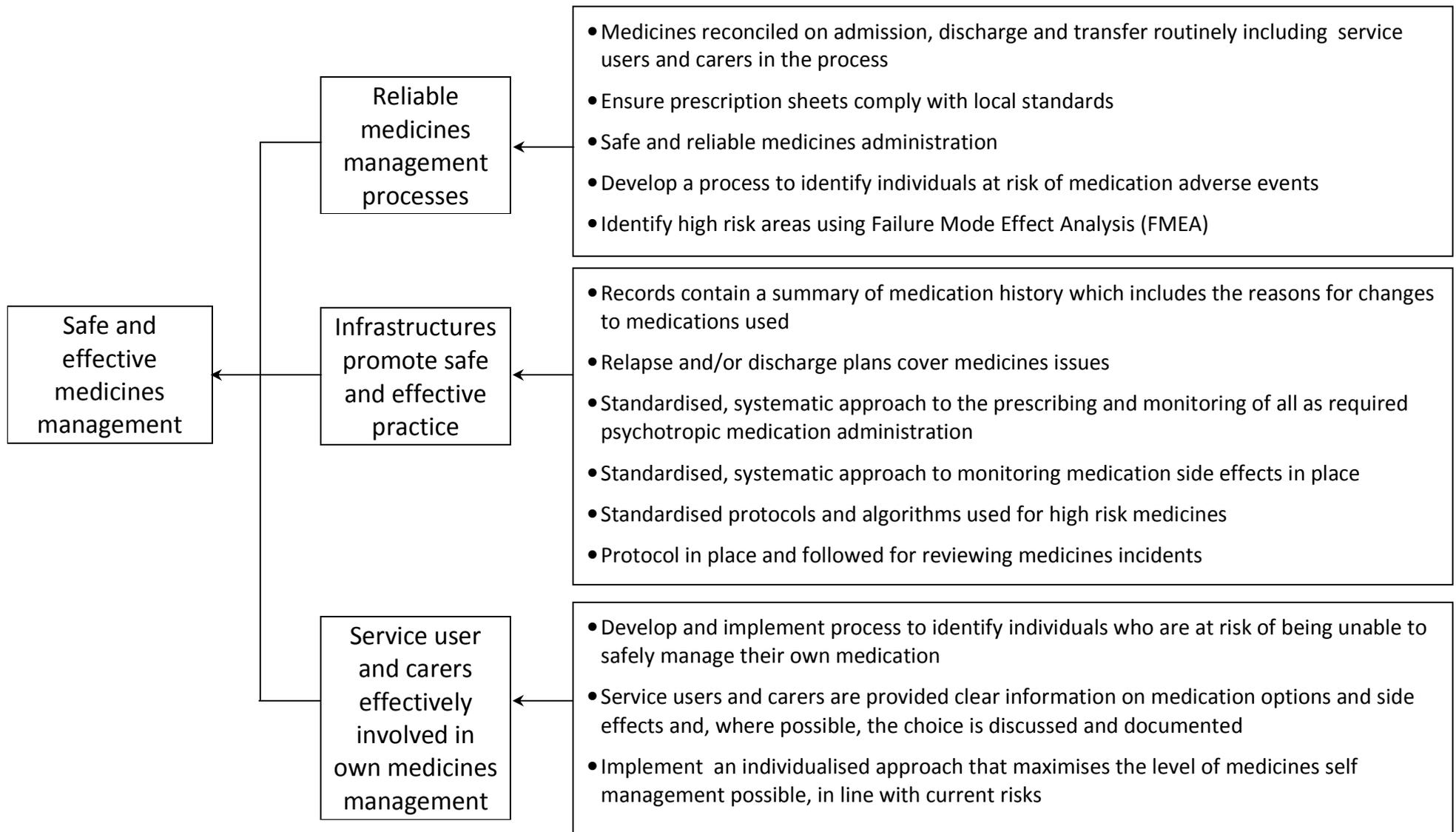


# Medicines Management Driver Diagram Phase Two



## Safer Medicines Management Processes

Secondary Drivers	Change ideas for PDSA testing
Medicines reconciled on admission and discharge	<ul style="list-style-type: none"> <li>• Emergency Care Summary accessible to prescribers at point of admission on psychiatric wards (Aim to include all psychotropic medication)</li> <li>• Process in place to also check drugs prescribed by specialists e.g. clozapine and depot preparations</li> <li>• Adapt and test the existing form for medicines reconciliation used by the acute patient safety programme</li> <li>• 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</li> <li>• Processes for medication documentation and sharing at points of transfer and discharge</li> </ul>
Ensure prescription sheets comply with local standards	<ul style="list-style-type: none"> <li>• Regular review of prescription sheets</li> <li>• Regular review of the necessity for any as required psychotropic medication</li> <li>• Error free prescribing monitoring and analysis</li> </ul>
Safe and reliable medicines administration	<ul style="list-style-type: none"> <li>• Please see the Releasing Time to Care (RTC) 'MH Ward Medicines Management' module which takes wards through a process of assessing the current issues on the ward around medicines administration and then identifying changes to improve the process</li> <li>• Use of safety crosses</li> </ul>

