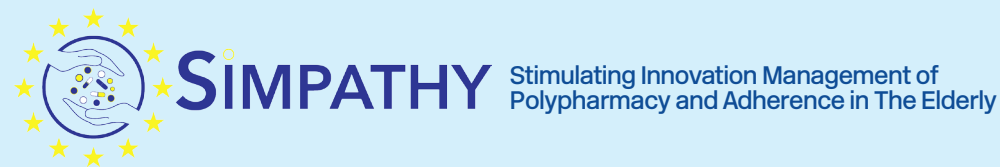# 8 Kotter Steps in transforming change in Polypharmacy Management

1 Establishing a sense of urgency
– Communication with stakeholders
– Project benchmarking

2 Forming a powerful guiding coalition
– Interdisciplinary teams
– Professional and patient knowledge sharing

3 Creating a common vision
– Outline strategies for achieving the vision

4 Communicating the vision
– Dissemination materials and meetings addressing polypharmacy

5 Empower others to act on the vision
– Go beyond silos
– Promote the ownership of responsibility

6 Planning for and creating short-term wins
– Successful piloting of polypharmacy management
– Replicate the best examples

7 Consolidating improvements and producing still more change
– Advocate with policy and decision makers
– Scaling up strategies for large dissemination and replication

8 Institutionalising new approaches
– Share the benefits
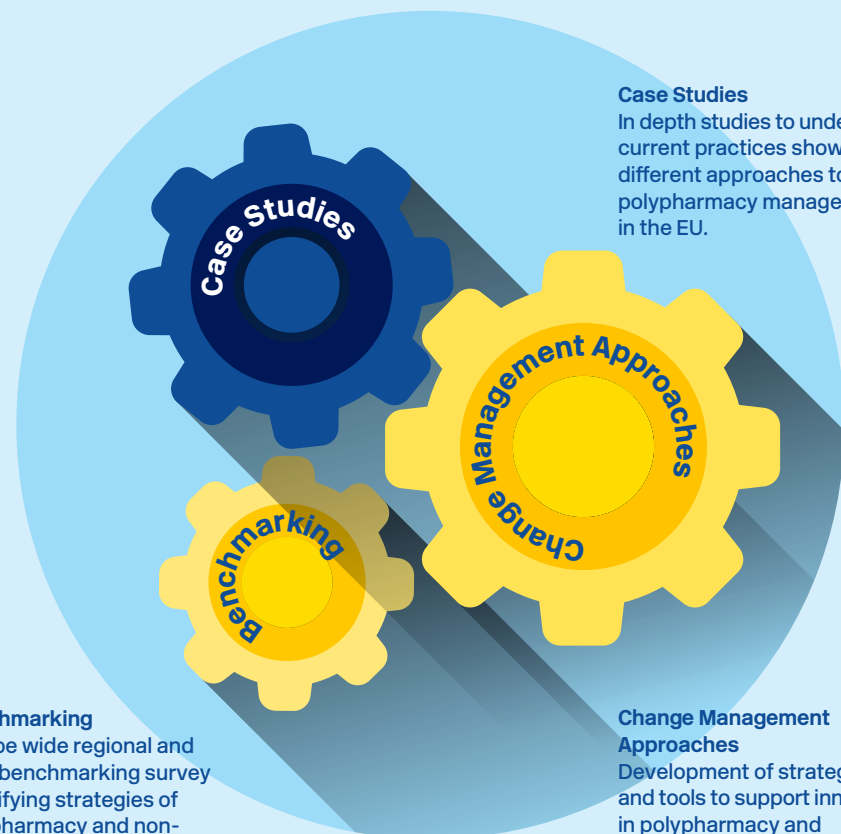– Find your best ambassadors and decision maker leads

SIMPATHY
Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly

Polypharmacy Programmes

Transforming Awareness into Action: Implementing effective management of the use of multiple medications across the EU

Case Studies
Change Management Approaches
Benchmarking

Case Studies
In depth studies to understand current practices showcasing different approaches to polypharmacy management in the EU.

