

# Acute Care at Home: Multidisciplinary Medicines Optimisation



## Introduction

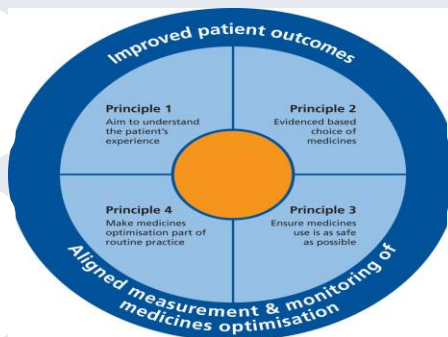
Northern Ireland is too dependent on acute care facilities<sup>1</sup>. There is a need to use existing resources in a way that places the individual at the centre of care, promotes patient's independence and provides the right care in the right place at the right time. Acute care should maximise the use of technology, be driven by population-based planning of services, be delivered by professionals working together and realise value for money. Pharmacists can play an enhanced role in new models of healthcare delivery<sup>2</sup>. Polypharmacy, adverse drug events and inappropriate prescribing are major contributing factors to morbidity and mortality in older people<sup>3</sup>. The Acute Care at Home Team (AC@HT) provides multidisciplinary consultant led comprehensive acute care for older patients in their own home. Work with the local Integrated Care Partnerships (ICP) identified the need for and subsequently funded a Lead Pharmacist to support the AC@HT from its inception.

## Aims and objectives

To put into practice the BGS 'Silver book' recommendations around medicines management so that older people with acute illness can be successfully treated at home. To implement the key principles of medicines optimisation into the work of the AC@H team.

Medicines reconciliation and review in patients home. Medication review based on the STOPP toolkit

BGS 'silver book' geriatric review. Daily MDT meeting pharmacy review. MD prescribing.



Adherence to Northern Ireland Formulary, NICE recommendations and Southern Trust antibiotic guidelines.

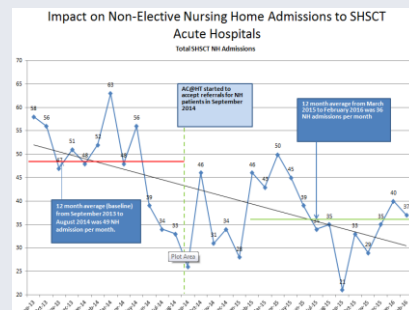
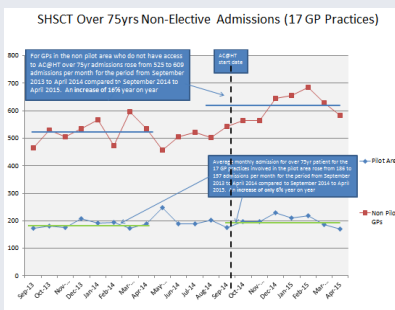
Robust medicines governance processes for prescribing, supply and administration of medication.

## Method

Use of the Southern Trust medication reconciliation form for every patient treated by AC@HT. Use of the improving prescribing for the elderly (ImPE) tool for medication reviews. Anti-Cholinergic Burden (ACB) calculated for patients before and after medication changes. Daily pharmacy review for all patients during multi-disciplinary team (MDT) meeting. Development of AC@HT medicines management SOPs, PGDs and guidance. Development of IT solutions for operational usage and for data capture.

## Results

518 referrals were accepted on scheme for 2015-16 with 465 patients successfully treated at home. 254 (50%) patients required IV or SC medications and 314 (60%) patients were treated for infective conditions such as UTI, Cellulitis, CAP or sepsis. There was a 21% reduction in anti-cholinergic burden for patients with medication changes.



## Discussion and Conclusions

AC@HT delivers the model of integrated care envisaged by transforming your care (TYC). By implementing the BGS 'Silver book' recommendations for medicines management the AC@HT has been able to deliver effective safe acute care for older patients that avoids unnecessary or prolonged admissions to hospital. By imbedding the principles of medicines optimisation the team has been able to deliver medicines management support that allows older people to maximise the benefit from their medication and be as independent as possible. Opportunities for further development of the pharmacy service to AC@HT include expanded use of IT (e.g. electronic prescribing) and in developing links with other pharmacists providing medicines optimisation (practice based pharmacist and case management pharmacists). A key challenge going forward will be to deliver the service sustainably across the whole trust.

References: 1. Donaldson et al : The right time, the right place: an expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland. DHSSPSNI Belfast 2014. 2. Compton J Transforming Your Care: A Review of Health and Social Care in Northern Ireland. DHSSPSNI Belfast 2011. 3. British Geriatrics Society: The Silver Book: Quality Care for Older People with Urgent and Emergency Care Needs 2012.