

Medicines Counselling in At Risk Medical Patients

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Did a member of staff tell you about medication side effects to watch out for when you went home?
(Yes, completely/yes to some extent/no)

BACKGROUND

Problem:

Poor performance on the patient experience HQSC measure
'Did a member of staff tell you about medication side effect'

Reason:

- Medicines Reconciliation- involves too much pharmacist time
- No emphasis on medicines counselling on discharge (~10%)
- 1 pharmacist to 30 medical patients
- Patients did not trust staff with their own medicines (no process)
- Patients didn't know about their new medicines when they got home
- >90% of nursing staff agreed that patients needed more knowledge about their medicines but only 50% of staff feel comfortable providing it (staff survey)
- No process of transition of care b/w hospital & community pharmacy

PROJECT AIM

To increase the number of patients who were provided with information on medicines in the form of a yellow card prior to being discharged home from the Medical Unit in Nelson Hospital from 11% to 60% by April 2018

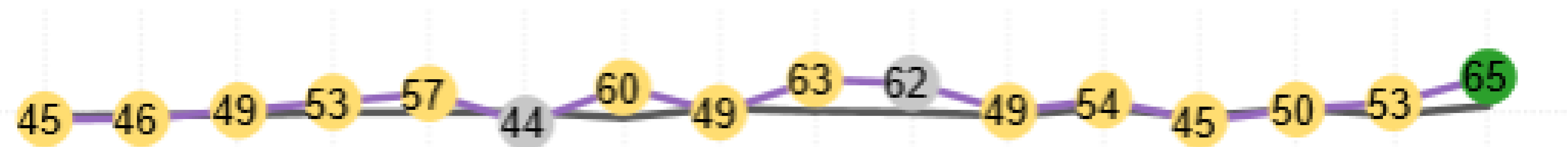
QUALITY IMPROVEMENT METHODS

Process map / Driver diagram / Consumer voice / Time in motion & Staff survey

MUSIQ Score 130 (120-168- reasonable chance of success)

PROJECT REACH

- Medical Unit in Nelson Hospital (Pilot site)
- Pharmacist staffing model & Tools used in MAPU pilot
- Has application as a model of discharge for all wards across NMDHB



ACTIONS

1. Review of Pharmacy Service to MU

- Pharmacy tech redeployed to MU to assist with MR, yellow cards & sorting patients own medicines
- Pharmacist emphasis on therapeutic medicine review & discharge counselling

2. Develop a Home Safe Checklist

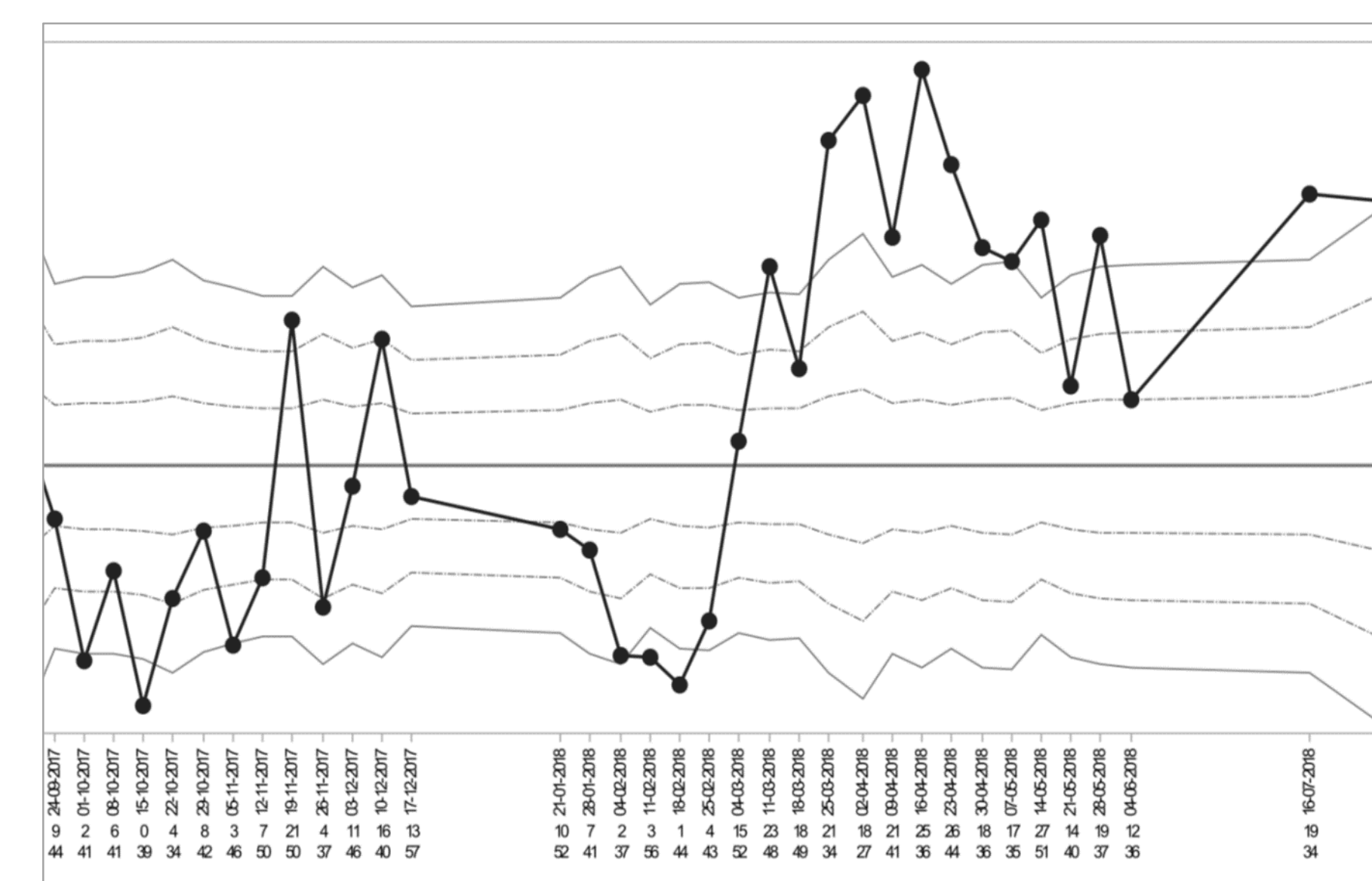
- Assess patient needs & knowledge prior to d/c
- Acts as a referral to hospital pharmacist (in hours) or Community pharmacist (out of hours)
- Ensures appropriate medicines are returned to patient prior to d/c

