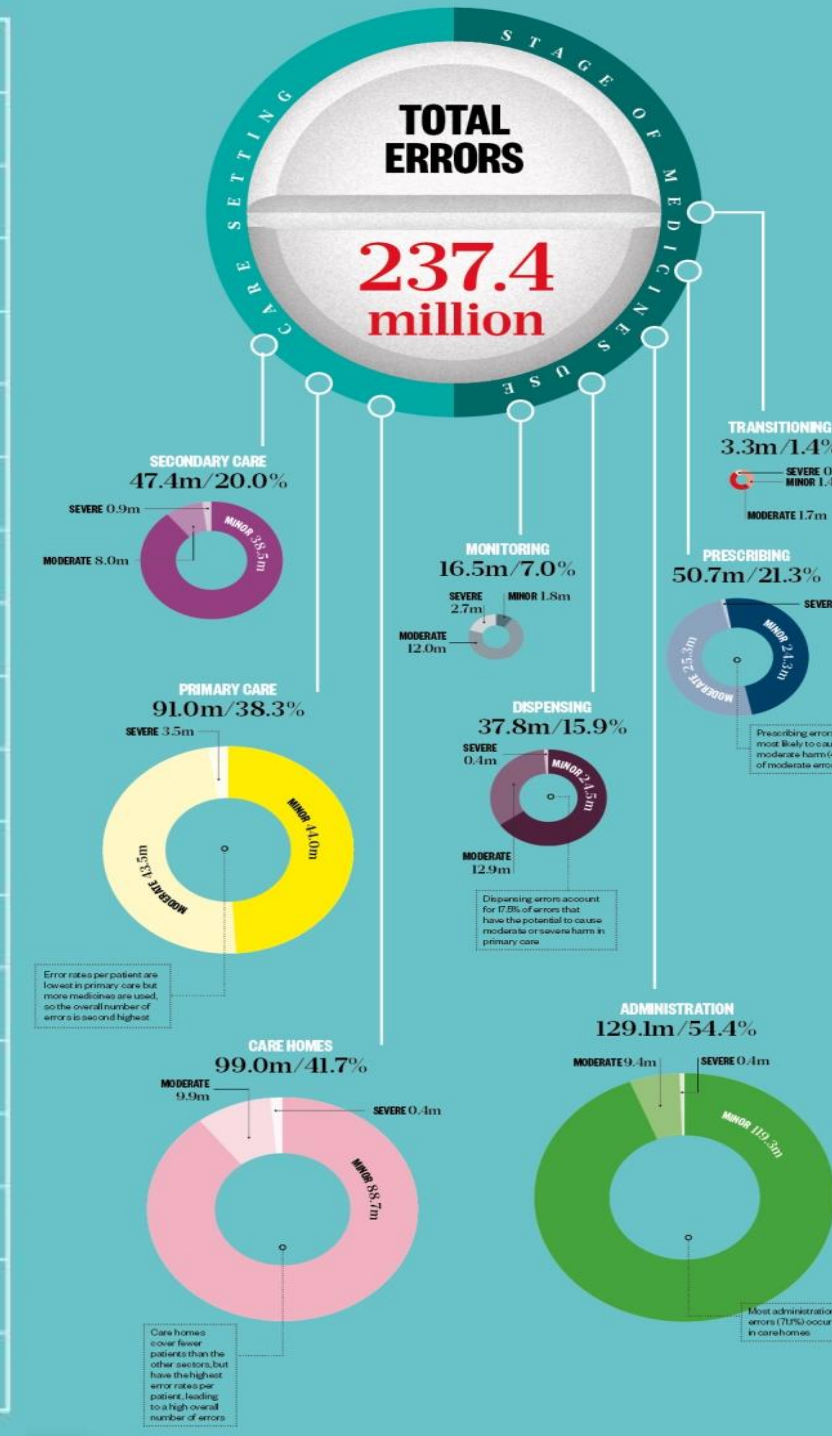
Medicines Improvement Project

Care Homes

David Marshall

Care Inspectorate

Other	22.8%
Omitted medicine/ingredient	21.3%
Wrong/unclear dose or strength	11.5%
Wrong frequency	8.0%
Wrong drug/medicine	7.3%
Wrong quantity	5.5%
Mismatch between patient and medicine	3.9%
Wrong storage	2.8%
Wrong method of preparation/supply	2.7%
Contraindication	2.4%
Wrong formulation	1.9%
Unknown	1.8%
Wrong/omitted/passed expiry date	1.8%
Patient allergic to treatment	1.5%
Wrong route	1.5%
Adverse drug reaction (when used as intended)	1.4%
Wrong/transposed/omitted medicine label	1.2%
Wrong/omitted verbal patient directions	0.5%
Wrong/omitted patient information leaflet	0.1%



Targeting improvement support: Medication complaints and Controlled Drug notification data in care homes for older people

Targeted Providers

Scottish Care

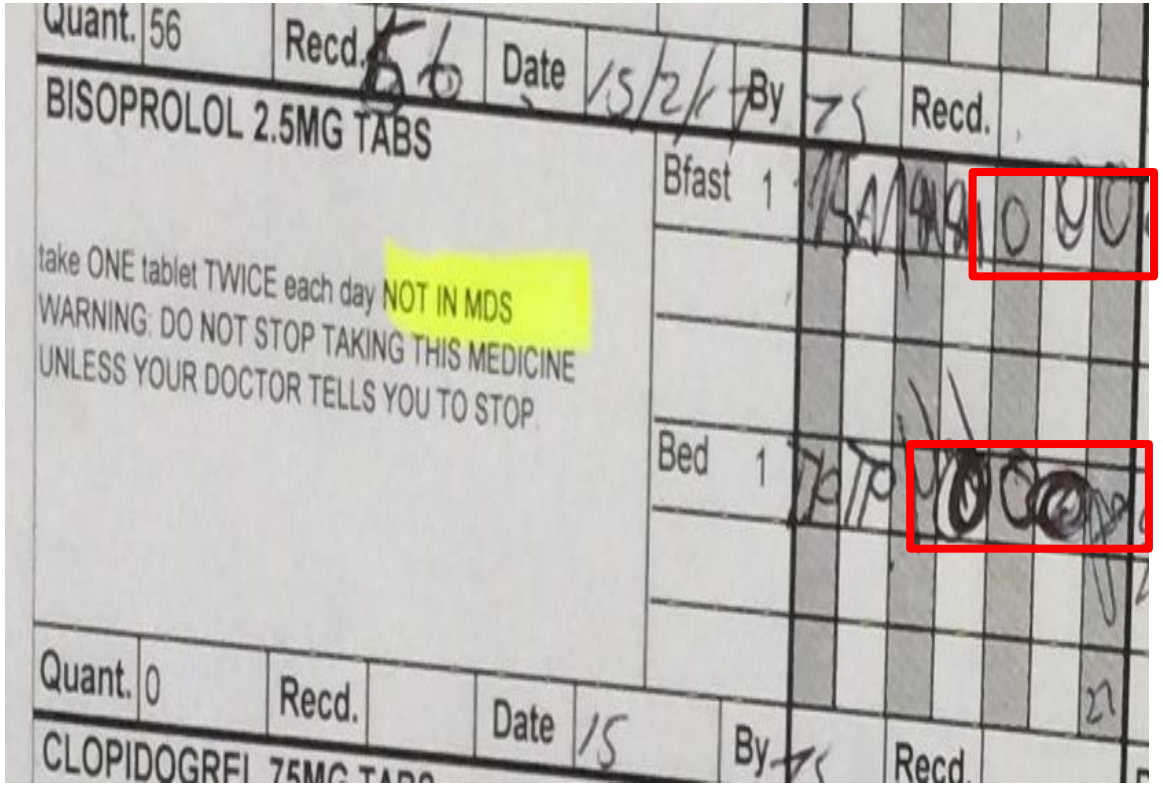
10 Care Homes
Grade 3 & Central Belt *focus*

