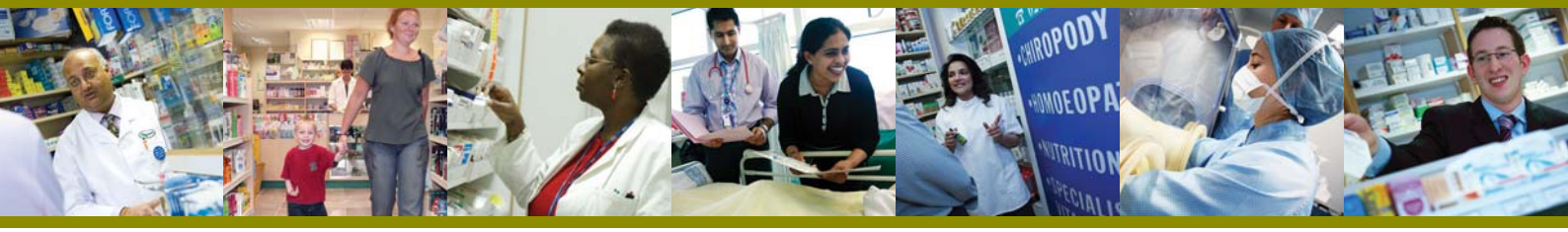
Royal Pharmaceutical Society of Great Britain



Pharmacists help prevent medication errrors and hospital re-admissions

Harriet Lewis, Trafford Pharmacy Network, Trafford PCT

Margaret Ledger-Scott, chief pharmacist and clinical director medicines management, Durham and Darlington NHS Foundation Trust

PATIENT HOSPITAL DISCHARGE SERVICES

When patients are discharged from hospital there is a risk of a communications failure between hospital staff and health professionals who care for the patient in the community, which can result in confusion over medication taken in hospital and that taken at home. There is a risk of drug interactions and re-admission to hospital if a patient's medicines aren't carefully monitored.

Two pharmacist-led schemes have helped to overcome these issues. In Trafford, when patients are discharged from Trafford General Hospital, a summary of their discharge medication is faxed to the patient's pharmacist as well as the GP. This helps to prevent mistakes occurring and so reduces re-admission to hospital.

At Darlington Memorial Hospital, the pharmacy team have designed a booklet which is given to patients on discharge. It records all aspects of hospital treatment received, including medication given. The booklet is then kept by the patient and updated by the GP and other healthcare professionals whenever a change to medicines or treatment is made. The booklet has had a dramatic effect in reducing medication errors and hospital re-admissions.

PATIENT DISCHARGE SUMMARIES FAXED TO PHARMACISTS

"We set up the scheme because we found that the discharge summaries sent from hospital to GP weren't being acted on quickly enough, so changes to a patient's medication made in hospital weren't being followed through," says Harriet Lewis of the Trafford Pharmacy Network at Trafford PCT. This can result in the patient taking both the hospital medicine and their home medication together. "Before the service was set up we found there were too many prescriptions from GPs that didn't reflect the changes made to medication during a hospital stay."

HOW THE SERVICE WAS SET UP

The development of the Trafford Pharmacy Network service was the focus for a pilot of the *Leading Across Boundaries* programme established by the Royal Pharmaceutical Society of Great Britain, which included community and hospital pharmacists and those from the local PCT.

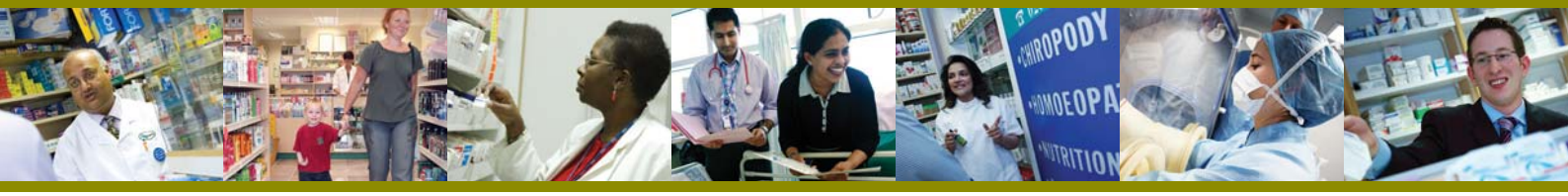
The *Leading Across Boundaries* programme was set up to help pharmacists within local networks establish their leadership skills and enable the networks to work effectively across both primary and secondary care in new ways – to help improve the healthcare patients receive. *Leading Across Boundaries* has subsequently been successfully used to develop multidisciplinary networks looking at medicines management across community hospitals and linking community pharmacy into a local obesity pathway involving GPs, commissioners, public health and other clinical professionals.