Develop a process to identify individuals at risk of medication adverse events	<ul style="list-style-type: none"><li>• Test use of screening tools which helps to identify individuals at risk of medication adverse events e.g. co-morbidities, poly-pharmacy, high dose antipsychotics, specific medications carrying high risk of complications/side effects including lithium, clozapine, elderly, medication use during pregnancy and breast feeding, medication use for physical health problems e.g. diabetes, anticoagulants, etc</li></ul>
Identify high risk areas using Failure Mode Effect Analysis (FMEA)	<ul style="list-style-type: none"><li>• This is a tool that is used for identifying risks in processes that may lead to harm. Further information on this approach is available on the IHI website:  <a href="http://www.ihi.org/knowledge/Pages/Tools/FailureModesandEffectsAnalysisTool.aspx">http://www.ihi.org/knowledge/Pages/Tools/FailureModesandEffectsAnalysisTool.aspx</a></li></ul>

### Infrastructures promote safe and effective practice

Secondary Drivers	Change ideas for PDSA testing
Records contain a summary of medication history which includes reasons for changes to medications used	<ul style="list-style-type: none"> <li>• Test form for recording and then audit use</li> <li>• Test ways of recording on prescription chart</li> </ul>
<b>Relapse and /or Discharge plans to include medicines issues</b>	
Standardised, systematic approach to monitoring medication side effects	<ul style="list-style-type: none"> <li>• Physical side effects are routinely monitored</li> <li>• Use of self monitoring cards</li> <li>• Use of standardised tools/review sheets</li> </ul>
Standardised protocols and algorithms used for high risk medication	<ul style="list-style-type: none"> <li>• Protocols need to include process for monitoring patients on high risk medications (High risks medications may include emergency sedation, Clozapine, lithium, high dose antipsychotic, MAOI combination monitoring, this list is not exhaustive)</li> <li>• System in place to ensure prescribers of high risk medicines have online access to laboratory results</li> </ul>

<p>Standardised, systematic approach to the monitoring of all as required psychotropic medication administrations</p> <p>Please note that the terms 'PRN', 'RT' and 'emergency sedation' are referred to in this document and in the programme as:</p> <ul style="list-style-type: none"> <li>• As required psychotropic medication</li> </ul> <p>This is whether the 'as required' is given to support an acute behavioural crisis or otherwise</p>	<p>Protocols need to include the review of all as required psychotropic medication both oral and intra muscular (less frequently IV). This would include monitoring of the following:</p> <ul style="list-style-type: none"> <li>• Date and time given</li> <li>• Medication given</li> <li>• Who initiated the administration</li> <li>• What was the reason for administration</li> <li>• Was this in relation to an aggressive or violent incident</li> <li>• Was an incident report required</li> <li>• Medication review after 30 minutes and to what extent did the medication make a difference to the presentation</li> <li>• For IM administration the SEWS score</li> </ul>
<p>Protocol in place and followed for reviewing medicines incidents</p>	<p>Test process for regular review by 'expert group'. This should be multi professional.</p>

## Service Users and Carers effectively involved in own medicines management

Secondary Drivers	Change ideas for PDSA testing
<p>Develop and implement processes to identify individuals who are at risk of being unable to safely manage their medications</p> <p>Service users and carers are provided clear information on medication options and side effects and where possible, the choice is discussed</p>	<ul style="list-style-type: none"> <li>• Individuals may be unable to safely manage their own processes for cognitive or physical reasons. Also need to pick up individuals who are at risk of self harm and take appropriate action to further minimise risk.</li> <li>• Test tool for assessing ability to manage medicines</li> <li>• Develop educational materials and sessions at a literacy level that patients can understand</li> <li>• Test different ways of providing information including the use of groups</li> <li>• Recording of information given to be audited</li> </ul>
<p>Implement an individualised approach that maximises the level of self management possible in line with current risks</p>	<ul style="list-style-type: none"> <li>• Administration of medicines is individualised (links across to RTC 'Medicines Management' module)</li> <li>• Phased increase in level of self management of medicines as individual approaches discharge (<i>including use of patient own dispensary lockers</i>)</li> <li>• Develop Self-medication protocols/tools and test</li> </ul> <p style="text-align: center;"><b>NB The practice of queuing for medication must be withdrawn from all wards in line with MWC recommendations</b></p>