DMS - From Admission to Discharge - The Hospital Medicines Journey

Sponsored by

Chiesi

Community Pharmacy West Yorkshire

Leeds Teaching Hospitals Trust

Calderdale and Huddersfield Foundation Trust

1

Housekeeping – using Zoom

- Meeting is being recorded
- Keep microphone on mute
- Show video if you are able
- Use the chat box as the main method of communication
- In discussion sections use raise hand to show you'd like to come in

2

Chiesi

Certified B Corporation

Thank you to our sponsors

3

DMS - From Admission to Discharge - The Hospital Medicines Journey

Sponsored by

Chiesi

Ruth Buchan

CEO

Community Pharmacy West Yorkshire

4

Introductions

ELISABETH STREET - CLINICAL DIRECTOR PHARMACY

CLAIRE CURRY - SENIOR TECHNICIAN FOR CLINICAL SERVICES

PATRICIA LENK - SPECIALIST CLINICAL PHARMACIST

KEELY JONES - ADVANCED CLINICAL PHARMACIST

5

Agenda

7.30pm - Intro and Housekeeping

7.35pm - CHFT - Patient Journey through the Hospital with an Emphasis on Medicines

7.55pm - Q+A

8.00pm - LTHT - Post Discharge Queries

8.20pm - Q+A

8.25pm – 8.30pm - Wrap up and Close

6

Discharge Medicines Service – an important service for patients

- Changes to medicines on discharge can result in confusion about what medicines a patient should be taking
- Sometimes errors are made when new prescriptions are issued following a stay in hospital, as there may be communication problems between the hospital and the patient's general practice
- Discharge from hospital is associated with an increased risk of harm due to medicine changes, but this can be avoided

It is estimated that **60% of patients have three or more changes** made to their medicines during a hospital stay

30-70% of patients experience unintentional changes to their treatment, or an error is made because of a lack of communication or miscommunication on discharge

Only 10% of older patients will be **discharged on the same medication** that they were admitted to hospital on

20% of patients have been reported to experience **adverse events** within three weeks of discharge, 60% of which could have been managed or avoided

7

Discharge Medicines Service – Patient pathway

8

DMS referral numbers

Referral Numbers

	Feb-21	Mar-21	Apr-21	May-21	June 21 (latest @ 23 June)	Total Referrals @ 23 June 21
LTHT	90	413	464	461	383	**1811**
CHFT	43	295	267	272	249	**1126**
BRI	39	146	168	161	125	**639**
Mid Yorks Hosp NHS Trust	41	172	142	151	92	**598**
Airedale Hosp NHS Trust	5	63	63	49	30	**210**
Leeds & York Partnership	10	23	9	14	3	**59**
South West Yorkshire	2	0	6	3	3	**14**
Other Trusts (outside WY)	10	43	54	70	53	**230**

9

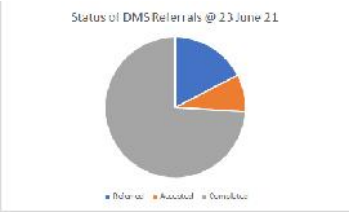
DMS referral – pharmacy perspective

4687 DMS referrals sent to WY pharmacies.

88% of pharmacies have received at least 1 DMS referral

DMS referral status- see diagram. NB data includes DMS made within 72 hours of referral ie pending action by the pharmacy

DMS now an essential service so must accept and complete referral



10

CHFT

11

A Guide To The Hospital Medicines Journey

Elisabeth Street - Clinical Director Pharmacy
Claire Curry - Senior Technician For Clinical Services

Calderdale and Huddersfield Foundation NHS Trust

12

CHFT History & Key Facts

- Founded in 2001
- Foundation Trust Status 2006
- Calderdale Royal Hospital
- Huddersfield Royal Infirmary