Improvement Project - Medicine Recording and Administration
Sep 2019-Dec 2020

- Run by homes
- CI supporting role
- Scottish Care Leads involved

Defined Medicine Issues

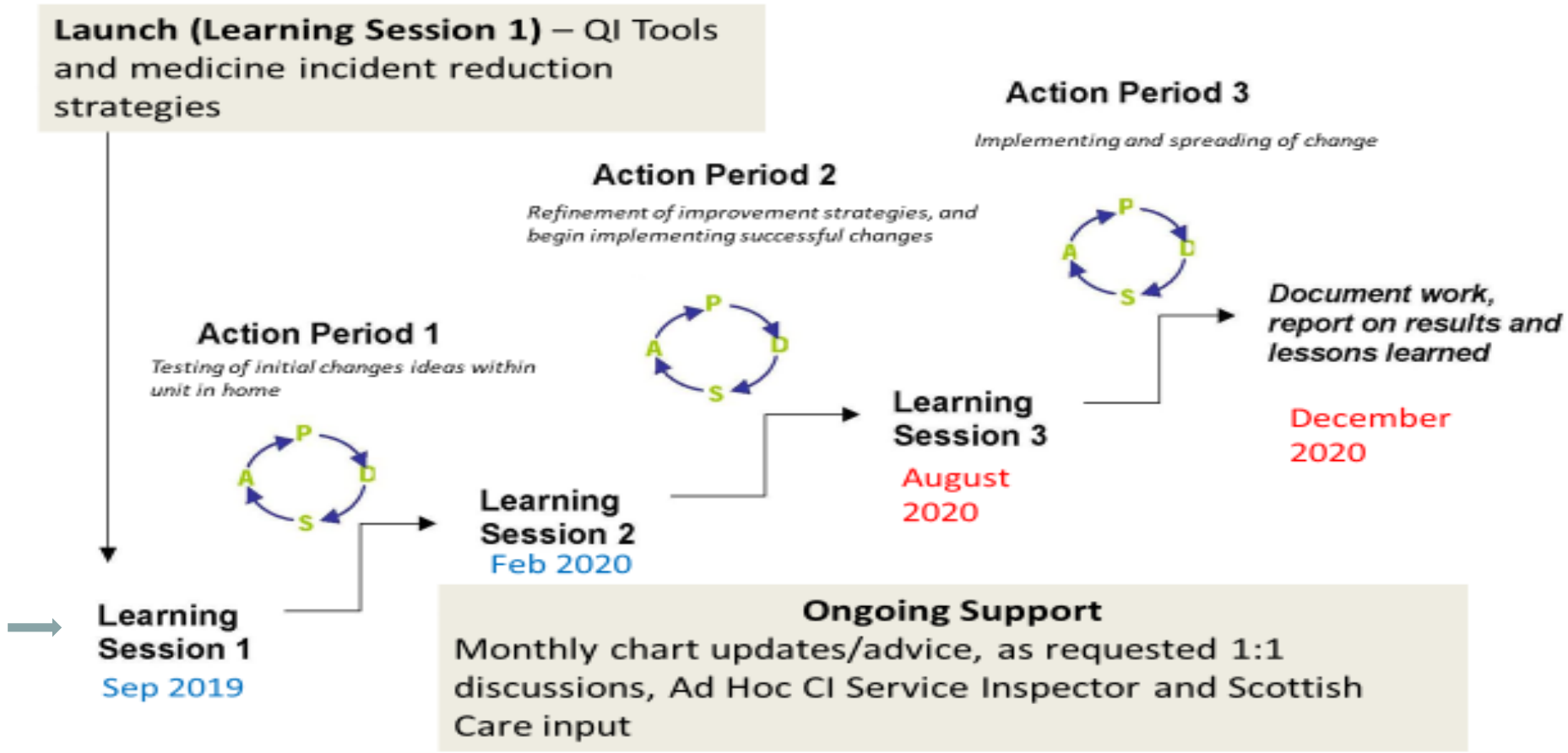
Type of Incident	**w/c**	**w/c**	**w/c**	**w/c**	Total
Gap in administration or recording					
Out of stock					
Undefined annotation					
Wrong or extra dose given					
Medicine stopped early					
Delay in administration					
Wrong product					
Wrong strength					
Wrong route					
other					
Total					
N=number of residents					



