

# **Providing pharmaceutical care for patients admitted to their own bedroom**

EAHP congress

Gothenburg 21-23 march 2018

Maj Rom SALAR

Cecilia Endrell Capiro



Swedish Association  
of Local Authorities  
and Regions

# Disclosure

- **Relevant Financial Relationship**

**None**

- **Off-Label Investigational Use**

**None**





# Questions/Statements true/false

- Pharmaceutical problems are rare in home health care.
- Lack in communication is the most common cause of patient injuries in home health care.
- Pill boxes (Dosett) is a safe way to dispense drugs.



# Meet Margareta



Sveriges  
Kommuner  
och Landsting



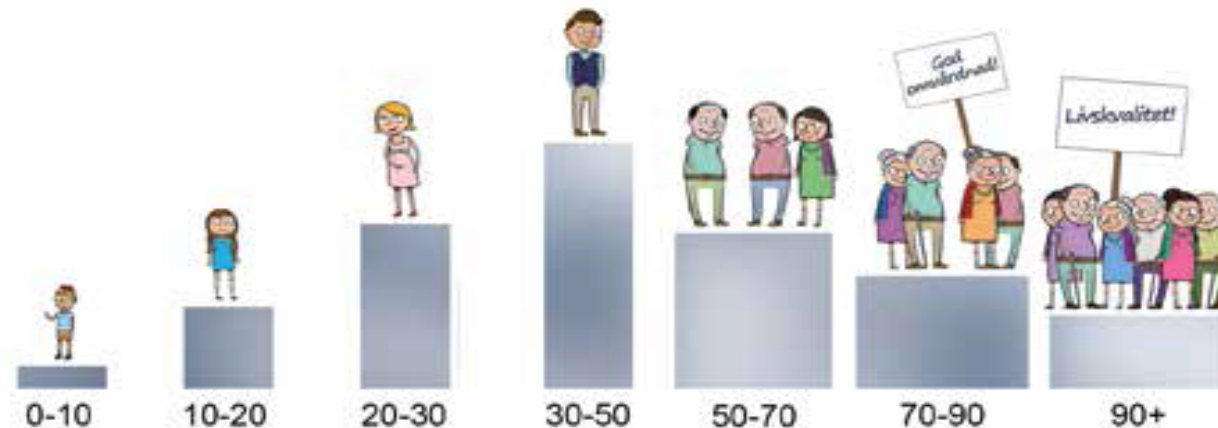
Swedish Association  
of Local Authorities  
and Regions

# Health care for elderly people has never been as successful as today



# Challenges

- Increasing number of elderly people
- Elderly people with multiple conditions and complex needs
- New expectations and demands
- Recruitment and education of employees
- Limited resources





# Problems

- Primary Care is weak
- Access to health care can be better
- Lack in continuity
- Coordination can be better
- Care plans are missing



# Fall injuries among elderly are a big problem

- 263 persons died due to traffic injuries 2016
- 1000 persons dies every year due to fall injuries.
- 70 000 are injured, mostly elderly persons.



# Hospital is a dangerous place

- Risk to fall
- Infections
- Pressure ulcers
- Thrombosis
- Confusion
- Loss of integrity





