STANDARD 2.0 EPISODE OF CARE

Patients' medicines requirements are regularly assessed and responded to in order to optimise their outcomes from medicines.

2.1 ON ADMISSION OR AT FIRST CONTACT

Patients' medicines are reviewed to ensure an accurate medication history, for clinical appropriateness and to identify patients in need of further pharmacy support.

Examples of evidence
• SOPs; ▪ in place for medicines reconciliation in all newly admitted patients
• Skill mix; ▪ pharmacy technicians trained in medicines reconciliation (MR) and drug history taking ▪ nurses are trained in medicines reconciliation
• Systems to support access; ▪ use of patients' own drugs, emergency cupboards, ward adjusted stock, comprehensive 24/7 on call service.

<u>Example of Practice (see Appendix 2 for more examples)</u>

Every week, 10 case notes are checked to see if MR has met the appropriate criteria and the standard of 95% of all patients have MR undertaken within 24 hours of admission – in line with Scottish Patient Safety Programme requirements. A monthly audit is carried out across the hospital to see if this standard has been met. The pharmacy department regularly provide training for pharmacists to undertake MR and ensure that the service is meeting the required standards. Lanarkshire

2.2 CARE AS AN INPATIENT

Patients have their medicines reviewed by a clinical pharmacist to ensure that their medicines are clinically appropriate and to optimise their outcomes from their medicines.

Examples of evidence
• Polices; ▪ omitted dose policy in line with NPSA guidance ▪ self administration policy is in place, supported by training for nurses to assess a patient's suitability for self administration
• Training; ▪ nursing staff trained to minimise missed/delayed medicines ▪ a critical medicines list is available on each ward
• Ward pharmacy services; ▪ pharmacists contactable by bleep or pagers ▪ pharmacists record in clinical notes their recommendations/interventions. Junior staff are supervised/peer reviewed. ▪ key performance indicators for ward services
• Contribution monitoring. Contributions made by pharmacists are monitored monthly, or collected on certain days, or certain ward rounds.

Example of Practice (see Appendix 2 for more examples)

Clinical Standards aim to prioritise patients with the most needs and help to manage clinical services to wards. Within a day of admission to acute receiving wards 95% of patients will have a documented medication history, a pharmaceutical care plan with a priority code attached and the NHS Tayside Prescribing and Administration Record screened. The priority codes are assigned based on the patient's age, number of medicines, any high risk medicines taken and frailty; each code determines how often the patient is visited by a pharmacist on ward, based on agreed timescales e.g. every 24 hours etc. The service has been very well received by medical, nursing and pharmacy staff, and there are plans to look at patient feedback around the service. Pharmacists now have more time available for the most complex patients and are able to attend clinical ward rounds with medical staff. NHS Tayside.

2.3 MONITORING PATIENTS' OUTCOMES

Patients' outcomes from and experiences of treatment with medicines are documented, monitored and reviewed.

Examples of evidence
• Policies and SOPs; ▪ medicines management policy defines the roles and responsibilities of the MDT in monitoring patients' response to medicines. ▪ clinical pharmacy standards and guidelines. Audits to measure how well they are followed for example, antibiotic audits including the monitoring of allergy documentation.
• Targeted monitoring. Pharmacists monitor blood pressure for hypertensives, INR for warfarin, CRP and WCC for antibiotics, Parkinson's medications.

Example of Practice (see Appendix 2 for more examples)

Electronic prescribing web portal identifies lab results that are out of range and potentially highlights drugs that are an issue. Electronic notes can be left for doctors to review the drugs and/or any drug related issues. Some of the benefits of this system are that it gives pharmacists the ability to highlight issues more easily and quickly than before; prioritises patients for pharmacy in-put and ensures that complex patients are monitored more closely; highlights suitable preventative measures e.g. Deep Vein Thrombosis risk. The system is also able to link to lab sensitivity data, so that appropriate antibiotic prescribing can be monitored. The data can be accessed anywhere inside or outside hospital and is a useful resource for the on-call pharmacy service, ensuring that patients are clinically monitored on a regular basis. Aintree University Hospitals NHS FT

2.4 CARE FOR PATIENTS NOT ADMITTED (e.g. outpatients, outreach, homecare)

Patients who are taking medicines at home or in non-acute care settings have access to continuing supplies of medicines and to pharmacy services and support appropriate to their care.

Examples of evidence
• Policy procedures and SOPs; ▪ medicines management policy covers processes for patients not admitted, e.g. outpatients and day-case patients
• Homecare; ▪ homecare systems are in place (consistent with *Professional Standards for Homecare Services.* Royal Pharmaceutical Society. In press).
• Availability of advice; ▪ medicines information helpline and/or an on-call/resident pharmacist are available 24/7 for the MDT and patients.
• Surveys; ▪ outpatient satisfaction surveys, homecare surveys.

Examples of how some sites are achieving delivery of standard 2.0 episode of care:

- Medicines reconciliation rates are audited in line with NICE guidance on medicines reconciliation.
- Missed and/or delayed doses routinely audited.
- Numbers of patients self administering high risk medicines e.g. insulin and Parkinson's medication are audited.
- Audits to measure how well clinical pharmacy standards and guidelines are followed, for example, antibiotic audits including the monitoring of allergy documentation.
- KPIs for the number of patients seen by a pharmacist and or a technician.
- Outpatient satisfaction survey is tracked over time to monitor patient satisfaction.
- KPIs are in place and monitored for the delivery of homecare services (*Professional Standards for Homecare Services.* Royal Pharmaceutical Society. In press).

Examples of areas for development identified for standard 2.0 episode of care:

- Training in medicines reconciliation is needed for the multidisciplinary team for example for doctors to reconcile medicines when pharmacy is closed, and nurses in the pre-admissions clinic
- Introduce a more formal approach to attending ward rounds and monitor the impact of having pharmacists there.
- Service is essentially reactive with regard to monitoring so needs to look at being more proactive especially with regard to high risk medicines.
- Pharmacist documenting of interventions and contributions to patient care in patients' clinical notes is not well embedded into practice within the trust.
- Need to roll out peer review of medicines administration rounds.
- Need to raise awareness of MUR and NMS amongst staff and discuss with the CCGs how best to refer into those services, as currently not using any of the community pharmacy schemes in a planned way.