data
- **Phase 3: Aug 2009–Feb 2011: SWQPSI (11–30 wards)**  
 New Pharmacist post enabled increased spread  
 Tests of change on accuracy of Medicines Reconciliation


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## What have we done (2)

- **Phase 4: Feb 2011-Feb 2013: SWQPSI (31-20 wards)**  
 Audited Sunday admissions  
 Surgical Pharmacist funding agreed
- **Phase 5: Feb 2013 -now: SWQPSI (20-15 wards)**  
 Reviewed NBT cost avoidance savings  
 Piloted “Connecting Care”  
 Extended clinical services to the emergency zone  
 Publicising work to spread good practice

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## What have we done (3)

- Review data
- Display results
- Record Pharmacist Interventions



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## Medicines Reconciliation Process



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## Medicines Reconciliation Process

Patient admitted

Clerked by Doctor (one source for medication history)

Seen by Pharmacist (2nd source used)

- Discrepancies highlighted, documented and Doctor informed.
- Chart clinically signed off

Audited by Medicines Management Technician

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## Role of Pharmacist



- All pharmacists
- Priority target
- Drug history - at least two sources
- Discrepancies highlighted to the doctor
- Training of nurses and doctors

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# Data collection form

Week Commencing: 27/03/14      Ward: Level 2 - Data 01 -

Patient Name	MRN Number	NHS Number	DRs Completed & Date	Patient Score (0-10)
Monday 27/03/14      Thursday 28/03/14				
Monday 27/03/14      Friday 29/03/14				
Monday 27/03/14      Saturday 28/03/14				
Tuesday 28/03/14      Sunday 29/03/14				
Wednesday 28/03/14      Monday 29/03/14				
Thursday 29/03/14      Tuesday 30/03/14				
Friday 30/03/14      Wednesday 31/03/14				

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# e-Audit tool

North Bristol  SAFER PATIENT INITIATIVE  
MEDICINE MANAGEMENT  
MEDICINE RECONCILIATION  
BRUNEL VERSION

Quality Improvement & Audit 

Please review 5 random sets of notes of patients 1 working day after admission.  
If Gate is not listed please specify Other in Level/Non-Brunel

Auditor:      Date:      Level/Non-Brunel:      Directorate:      If Gate is not listed please specify Other in Level/Non-Brunel

Number	Patient Number	Medicine Reconciliation within 1 working day of admission	Gateway audit?		
		Yes	No	Yes	No
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Please press 'Submit' below to send your data to Quality Improvement & Audit

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## Improving quality of Medicines Reconciliation



- DVD - for junior doctors
- Admission pharmacist teaching junior doctors
- Junior doctors shadowing admissions pharmacist
- Pre-op clinic nurses training
- Audit of quality of process

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## Role of MM tech

- Notes – sources available
- Obtaining GP faxes
- PODs – recording/assessing
- Patient interaction
- Referral to pharmacist
- Accreditation



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## Data collection process



- % of emergency and elective admissions >2%
- 5 patients per week (20 per month)
- Random data collection
- Completed by MM technician - part of ward visit
- Uploaded on to e-tool
- Monthly report shared
- Currently auditing 15 wards (220 patients)

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## Key Learning points

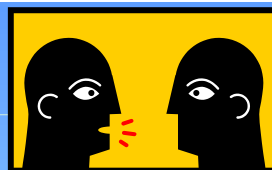


- SPI2 - support from experts/peers - improvement methodology; “learn from others”; “share success” and “steal shamelessly”!!
- Continuous Measurement is ESSENTIAL  
*“In God we Trust – all others bring data!”*
- “Buy-in” of staff // start with enthusiasts // leave laggards.
- Tempting to spread too quickly. Plan, continue to embed and gain support as the project evolves.

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## Discussion points



- Ongoing vs snapshot data collection
- Improvement methodology vs Safety Thermometer
- Benchmarking – need clear definitions

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## Other / Future work



- Medicines Reconciliation on discharge – linked to new PSA alert
- Medicines Reconciliation for Saturday admissions
- Nursing input to pre-admin clinics

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## Answers

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**Thank you - Any Questions ?**

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