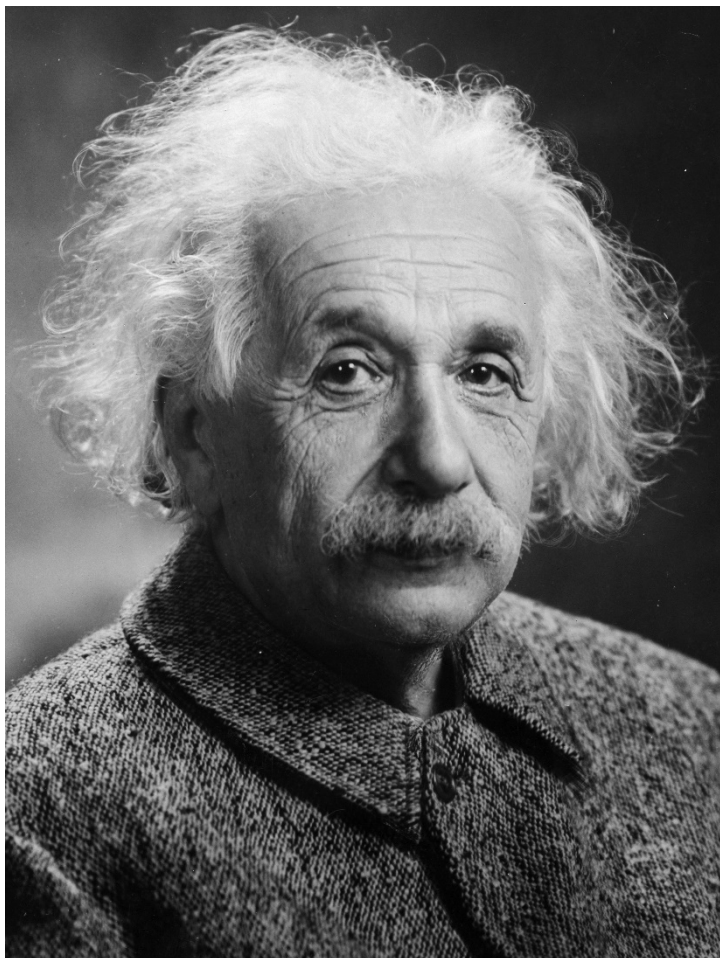
# How do we use our beds in hospital?

Of 100 beds in hospital goes:

- 10 to patients who could have been treated outside hospital
- 10 to longer stay in hospital as a result of care damage
- 5 to patients who are ready to go home and are waiting for community care







**We cannot solve our  
problems with the same  
thinking we used when we  
created them.**

*Albert Einstein*



Swedish Association  
of Local Authorities  
and Regions

# Values

- Proactive