- 650 beds across both hospitals
- 112 Pharmacy Employees (Pharmacists, Pharmacy technicians, Senior ATOs, ATOs)
- Critical IT Systems:
  - Cerner (EPR – Electronic Patient Records)
  - EMIS - Pharmacy system
- Dispense an average of 24,000 items per month
- Outsourced Outpatient dispensing to Rowlands Pharmacy
- 560 MDS trays filled per month
- 90% TTO prescriptions completed <2hrs
- 80% of Pharmacists are prescribers

13

Ideal Practice from admission to discharge

Admission (GP referral / ED)
Transfer To AAU
Drug history taken by Pharmacy technician
Medicine reconciliation <24hrs by Pharmacist
Transfer to appropriate ward area
Management of condition by clinicians / surgeons
Decision to Discharge made
Electronic TTO prescription completed
Nurse task to check medicines needed for Discharge
Pharmacist task to clinically screen prescription
Dispenser assembles and labels items
Accuracy checker completes final check and informs ward team
Patient counselled on medicine changes, additions or medicines stopped
Patient leaves hospital
Referred to community pharmacy when significant changes to medicines made <24hrs

14

Factors Affecting Ideal Practice

- Medicines not reconciled in a timely manner
  - Pharmacy staff shortages
  - Other areas needing to take priority
  - Reduced staffing at weekends
  - Patient sent home prior to Pharmacy review or out of hours
  - Not all wards receive a Pharmacy visit each day
- Pressure on ward teams to empty bed / TTO not prescribed / Medicines not transferred with the patient
- Pressure on Pharmacy: large numbers of TTOs sent at the end of the day
- Lack of training on EPR prescribing system leading to regular medicines not pulled through to TTO prescription
- On call Drs lack of familiarity with the patient episode of care
- Writing of the TTO not prioritised by some of the medical & surgical teams
- Inadequate counselling of patient on medicine changes
- 'Stock' medicines / incorrectly labelled drugs sent home with patient in error - emptying of the bedside locker
- Current PharmOutcomes referral process is 'clunky'

15

How Pharmacy Can Improve This Process

- Encourage use and re-labelling of Patients Own Medicines
- Mobile Dispensing Trollies
- Completing locker check task for nursing team
- Understanding how patient manages medicines at home
- Appropriate supplies on discharge - reduce waste & patient confusion
- Increased Pharmacy presence on every ward
- Counselling Patients on medicine changes
- Increase DMS referrals to Community Pharmacy via PharmOutcomes

16

Current Pharmacy Projects

- DWP – Dedicated Ward Pharmacy team, Acute floor at HRI
- Discharge Lounge Pharmacy support
- Standardisation of Drug History & Medicines Reconciliation process
- Electronic CD registers
- Omnicell Cabinets for ED and Out of Hours Cupboards
- Automation for Pharmacy Department in preparation of Trust reconfiguration
- Interface with Cerner and EMIS
- TTO task & Finish group
- Interface with Cerner and PharmOutcomes to increase DMS referrals

17

How we plan to increase DMS referrals at CHFT

1	2	3	4	5
Ensure all staff have access and can use the PharmOutcomes system	Staff engagement – Understanding the importance of DMS	Target Acute floors (particularly at HRI with DWP - dedicated ward pharmacy)	Focus on specific drug groups e.g. patients with a newly started DOAC	Interface between Cerner and PharmOutcomes to enable slicker process

18

Q+A session

19

LTHT

20

The Leeds Teaching Hospitals NHS Trust

THE DISCHARGE JOURNEY

PATRICIA LENK- SPECIALIST CLINICAL PHARMACIST-CARDIOLOGY
KEELY JONES- ADVANCED CLINICAL PHARMACIST - VASCULAR SURGERY AND DIABETES

21

THE MAIN ISSUES

- Drug history
- When discharges get done
- Who is processing the discharge
- Communication on discharge
- IT

22

WHERE IS THE PATIENT IN THIS?