"The service was piloted in 2006 with just a couple of pharmacies and it has gradually expanded so that all of north Trafford's 26 pharmacies are now involved," says Harriet.

HOW THE DISCHARGE SERVICE WORKS

When a patient is discharged from the hospital their local community pharmacist is sent an eFax.

"The eFax is not a prescription, but a piece of information to tell the pharmacist of any changes to the patient's medication during their hospital stay. Pharmacists can then be alerted to this when they receive prescriptions from the GP and in preparation of any compliance aid for that patient. It helps to make sure the patient is getting the right medicines," says Harriet.



SUCCESSFUL SERVICE

Since the roll out of the service in March the eFax service was set a target of sending out 60 patient medication summaries a month. "Data from the pilot sites has shown some 90 per cent of these eFaxes have resulted in the pharmacist making contact with the patient's GP to assess their prescription requirements.
In around 25 per cent of the eFaxes pharmacists found that the information they received didn't match up with the GPs prescription – meaning changes to medicines during the hospital stay hadn't been removed or added to the patient's GP notes and subsequent prescription," says Harriet.

BREAKING NEW BOUNDARIES

"This kind of new service helps to establish the position of the community pharmacist within the wider healthcare team," says Harriet. "Pharmacists are the last safety point at the end of the patient care line, and they should be included in the communication links across the interface. Other primary care health professionals could take further advantage of this patient safety resource and expertise within the community."

The next stage is for community pharmacists to be involved in the medicines reconciliation process when a patient is admitted to hospital, giving the medical team information on the medication the patient is currently receiving. "To do this, community pharmacists will need to work in conjunction with further IT developments with Connecting for Health and the *National Programme for IT*. Currently we're looking at ways of piloting secure access to NHS Mail and to develop appropriate IT governance arrangements."

PATIENT DISCHARGE BOOKLET, DARLINGTON

A study of patients' medications post-discharge in 2005 showed a high percentage of unintentional changes to the medication prescribed on discharge. The study of 300 post-discharged patients at follow up visits to secondary care had shown 72 per cent unintentional discrepancies from discharge medications.

"A high percentage of these changes would reduce clinical outcomes, for example patients discharged from cardiac wards had their cardiac medication unintentionally stopped on their first visit to the GP. This is a long standing problem and we wanted to make a positive difference to patient care by reducing the unintentional prescribing errors post-discharge," says Margaret Ledger-Scott, chief pharmacist at Durham and Darlington NHS Foundation Trust.

"The main reasons for the problem appeared to be a lack of effective communication between healthcarers, whenever patients moved from one health setting to another – whether it be hospital to home or GP to outpatient clinic, plus a lack of understanding by the patients about their medications."

HOW THE BOOKLET WORKS

The booklet was designed by a multiprofessional group of pharmacists, consultants, GPs and patients. It is pocket sized and contains pages to enter information on all aspects of the patient's health and treatment.

The first page carries general information such as how to use the booklet, telephone numbers for medicines information and NHS Direct. The second page is to list the patient's over-the-counter medications (and what they are taken for) plus any known drug allergies. Patient details are also recorded and other pages detail a patient's medical conditions, the medication record, clinical outcomes record and a reminder page of questions, notes or comments. Patients are asked to take the booklet with them when they go to any hospital or doctor's surgery, or have it available if a doctor or nurse visits them at home.

SUCCESS OF THE BOOKLET

12 months after initiation of the project, less than two per cent of patients who had been discharged from hospital with a booklet had experienced unintentional discrepancies from their medication regime due to medication errors. Hospital re-admissions were reduced by 71 per cent.

"Patients using the booklet became more responsible for managing their own healthcare – they understood what their medicines were for, why they were taking them and they queried any changes," says Margaret. "Patients like using the booklet – 98 per cent of those offered it carried it with them at all times. It also means the patient's knowledge of their illness improves and they develop skills to enable them to manage their disease and have a better understanding of their medication. All this contributes to improving the outcome for the patient."

BREAKING NEW GROUND

"The booklet does not only record medication but also risk factors, test results etc. – showing our pharmacists now have a more holistic approach to patient care. It also demonstrates that we understand the importance of involving all professions and the patient in their care – no matter where the healthcare professional is based," concludes Margaret.

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