Implementing the key priority action areas in medication safety: High risk situations, transitions of care & polypharmacy

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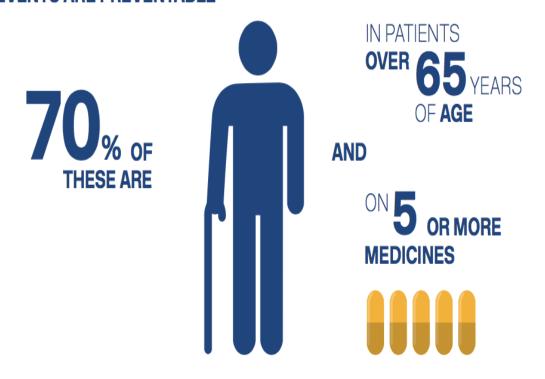


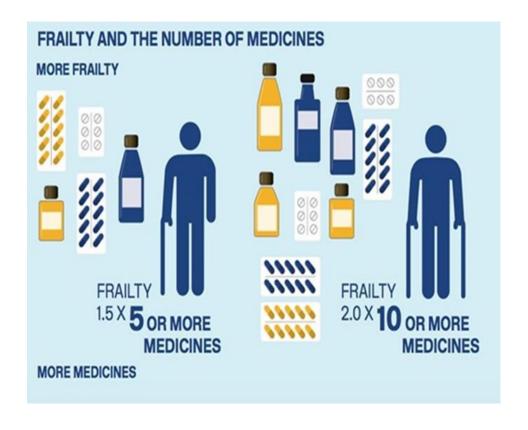


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Urgency: Public health challenge: @initiation, transitions & review

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





What do we know about successful transformational change?

Kotter



Simmons

- 1. Who is primary customer?
- 2. How core values prioritise, employees and patients
- 3. What Critical performance variables are being tracked?
- 4. The strategic boundaries that have been set
- 5. How is creative tension generated
- 6. Commitment of employees to help each other
- 7. Strategic uncertainties that could undermine the project





- Where are we now?
 - The present situation



- The "How we want to be" situation
- What is our vision?



- How do we get there?
 - What is the plan for Change?









Are the Essentials of Change Present?

- Sense of urgency
 - Do we have it?
 - Does the problem need it?

- Coalition of like-minded people?
 - This starts with us!
 - And then expands
 - YOU sows the seeds



Establishing a Sense of Urgency





ANALYSE YOUR INFRASTRUCTURE FOR POLYPHARMACY MANAGEMENT



Leadership; Integrated ICT; Interprofessional teams; Guidelines SWOT

Steroths

SWOT

Seliting of Control of

Professional Hierarchies; Service Fragmentation; Health Economics Awareness, No Medicines Review



Resource Availability, Changing Demographics, Single Disease Focus Improve Patient Safety, Reduce Healthcare Costs; Patient Empowerment

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High-risk Situations



- Some high-risk (high-alert) medications are associated with significant harm when used in error (e.g. APINCH)
 - A anti-infective
 - P Potassium & other electrolytes
 - I Insulin
 - N Narcotics (opioids) & other sedatives
 - C Chemotherapeutic agents
 - H Heparin & anticoagulants

Other high-risk medications identified by local health facilities

High risk meds and situations in primary care:

Mair A, Wilson M, Dreischulte, T. **Addressing the Challenge of Polypharmacy** Annu.Rev.Pharmacol.Toxicol.2020.60:33.1–33.21

https://www.annualreviews.org/doi/abs/10.1146/annurev-pharmtox-010919-023508

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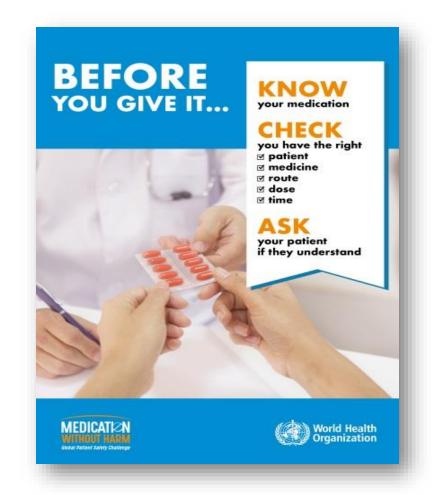


Highlights: High-risk Situations

System factors

Strategies to reduce medication errors

- Standardization of chart design
- Double checking at each medication use stage, especially in the reconstitution step while preparing & administering IV preparations
- "Know, check, ask" before administering the medications

