Pharmacy Support Workers (PSW) Conducting Level 1 Medication Reviews on Care Home Residents in Annandale & Eskdale Pilot

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Background

- Pioneering a new approach within this cluster, previous to this PSWs had not been utilised fully within care homes or carried out their own, face to face, independent medication reviews.
- This Pilot was conducted on a care home with a total of 51 beds, with a predominantly elderly population, many with cognitive issues.
- Level 2 and 3 Clinical medication reviews were previously conducted by General Practice Pharmacy Technicians (GPPT) and General Practice Clinical Pharmacist (GPCP) last year. This was the last wide-scale pharmacy input that the care home had.
- The aim is to conduct a Level 1 non-clinical medication review on all residents which will streamline medication records and optimise safe medication use. This will reduce non-clinical workload for GPPT and GPCPs in future, allowing them to use their time more effectively on clinically appropriate work in line with their competencies.

Review process

1. Preparation work involving paper-based review, which checked order history, monitoring etc. and highlighted any concerns to raise with carers.
2. Visited care home to speak with carers face-to-face, improving rapport with staff, whilst providing the opportunity to physically check MAR charts, ask questions, or for them to highlight any medication-related issues/queries.
3. Findings written up and actions proposed, which were then checked by GPPT or GPCP for approval before being actioned by PSW where appropriate.
4. Consults recorded on patients record by PSW.
5. Summaries of review sent to care home for their records and care inspectorate purposes.

Quality and Improvement methodology

PDSA cycle used:

Plan – planned process and measurable goals

Do – carried out process

Study – collated data and reviewed

Act – adapted the plan from initial learning for future

Results/Outcomes

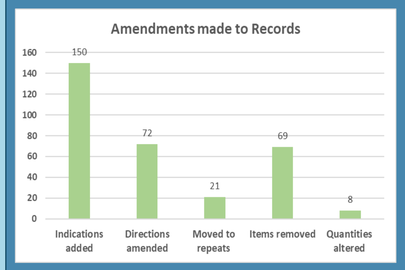


Figure A

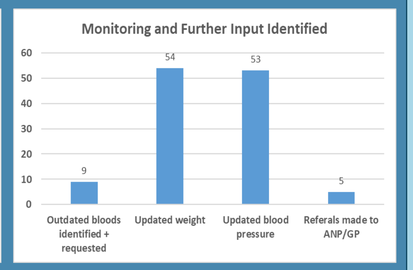


Figure B

**all interventions approved or actioned by GPPT/GPCP where appropriate*

Other Interventions

- Discovery of anticipatory meds that were no longer required and still stored in the home, reducing potential risk of misuse.
- Outdated monitoring highlighted which led to the finding of chronic renal failure and subsequent dose changes of medication needed for safety reasons to avoid further decline in renal function.
- Multiple patients on inappropriate high dose of paracetamol for their weight which was below 50kg, dose was amended accordingly and carers informed of the importance of monitoring the fluctuation of weights so dose remains safe and correct.
- Several patients GTN sprays out of date, so new sprays issued to ensure effective and reliable use of spray if required.
- Omeprazole re-started for stomach protection to prevent the risk of various gastrointestinal issues and minimise potential further complications.
- Spacers issued where appropriate to ensure optimal drug delivery to the lungs and easier inhaler use.
- Flagged outdated bloods and BPs, which resulted in the deprescribing of no longer needed medications, like atenolol and folic acid, which in turn reduced tablet burden and potential risks and side effects.

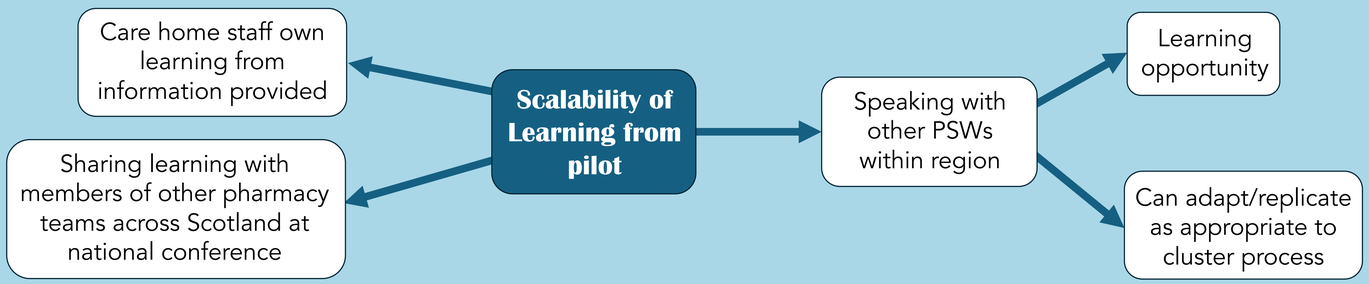
Discussion

During this pilot, Pharmacy Support Workers conducted non-clinical reviews of residents medications. Results show that changes were made as an outcome, such as 150 indications (see Figure A) added to medications or over 100 aspects of monitoring updated (see Figure B). This supported the optimisation, organisation and safety of medication being administered to care home residents, in turn improving the quality of care that they receive.

Some of the key drivers of impact were:

- **Indications were added to directions of all medications** – this provides staff with a better understanding of the medication that they are administering/supporting abled residents to self-administer, improving medicines awareness/safety.
- **Directions amended where necessary** – improves clarity surrounding when/how to take medication, increasing the safe usage of medications.
- **Removal of obsolete items** – prevents unnecessary ordering/issuing and in turn the prevention of medication waste or recommencing an unneeded medication which is still on record.
- **Updated weights/blood pressures** – for information purposes on record, can influence prescribing decisions in whether medication is needed or should be reduced, for example in Apixaban dosing.
- **Other interventions** - Important interventions which were subsequently found through thorough level one reviews specifically focusing on medication, which may not have been noticed by other clinicians and/or recognized without pharmacy input.

These results may not have been achievable had reviews not been conducted face-to-face with care home staff. It has been shown that this worked well, and would be beneficial to continue employing this process in future, in contrast to non contact paper based reviews. Another contributing factor to a successful outcome was ensuring an initial paper based review was carried out prior to our visits. This ensured organisation and increased awareness of the residents current situation.



Future plans

Level 2 clinical reviews are to be conducted by GPPT or GPCP in 6 months, following PSW level 1s. The vision is that residents will have pharmacy input every 6 months, unless there's a more urgent issue that needs attention. The ongoing aim is for the continuous improvement surrounding the safety and quality of care in this vulnerable cohort of patients.