- Personcentered
- Easy access
- Coordinated
- Best available knowledge



# Ways of working outside hospital

Primary home health care

Primary care for persons with chronic/multimorbidity disease

Assessments by community nurse

Standardized risk assessments



Rehabilitation in community care

Mobile teams

Fast track to specialist and daycare in hospital

Direct home from emergency ward



# From What´s the matter to you to What matters to you?

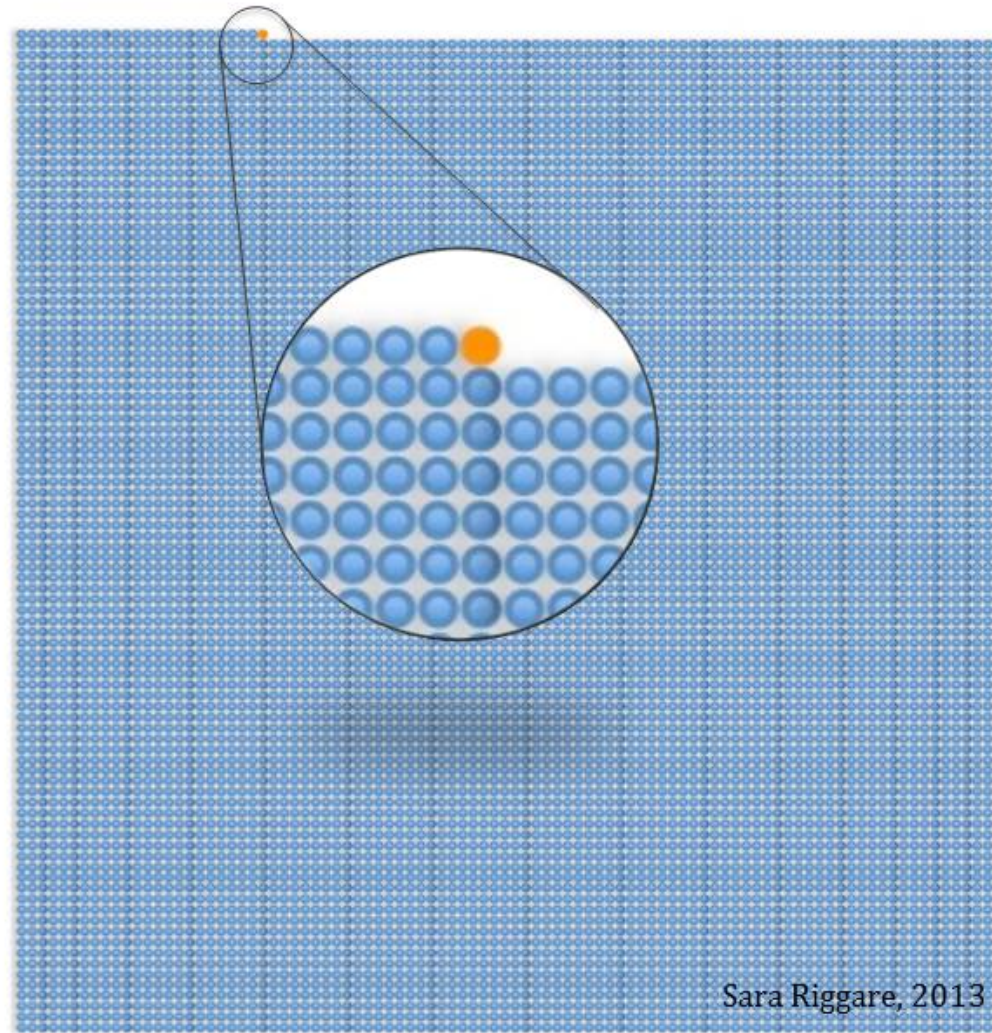
## Your plan?

