

PICU/LSU: Leading the pursuit of Clinical Quality

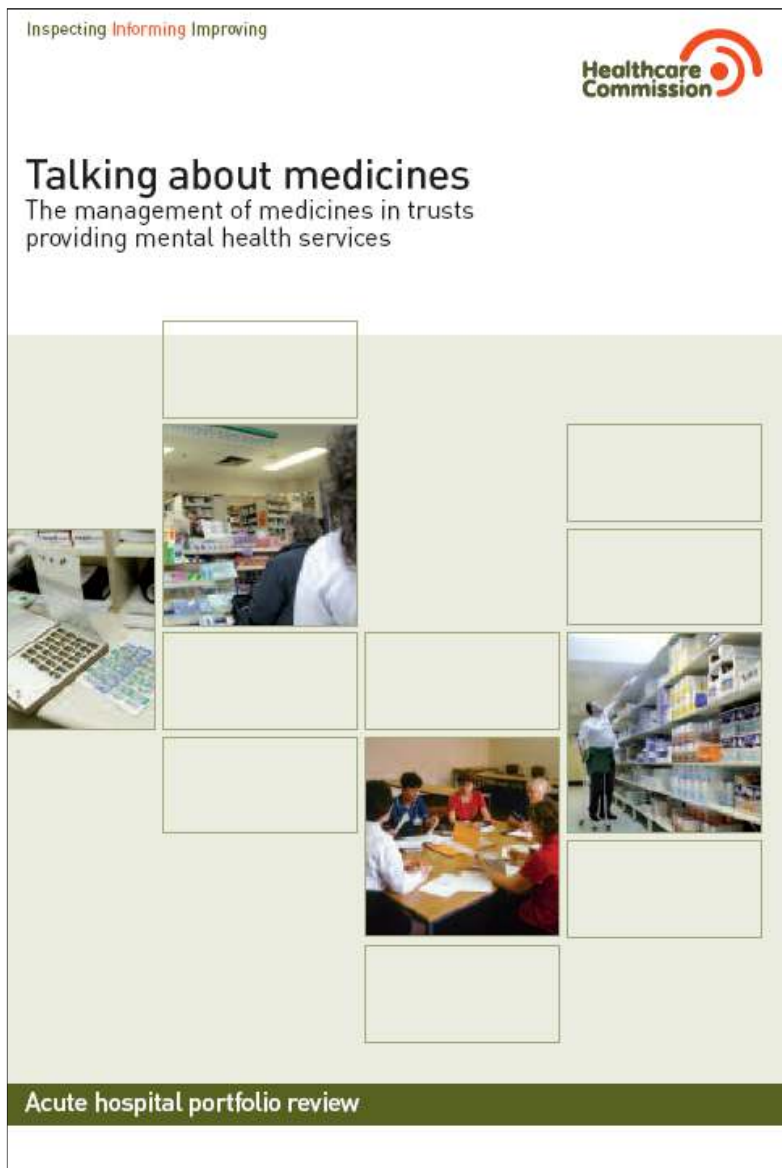
What does Quality mean to the MDT? – the Pharmacists' Perspective

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Medicines Management

- **Managing patients' medicines (team working, interfaces)**
- **Supplying patients with medicines (discharge communication, waste)**
- **Choosing & prescribing medicines (guidelines, monitoring use, eRxing, NMP)**
- **Effective governance (safe & secure handling, incidents, risk, £, staff competency)**
- **Involving patients in their care (adherence, information, self-admin)**



Overview

- Quality at Ward level
 - Operational services
 - Clinical services
- Quality driven at a Strategic level
 - Legal & mandatory
 - High quality clinical service

Quality Pharmacy Service – Operational services to wards

- Medicines supply service
 - Right medicines are available, Right time, Right amount
 - Advise / ensure that medicines storage and use is legally compliant, and safe
 - CQC storage inspections
- Purchased in service (SLAs, Lloyds ...etc)
- Pharmacy technicians

Medicines Reconciliation - NICE


The aim of medicines reconciliation on hospital admission is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission. Details to be recorded include the name of the medicine(s), dosage, frequency, and route of administration. Establishing these details may involve discussion with the patient and/or carers and the use of records from primary care. This does not include medicines review.

