TCAM

- Transfer of Care Around Medicines

- Those most at risk of medication errors may not be highlighted to Community Pharmacy e.g. those recently discharged from hospital.

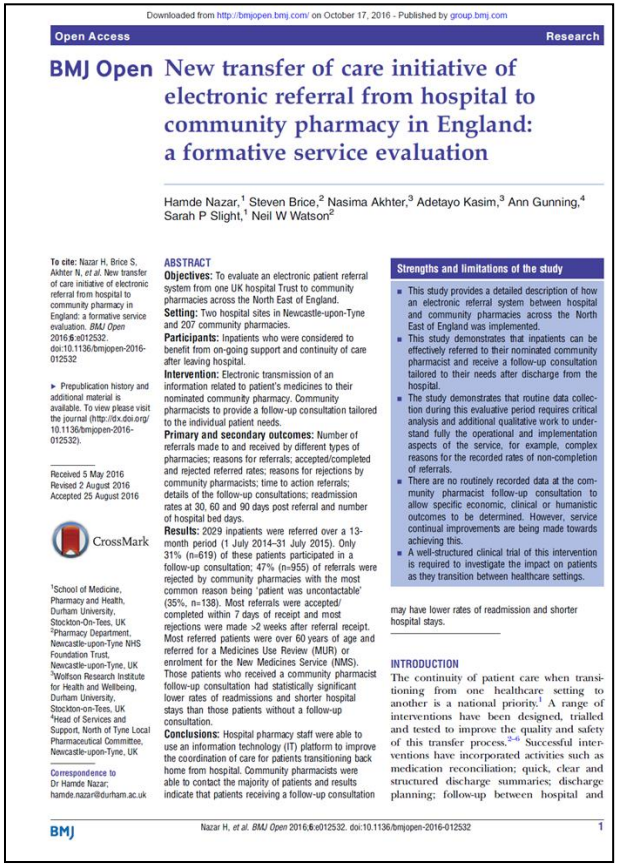
- It is estimated that 60% of patients have three or more changes made to their medicines during a hospital stay.
- The transfer of care process is associated with an increased risk of adverse effects
- 30-70% of patients experience unintentional changes to their treatment or an error is made because of a lack of communication or miscommunication.
- Only 10% of elderly patients will be discharged on the same medication that they were admitted to hospital on.
- and 20% of patients have been reported to experience adverse events within 3 weeks of discharge, 60% of which could have been ameliorated or avoided

CLINICAL HANDOVER – INTEGRATED TRANSFER OF CARE

Community Pharmacy and Hospital Pharmacy - working together to optimise the use of medicines

New transfer of care initiative of electronic referral from hospital to community pharmacy in England:
a formative service evaluation
Hamde et al. BMJ Open October 2016

"statistically significant lower rates of readmissions and shorter hospital stays"



Open Access Research

BMJ Open

New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation

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ABSTRACT

Objectives: To evaluate an electronic patient referral system from one UK hospital Trust to community pharmacies across the North East of England.

Setting: Two hospital sites in Newcastle-upon-Tyne and 207 community pharmacies.

Participants: Inpatients who were considered to benefit from on-going support and continuity of care after leaving hospital.

Intervention: Electronic transmission of an information related to patient's medicines to their nominated community pharmacy. Community pharmacists to provide a follow-up consultation tailored to the individual patient needs.

Primary and secondary outcomes: Number of referrals made to and received by different types of pharmacies; reasons for referrals; accepted/completed and rejected referred rates; reasons for rejections by community pharmacists; time to action referrals; details of the follow-up consultations; readmission rates at 30, 60 and 90 days post referral and number of hospital bed days.

Results: 2029 inpatients were referred over a 13-month period (1 July 2014–31 July 2015). Only 31% (n=619) of these patients participated in a follow-up consultation; 47% (n=955) of referrals were rejected by community pharmacies with the most common reason being 'patient was uncontactable' (35%, n=138). Most referrals were accepted/completed within 7 days of receipt and most rejections were made >2 weeks after referral receipt. Most referred patients were over 60 years of age and referred for a Medicines Use Review (MUR) or enrolment for the New Medicines Service (NMS). Those patients who received a community pharmacist follow-up consultation had statistically significant lower rates of readmissions and shorter hospital stays than those patients without a follow-up consultation.

