**7th Working Conference of the Pharmaceutical Care Network Europe**

**Does Pharmaceutical Care Impact on the Safety of Individual Patients?**

**Manchester, 23-26th March 2011**

# Report from WS 3: How to measure individualised patient safety

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| WS3 - How to measure individualised patient safety | | |
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# Objectives:

- develop strategies and instruments for community pharmacists in order to improve and monitor patient safety.
- design model(s) of pharmaceutical care plan(s) aimed at improving medication safety issues
- formulate measurable safety outcomes
- develop quality indicators that assess the impact of pharmaceutical care on patient safety on a population level
- formulate specific research questions /projects

# Guiding Idea & Approach

- **Preferably pharmaceutical care leads to improved effectiveness, safety and humanistic outcomes.**
- **This WS will focus on safety issues and as an output we expect to formulate recommendations for an enlarged assessment of individualised patient safety; both for practice and for research.**
- **Current practice (e.g. medication review) is mainly guided by a retrospective approach and looking at drug and therapy related problems.**
- **Thus, explicit and prospective assessment of safety issues could/should be introduced into the pharmaceutical care cycle and finally become a new element of the pharmaceutical care plan.**

# WS 3: Overview

**Phase 1**

➔ Intro: **Risk Assessment** in Primary Care

➔ Discussion of pre-existing concepts / checklists

**Phase 2**

➔ Intro: PCNE levels of **Medication Review**

➔ How to address safety issues in medication reviews?

**Phase 3**

➔ Intro: Development of **Quality Indicators**

➔ Adaption of pre-existing safety outcome measures

**Phase 4**

➔ Strategies to address **Research Questions**

# Phase 1

**Discuss and critically appraise usefulness of existing lists (implicit and explicit lists)**

- MAI
- Beers
- START / STOPP
- TIMER
- MRCI
- Other ?

**Brainstorming on the importance for safety.**

- **Group A: Focus on risky (critical) drugs**
- **Group B: Focus on risky (vulnerable) patients**
- **Group C: Focus on risky situations**

**Critical appraisal of your current practice**

# General Output from Phase 1

- ➔ **Awareness for safety issues in Pharmaceutical Care is increasing**
- ➔ **Out of 12 WS-participants, 5 were familiar with such tools/checklists; 4 exclusively with respect to research, one related to practice implementation work.**
- ➔ **Existing tools were estimated helpful, although most were only focusing on the elderly and missing other important patient groups (pregnant, children, handicapped etc.)**
- ➔ **Important lack of pharmacy practice oriented tools**
- ➔ **Elements could be integrated in medication reviews ?**

# Specific Output from Phase 1

## X: Risky drug

- DK, GE,NL,?, ? have a list of risky drugs
  - Definition of criteria of “risky drug” (pharmacy focused)
  - Creation of a list with ongoing/regular update
  - According Action Plans
  - Possibility to be integrated in automated alert systems

- Further focus: NSAIDS (Frequently used, prescribed + OTC)

# Specific Output from Phase 1 (Cont.)

## Y: Risky patient

- Mental disorders, pregnancy, elderly, teenagers, cognitive problems, mentally and physically handicapped, language problems, polypharmacy,
- Renal disorder, living alone
- How to recognize risky patients?
  - Asking “right” questions
  - Medication review => documentation
  - Deduced indication from drugs (educated guess)
  - Lab data ?
  - Check of risky patient situation
- Further focus: Triage of customer requesting a painkiller

# Specific Output from Phase 1 (cont)

## Z: Risky situation

- Discharge
- New treatment
- multiple HP involved

- Further focus: Polypharmacy in the elderly after hospital discharge

# Phase 2: Medication Review

## PCNE Working Definition (Workshop Geneva Nov.2009)

➔ **Medication review is an evaluation of patient's medicines with the aim of optimizing the outcome of medicine therapy by detecting, solving and preventing drug-related problems**

