East London NHS Foundation Trust

Improving the Medicines Reconciliation Process in a Home Treatment Team.

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Aim:

1. To achieve medicines reconciliation for 50% of the City and Hackney Home Treatment Team (HTT) caseload within 72 hours of referral by February 2015 (6 months).
2. To increase this target to 80% by August 2016 (12 months).

This QI project will exclude patients transferred to HTT from City and Hackney Centre for Mental Health as there is already a reliable process by which medicines reconciliation occurs over 95% of the time within 72 hours. [1]

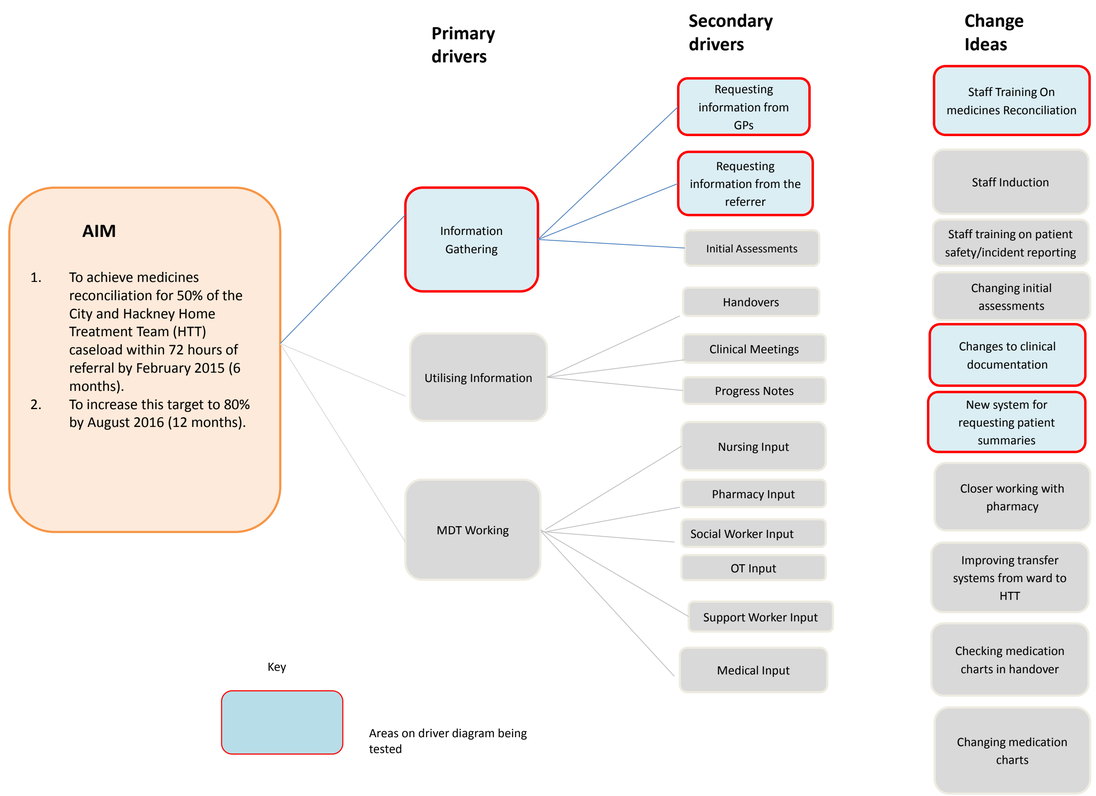
Background:

Medicines reconciliation is the process of obtaining an up to date and accurate medication list that has been compared to the most recently available information and has documented any discrepancies, changes deletions and additions. In order for full medicines reconciliation to occur, 2 or more sources of information should be used, one of those being the patient. Examples of resources which can be used are: GP summary record, Patients Own Drugs (PODs), Depot clinic charts, Discharge summaries, Medication Administration Record Charts. Medicines should be reconciled at the transfer of care at the interface e.g. community to hospital (vice versa) or internal transfer between wards and across sites between acute and mental health care.

The benefits of reconciliation include:

- Reducing prescribing errors.
- Reducing hospital admissions and re-admissions due to harm from medicines.
- Reducing the number of missed doses and improving the quality and timeliness of information. available to clinicians, thereby leading to improved therapeutic outcomes.
- Increasing patient involvement in their own care promoting better concordance and reducing waste.

The importance of medication reconciliation has been highlighted in recent guidance from the National Institute for Health and Clinical Excellence (NICE) [2] and the National Patient Safety Agency (NPSA) [3]the Care Quality Commission[4] and the National Prescribing Centre[5].



Why we chose this project?