Conclusions: Hospital pharmacy staff were able to use an information technology (IT) platform to improve the coordination of care for patients transitioning back home from hospital. Community pharmacists were able to contact the majority of patients and results indicate that patients receiving a follow-up consultation may have lower rates of readmission and shorter hospital stays.

Strengths and limitations of the study

- This study provides a detailed description of how an electronic referral system between hospital and community pharmacies across the North East of England was implemented.
- This study demonstrates that inpatients can be effectively referred to their nominated community pharmacist and receive a follow-up consultation tailored to their needs after discharge from the hospital.
- The study demonstrates that routine data collection during this evaluative period requires critical analysis and additional qualitative work to understand fully the operational and implementation aspects of the service, for example, complex reasons for the recorded rates of non-completion of referrals.
- There are no routinely recorded data at the community pharmacist follow-up consultation to allow specific economic, clinical or humanistic outcomes to be determined. However, service continual improvements are being made towards achieving this.
- A well-structured clinical trial of this intervention is required to investigate the impact on patients as they transition between healthcare settings.

INTRODUCTION

The continuity of patient care when transitioning from one healthcare setting to another is a national priority.[1] A range of interventions have been designed, trialled and tested to improve the quality and safety of this transfer process.[2–6] Successful interventions have incorporated activities such as medication reconciliation; quick, clear and structured discharge summaries; discharge planning; follow-up between hospital and

NEWCASTLE STUDY…..

Review of first 2,029 in-patients who were referred showed…
Although only 31% (n=619) of these patients participated in a follow-up consultation, those patients who received a community pharmacist follow-up consultation had significantly lower rates of readmissions and shorter hospital stays than those patients without a follow-up consultation.

PharmOutcomes® - Supporting hospital referrals

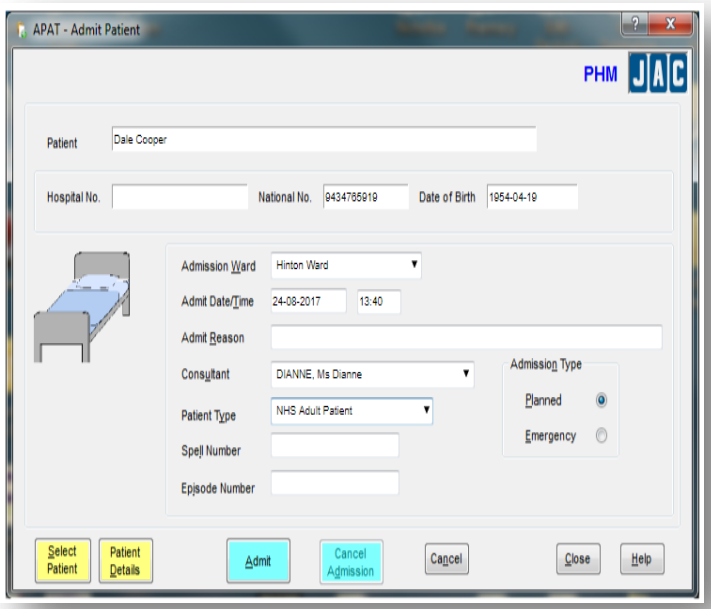
Integration methodology – Business as usual model