- Should be completed within 24 hours of admission
- Responsibility = prescriber
- Pharmacists should be involved
- Organisations must have local policies in place

Action deadlines for the Safety Alert Broadcast System (SABS)

Category: ACTION
For action by: pharmacists
Deadline (action 1.1 underway): 12 January 2008
Deadline (action 1.1 complete): 12 December 2008

Issue date: December 2007
Alert reference: NICE/NPSA/2007/PSG001



National Institute for Health and Clinical Excellence

National Patient Safety Agency

Technical patient safety solutions for medicines reconciliation on admission of adults to hospital

The aim of medicines reconciliation on hospital admission is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission. Details to be recorded include the name of the medicine(s), dosage, frequency, and route of administration. Establishing these details may involve discussion with the patient and/or carers and the use of records from primary care. This does not include medicines review.

1 Action

1.1 All healthcare organisations that admit adult inpatients should put policies in place for medicines reconciliation on admission. This includes mental health units, and applies to elective and emergency admissions.

1.2 In addition to specifying standardised systems for collecting and documenting information about current medications, policies for medicines reconciliation on admission should ensure that:

- pharmacists are involved in medicines reconciliation as soon as possible after admission
- the responsibilities of pharmacists and other staff in the medicines reconciliation process are clearly defined; these responsibilities may differ between clinical areas
- strategies are incorporated to obtain information about medications for people with communication difficulties.

2 Other interventions evaluated

The Patient Safety Advisory Committee considered there was insufficient evidence to make recommendations for action on the following potential patient safety solutions for medicines reconciliation on admission of adults to hospital:

- packages for medicines reconciliation
- IT-based information transfer initiatives.

Further information is given in section 5 (Basis for guidance).

3 The patient safety problem or harm

3.1 Medication errors pose a threat of harm to hospital inpatients, leading to increased morbidity, mortality and economic burden to health services. Errors occur most commonly on transfer between care settings and particularly at the time of admission.


3.2 Two recent literature reviews reported unintentional variances of 30–70% between the medications patients were taking before admission and their prescriptions on admission.

NICE patient safety guidance 1

This guidance is written in the following context

This guidance represents the view of the Institute and the NPSA, which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

NICE patient safety guidance advises on how to improve the safety of patients in the NHS in England and Wales.



Quality Pharmacy Service – Clinical services to wards

- Pharmacist is a full integrated member of your MDT
- Advise / ensure correct administration of medicines



OLD: Lithium liquid



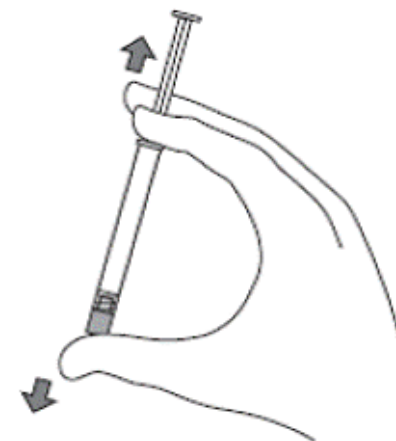
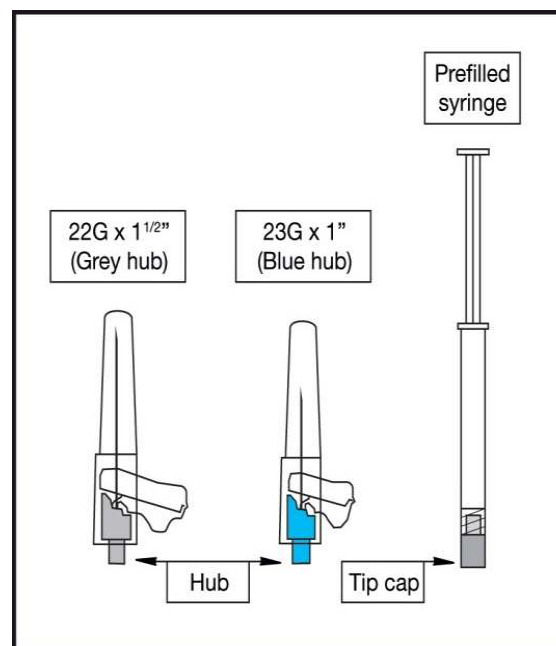
**One 200mg tablet
(carbonate)**