"O" = out of stock

6 incidents of medicines recorded as out of stock

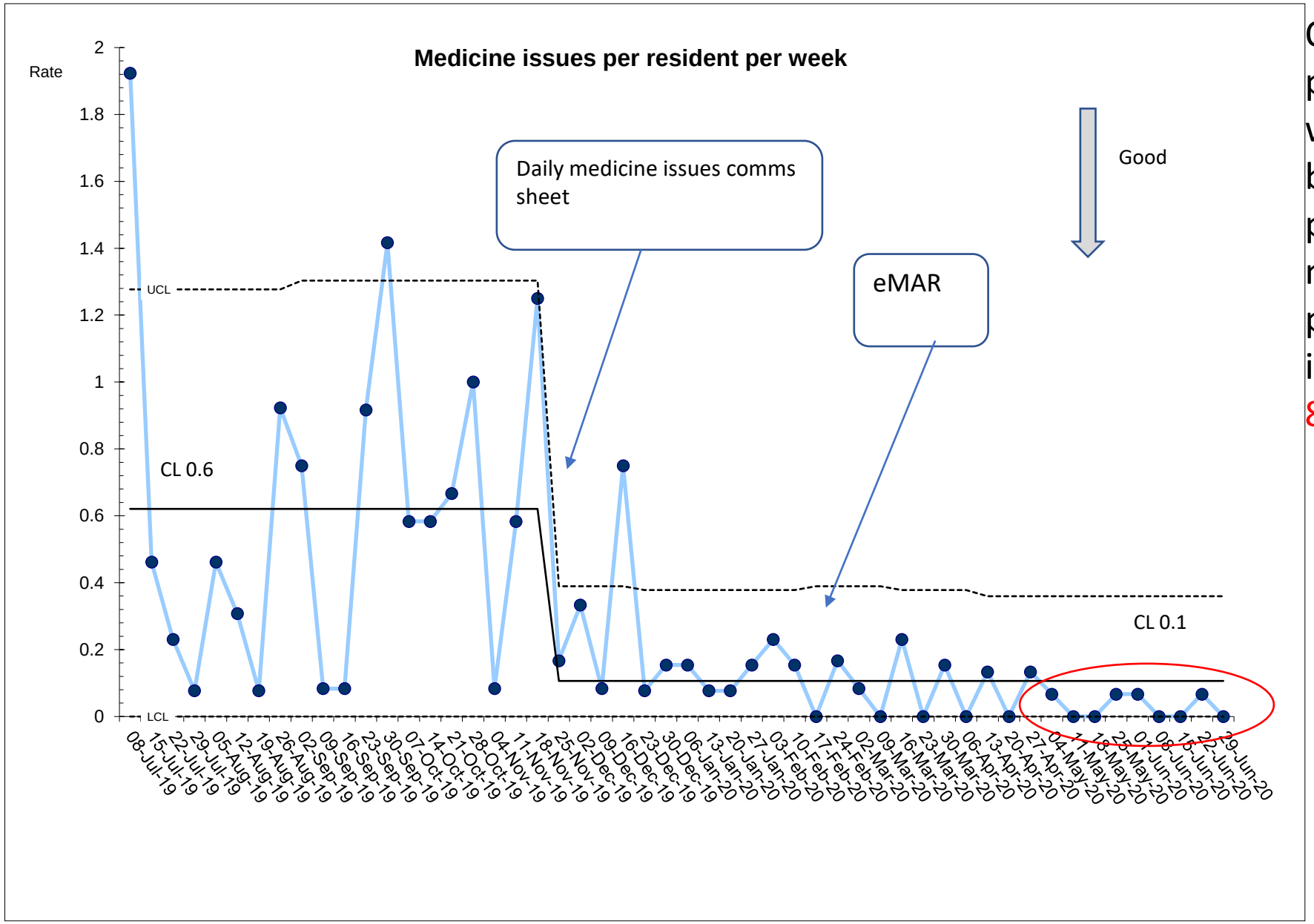
Project Plan



Pre-Launch visit to homes – initial discussions on QI and analysis of current medicine systems