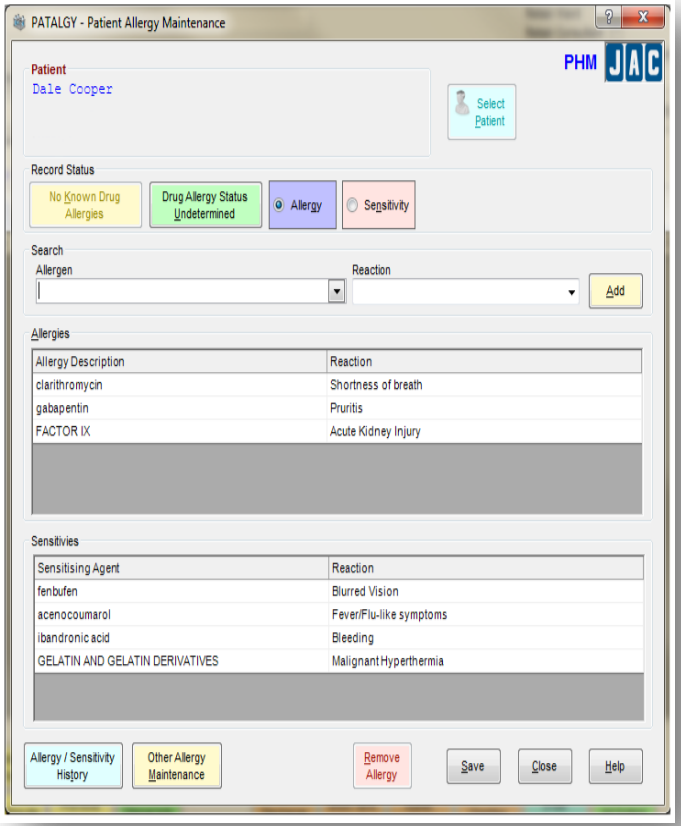
- Utilises the current messaging functionality within the hospital
- Provides a secure N3 receiving service
- Uses web-based technology in community pharmacy to capture outcomes