**One 5ml spoonful liquid
(citrate)**

“Clear, colourless, pineapple flavoured, sugar free syrup containing 520mg lithium citrate equivalent to 200mg lithium carbonate per 5ml.”

NEW: Administration

- Paliperidone palmitate (Xeplion®) - the active metabolite of risperidone
- TWO initial loading doses into *DELTOID* muscle
- Maintenance doses:
 - *Deltoid or gluteal* muscle
 - (Calendar) Monthly
- Pre-filled syringe
- Shake 10 seconds
- Select correct needle



Quality Pharmacy Service – Clinical services to wards

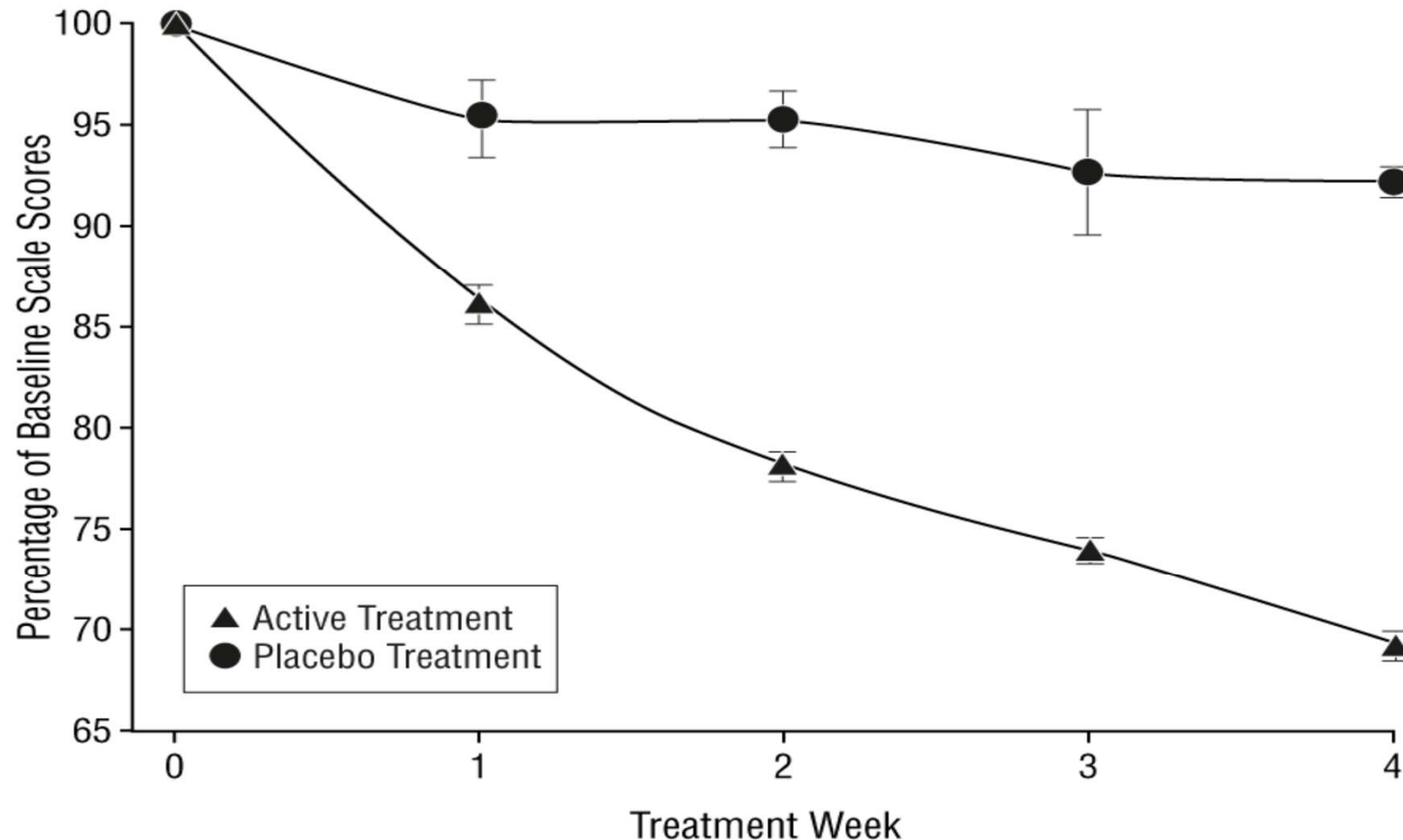
- Pharmacist is a full integrated member of your MDT
- Advise / ensure correct administration of medicines
- Advise about safe prescribing for pts
- Advice - interpreting evidence to individual pts