- Patients not the focus in the current process
  - Current project on what the eDan/Discharge letter should contain
- Clear follow up often not provided
- Clear medicines changes not always provided
- **What do we want from the discharge letter?**

23

OUR CHALLENGES AND SOLUTIONS

24

MULTI-LINE ORDERS

- Unclear if change has been made intentionally
- Confusing for patients, GPs and pharmacists

- Requires us to highlight changes
- Should be part of our reconciliation process

NOVORAPID insulin aspart (Rapid Acting) 100units/ml 3ml prefilled pen (FlexPen)	Continued/Changed	Multi-line order: unable to verify differences.

25

MEDICINES

- Pregabalin
- Gabapentin

- Furosemide
- Bumetanide

- Insulin

26

DISCREPANCIES

- Medicines not prescribed during admission
  - Missed
  - Withheld – AKI
- Not documented as part of DHx
- Patient took medicines differently to SCR

Examples

- Methotrexate not on eDan
  - Not given due to infection
- Pain relief not on eDan
  - Co-codamol
- Creams / Medicated shampoos not required during admission

27

IT RELATED

- New/ceased/changed unclear

- Weekly prescriptions
- Warfarin

Medication	Status at discharge	Changes / Comments
Isosorbide Mononitrate 60mg Modified-Release Tablet	Ceased	
Rivastigmine 9mg/24hours Transdermal Patch	Changed	Medic On Acute Frequency Once a Day
Diphenhydramine Maleate Tablet	New	
Cyclizine Lactate Tablet	New	Inpatient Form
Duloxetine Gastro-Resistant Capsule	Changed	Medic On Acute Dose 60mg
GAVISCON ADVANCE oral suspension sugar free	Changed	Medic On Acute Frequency Four Times a Day
Furosemide 2mg/30ml Oral Solution	New	

28

COMPLIANCE AIDS

- Integrated version
- Several steps involved

29

30

Pharmacy Advice

Notes to GP
DAPT for 12 months for ACS
monitor U&Es - Short term potassium as per cardio surgery procotol - only 3 days only
Monitor LFTs - if still deranged review Statin - consider holding
Monitor BP - if increasing consider ACEi

31

Changed Medication

Medication	Status at discharge	Changes/comments
amlodipine Tablet	Ceased	now had CABG if for angina symptoms not needed , if for BP control - consider ACEi
atorvastatin Tablet	Ceased	switched to rosuvastatin
bisoprolol fumarate Tablet	New	monitor HR and uptitrate if needed
ciprofloxacin Tablet	New	finish on 17/06/21 AM
clopidogrel 75mg Tablet	New	12 months for ACS Stop 28/03/22 Started at York Hospital
COVID-19 Vaccine ChAdOx1-S (AstraZeneca) 0.5mL Solution for Injection (Multidose vial)	Ceased	fully vaccinated
dihydrocodeine tartrate Tablet	New	short term use
furosemide Tablet	New	ECHO good Weight improving No oedema GP to review in 2 weeks to stop

32

glyceryl trinitrate 400microgram Sublingual Spray	Ceased	had cabg
lansoprazole Gastro-Resistant Capsule	New	whilst on DAPT 12 months
lansoprazole Gastro-Resistant Capsule	Ceased	restarted
linezolid 600mg Tablet	New	until 18/06/21 AM
paracetamol Tablet	New	short term
potassium bicarbonate 400mg + potassium chloride 600mg Dispersible Tablet	New	Replacing K following cardiac surgery - Short course only
rosuvastatin 5mg Tablet	New	monitor LFTs - recheck in 7-10days to see if ALT and Alkphos settling if not consider holding statin

33

THANK YOU

34

Q+A session

35

DMS – an important service for community pharmacy

- Service with proven benefits for patients
- Using the clinical skills of the pharmacy team
- Pharmacy funded for the work undertaken
- Increases the integration of community pharmacy within the NHS
- Part of the 5-year CPCF developments

36

DMS – an important service for the system

- Service that improves patient safety and reduces readmissions
- WY Pharmacy Leadership Group (PLG) have agreed that DMS is a priority and we are in the process of setting up a DMS group to ensure we continue to see a growth in DMS referrals

37

Do you have any questions?

