“If you can’t explain something simply, you don’t understand it well enough” Attributed to Albert Einstein

Acute Care at Home Team

Southern Health and Social Care Trust

Des Gourley

Care of the Elderly Pharmacist

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Why Acute Care at Home?

Fastest growing over 65 population in NI. From 2012 to 2023 the over 65 years population is set to grow by 36%, over 85 years by 73%.

Increasing pressure in ED and Acute care

Increase in people living with LTCs. The SHSCT have specialist COPD, Heart Failure, Diabetes, Stroke services in place

Transforming Your Care, A Review of Health and Social Care in Northern Ireland, DoH 2011
"The Right Time, The Right Place"
Donaldson Report ,2014

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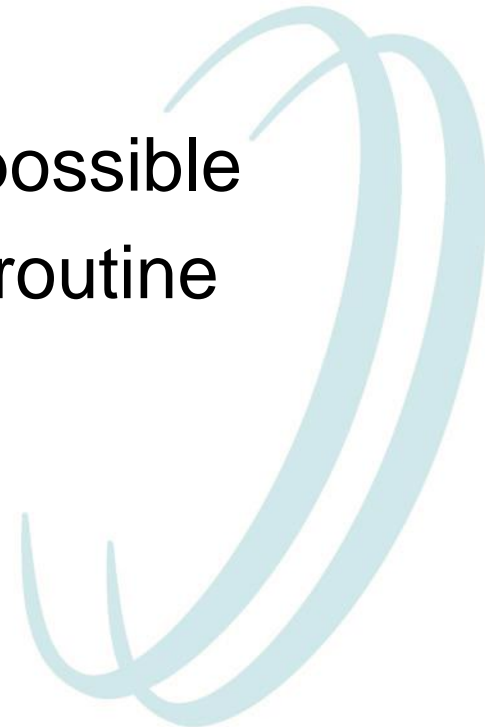
“The emphasis should be on why we do a job”

- **What are pharmacists for?**
  Medicines Optimisation!
- Aim to understand the patient's experience
- Evidence based choice of medicines
- Ensure medicines use is as safe as possible
- Make medicines optimisation part of routine practice



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Clinical Pharmacy Input

Ensure medicines use is as safe as possible

Aim to understand the patient's experience

- Medicine history taking
- Medicines reconciliation
- Domiciliary medication review
- Medication supply
    - Clinical checking of prescriptions
    - Writing prescriptions
    - Dispensing urgent supplies

Multidisciplinary Working

Make medicines optimisation part of routine practice

- Daily MDT meeting.
- Provision of Medicines Information Advice
- Point of contact for community pharmacy
- Extra complexity in terms of governance and medico-legal implications
- Resource implications

Independent prescribing role

Evidence based choice of medicines

- Prescribe and amend on kardexes.
- Amend dosages of pre-admission prescribed medications
- Prescribe for minor ailments / MRSA eradication / continuation of treatment
- IV to oral switches of antibiotics
- Prescribe for acute medical treatment as per plan
- VTE prophylaxis while under care of AC@HT.

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What are the outcomes?

- 518 referrals accepted in 2015-16
- 465 patients successfully treated at home
- Improved care experience for patients and their families – excellent feedback from users
- Clinical pharmacy metrics
  - Rates of medication reconciliation (54%)
  - Number of domiciliary medication reviews (27%)
  - Reduction in polypharmacy
  - Reduction in anti-cholinergic burden (21%)

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Anti-Cholinergic Burden

- Use of drugs with anticholinergic effects associated with increased risk of cognitive impairment, falls and all-cause mortality in older adults.
- Use medication review to identify and minimise use of drugs that may adversely affect cognitive functioning and to reduce their risk of falling.
- On average medication changes by AC@HT reduced ACB by 21% for 2015-16

Medication Review for the Elderly (ImPE)

