

Improving medicines safety for vulnerable people at transfers of care - a breakthrough series collaborative

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Background



GM -AHSN

- 3.6 million people
- 14 CCGs
- 16 NHS Trusts
- 4 Universities

Our goal is to improve patient and population health outcomes by translating research into practice, and developing and implementing integrated health care services.

Why transfers of care?

There are at least 26 million transfers of care in England each year¹.

Medicines errors²:

- 70% of transfers generate an error or unintentional change to medicines.
- 90% of older people admitted under medical care experience a change to their medicines.
- 60% of people have more than 3 medicines changed.
- 45% of medicines being taken at discharge are new.
- Each medicines change increases the risk of a post discharge ADR by 4.4%.

Cost implications³:

- Medicines errors cost the NHS £2.5 billion per annum.
- Wasted medicines cost the NHS £300 million each year.

People do not take their medicines properly⁴:

At 10 days post hospital discharge:

- 30% of people were already non-adherent with medicines (55% unintentionally).
- 66% had a problem with a least one of their medicines.
- 61% wanted more information about their medicines.
- Just 16% of people prescribed a new medicine are taking it as prescribed, are experiencing no problems and are receiving as much information as they need.

1. Gray, et al. Hospital Pharmacy Europe 2013; 17 Nov/Dec. 2. Royal Pharmaceutical Society, 2012 London. 3. McDowell, Barnett. HSI; 9th February 2012. 4. Barber, et al. Qual Saf Health Care 2004; 13: 172-175.

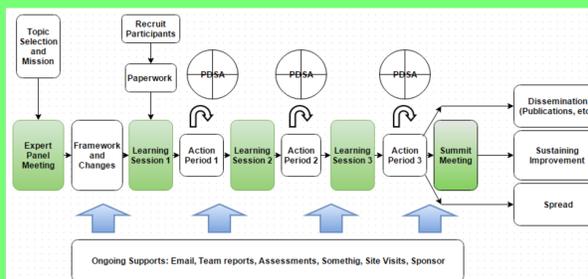
What we are doing:

Our driver diagram & measures

The vision: Greater Manchester will be the safest place in the world to take medicines. This means that everyone taking medicines will be free from harm caused by preventable medication errors.

Aim	Primary drivers	Secondary drivers	Measures
95% of people in defined vulnerable groups who experience a defined transfer of care will have 'defect free medicines care' by April 2016	<ul style="list-style-type: none"> Improve Reconciliation Process Develop Shared Management Approach Utilise Available Technology 	<ul style="list-style-type: none"> Complete medicines reconciliation within appropriate timeframe Develop reliable processes to communicate and action discrepancies or changes (including follow up and close) Complete medicines review within appropriate timeframe (with the patient and / or carer) Use shared decision making Provide self-management support Give the person/carer ownership of drug history (patient passports) Use record sharing whenever possible (summary care record or integrated health records) Explore available apps Give patients / carers access to electronic records where possible 	<ul style="list-style-type: none"> Allergy status documented Medicines reconciliation completed within appropriate time-frame Documented meds review with person Prevalence of polypharmacy ID + reporting of errors/harms NICE compliant TOC summary received Meds record update within 7 days of discharge Confidence to self-manage meds Involvement in shared decision making Sufficient self-management support Proportion of patients holding own drug history Proportion of NHS Hospital Trusts and pharmacists viewing the summary care record Long term outcome measures (post scale up) <ul style="list-style-type: none"> Reduction in harm (acute, community & nursing homes) Incident reporting rates Admission and re admission related to medicine

The BTS model (Institute for Healthcare Improvement)



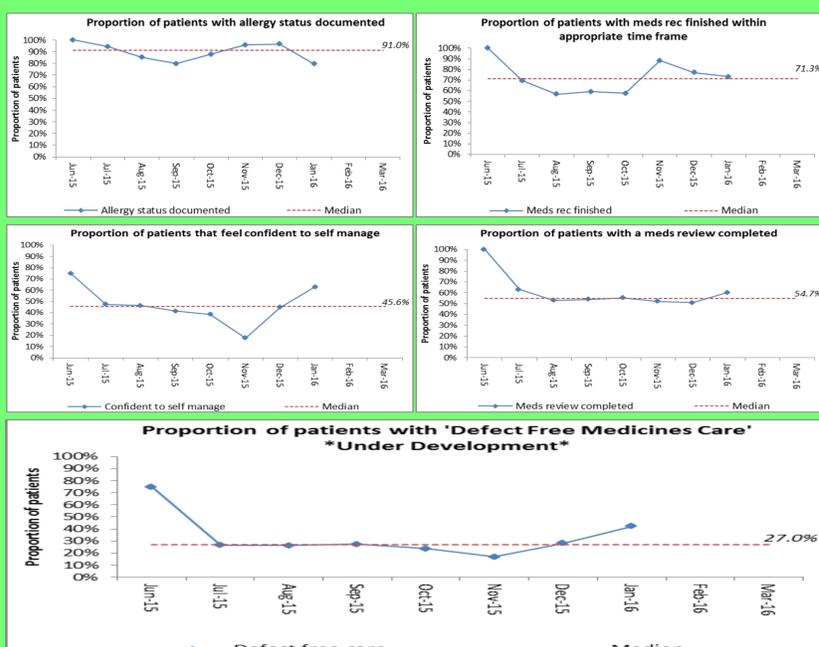
A 10 month improvement programme focused upon transfers of care involving the frail elderly, people with COPD and Offenders.

The participants



- 8 Health Economy teams
- Multidisciplinary membership
- Patient and public engagement

What does the data show:



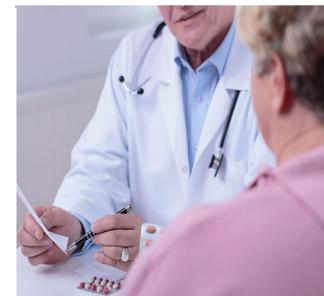
Learning & Challenges:



Introduction of technician services and electronic prescribing to intermediate care. Reliable communication between hospital and community pharmacists. Hospital pharmacists using web access to update primary care medicines records directly.



Data collection has been a major challenge to the programme. External inspections and information governance issues had a significant impact on this.



Despite the time commitment the teams particularly valued the learning sessions and site visits. Shared learning opportunities were well received.

If you would like to find out more about this work please contact: steve.gillibrand@nhs.net