Portsmouth Hospitals NHS
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How do we Improve Review of Medication for Acute Patients living with Frailty?

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1. Aim

To improve the number, quality and documentation of medication reviews that are carried out for patients living with frailty that are acutely admitted to QA hospital.

2. Background

Medication review is an essential component of Comprehensive Geriatric Assessment (CGA), and older people living with frailty are much more vulnerable to minor stressors e.g. medication changes[1].

Data on medication review at QA hospital has previously only been collected through falls prevention audits[2], which have demonstrated poor completion rates of just 29%.

3. Method

- An audit was carried out of the medication review section of the PHT drug chart (Figure 1) to assess how many were completed.
- Pharmacists and doctors were surveyed to establish their confidence at carrying out medication reviews.
- A sticker was designed in partnership with the falls prevention team for use in patient's notes to prompt about medication review (Figure 2).
- Trial of pharmacist writing discharge summary.
- Audit of sources of information used to collate medicines reconciliation in patients identified as living with frailty.
- Trial of 'Frailty Intervention Team (FIT) Medicines Reconciliation' proforma.
- Measure of how many sources used, and additional information obtained using new FIT Medicines Reconciliation.

Figure 1: Medication Review section of PHT drug chart

A full medication review is essential for all patients who have fallen or those at risk of falls:		Common drug culprits:
Is the patient at risk of falls?	Y / N	• Anti-anginals • Anti-arrhythmics • Antidepressants • Antihypertensives • Antipsychotics • Benzodiazepines • Beta blockers • Diuretics • Sedatives
Was this patient admitted following a fall?	Y / N	
Has the patient fallen during this admission?	Y / N	
If yes, to any of the above, has a medication review been completed? *For guidance see PHT Intranet/Department/Falls*	Y / N	
Signature: Date:		

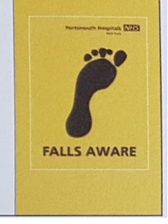
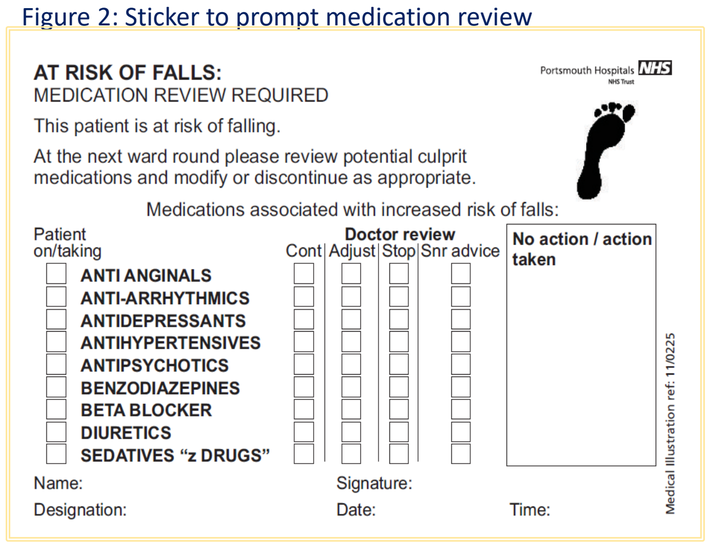


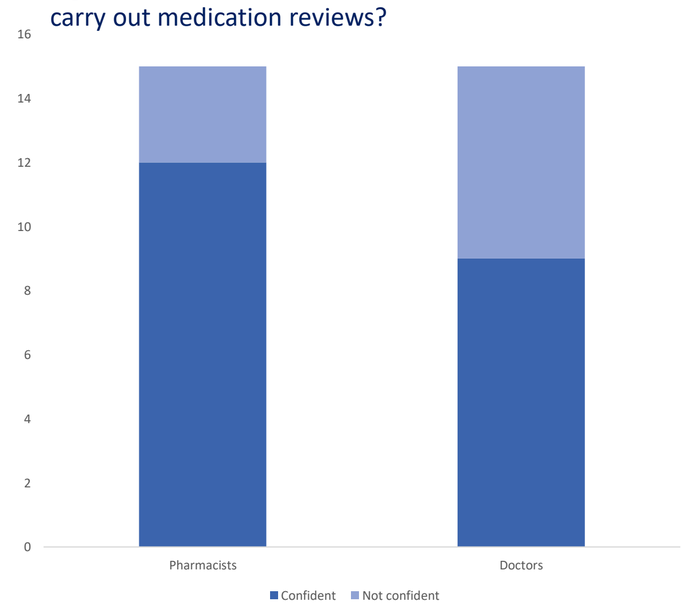
Figure 2: Sticker to prompt medication review



0%

The number of drug charts with medication review section completed

Figure 3: Do Pharmacists and Doctors feel confident to carry out medication reviews?