RESULTS

Number of Yellow Cards: increase from 11 to 50-60%

OUTCOME MEASURE ACHIEVED

No. yellow cards per patient discharged (aim 60%)



Balance measure:

Medicines reconciliations increased by **60%**

EXECUTIVE SUMMARY

Impact of technician on MU & Checklist

- Increased pharmacist:patient contact time by ~11 hours per week (TIM study)
→ increased patient counselling
- Increased medicine reconciliation rates
- Improved staff satisfaction
- Improved patient knowledge

Megan-Community pharmacist

'having discharge information for patients sent through prior has meant that we can have their prescription ready when they get to the pharmacy & we can spend more time talking with patients about their medicines.'

'much improved integration of care for the patient'

Pip-Pharmacy Technician

'After working on a busy ward the hospital now seems real to me, I look at drug charts in a different way and see patients rather than drugs'

'The nursing staff have been incredibly welcoming and interested in the new role'

Jane-Pharmacist

'I am able to spend more time counselling patients- either with a yellow card, or providing them with a medicines information leaflet and a quick chat'

'I was very close to burning out... having help and another team member on the ward has changed how I feel about my day'

Lucy-Charge Nurse Manager

'This project has clarified issues of concern for patients regarding the medicines they are discharged on and has developed processes by which these can be addressed. This in turn has increased safety through empowerment & education of patients and consequently an improvement in health literacy.'

Patient Voice

We found that all patients were/are incredibly grateful for the information that they receive about their medicines

'It's nice to be listened to'

'I never really understood how important statins were- now I will consider taking them!'

Patient label	Planned date of Discharge		
YOUR 'HOME SAFE' MEDICINES CHECKLIST			
<i>Before you leave the hospital we need to make sure you understand the next steps in your care. Please read and answer the following questions by circling Yes, No or 'not sure'. It's important that you answer honestly so that we can share the right information with you and get you home safely.</i>			
	Please circle		
Do you know why you were admitted to hospital?	Yes	No	not sure
Do you know what you should do and not do, to manage your condition at home?	Yes	No	not sure
Do you know the warning signs to look out for and who to call if you experience any problems?	Yes	No	not sure
Do you know what follow up care you will require from the hospital or GP? (tests and appointments)	Yes	No	not sure
MEDICINES			
Did you bring your own medicines into hospital?	Yes	No	not sure
Do you know how the medicines you are going home with differ from the medicines you came to hospital with?	Yes	No	not sure
Do you know the possible side effects of any medicines that you are prescribed (new or current)?	Yes	No	not sure

ACKNOWLEDGEMENTS: We would like to thank the members of the project team & supporting staff: Dr Elizabeth Wood (sponsor), Jane Shadwick (pharmacist), Lucy Nunns (CN), Carol Biggs (CNE), Marguerite O'Brien (QNS), Pip Lee (pharmacy tech), Sonja Van-Alphen (Pharmacy team leader)