➔ **Medication review is an evaluation of patient's drug therapy and use with the aim of optimizing safety and outcomes by detecting, solving and preventing drug-related problems.**

# Phase 2: Medication Review

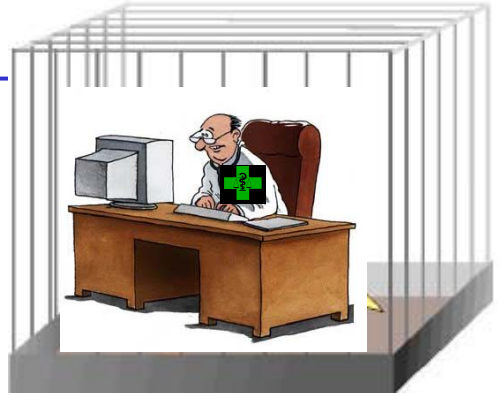
**How to address safety issues in different levels of medication reviews (MR)?**

**➔Which items/issues should be integrated in MR ?**

- Use / Amendment of known interview guides
- Pharmaceutical Care Plans ?

**➔Descriptions of outcomes measures to assess specific risky drug, risky patient, risky situation?**

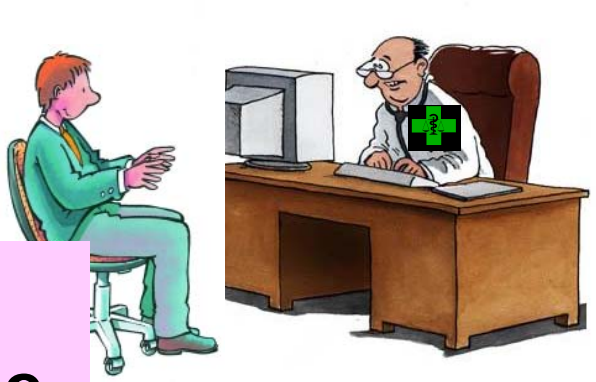
# Levels of Medication Review (PCNE)



**„simple“ Medication Review**

➔based on the medication history in the pharmacy
(= Prescription validation ?)