Optimising: Antipsychotics – onset of action

Arch Gen Psychiatry. 2003;60(12):1228-1235. doi:10.1001/archpsyc.60.12.1228

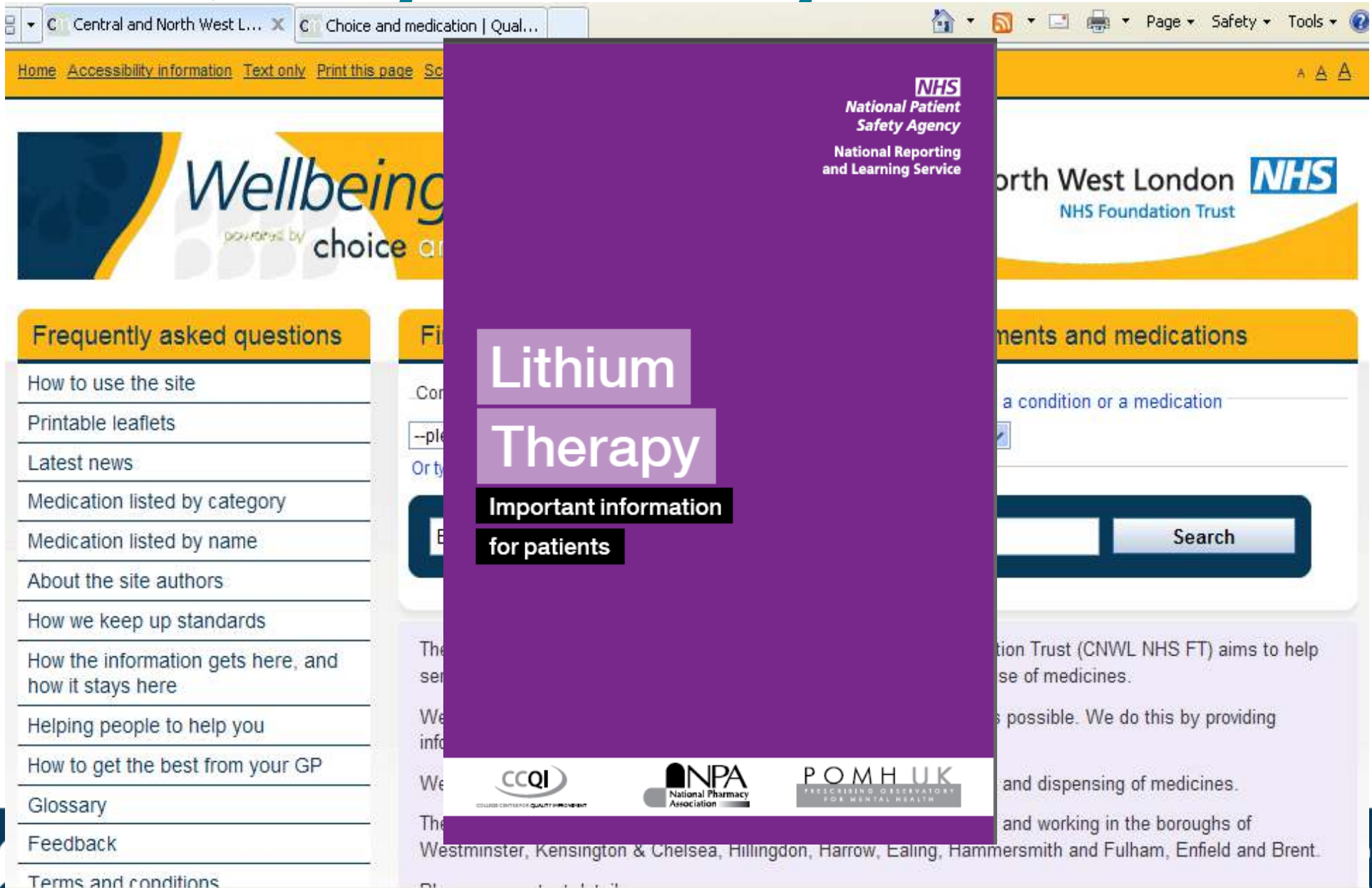
From: **Delayed-Onset Hypothesis of Antipsychotic Action: A Hypothesis Tested & Rejected**