There is often a mismatch between what health care/research finds important and what matters to the patient.

Sara Riggare (expert patient)





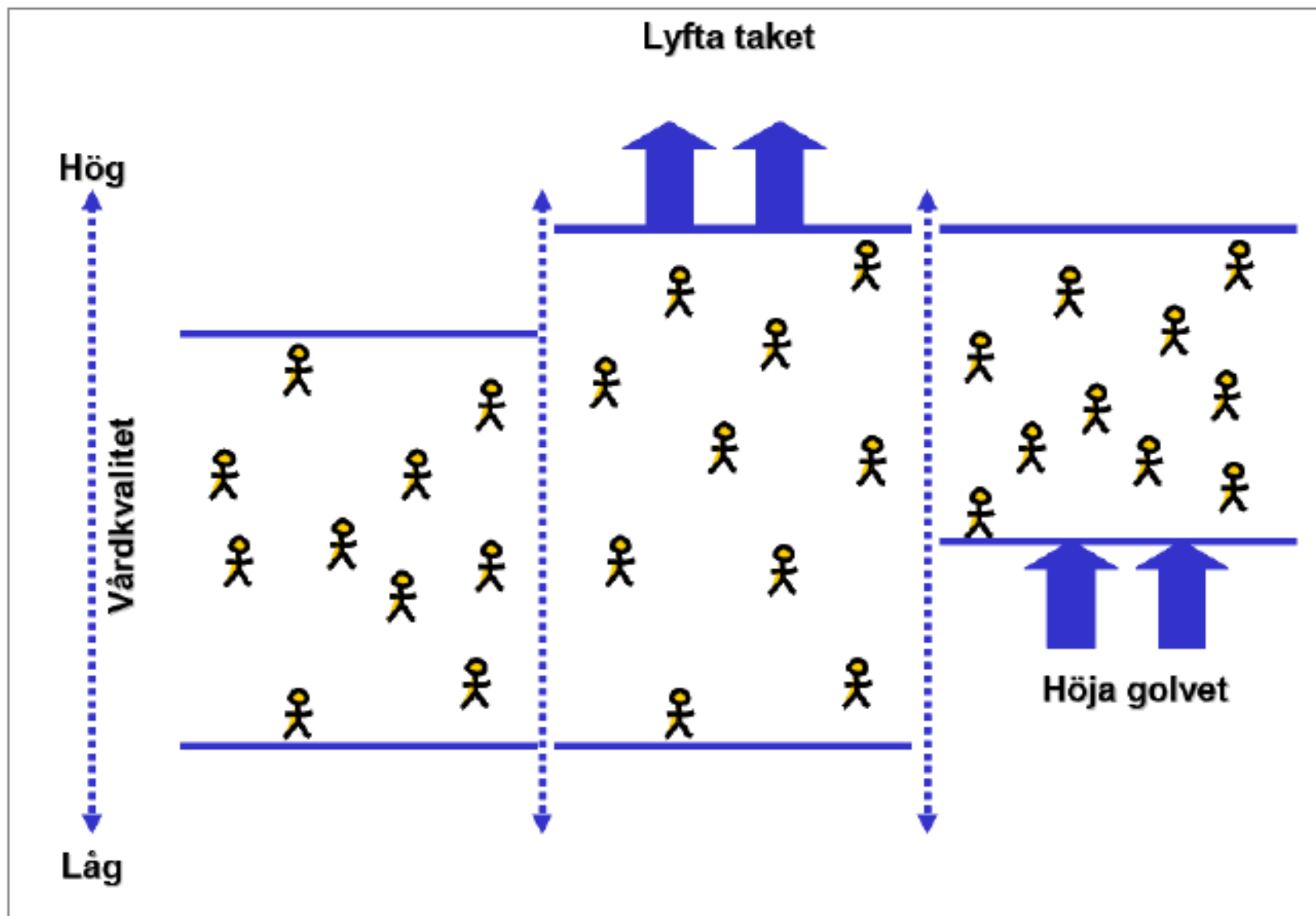


Sara Riggare, 2013

# Problems with medication is the biggest safety problem in home health care

- Large amounts of staff
- Low education level
- Education is needed before you can give a delegation





Källa: Patientsäkerhetsutredningen (SOU 2008:117) sid. 92.



# Work safe with medicine

- National webb education designed for staff working in home health care
- Start april 2015
- Free to use
- 155 316 persones have passed the course and got a certificate
- <http://www.demenscentrum.se/Utbildning/Webbutbildningar1/utbildning-lakemedel/>



DU ÄR VIKTIG!





# Hospital at home - Mobile teams



# ASIH – advanced healthcare at home



# Which patients are being treated at home?

- Chronically ill (cardiac failure, COPD, diabetes)
- Cancer
- Palliative patients
- Old



What do they have in common?





# Lots and Lots of drugs!



# Why do they need a pharmacist?

- Doctors and nurses are not experts on drugs, we are
- Friends and relatives – no drug experts either!



# What do the patients need?

- Someone who provides the medications
- Medical review on a regular basis
- Support –practical  
-theoretical



# What can go wrong for the patient at home?





# What can go wrong?

- Patients who administer their own drugs
- Patients with dosage help (dosett, apodos)
- Stay ahead of all the changes (doses, change of drugs etc)
- New names and looks on the drugs (generics)
- Expiration dates
- Proper storage (bathroom, refrigerator...)
- Hoarding lots of old medicins, mixing it with the husbands medicines etc







# Possible obstacles in the patients home

- Unsanitary environment
- Lack of medical supplies/equipment
- Animals
- Other residents besides the patient (family, friends, angry neighbours..)
- You are all alone and the patient gets ...very ill



very angry

very sad



# What can a pharmacist do for the patient?

- Medication review
- Providing of drugs
- Practical and theoretical guidance,
- ”Hands on” help for example with inhalers, pumps