**„intermediate“ Medication Review**

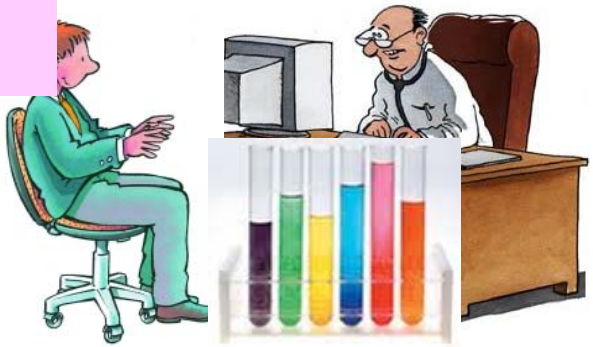


➔Based on medication history +patient interview

- MUR, Polymedikations-Check
- „Brown Bag“-Methode

**Post Discharge MR**

**„advanced“ Medication Review**

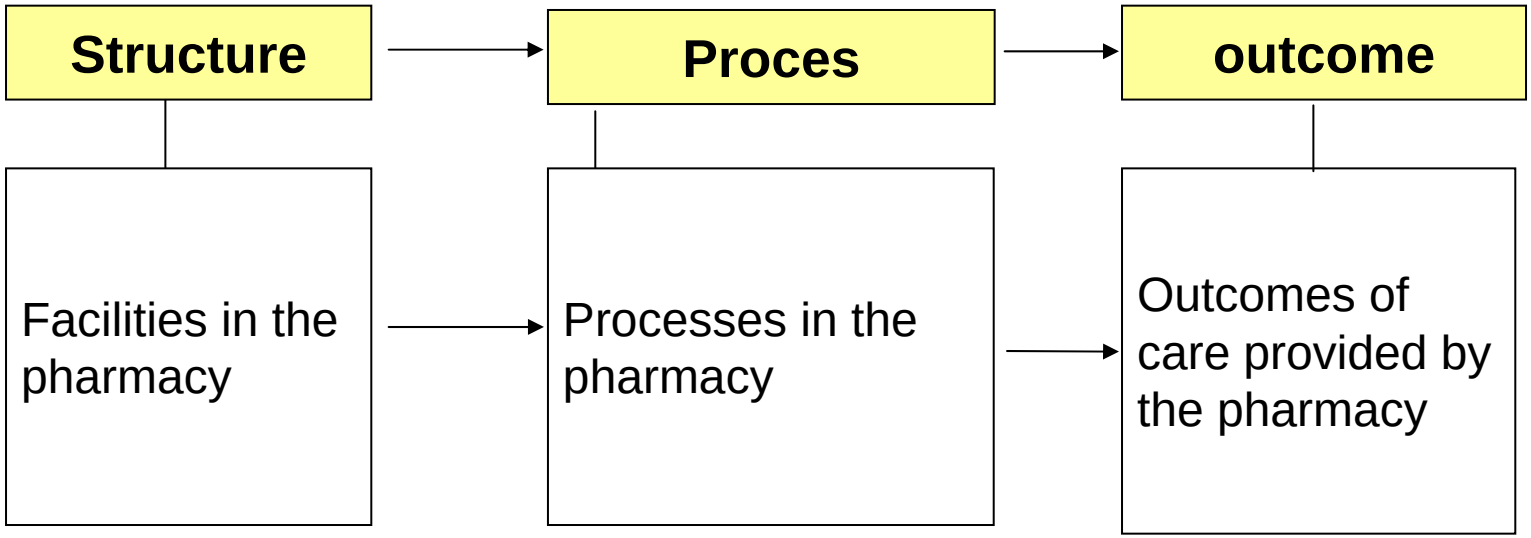


➔medication history +patient interview +clinical data

- Clinical Medication Review

# Phase 3: Quality Indicators

*Measuring quality*



# Quality indicators / Outcomes

## NSAID:

**S: Procedure for counsellling direct request OTC**

- WHHAM + eye contact (communication style)
- SOP / QM
- IT supported triage algorithm

**P: Recording No DRPs with NSAIDS**

- No Patients aged > 70 y have NSAID + PPI
- No patients with HF with NSAID
- Involvement of patient in drug choice (joint agreement)
- Influence of pharmacy policy/merchandising on drug choice

**P&O:**

- No hospital adm with GI bleeding linked to NSAID use
- Perceived ADE

# Quality indicators / Outcomes (cont.)

Polypharmacy in the elderly after hospital discharge

## Medication plan

➔ **Continously updated at each HP visit**

- Chronic medication
- If needed medication
- Temporary medication
- Including OTC

*Shared It-supported-datafile (reference) Responsible HP?*

*and/or*

*paper based (Patient)*

## Medication History

➔ **History of dispensed drugs**

➔ **Discontinued medication**

# Outcome measure for medication plan, after discharge MR

**Polymedicated, discharged, elderly NSAID User**

- ➔ **Rehospitalisation rate (unplanned)**
- ➔ **Unplanned GP visits**
- ➔ **Patient satisfaction**
- ➔ **(QOL; difficult because non specific)**
- ➔ **Pain control**
- ➔ **Self efficacy**
- ➔ **Costs**
- ➔ **DRPs solved**
- ➔ **Pain rel. safety**