?

info@cpwy.org

www.cpwy.org

38

Thank you

39

Aims of the service

The service seeks to ensure better communication of changes made to a patient's medicines in hospital and its aims are to:

- Optimise the use of medicines, whilst facilitating shared decision making;
- Reduce harm from medicines at transfers of care;
- Improve patients' understanding of their medicines and how to take them following discharge from hospital;
- Reduce hospital readmissions; and
- Support the development of effective team-working across hospital, community and primary care networks (PCN's) pharmacy teams and general practice teams and provide clarity about respective roles.

40

The THREE parts of the DMS

1. **A discharge referral is received by the pharmacy**
2. **The first prescription is received by the pharmacy following discharge (this may not be a repeat prescription)**
3. **Check of the patient's understanding of their medicines regimen**

41

Part 1 - Discharge referral is received by the pharmacy

How?	When?	Who?
• The electronic referral is received by the pharmacy and the following actions are undertaken: • Check for clinical information • Compare the medicines the patient has been discharged on and those they were previously taking at admission • Check any prescriptions for the patient, previously ordered, in the dispensing process or awaiting collection to see if they are still appropriate –eRD!!	• As soon as possible, but within 72 hours of receipt (excluding hours of the days on which the pharmacy premises are not open for business)	• Pharmacist • Pharmacy Technician • All relevant members of the pharmacy team can be involved in the non clinical stages

42

Part 2- The first prescription is received by the pharmacy following discharge

How?	When?	Who?
• Ensure medicines prescribed post-discharge take account of the appropriate changes made during the hospital admission. • Resolve any issues with GP practice • Make appropriate notes on the PMR and/or other appropriate record	• When the first post-discharge prescription is received (usually one week to one-month post-discharge)	• Pharmacist/ Pharmacy Technician

43

Part 3 - Check of the patient's understanding of their medicines regimen

How?	When?	Who?
• A confidential discussion, adopting a shared decision-making approach • When this takes place on the pharmacy premises, the consultation room should be used. • Make appropriate notes on the PMR and/or other appropriate record.	• When the first post-discharge prescription is received.	• Pharmacist/ Pharmacy Technician

44

Funding

- If a pharmacy is on the Pharmaceutical list on 1st February 2021 it will be automatically be paid a setup fee of £400 in April 2021.
- This is to help you and your team prepare to deliver the service and includes staff training and putting in place a Standard Operating Procedure.

THIS IS A 3 PART SERVICE PAYMENT = £35

Part 1 =£12 → **Part 2 = £11** → **Part 3 =£12**

In certain circumstances as defined in the DT your pharmacy may not be able to deliver all 3 parts of the service therefore you will get a partial payment

45

Resources

Toolkit https://www.england.nhs.uk/publication/nhs-discharge-medicines-service-essential-service-toolkit-forpharmacy-staff-in-community-primary-and-secondary-care/

NHSE&I Guidance https://www.england.nhs.uk/publication/guidance-on-the-national-health-service-charges-andpharmaceutical-and-local-pharmaceutical-services-amendment-regulations-2020/

CPPE E-Learning https://www.cppe.ac.uk/programmes/l/transfer-e-02

CPPE DOC https://www.cppe.ac.uk/services/declaration-of-competence

Briefing for Pharmacy Teams https://psnc.org.uk/wp-content/uploads/2020/12/DMS-briefing-for-pharmacy-teams-V1.pdf

Contractor Checklist https://psnc.org.uk/wp-content/uploads/2020/12/DMS-implementation-checklist-221220.pdf

Briefing for General Practice https://psnc.org.uk/wp-content/uploads/2020/12/DMS-briefing-for-GPs-and-PCNs-v1.pdf

46