PharmOutcomes® - Supporting hospital referrals

Integration methodology

Step 1 – Agree and match fields to send to community pharmacy on discharge

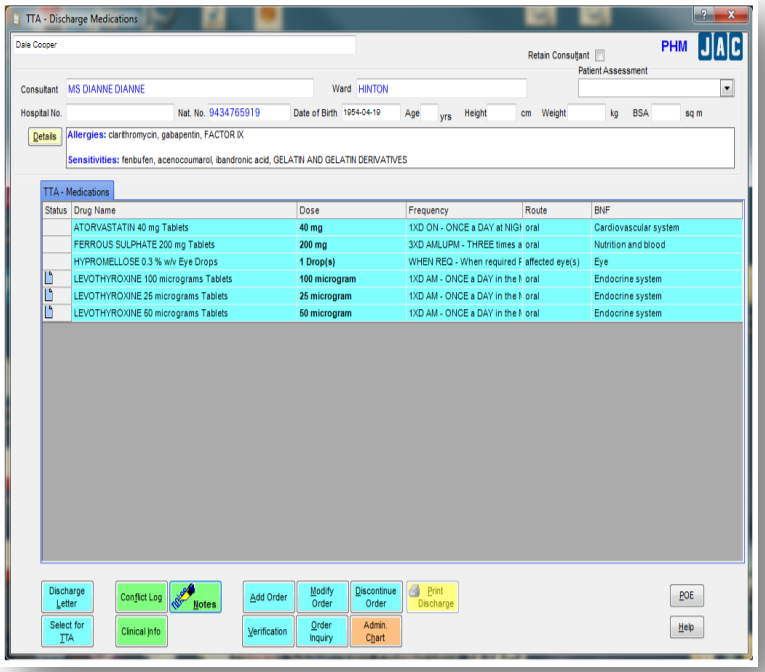


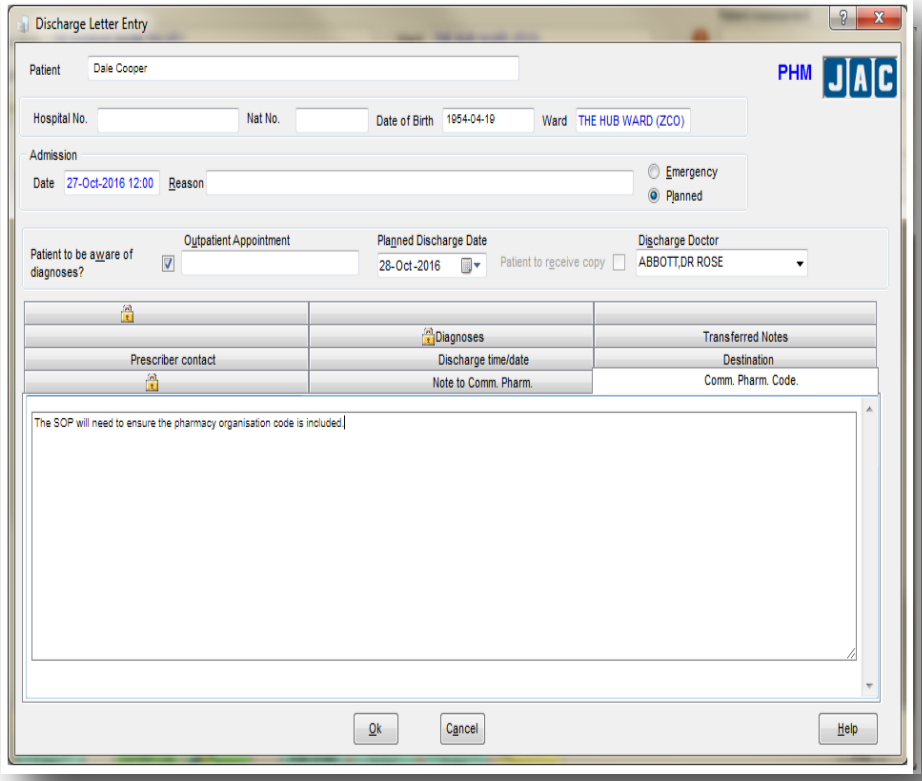


PharmOutcomes® - Supporting hospital referrals

Integration methodology -

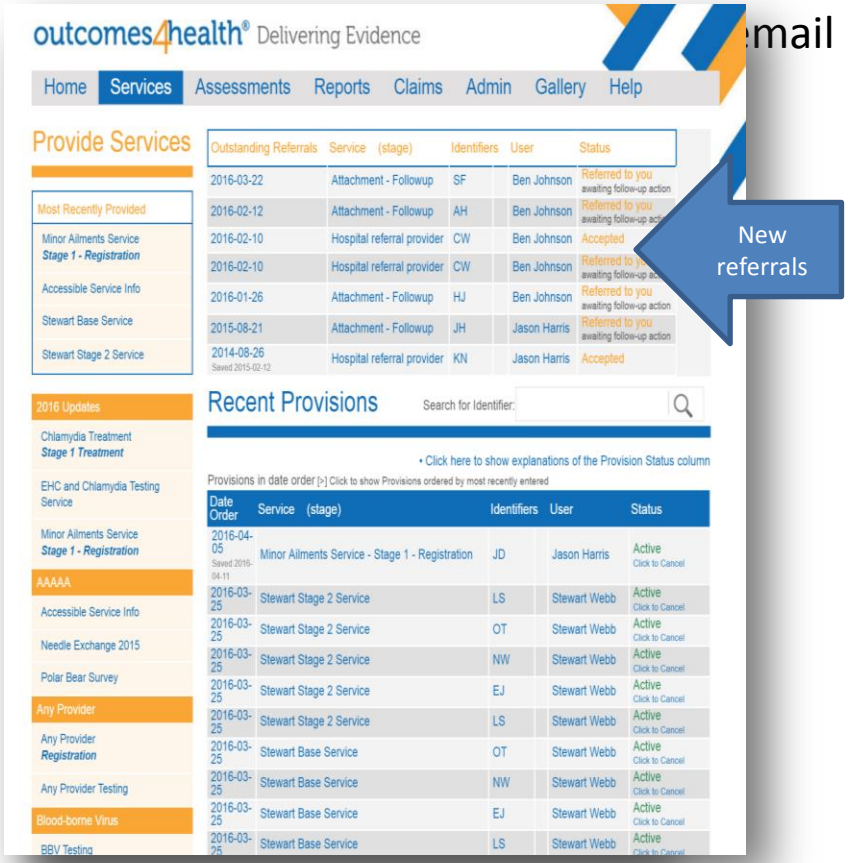
Medicines list and free text



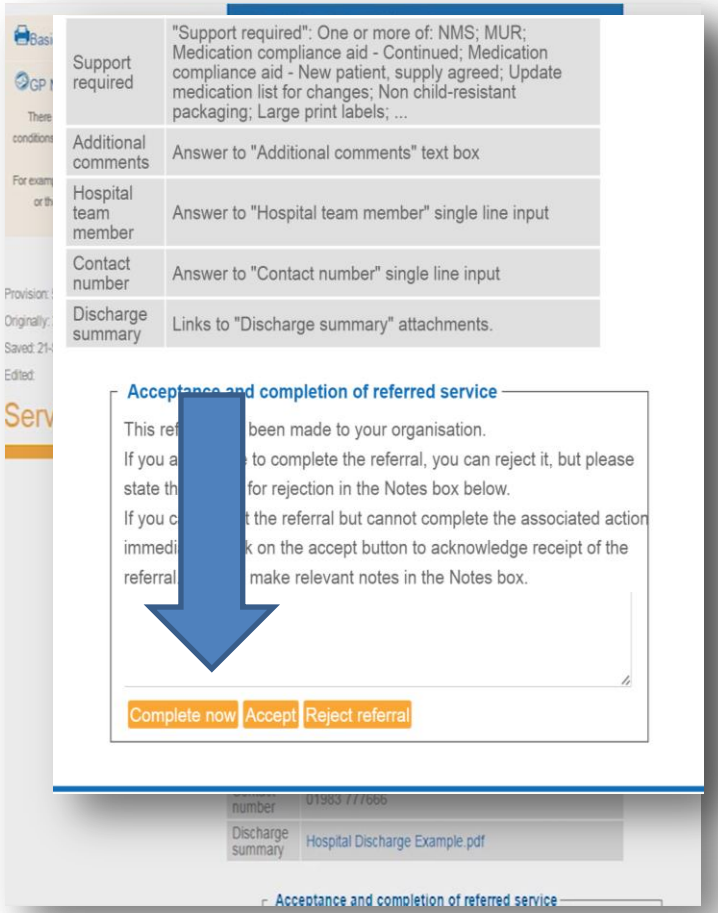


PharmOutcomes® - Community Pharmacy follow up

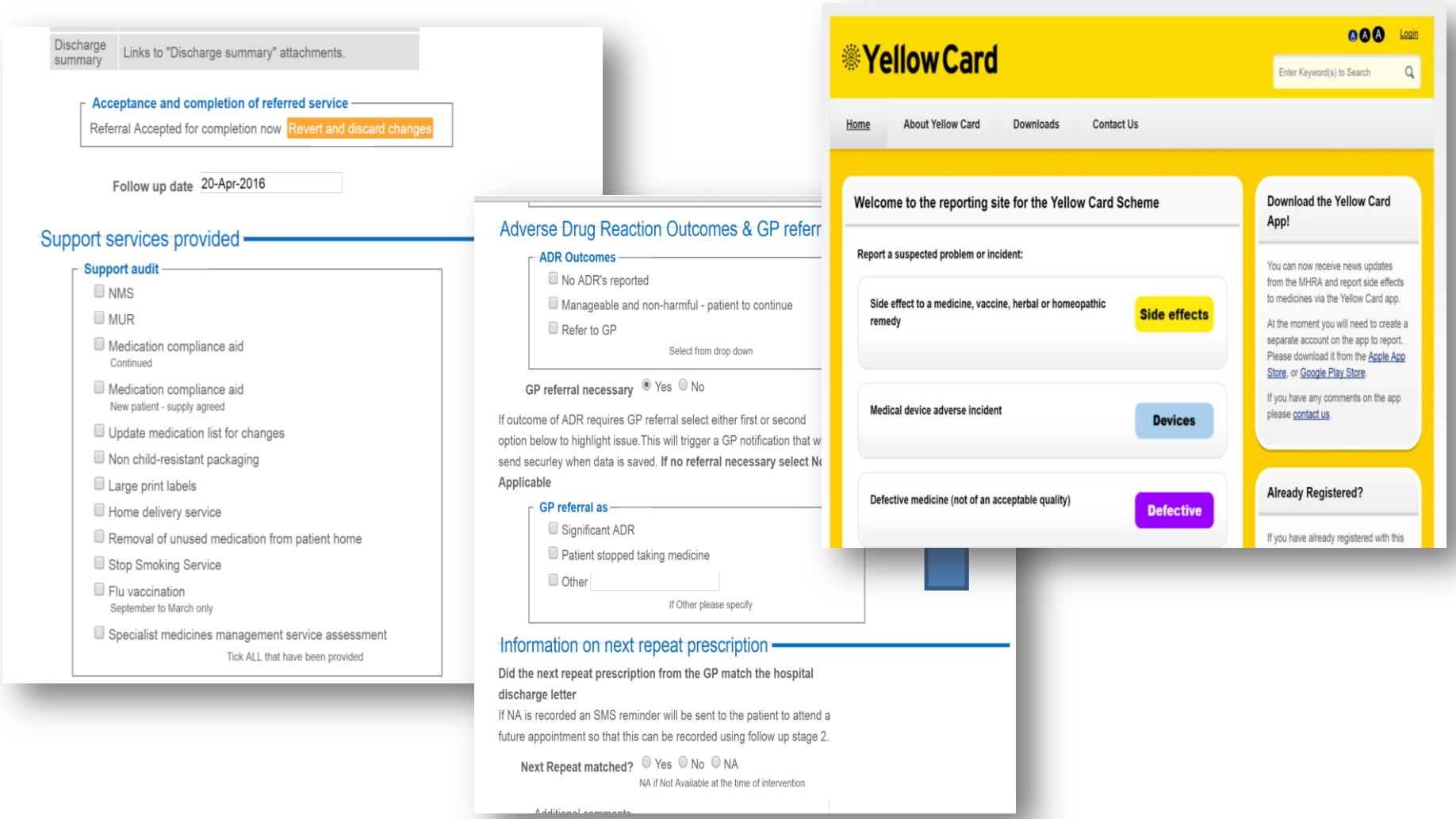
Referral received