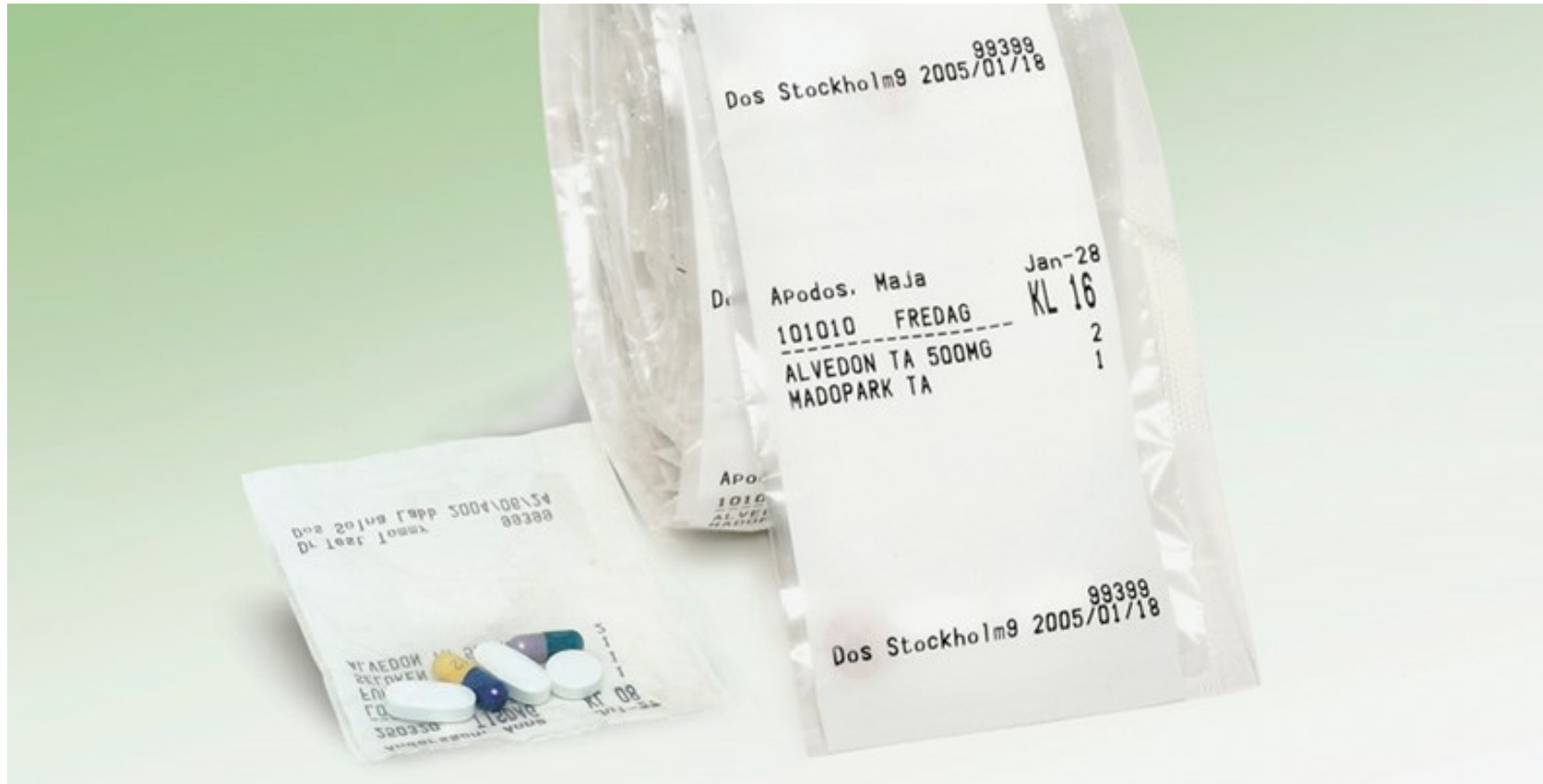
## Forms of receiving help with medication

- Pill boxes (dosett)





# Dose dispensed drugs



**”Hostility to technology must become a forbidden thought”**



# Positive outcomes from meeting the patient at their home

- Medication storage
- Safe environment
- No disturbances
- Relatives close by
- Too much information at hospital appointments



# What can a pharmacist do for the team?

- Optimize the medicine supply storage
- Answer all forms of drug related questions
- Order and control ApoDos, Dosettes
- Prepare injectable drugs
- Raise the level of competence





# A pharmacist is a source of knowledge!

- Education of other health care personnel
- Daily care staff are not educated or trained to see drug related problems



## Where are the pharmacists today?

- Pharmacies
- Hospitals



Very few work in primary care!