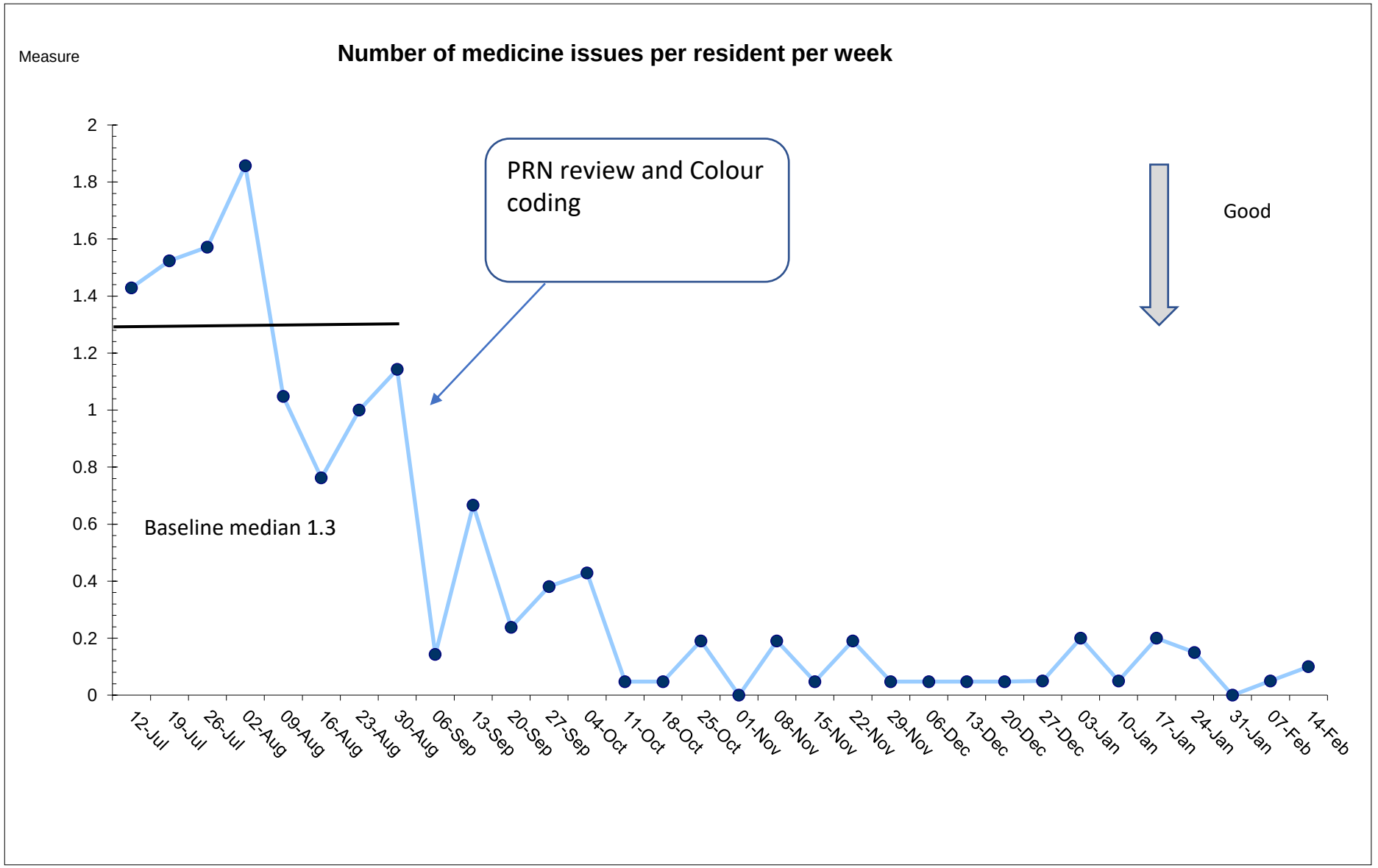
Homes to work on one unit in home only

CARE HOME 1



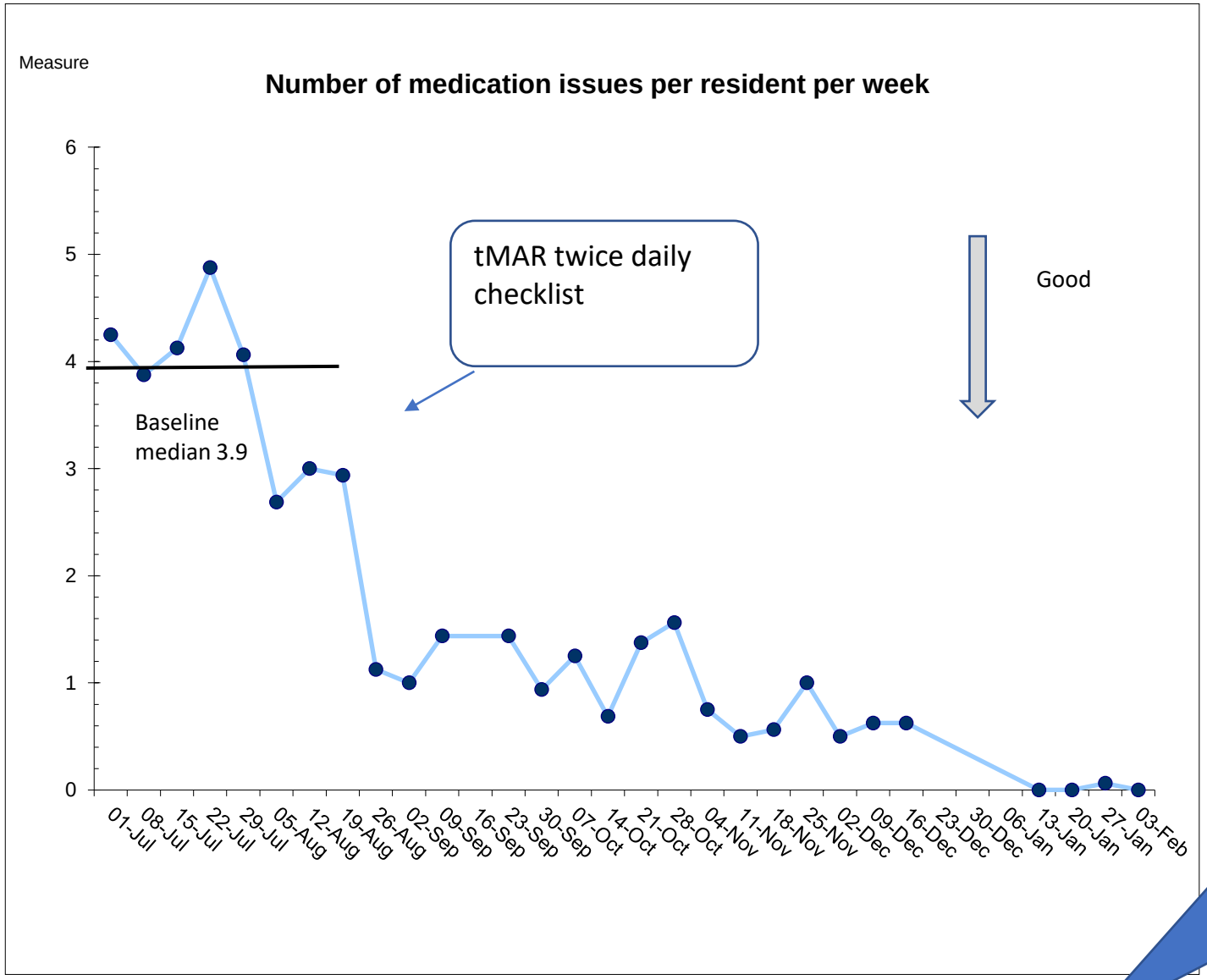
Over the course of the project medicines issues were reduced from a baseline mean of 0.6 issues per resident per week to a mean of 0.1 in the second phase of their project. This is a reduction of nearly 85%.

CARE HOME 2



The rate of medicine issues reduced from a baseline median of 1.3 at the start of the project to a median of 0.05 over the last 4 months of the project, a reduction of over 95%