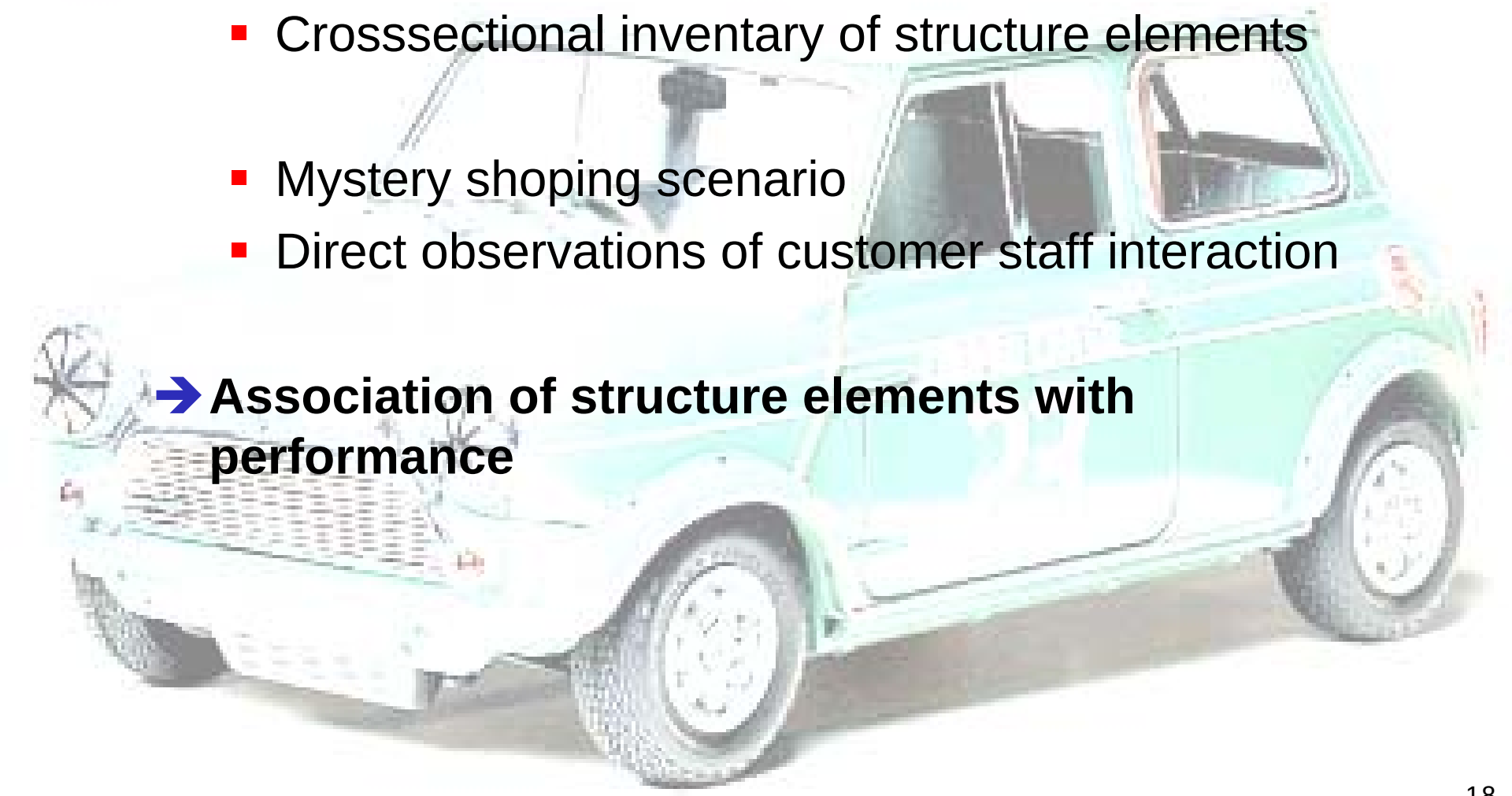
- **Brown bag after discharge**
- **OMA follow up**

# Inappropriate NSAID request – risks & safety

➔ **Across EU**

- Crosssectional inventary of structure elements
- Mystery shoping scenario
- Direct observations of customer staff interaction

➔ **Association of structure elements with performance**




Prof. I