# Forward-thinking pharmaceutical services for the patient at home

- 24-7 access to a clinical pharmacist
- Videoservices
- Email/telephoneaccess
- Always a pharmaceutical visit at enrollment
- Regular follow-ups

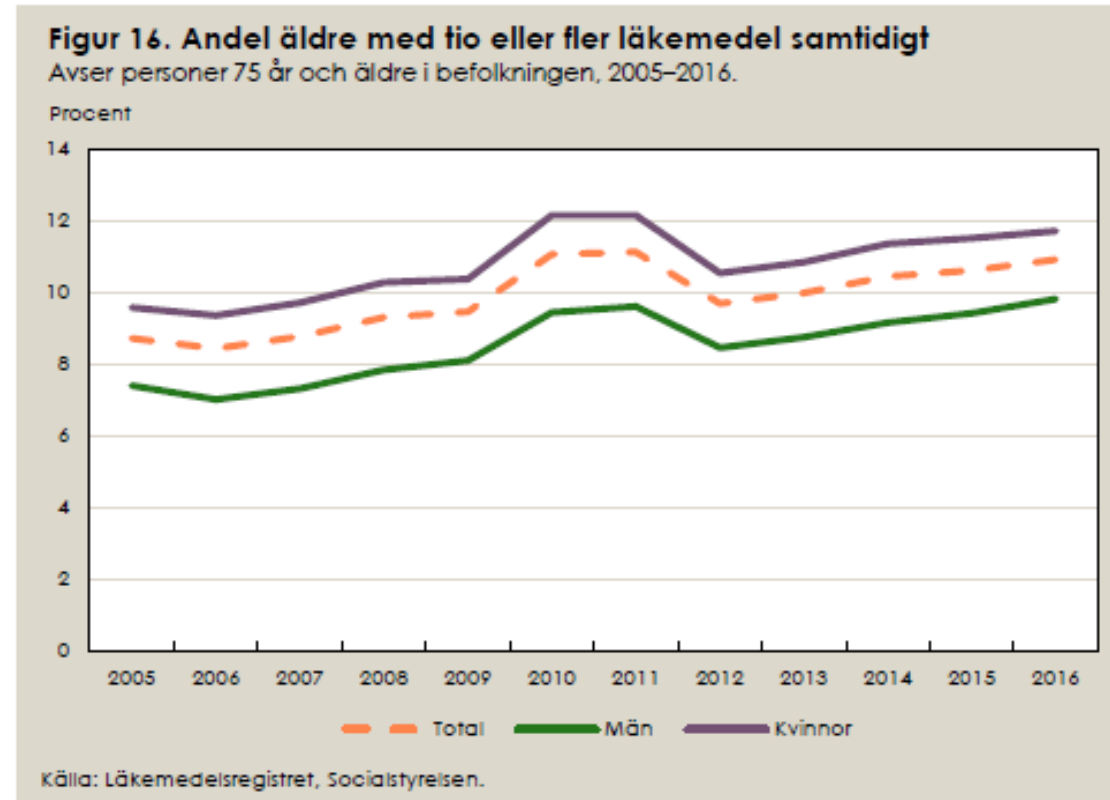