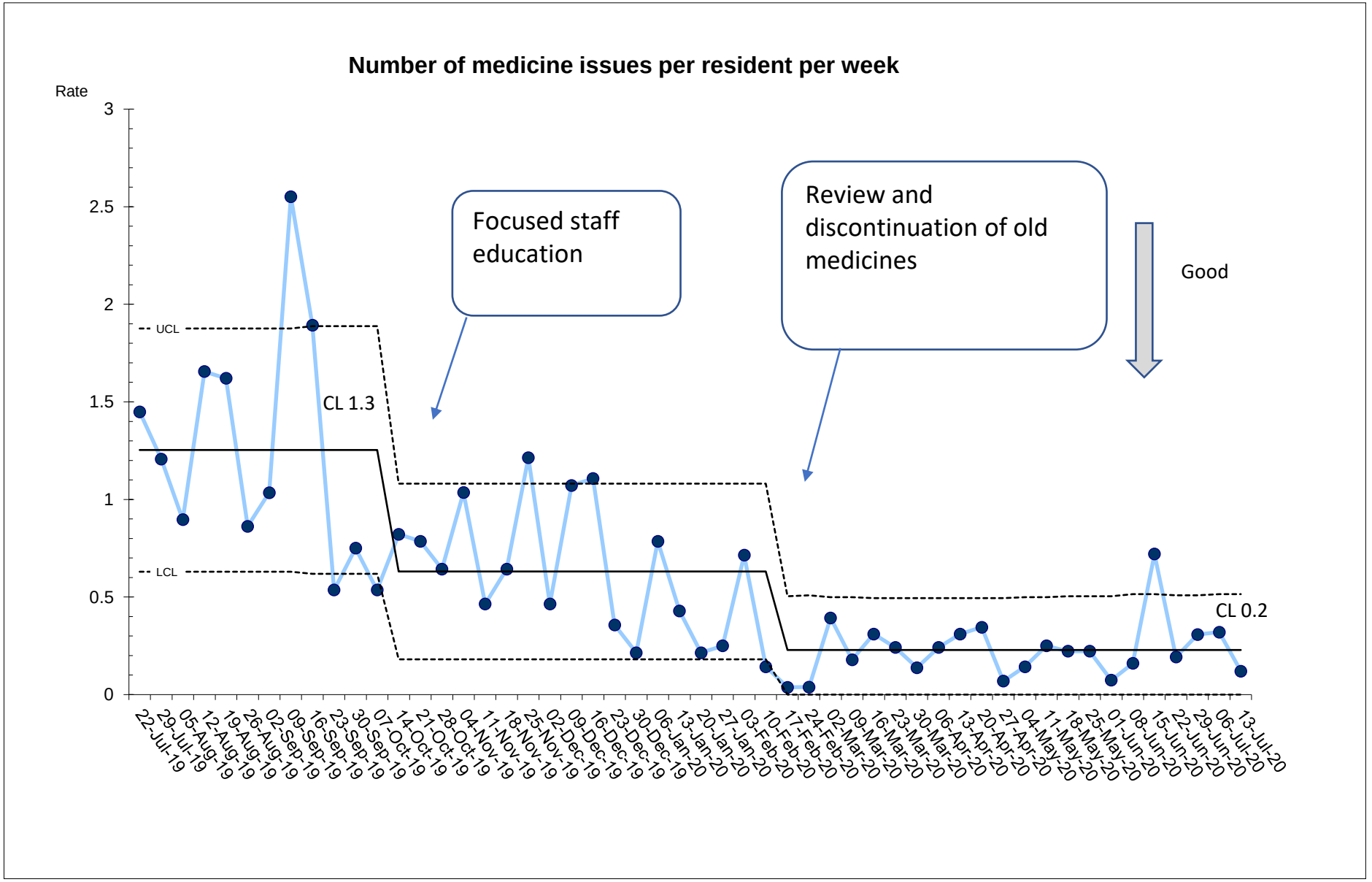
CARE HOME 3



Over the course of the project the recording improved from a baseline median of 3.9 issues per resident per week, to a value of 0.3 for an equivalent period at the end of the project. This is a reduction of over 92%.

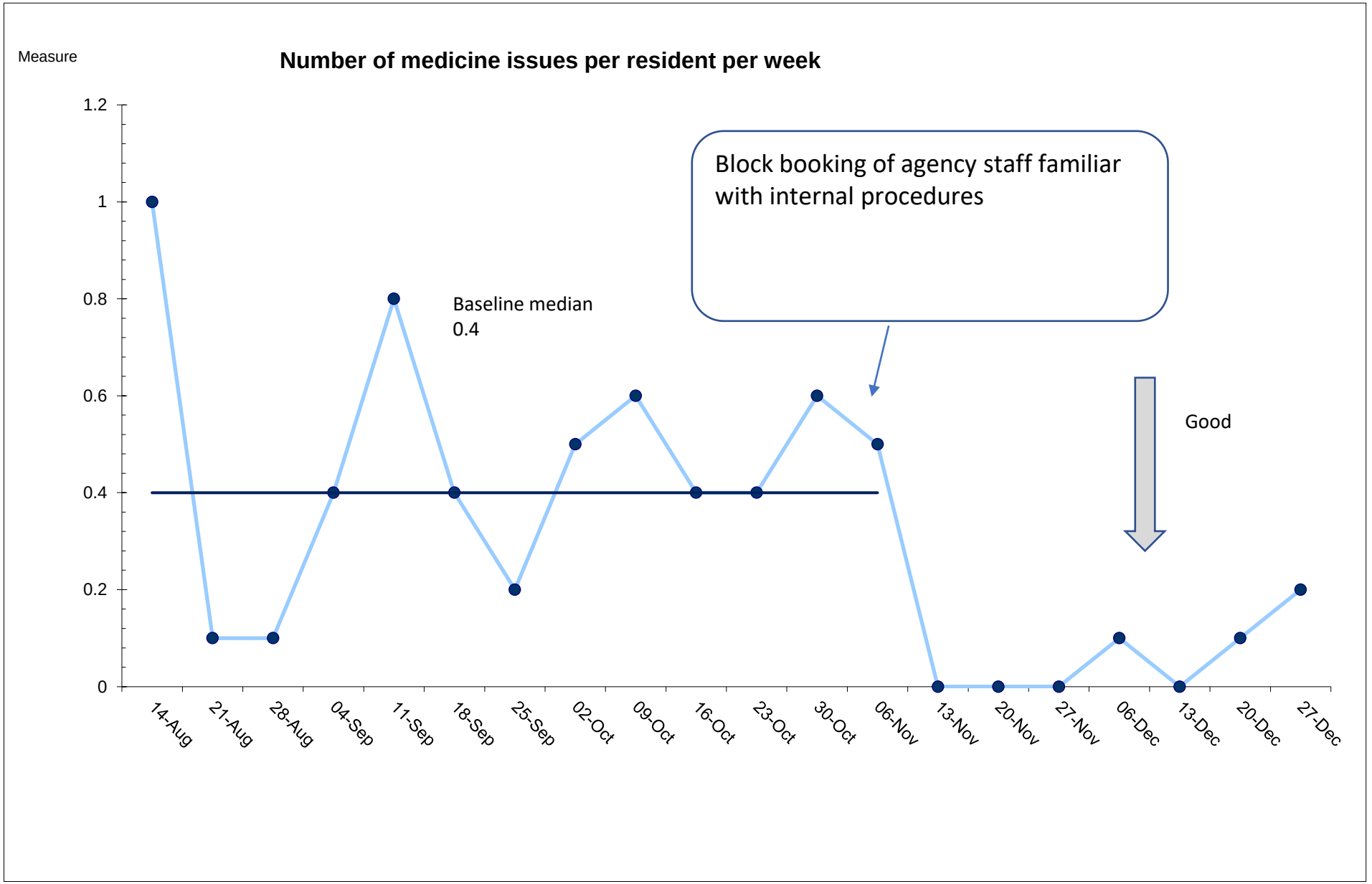
*"Weeks after the twice-daily checks were instigated, **staff started to pull more together as a team**, team spirit improved… staff enjoyed the project"*

