
South of England Improving Safety in Mental Health Collaborative

Getting Medicines Right

Driver Diagram and Change Package

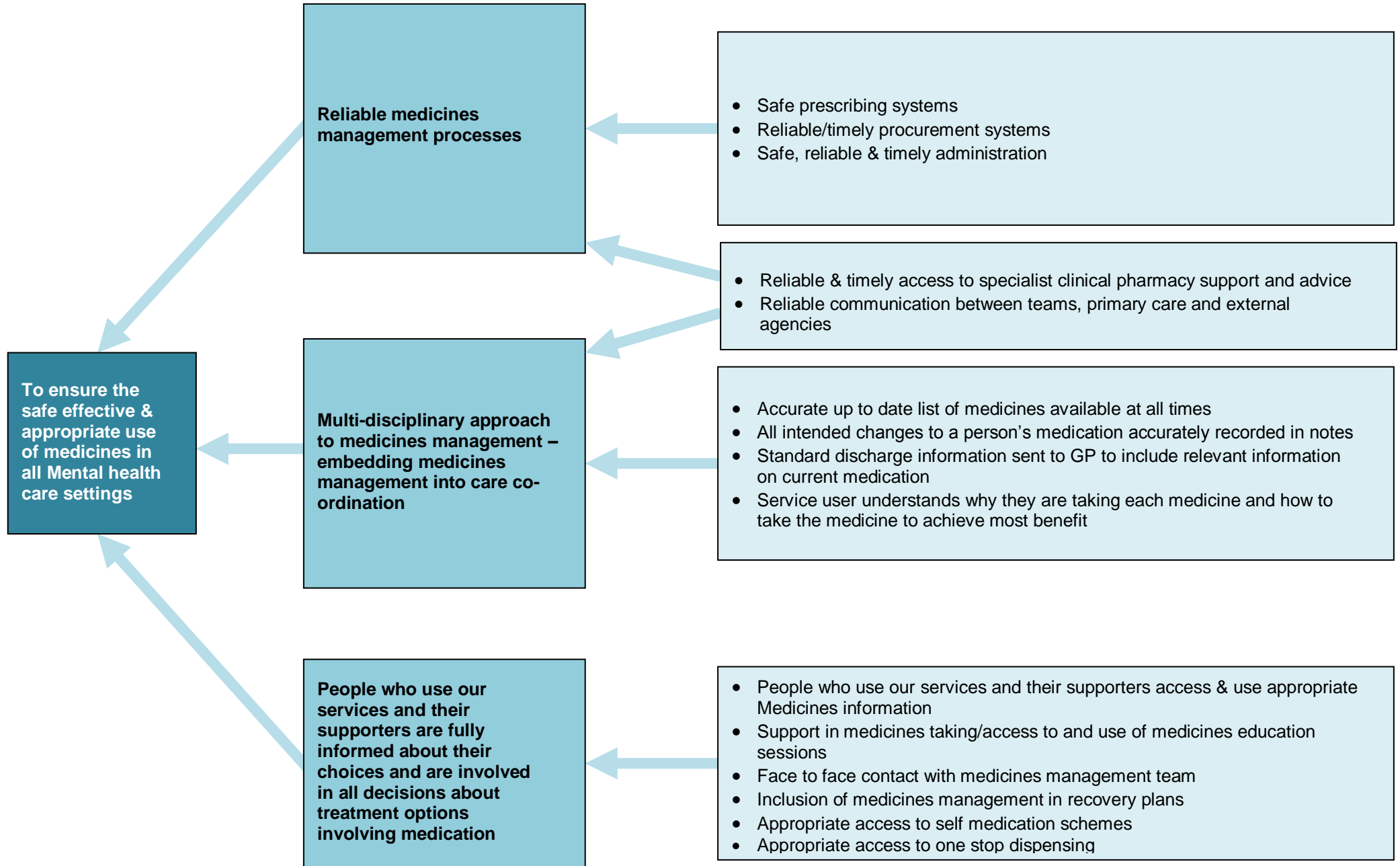
A driver diagram is used to conceptualize an issue and to determine its system components which will then create a pathway to achieve the goal. Primary drivers are system components which will contribute to moving the primary outcome. Secondary drivers are elements of the associated primary driver. They contain change concepts that can be used to create projects that will affect the primary driver.

Adapted from the South West Quality and Patient Safety Improvement Programme.