Mean improvement in standardized baseline scores in patients taking antipsychotic drugs vs placebo over time.

Error bars represent SE.

Quality Pharmacy Service –



Central and North West L... x Choice and medication | Qual...

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Wellbeing powered by choice of

North West London NHS NHS Foundation Trust

ments and medications

a condition or a medication

Search

tion Trust (CNWL NHS FT) aims to help use of medicines.

s possible. We do this by providing

and dispensing of medicines.

and working in the boroughs of Westminster, Kensington & Chelsea, Hillingdon, Harrow, Ealing, Hammersmith and Fulham, Enfield and Brent.

Lithium Therapy

Important information for patients

CCQI COLLEGE CENTRE FOR QUALITY IMPROVEMENT

NPA National Pharmacy Association

P.O.M.H.U.K. PRESCRIBING OBSERVATORY FOR MENTAL HEALTH

All *large** healthcare providers including NHS Trusts, community pharmacy multiples, home healthcare companies and those in the independent sector should:

1

identify a board level director (medical or nursing supported by the chief pharmacist) or in community pharmacy and home health care, the superintendent pharmacist, to have the responsibility to oversee medication error incident reporting and learning;

2

identify a Medication Safety Officer (MSO) and email their contact details to the Central Alerting System (CAS) team. This person will be a member of a new National Medication Safety Network, support local medication error reporting and learning and act as the main contact for NHS England and MHRA; and,

3

identify an existing or new multi-professional group to regularly review medication error incident reports, improve reporting and learning and take local action to improve medication safety.

Strategic level –

High quality clinical service

- Writing guidance for organisation
 - Clinical treatment guidelines eg RT
 - Procedures e.g. safe use of lithium, high dose antipsychotics
- Formulary – new medicines (£)
- Setting organisational training & competency standards
- Quality measures for organisation
- Benchmarking practice beyond your trust



Summary

- Medicines use is everybody's business
- Pharmacists are **experts** in medicines
- Pharmacy staff should be **leading** the Medicines Optimisation agenda
 - at a local level within the MDT on your ward
 - Operational services
 - Clinical services
 - Quality driven at a Strategic level
 - Legal & mandatory
 - High quality clinical service