CARE HOME 4

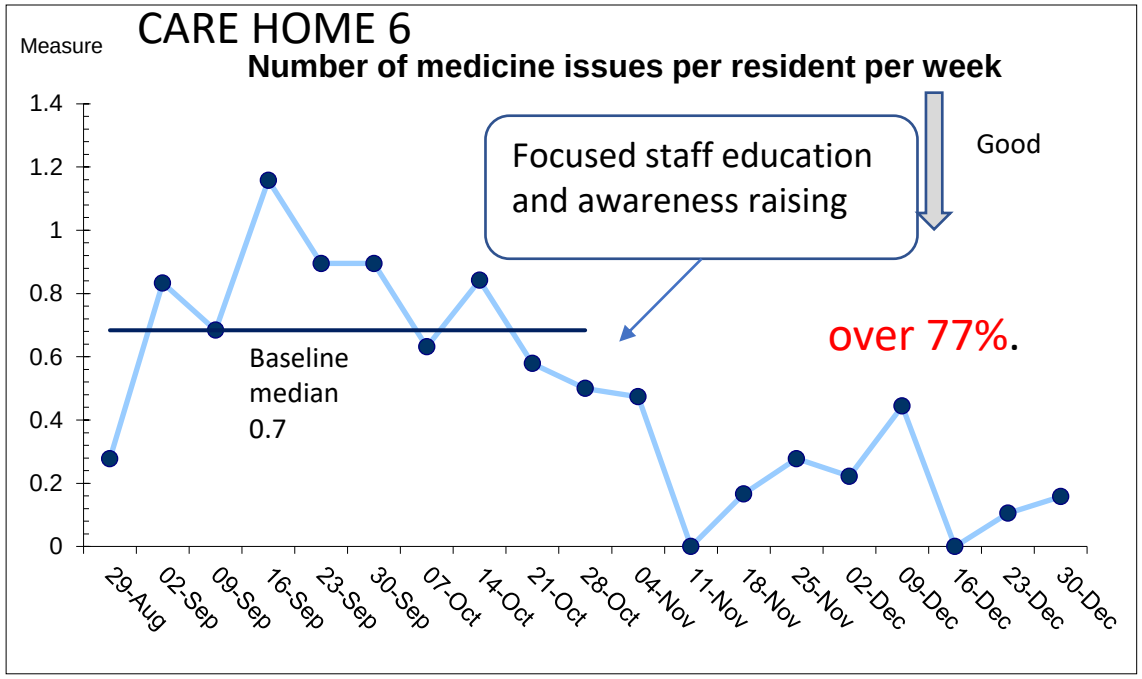


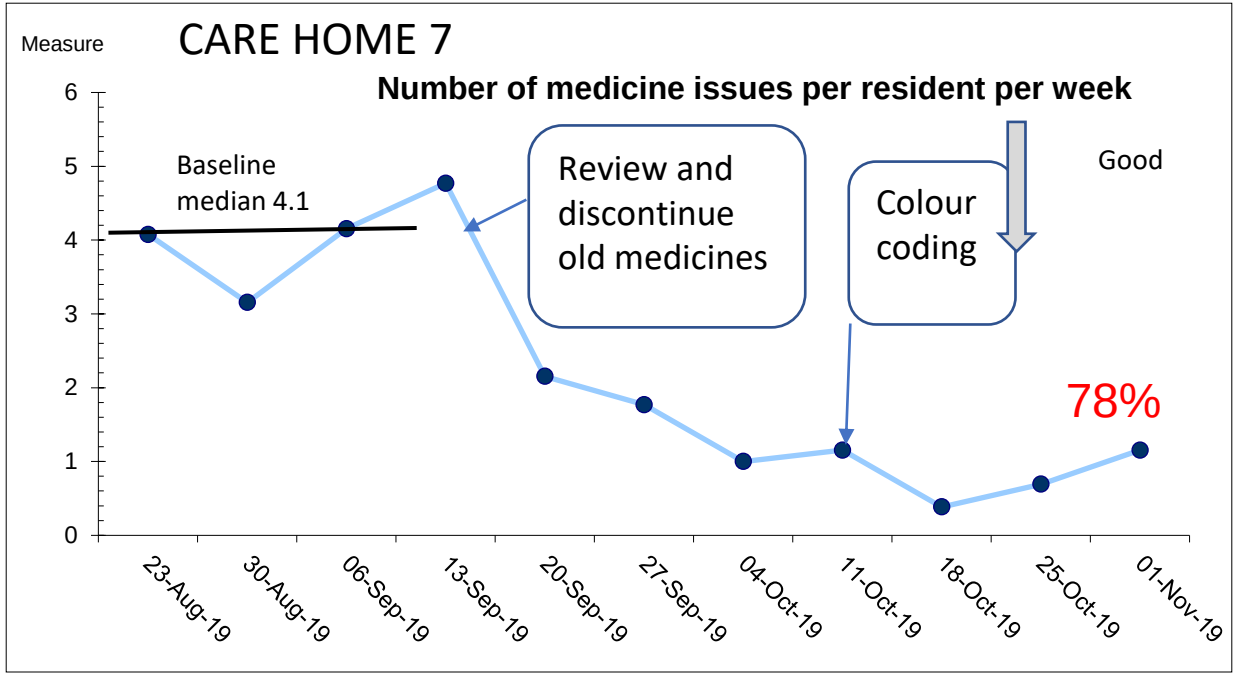
Over the course of the project medicines issues were reduced from a baseline mean of 1.3 issues per resident per week to a mean of 0.2 at the end of the project. This is a reduction of just over 85%.