Outcome

Primary Drivers

Secondary Drivers



Secondary Drivers	Key change concepts and change ideas for PDSA testing	Outcome measure
Safe prescribing systems	<ul style="list-style-type: none"> • Ensure prescriber has required knowledge and skills to prescribe the medicine 	<ul style="list-style-type: none"> - No of prescribers completing prescribing update /competency assessment in last year as part of routine supervision / annual appraisal.
	<ul style="list-style-type: none"> • Ensure the prescription is legal – test / use FMEA to assess reliability of checking and confirming compliance with MHA requirements 	<ul style="list-style-type: none"> - Measure the use / omission of T2/T3 forms
	<ul style="list-style-type: none"> • Use standardised protocols and procedures for high risk medicines such as lithium, rapid tranquilisation, high dose antipsychotics, prn benzodiazepines, use of antipsychotics in people with dementia, insulin, anticoagulants 	<ul style="list-style-type: none"> - Audit Prescriptions for compliance to high risk medicines prescribing guidance.
	<ul style="list-style-type: none"> • Limit the number of protocols available at point of prescribing to reduce variation – align prescribing guidance 	<ul style="list-style-type: none"> - Number of guidelines in use within organisation for key therapeutic areas eg dementia drugs.
	<ul style="list-style-type: none"> • Allow certain drugs only to be used by protocol – for mental health settings including things like opiates, warfarin, insulin as outside of routine scope of practice 	<ul style="list-style-type: none"> - Audit prescriptions for compliance with guidelines.
	<ul style="list-style-type: none"> • Require all elements of prescribing: allergy status, dose, strength, units, route, frequency and rate before processing 	<ul style="list-style-type: none"> - Number of medicines reconciled within xx hrs of admission.
	<ul style="list-style-type: none"> • Use guided dose algorithms - clozapine titration, alcohol detox • Use automated dose reduction plans. Plan should include dose reduction for elderly and reduction based on patient need or change in condition • Provide pre-printed calculation sheets, eg clozapine titration, alcohol detox 	<ul style="list-style-type: none"> - Audit prescriptions for compliance with guidelines
Reliable/timely procurement systems	<ul style="list-style-type: none"> • Ensure teams have a reliable process for ordering medicines from supplying pharmacies. Test / use FMEA to check reliability of process • Ensure procedures are place to reduce harm caused by delayed or omitted doses • Ensure reliable procedures are in place to manage ward stocks of medication • Availability and review of ward stock lists including governance arrangements to ensure ordering appropriate ward/service users etc • Regular ward stock top up / ordering services 	<ul style="list-style-type: none"> - Number of medicine supply incidents reported through datix(?) - Regular missed / unrecorded dose audits - Evidence of routine housekeeping checks being carried out - Numbers of medicines management link practitioners - Availability and review of ward stock lists.

Secondary Drivers	Key change concepts and change ideas for PDSA testing	Outcome measure
Safe, reliable & timely administration	<ul style="list-style-type: none"> • Ensure practitioner has required knowledge and skills and information to administer the medicine 	<ul style="list-style-type: none"> - No of practitioners completing administration update /competency assessment in last year as part of routine supervision / annual appraisal.
	<ul style="list-style-type: none"> • Ensure the prescription is legal – test / use FMEA to assess reliability of checking and confirming compliance with MHRA requirements 	<ul style="list-style-type: none"> - Measure the use / omission of T2/T3 forms
	<ul style="list-style-type: none"> • Ensure reliable procedures in place to enable safe administration of medicines – explore ‘do not disturb’ tabards? 	<ul style="list-style-type: none"> - Time taken to do medicines administration - Number of interruptions - Number of medicine admin related incidents reported - Number of unrecorded doses?
Clinical pharmacy support model/reliable & timely access to specialist clinical pharmacy support and advice	<ul style="list-style-type: none"> • Agree and develop clinical pharmacy / medicines management practice standards 	<ul style="list-style-type: none"> - Audit compliance with practice standards
	<ul style="list-style-type: none"> • Ensure practitioners have reliable and timely access to up to date evidence based prescribing advice and medicines management and medicines information support 	<ul style="list-style-type: none"> - Number of ward rounds / MDTs that have pharmacist input - Number of interventions - Number of training / CPD updates provided by medicines management team - Medicines reconciliation - Number of contacts to medicines management team for advice
Reliable communication between teams, primary care and external agencies	<ul style="list-style-type: none"> • Develop reliable in-hospital transfers to community mental health teams and primary care 	<ul style="list-style-type: none"> - Medicines reconciliation
	<ul style="list-style-type: none"> • Develop communication processes with community mental health teams and primary care –Standard discharge information template (including details on current medicines and reasons for any changes) for GPs, primary care and external agencies 	<ul style="list-style-type: none"> - Medicines reconciliation - Number of completed discharge summaries with medication changes included.
	<ul style="list-style-type: none"> • Develop robust links between teams eg medicines management link practitioner role (MMLP), pharmacy presence / extend clinical pharmacy input into community teams 	<ul style="list-style-type: none"> - Number of link practitioners - Number of community teams that receive regular input from clinical pharmacy
	<ul style="list-style-type: none"> • Develop in reach services to acute hospital and community care settings 	<ul style="list-style-type: none"> - Audit compliance with prescribing advice eg dementia
	<ul style="list-style-type: none"> • Ensure all parties have access to and working knowledge of evidence based prescribing guidelines and up to date advice on medicines management issues in MH including suicide prevention advice • Consider directed MURs with community policy 	<ul style="list-style-type: none"> - Number of (7 day) / post discharge follow ups that include check on medication concordance. Eg measure compliance with health community guidelines on use of antidepressants?