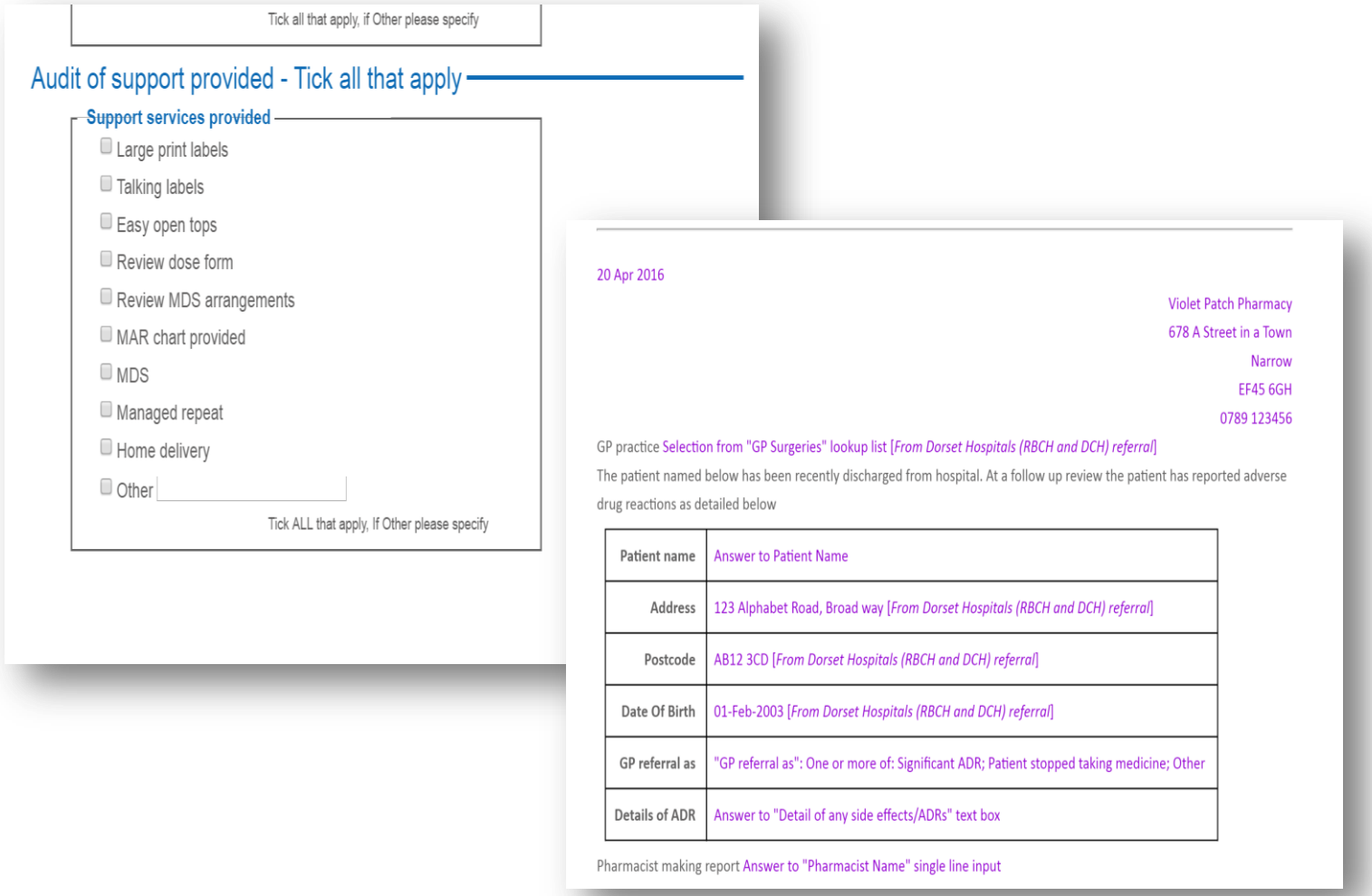
Referral actioned



PharmOutcomes® - Completing the loop



PharmOutcomes® - Notifying key stakeholders



Tick all that apply, if Other please specify

Audit of support provided - Tick all that apply

Support services provided

- [ ] Large print labels
- [ ] Talking labels
- [ ] Easy open tops
- [ ] Review dose form
- [ ] Review MDS arrangements
- [ ] MAR chart provided
- [ ] MDS
- [ ] Managed repeat
- [ ] Home delivery
- [ ] Other

Tick ALL that apply, If Other please specify

20 Apr 2016

Violet Patch Pharmacy
678 A Street in a Town
Narrow
EF45 6GH
0789 123456

GP practice Selection from "GP Surgeries" lookup list [*From Dorset Hospitals (RBCH and DCH) referral*]

The patient named below has been recently discharged from hospital. At a follow up review the patient has reported adverse drug reactions as detailed below

Patient name	Answer to Patient Name
Address	123 Alphabet Road, Broad way [*From Dorset Hospitals (RBCH and DCH) referral*]
Postcode	AB12 3CD [*From Dorset Hospitals (RBCH and DCH) referral*]
Date Of Birth	01-Feb-2003 [*From Dorset Hospitals (RBCH and DCH) referral*]
GP referral as	"GP referral as": One or more of: Significant ADR; Patient stopped taking medicine; Other
Details of ADR	Answer to "Detail of any side effects/ADRs" text box

Pharmacist making report Answer to "Pharmacist Name" single line input

PharmOutcomes®

Newcastle Hospital Then

- Manual Data input
- Number of referrals=1386
- Referral follow up = 36%

Newcastle Hospital Now

- Fully integrated solution
- Number of referrals = 5214
- Referral follow up = 60%

Next steps

- Timescales
- Implementation
- Pharmacy Actions