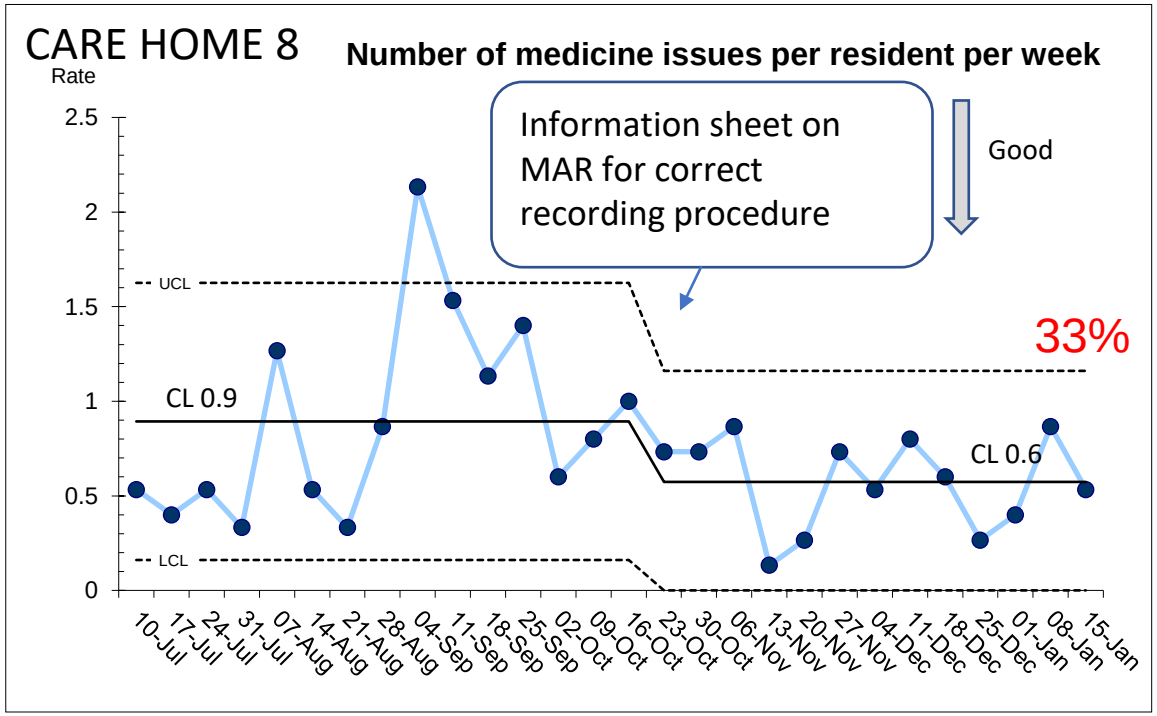
CARE HOME 5

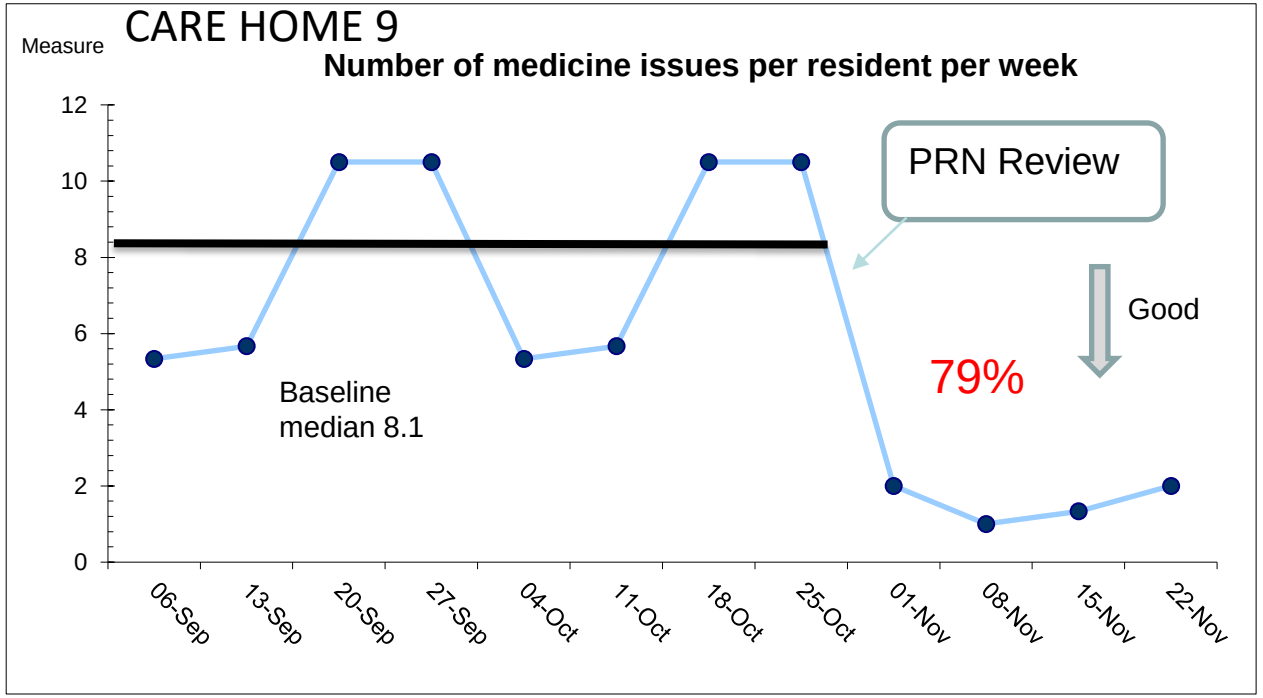


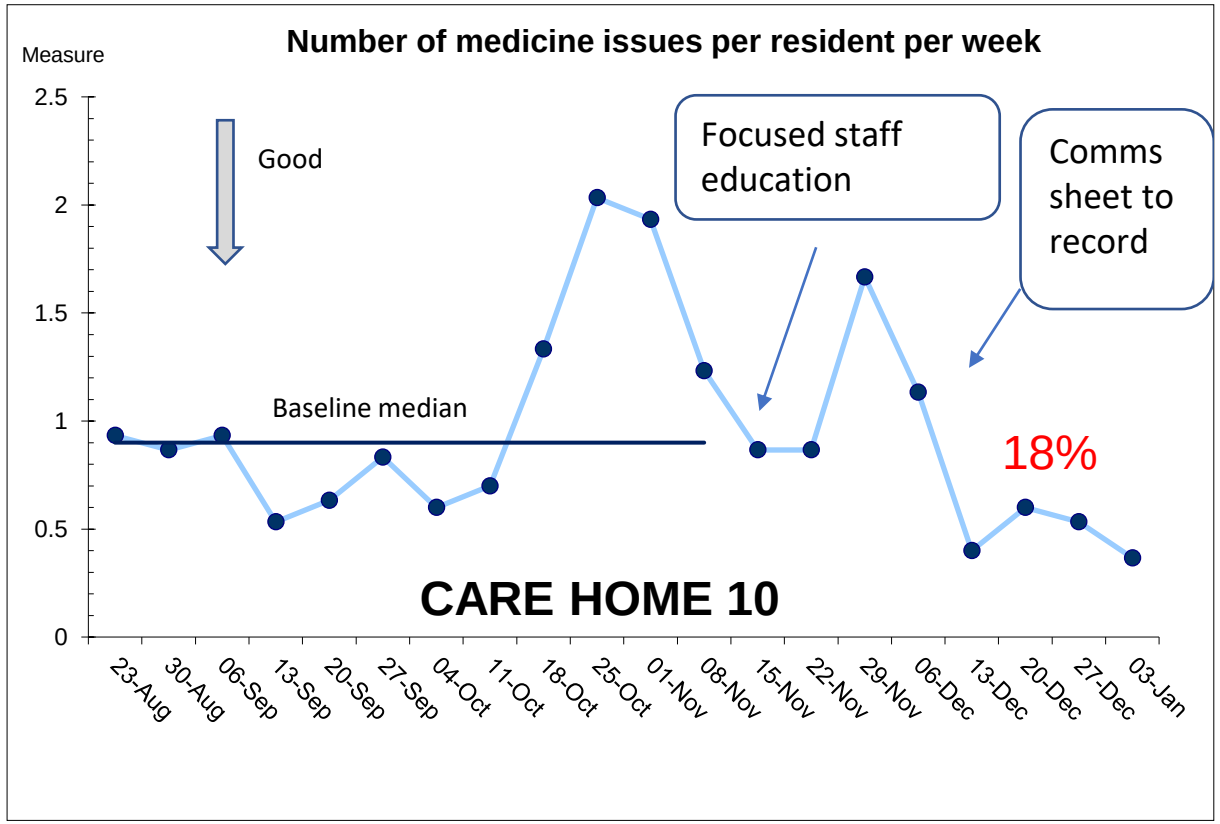
Block booking of agency staff familiar with the systems reduced issues from a baseline median of 0.4 issues per resident per week to a value of 0.05 for the last 6 weeks of the project, a reduction of 87%.


CARE HOME 6
Measure
Number of medicine issues per resident per week
Focused staff education and awareness raising
Good
Baseline median 0.7
over 77%.
1.4
1.2
1
0.8
0.6
0.4
0.2
0
29-Aug
02-Sep
09-Sep
16-Sep
23-Sep
30-Sep
07-Oct
14-Oct
21-Oct
28-Oct
04-Nov
11-Nov
18-Nov
25-Nov
02-Dec
09-Dec
16-Dec
23-Dec
30-Dec


CARE HOME 7
Measure
Number of medicine issues per resident per week
Baseline median 4.1
Review and discontinue old medicines
Colour coding
Good
78%
6
5
4
3
2
1
0
23-Aug-19
30-Aug-19
06-Sep-19
13-Sep-19
20-Sep-19
27-Sep-19
04-Oct-19
11-Oct-19
18-Oct-19
25-Oct-19
01-Nov-19


CARE HOME 8
Number of medicine issues per resident per week
Rate
Information sheet on MAR for correct recording procedure
Good
33%
UCL
CL 0.9
CL 0.6
LCL
2.5
2
1.5
1
0.5
0
10-Jul
17-Jul
24-Jul
31-Jul
07-Aug
14-Aug
21-Aug
28-Aug
04-Sep
11-Sep
18-Sep
25-Sep
02-Oct
09-Oct
16-Oct
23-Oct
30-Oct
06-Nov
13-Nov
20-Nov
27-Nov
04-Dec
11-Dec
18-Dec
25-Dec
01-Jan
08-Jan
15-Jan


CARE HOME 9
Measure
Number of medicine issues per resident per week
PRN Review
Good
79%
Baseline median 8.1
12
10
8
6
4
2
0
06-Sep
13-Sep
20-Sep
27-Sep
04-Oct
11-Oct
18-Oct
25-Oct
01-Nov
08-Nov
15-Nov
22-Nov



SUMMARY OF MEDICINE INTERVENTIONS IN ALL 10 HOMES

1. Paper-based system for daily communication of arising issues
2. Electronic Medicines Administration Record (eMAR).
3. Review of the effectiveness and continued need for a medicine by care staff
4. Removal of discontinued items from the medicines chart (in liaison with the community pharmacy)
5. Colour coding on the MAR
6. Focused staff training on good practice
7. Agency staff targeted interventions

care inspectorate

- The % of homes submitting a personalised completed project charter was 30%. (Care Homes 2, 7 and 9; Care home 1 did submit a project charter but this was a signed copy of the given template example).

