

Embedding Medicines Optimisation in Acute Elderly Care

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Introduction

Medicines optimisation is defined by NICE as “ a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines”. This should be a core aspect of clinical pharmacy services.

The challenge

How to embed medicines optimisation as standard clinical practice across four acute elderly care wards.

Methods



CYCLE 1
Collation & review of medicines optimisation references/tools & local SET guidance. Information distilled to an A4 summary Medication Review Guide & reviewed by senior pharmacists in all clinical specialties.



CYCLE 2
Clinical Pharmacy Record adapted to incorporate medicines review section covering key aspects of medicines optimisation.

CYCLE 3
Introduction of A4 Medication Review Guide and revised Clinical Pharmacy Record into daily practice in one acute elderly care ward. Guide & Clinical Pharmacy Record refined.

CYCLE 4
Roll out of Medication Review Guide & Clinical Pharmacy Record to other acute elderly wards.

A4 Guide

Clinical Pharmacy Record

Next steps

- Medication Review Guide & Clinical Pharmacy Record under ongoing review. Currently in consultation with gastroenterology consultants regarding PPI advice.
- Multidisciplinary implementation and measure of impact of guide on medicines optimisation.
- Spread to other clinical areas.
- Audit use of guide in acute elderly care & potential cost savings.

Conclusions

- Medication Review Guide and Clinical Pharmacy Record:
- embed medicines optimisation into daily clinical pharmacy practice.
 - provide useful training materials for staff rotating through the area.
 - ensure consistency of approach to medicines optimisation in acute elderly care using latest evidence base.
 - provide detail to facilitate clear communication with primary care on discharge.