**We are on our way but there is still a lot to do**



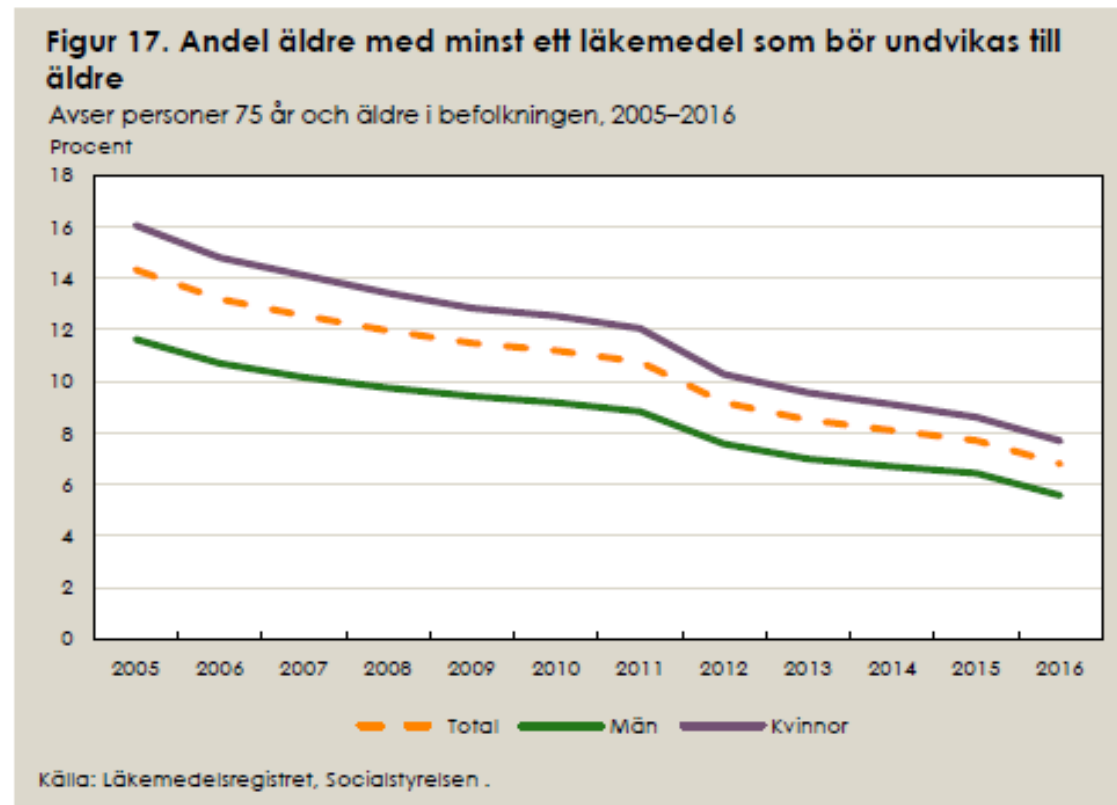


# Patients + 75 with 10 or more medicins at the same time



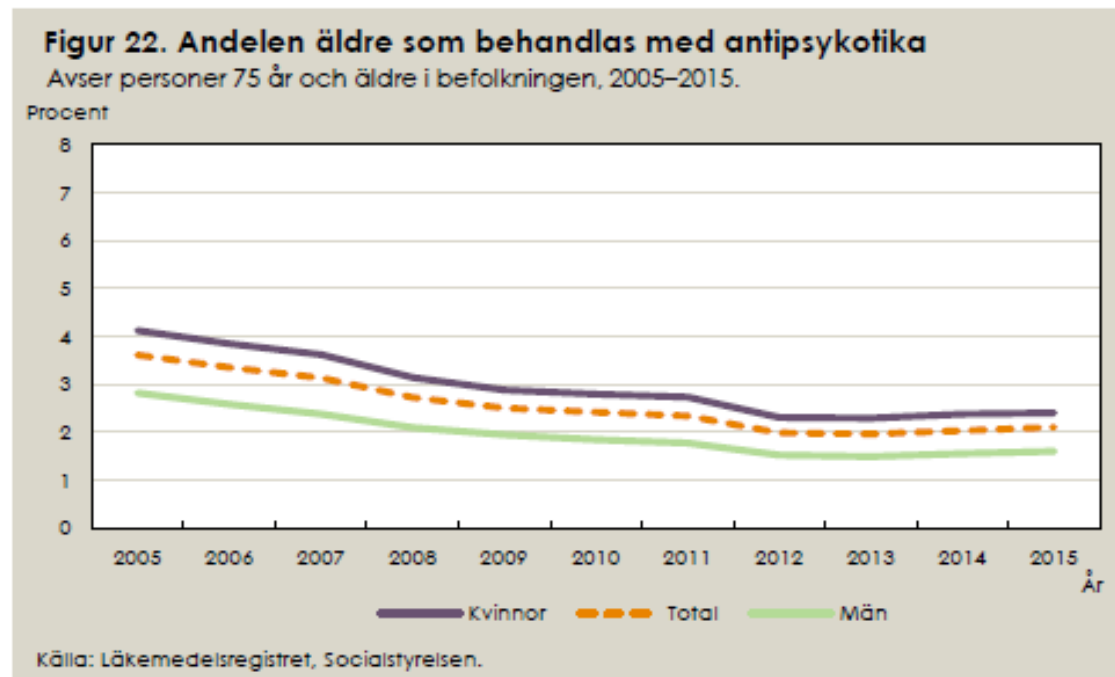
Socialstyrelsen. Utvecklingen inom patientsäkerhetsområdet 2017