4. Results

- None of the 30 drug charts audited had the medication review section completed.
- 80% of pharmacists and 60% of doctors surveyed stated they felt confident at carrying out medication review (Figure 3).
- The sticker was discussed with the multi-professional falls prevention team, but required additional editing and implementing that became too complex within the scope of this project.
- Implementation of the FIT medicines reconciliation proforma resulted in the average number of sources used to complete a drug history increasing from 2.1 to 3.9 (Figures 4 & 5). Patients or carers/relatives were spoken to in all cases when using the FIT medicines reconciliation proforma.

Figure 4: Baseline number of times different sources used for Medicines Reconciliation

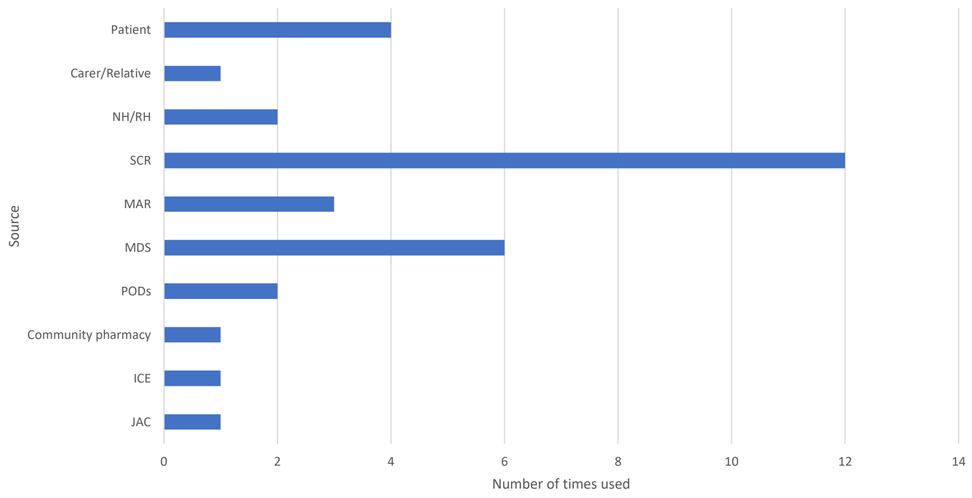
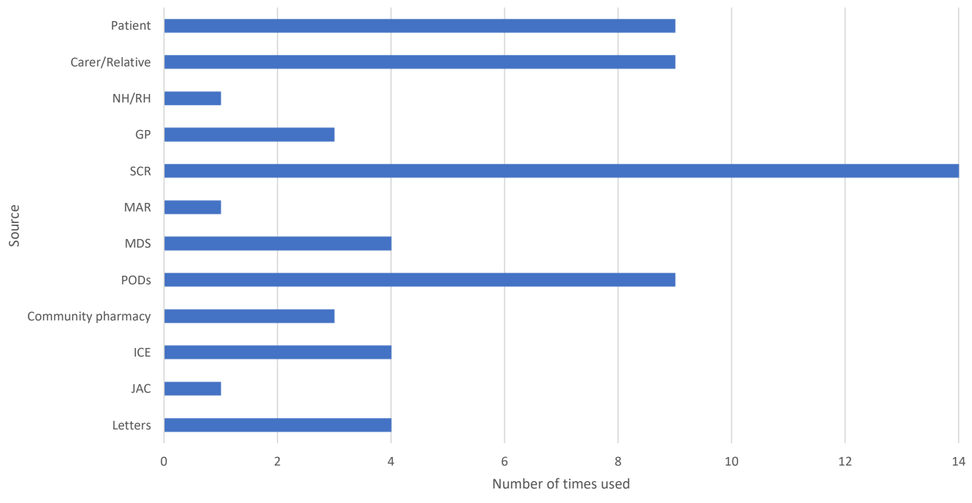


Figure 5: Intervention number of times different sources used for Medicines Reconciliation



5. Discussion

- Medication review is an incredibly complex part of patient care and CGA.
- Initial assumptions based on falls audit data were reinforced by baseline data collected, showing no clear documentation of medication review in any patients acutely admitted. This was despite the majority of staff members asked stating they felt confident to carry out medication review.
- It was very hard to unpick this issue, and various avenues were tried before focusing on the most initial part of the process; medicines reconciliation.
- Involving many other staff members allowed for greater understanding of the issue, but slowed down some aspects, such as the sticker design.
- Not only did the implementation of the FIT medicines reconciliation proforma increase the number of sources used, but crucially, it increased the number of times the patient or their carer/relative was involved in the conversation.
- It also resulted in significantly more information being collected about patients and their medication, for example highlighting those with adherence problems, dexterity problems or swallowing problems.
- Issues with medicines were highlighted earlier on in the patient journey, which allowed interventions such as monitored dosage systems to be discussed sooner with patients.

6. Lessons learned

Using QI methodology helped to break down a very large and complex issue, and PDSA cycles and involvement from key staff members helped to drive the project forward.

100%

The number of times the patient or carer/relative was involved using new proforma

References
1. Fit for Frailty - consensus best practice guidance for the care of older people living in community and outpatient settings - a report from the British Geriatrics Society 2014 2. PHT Falls Audit Report 2017.