- The % of homes submitting a Driver Diagram was 10%. (Care Home 1 submitted a driver diagram).

- The % of homes submitting <u>any</u> Plan Do Study Act (PDSA) cycles was 10%. (Care home 10 submitted two of their own PDSA cycle forms at the start of the project; care home 8 indicated verbally that they had used PDSA cycle thinking but did not submit any form)

All ten homes (100%) submitted data over time (see above). At the point that they stopped involvement in the project, 8/10 homes (80%) met the targeted reduction of medicines issues. The median reduction in medicine issues was 82%

One home noted they used quality improvement learning on separate project. Care Home 2 used data over time charts to monitor the effect of a change in lunch time schedule on residents' weights (as measured weekly).

Provider Feedback

*"The initial face to face meeting prior to launch was helpful to get feel for project. The **launch attended by all the care homes was very helpful to consolidate the learning without any interruptions**. It was also good to see the other homes in the project.*

Really liked the project launch day as it gave a chance to meet with other homes and share expectations and ideas.

*Staff enjoyed the focus that the project brought….**good support from the inspector and improvement adviser***

*"The **use of data over time charts were the most useful tool,** they allowed us to see the effect of changes as they happened and moved things along"*

*This project AND the weekly check ins by the inspector during covid have really personalised relationships with CI staff, and we feel this is of tremendous benefit. **Makes contact with CI less stressful***

https://www.careinspectorate.com/images/documents/5853/Report%20on%20meds%20improvement%20project.pdf

Growing a good life | Care Inspectorate Hub

Medication errors and processes to reduce them in care homes in the United Kingdom: a scoping review 24 Jan 2022

Home Health Care Services Quarterly

https://doi.org/10.1080/01621424.2021.2007196

How to contact us

- visit: **www.careinspectorate.com**
- General Enquiries: **0345 600 9527**

david.marshall@careinspectorate.gov.scot