## Patients 75+ with unappropriate medicins



Socialstyrelsen. Utvecklingen inom patientsäkerhetsområdet 2017

# Patients 75+ with antipsychotic medicins

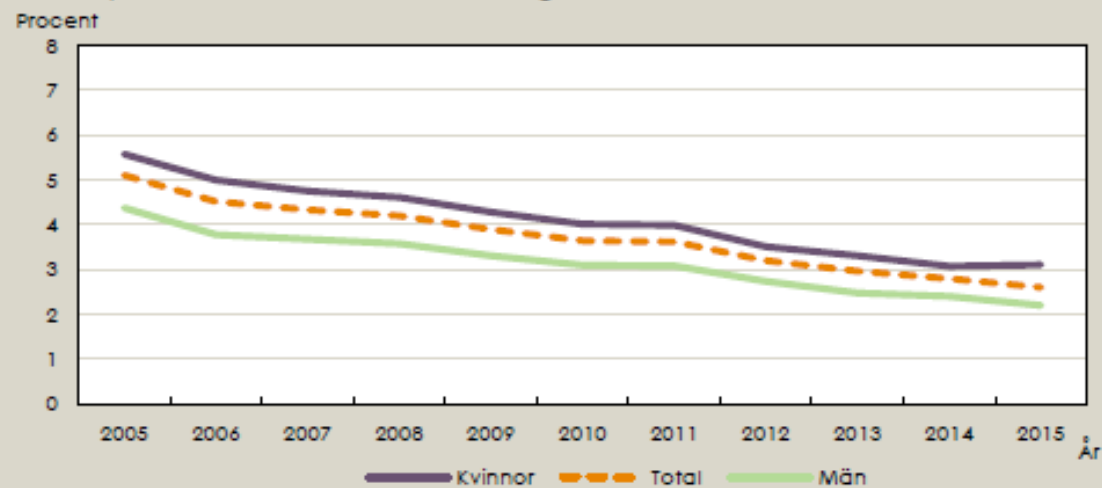


Socialstyrelsen. Lägesrapport inom  
patientsäkerhetsområdet 2016

# Patients 75+ with NSAID

**Figur 21. Andelen äldre som behandlas med antiinflammatoriska läkemedel, NSAID, på recept**

Avser personer 75 år och äldre i befolkningen, 2005–2015.



Källa: Läkemedelsregistret, Socialstyrelsen.

Socialstyrelsen. Lägesrapport inom patientsäkerhetsområdet 2016



Swedish Association  
of Local Authorities  
and Regions



## Questions/Statements true/false

- Pharmaceutical problems are rare in home health care. **No**
- Lack in communication is the most common cause of patient injuries in home health care. **No**
- Dosett is a safe way to dispense drugs. **No**



# Take home message

- Home care is the way how health care will be delivered in the future – we have to prepare to make it safe.
- Failure in drug use is common in home health care – this is unacceptable.
- It's time for pharmacists to step into patients homes - an essential new way of working



**You can't turn back the clock  
But you can wind it up again**