Patient reviewed by AC@HT in; ☐ Own home ☐ Nursing/Care home ☐ Lurgan Hospital ☐ Other		
Presentation		Fall, SOB, chest pain etc
How many medicines was the patient taking regularly prior to presentation? Include all regular and as required ("prn") oral medicines. Exclude topical and herbal medicines		
MEDICATION REVIEW		
Does the patient have any of these clinically significant Adverse Drug Reactions (ADR's)? Please tick all that apply	☐ Falls including postural hypotension, impaired balance, dizziness	Consider stopping any fall related drugs(s)
	☐ Bleeding	Consider stopping warfarin, NSAIDs
	☐ Confusion/sedation	Consider stopping any psychoactive drug(s)
	☐ Metabolic disturbance such as dehydration, renal impairment, electrolyte disturbance	Consider stopping diuretics, antidepressants, antihypertensives
	☐ Constipation	Consider stopping opiate analgesics
	☐ Other (please specify):	
Is the patient on one or more of the following potentially inappropriate drugs? Please tick all that apply	☐ Diuretics	Can cause falls and metabolic disturbances. Consider indication
	☐ Anti-hypertensives	Can cause falls, metabolic disturbances (some) and constipation (some). Consider need
	☐ Benzodiazepines>1month, Hypnotics	Can cause falls, confusion and sedation. Consider alternatives
	☐ Opiate analgesics	E.g. codeine, morphine, tramadol. Can cause falls, confusion, sedation and constipation. Consider alternatives
	☐ Warfarin, NSAIDs , Antiplatelets	Consider bleeding risk
	☐ Other (please specify):	
ACTION FOLLOWING REVIEW		
Following review were any medicines stopped/ reduced?	☐ **No** What are the reasons for not stopping potentially inappropriate medications	Possible reasons include 'benefit outweighs risk', 'patient preference', 'GP to review'
☐ **Yes, permanently.** Please list all medicines permanently stopped on reconciliation record	☐ **Yes, temporarily.** Please list all medicines on hold + duration on reconciliation record	☐ **Dose reduction.** Please list all medication dose changes + duration on reconciliation record
Has this been documented in medical record and/or drug chart? ☐ Yes ☐ No		
Completed by	Designation: Select	Date

