

A CLINICO-ETHICAL FRAMEWORK FOR MULTIDISCIPLINARY MEDICINES REVIEW IN NURSING HOMES: A HEALTH FOUNDATION SHINE PROJECT

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The challenge

Poor prescribing, lack of structured review and little resident involvement in care homes has been highlighted. (See Figure 1)

Objective

Optimise medicines use in care home residents whilst ensuring that residents or their families are fully involved in any decisions around prescribing and de-prescribing of medicines.

Our innovation

To deliver a multidisciplinary team approach to medicines optimisation whilst ensuring that all residents or their family/carers were fully involved in decisions made about medicines. 20 care homes recruited. Care home team established and roles agreed for pharmacist, general practitioners, care home managers/nurses and psychiatry team (consultant, nurses, challenging behaviour team).

The medicines optimisation process

See Figure 2.

Our Learning

Our results show that pharmacists working within a MDT can make a number of interventions to improve the quality and safety of prescribing for care home residents.

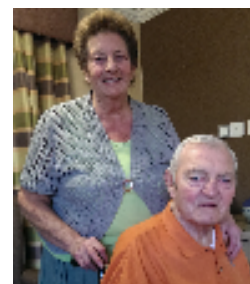
- 422 residents reviewed across 20 care homes.
- 1346 interventions made.
- Most common intervention was to stop medicines (n=704 medicines) in 298 residents (70.6%).
- Interventions made in 91% of residents reviewed.
- An average of 1.7 medicines stopped for every resident reviewed (range 0 to 9 medicines stopped) (see Figure 3).
- 17.4% reduction in medicines use over the course of the project in the 422 residents.
- Total annualised savings from stopping medicines were £81,989. Medicines were started at the cost of £4,138, giving a net saving of £77,851.
- Service costs (pharmacist, GP, psychiatry, care home nurse) were £32,670.
- For every £1 invested, £2.38 can be saved from the medicines budget.
- Statistical reduction in hospital admissions (p<0.001)

Resident Involvement

We developed a four level patient involvement framework as not all residents had the capacity to be involved in decisions about medicines.

16% of residents had capacity and wanted to be involved in decisions (See Figure 4).

Figure 1.



'Making Care Safer' report can be found at <http://www.health.org.uk/publications/making-care-safer>

Figure 2. The medicines optimisation process

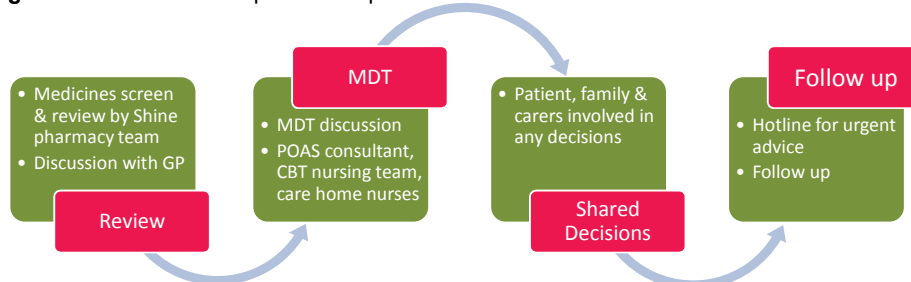


Figure 3. Medicines taken by residents



GP involved in a SHINE Care Home Review Comment

Having done the SHINE I think it is an excellent model. It really made me think, involving the family is a really good idea. I suspect a lot of them don't mind the changes you have made but it is very positive to have them involved. I think it helped to improve the relationships with the care home.

Family Comments

I think we should be notified if something was going to be stopped. [pharmacist] discussed about taking her off a Statin. Erm.... but at the minute I think she is happy and has really good quality of life. I don't think she should be taken off things without consulting the family with a good reason for her to be taken off them.

There is no point people being on things unnecessarily. You don't need to be on them, why be on them?

Figure 4. Resident involvement (% of residents)