Secondary Drivers	Key change concepts and change ideas for PDSA testing	Outcome measure
Accurate medicines list available at all times	<ul style="list-style-type: none"> • Create a standardised form that lists all the medicines the patient was taking at home. • Set up the form to be used to indicate which medicines should be continued, changed or discontinued, include space for the doctor to document reasons for omitting medicines • Establish a clear reconciliation process by starting your medication reconciliation with prescription and non-prescription drugs only; then begin reconciling herbal, vitamin, and other supplements. • Provide additional space on the medicines list/order form to list herbal, vitamin, and other supplements, perhaps with a default order not to continue them. That way, these supplements may be considered reconciled without a call to the doctor. • Begin the process of reconciling medicines on admission with individuals at highest risk. • Develop and use a standardised form that captures medicines that may have been ordered since admission and is used when the patient is transferred. 	<ul style="list-style-type: none"> - Medicines reconciliation on admission - Medicines reconciliation on transfer - Medicines reconciliation on discharge
All intended changes to a persons medication must be accurately recorded in the notes	<ul style="list-style-type: none"> • Create a standardised procedure to record clinical rationale for treatment with a medicine in notes. 	<ul style="list-style-type: none"> - No of notes that have record of medicine review /care plan? - Medicines reconciliation on discharge
Standard discharge information sent to GPs including relevant info on current medication	<ul style="list-style-type: none"> • Develop communication processes with community mental health teams and primary care –Standard discharge information template (including details on current medicines and reasons for any changes) for GPs, primary care and external agencies. 	<ul style="list-style-type: none"> - Number of completed discharge summaries with medication changes included.
	<ul style="list-style-type: none"> • Individuals may need to discontinue some medicines being taken at home 	<ul style="list-style-type: none"> - Number of (7 day) / post discharge follow ups that include check on medication concordance. Eg measure compliance with health community guidelines on use of antidepressants?
People who use our services & their supporters access and use appropriate medicines information	<ul style="list-style-type: none"> • Optimise medicines use • Ensure easy access to and availability of educational materials and sessions at a literacy level that individuals can understand 	<ul style="list-style-type: none"> - Number of people who access and use choice & medication website - Number of people who access and use DPT information leaflets
Access to and use of Medicine Education sessions	<ul style="list-style-type: none"> • Work with PALS and service user involvement groups to ensure appropriate access and availability of medicine education sessions 	<ul style="list-style-type: none"> - Number of medicine education events offered. - Number of medicine education events attended.

Secondary Drivers	Key change concepts and change ideas for PDSA testing	Outcome measure
Face to face contact with medicines management team.	<ul style="list-style-type: none"> • Work with the individual to carry an accurate list of medicines all the time • Give individuals a copy of the medicine administration record each day during hospital stay 	<ul style="list-style-type: none"> - Number of people who have a record of face to face contact with medicines management team.
Inclusion of medicines management in recovery plans.	<ul style="list-style-type: none"> • Educate the individual about medicines when they are changed • Provide individuals with a medicines card that they will carry with them after their hospital stay. 	<ul style="list-style-type: none"> - Number of people who have a record of receiving individual medication record form
	<ul style="list-style-type: none"> • Medicines management team / MMLP participate in discharge counselling with individuals & provide the individual with a comprehensive list of all medicines including those being taken before admission plus the new medicines from the discharge orders. Clearly indicate the name of each drug, its purpose, and the instructions for taking the medicines, as well as any instructions for discontinuing use. 	<ul style="list-style-type: none"> - Number of people having a record of medication issues in recovery plans.
Appropriate access to and use of self medication schemes.	<ul style="list-style-type: none"> • Patient self administer medicines during hospital stay when appropriate 	<ul style="list-style-type: none"> - Number of people who self administer medicines
Appropriate access to and use of one stop dispensing schemes.	<ul style="list-style-type: none"> • Patient self administer medicines during hospital stay when appropriate 	<ul style="list-style-type: none"> - Number of people who self administer medicines