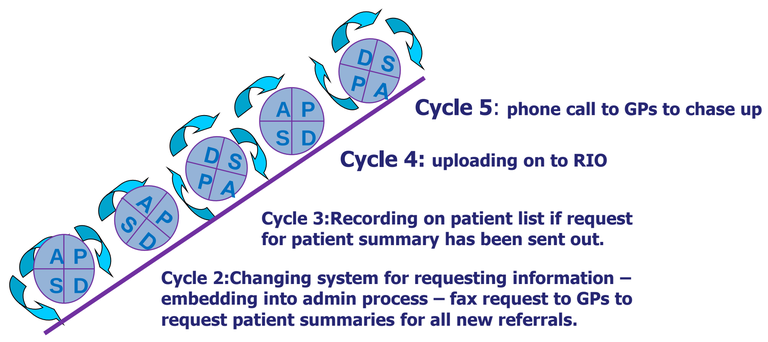
We chose this project for the following reasons:

- Performed poorly in this area on audits (baseline data revealed 0% medicines reconciliation occurred for patients admitted to HTT if we excluded patients admitted from City and Hackney Centre for Mental Health)
- To improve patient safety and reduce medication related prescribing errors.
- To meet Home Treatment Accreditation Scheme HTAS issued by CCQI.[6]
- Getting the medicines right.
- Not being aware patients are using OTC medications, herbal remedies and drugs purchased on the internet.
- General feeling of need to tighten systems in this area within the team and high turnover of patients.

What was the problem?

- We recognised that we had an undefined process for requesting information from GPs.
- We were sure that medicines reconciliation occurred to a certain degree but it was difficult to prove that medicines reconciliation was taking place as we had no figures to support our work.

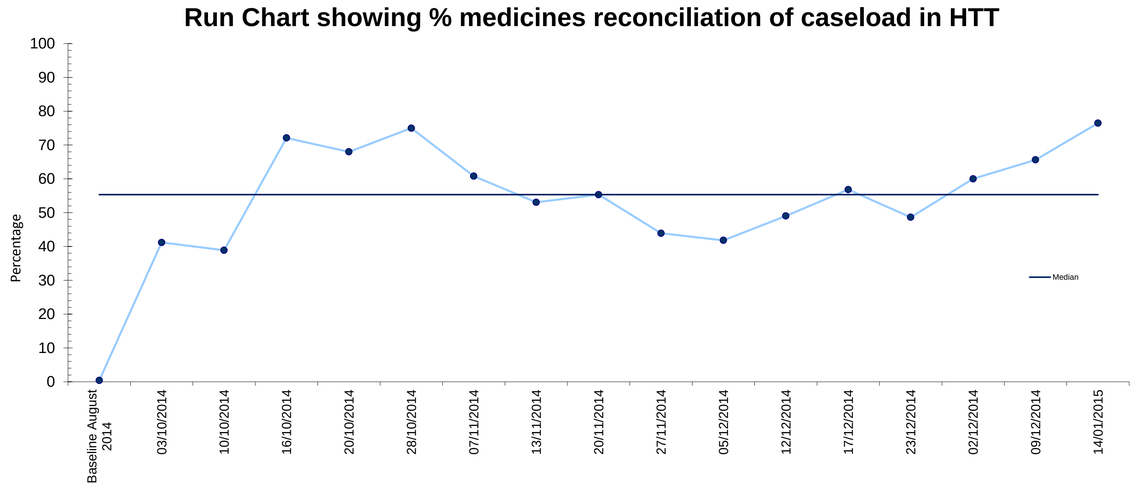
Sequence of PDSA's – for requesting information from GP's



Measures

Outcome: % of patients who have received medicines reconciliation as per policy within 72 hours
Process: % of GP faxes received with drug history, % of medicines reconciliation forms completed and uploaded on patient's electronic notes system
Balancing: Number of DATIXs with medication errors as the theme.

Run Chart showing % medicines reconciliation of caseload in HTT



Learning

- Need to define operational definition of medicines reconciliation.
- Find ways in which the data is easy to collect.
- Consider that changing one part of the system can affect other parts. *e.g* Initial assessment document.
- Important to involve different disciplines including administration, medical staff and support workers.
- Important to meet regularly for shorter periods of time than to have less frequent longer meetings

Planning for the next PDSA

- We are looking to extend the project into incorporating other elements of medication safety including looking at reducing waste and working with the wards around TTAs.

How we will be applying your improvement skills next?

- Extending above project to aim for Trust target of 95%
- Assist with other QI projects currently underway within HTT

References

1.East London Foundation Trust Quality and Safety Report 7.0 CQUIN 1D *Medicines Reconciliation* 2013/ 2014.
2. National Institute for Health and Clinical Excellence (NICE) Technical patient safety solutions for medicines reconciliation on admission of adults to hospital (PSG001) December 2007
3. National Patient Safety Agency guidance to improve medicines reconciliation www.npsa.nhs.uk/corporate/news/guidance-to-improve-medicinesreconciliation/
4. Care Quality Commission. Guidance about compliance: Essential standards of quality and safety www.cqc.org.uk/_db/_documents/Essential_ standards_of_quality_and_safety_March_2010_ FINAL.pdf
5. NPCi Medicine Reconciliation Implementation Guide www.npci.org.uk/medicines_management/safety/reconcil/library/guide_reconciliation.php4
6. HTAS Standards for Home Treatment Teams. First Edition 2013 http://www.rcpsych.ac.uk/

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