Benchmarking
Europe wide regional and local benchmarking survey identifying strategies of polypharmacy and non-adherence management.

Change Management Approaches
Development of strategies and tools to support innovation in polypharmacy and adherence management.
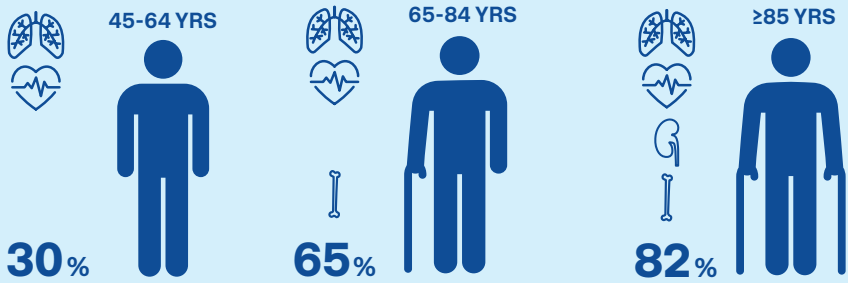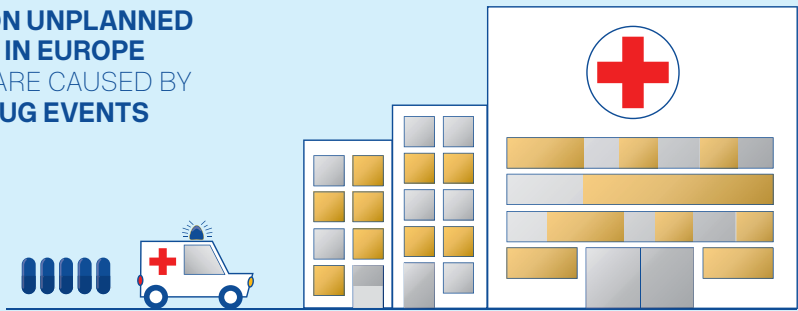
Social

Management of polypharmacy is an essential element of patient safety in an integrated care setting making a significant contribution to wellbeing

Economic

Prevention of harm due to medicines can reduce demand on the healthcare system, reducing threats to service sustainability

Political

Demographic changes potentiate the impact of polypharmacy issues, demanding a response from politicians and policymakers

MORE PEOPLE HAVE MULTIMORBIDITY THAN A SINGLE DISEASE

45-64 YRS — **30%**

65-84 YRS — **65%**

≥85 YRS — **82%**

8.6 MILLION UNPLANNED ADMISSIONS IN EUROPE EVERY YEAR ARE CAUSED BY ADVERSE DRUG EVENTS

50% OF HOSPITAL ADMISSIONS DUE TO ADVERSE DRUG EVENTS ARE PREVENTABLE

PATIENTS ON **5** OR MORE MEDICINES

PATIENTS OVER **65** YEARS OF AGE

50% ARE PREVENTABLE

(Right panel — timeline/matrix)

POLICY

HEALTHCARE PROCESSES

ECONOMIC SUSTAINABILITY

HEALTHCARE SERVICES

Policy commitment to creating structure for pharmacy reviews

Estimated savings potential from medicines ceased: **EUR4.32bn**

SIMPATHY VISION

Increased awareness of polypharmacy across EU

Integration towards single institution in heath care

100% Professional & patient education

No patients on inappropriate meds

Less than 1.0M ADR bed days

50% Professional & patient education

Demonstration, prevention studies

Net productive opportunity of reviews: **EUR10.41Bn**

Spreading Best Practice

Best practice poly-medication guidance

Reduced patient admissions due to ADR

Identifying best practice for evidenced-based change

Workshops & knowledge-sharing

2.2m ADR-related bed days avoidable

Patient empowerment

Low professional & patient education

Case studies outputs

Literature review conclusions

Patients possibly using inappropriate medicines

50% of medicines not taken

CLINICIANS

PATIENTS

HEALTHCARE TEAMS

2030 — Consolidate/ accelerate

2020 — Make change for the better

2017

2015 — Think differently