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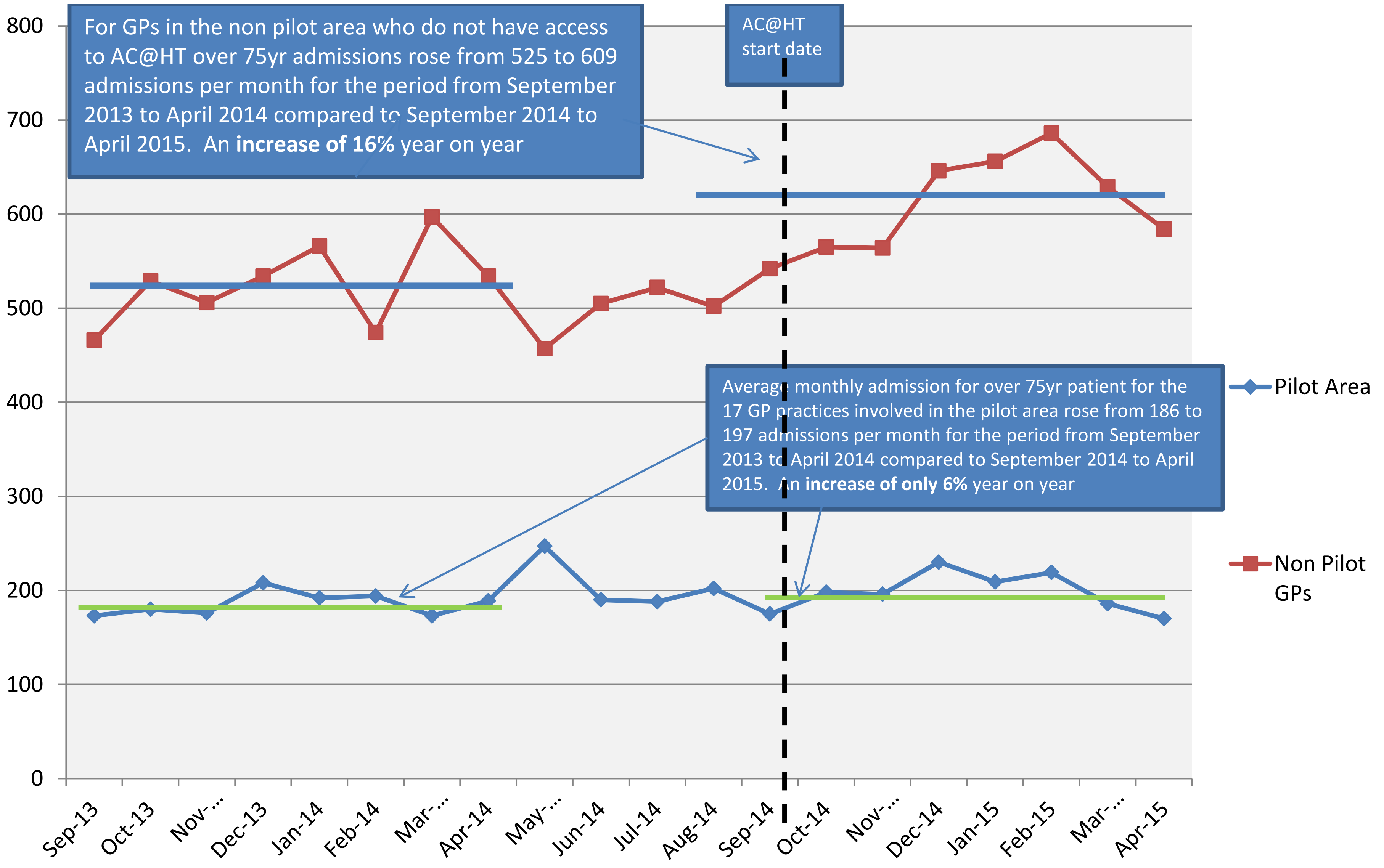
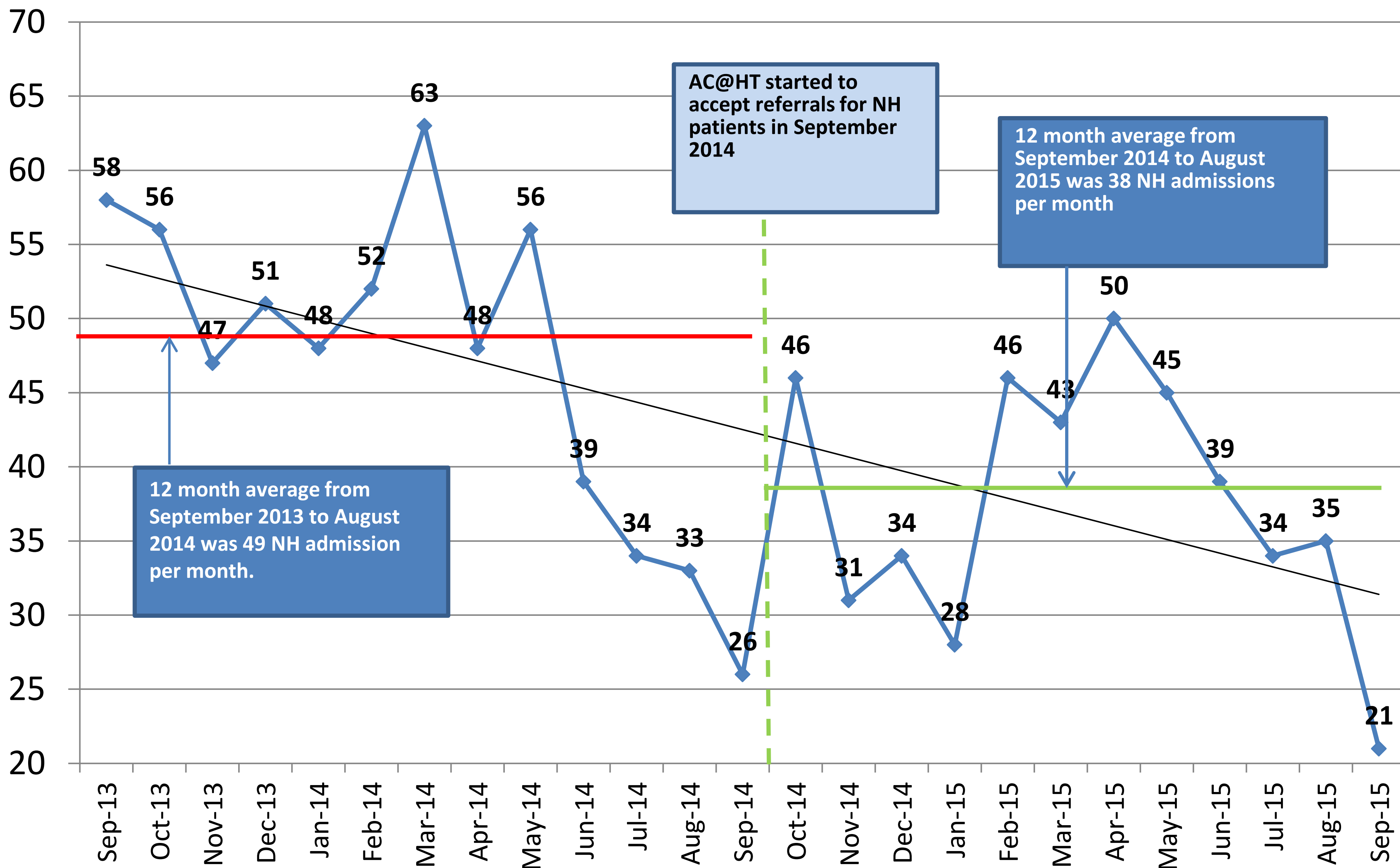
SHSCT Over 75yrs Non-Elective Admissions (17 GP Practices)



Non-Elective Nursing Home Admissions to SHSCT Acute Hospitals



“Fall seven times. Stand up eight.”

- Development of the pharmacy service to AC@HT
  - Division of workload
  - Improve follow up
- Better use of IT and electronic systems
  - Paris
  - ECR
  - Electronic prescribing
- Develop links with other pharmacists providing medicines optimisation
  - Case management pharmacists
  - GP practice pharmacists

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