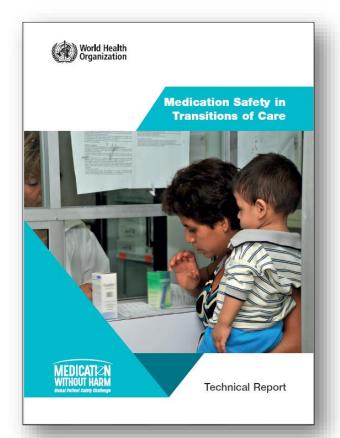




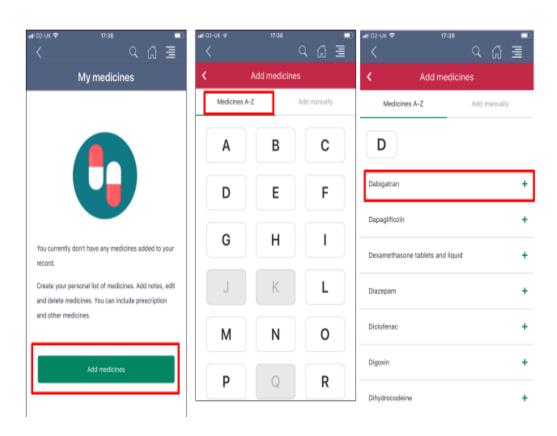




Highlights: Transitions of Care



- poor communication between health care providers
- inadequate patient & caregiver education
- Changes in medication during TOC within the same health care setting or between settings
- Structured medication reconciliation as one of the evidence-based interventions

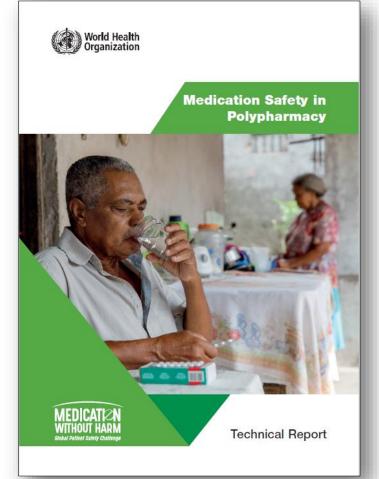








Highlights: Polypharmacy





- More people have multimorbidity than a single disease; the no. of medicines increases with frailty
- Consider and address appropriate & inappropriate polypharmacy instead of assigning a numeric threshold
- Empower patient engagement & employ people-centered approach during medication review with the WHO 5 Moments for Medication Safety tool









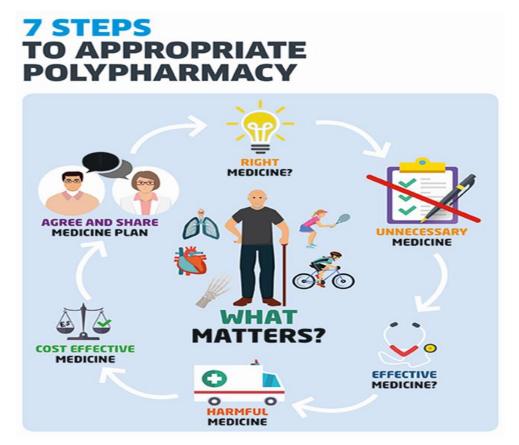


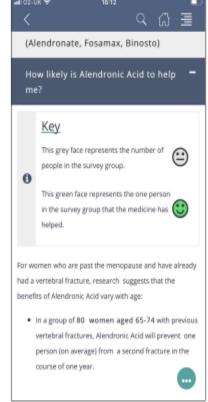


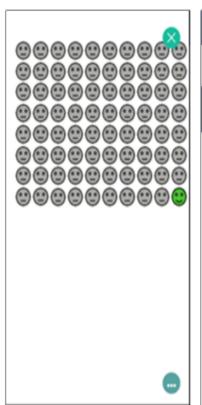
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Medicines: review process & Adherence

7 step process with "What Matters to you?" and shared decision making tools









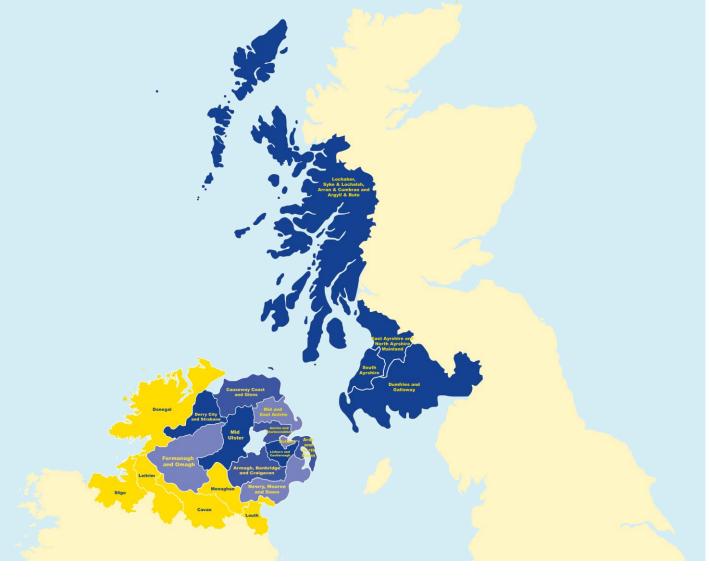
http://www.polypharmacy.scot.nhs.uk/





Any Questions

















European Regional Development Fund

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