Implementing and Improving Medicines Reconciliation on Admission at North Bristol NHS Trust (NBT)

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Introduction

Medicines Reconciliation ensures that medicines prescribed on patient admission correspond to those taken before admission. This process involves discussion with patients and/or carers and using primary care records.

Medication errors cause harm to patients, lead to increased morbidity/mortality and inflate healthcare costs.

The benefits of Medicines Reconciliation in improving safety and reducing costs from medication errors are emphasised in:

- National Institute for Health and Clinical Excellence (NICE) collaborating with National Patient Safety Agency (NPSA): Medicines Reconciliation guidance
- Quality, Innovation, Productivity and Prevention (QIPP) programme, including Medicines Optimisation and Transfer of Care
- PRACtICe Study[1]

NBT invested in many Patient Safety initiatives, these include:

- Safer Patients Initiative (SPI2)
- Southwest Quality and Patient Safety Improvement Programme (SWQPSI)

Aims and Objectives

The aim was to implement and improve Medicines Reconciliation at NBT.

The objectives were to:

- Increase to more than 95% the number of patients receiving Medicines Reconciliation within 24 hours of admission.
- To improve the quality of medicines reconciliation and achieve our goal of 95% reconciled.
- Ensure Pharmacists are involved in medicines reconciliation as soon as possible.
- Reduce medication errors occurring on admission.

Method

By using the model for improvement a small number of tests of change on one ward were trialled and spread to an increasing number of wards. This involved:

Phase 1: Feb 2007 – July 2008 (1 - 8 wards)

- Introduced a Medicines Admissions Proforma to be used on MAU / SAU.
- Ward staff to develop an e-audit tool using Plan Do Study Act (PDSA) cycles.

Phase 2: Aug 2008 – July 2009 (8 - 11 wards)

- Consolidated practices and involved more staff to continue planned spread.
- A DVD was designed for training medical students and doctors.
- Analysed admissions data to plan spread to wards where the number of direct admissions was >2% of the total number of Trust admissions.
- Medicines Management Technicians collected randomised data electronically as a run chart (5 patients per week).
- Improve communication with:
  - Patients on Patients Own Drugs (PODs)
  - Ambulance staff to increase PODs received
  - Clinic letters to include medication lists
  - GP's - on admissions information

Phase 3: Aug 2009 – Present day (11 – 30 wards)

- In 2010, commenced tests of change on accuracy of medicines reconciliation, spreading to 42 wards.
- In 2010 our Renal Pharmacists audited "Red Traffic Light drugs" (high risk hospital prescribed) against GP medication lists. They looked at sample of Red TLS drugs to see if they were listed on the GPs system.
- In 2012, Surgical Pharmacist funding was agreed following a trial in Pre-admissions clinic.

Results

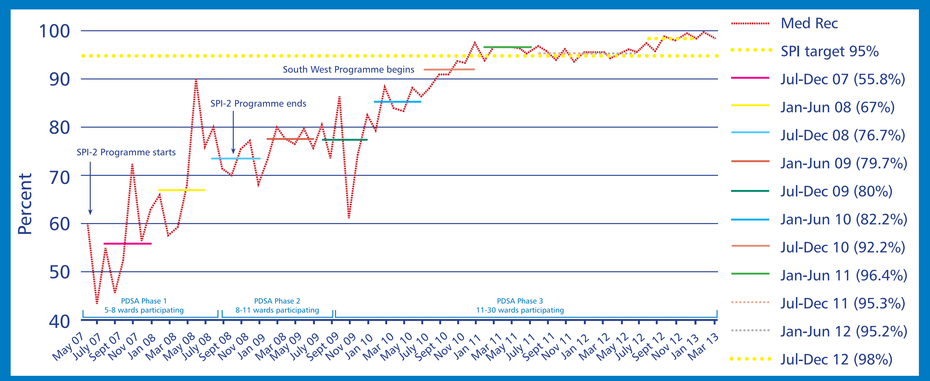
General results

The medians on the graph show our improvements since February 2007.

Results on accuracy from February 2010 onwards

From auditing the data, only 55% of drug histories taken on admission by doctors are accurate. It is therefore important that medicines reconciliation is performed by a pharmacist within 24 hours of admission.

Number of Patients with Reconciliation (six month medians)



Conclusion

From February 2011 we achieved and maintained our 95% target on 30 wards. The Institute for Healthcare Improvement (IHI) congratulated us.

Quality, Innovation, Productivity and Prevention (QIPP) are introducing a national programme of data collection of medicines reconciliation. Initial results benchmarking Teaching hospitals highlight our remarkable results.

Future work

Our focus for future work includes:

- Focus on elective admissions through Pharmacists input into pre-admissions clinics and enhance the training of the nurses.
- To collect and review data for patients admitted on a Sunday to determine if medicines reconciliation is performed within 24 hours after admission.
- Review admission data.

Summary

Medicines Reconciliation ensures that medicines prescribed on patient admissions correspond to those taken before admission. This process involves discussion with patients/carers/using primary care records.

The key national driver is medicines reconciliation guidance (NICE/ NPSA/:2007). Medication errors cause patients harm, lead to increased morbidity/mortality/inflate healthcare costs.

This project forms part of our work with Health Foundation's "Safer Patients Initiative" (SPI2) and Southwest Quality and Patient Safety Improvement Programme.

The objective was: **Ensure 95% of admitted patients receive Medicines Reconciliation within 24 hours**

Our run chart illustrates significant achievements:

- From 2010: we achieved / improved our 95% target on 30 wards.
- "Quality, Innovation, Productivity and Prevention" (QIPP), benchmarking shows that NBT is the best performing Trust in England/Wales.

Other outcomes include::

- Renal audit of "Red Traffic Light drugs" (RTL: high risk hospital prescribed) against GP records. Results showed 34% were omitted.
- Patients' increased opportunities to discuss medicines.
- Admissions proformas; electronic data collection tool.
- Nomination for NBT Exceptional Healthcare awards.
- Posters at the Pharmacy Management National Forum, London (11/2012), European Hospital Pharmacy Conference, Paris (3/2013) and shortlisted for National Patient Safety awards (2013).

Reference

1 PRevalence And Causes of prescrIbing errors in general practiCe (GMC report: May 2012).

North Bristol NHS Trust

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