Northumberland

Family Health Team

Post Hospital Medication Reconciliation Program

Karen Peters, Registered Pharmacist

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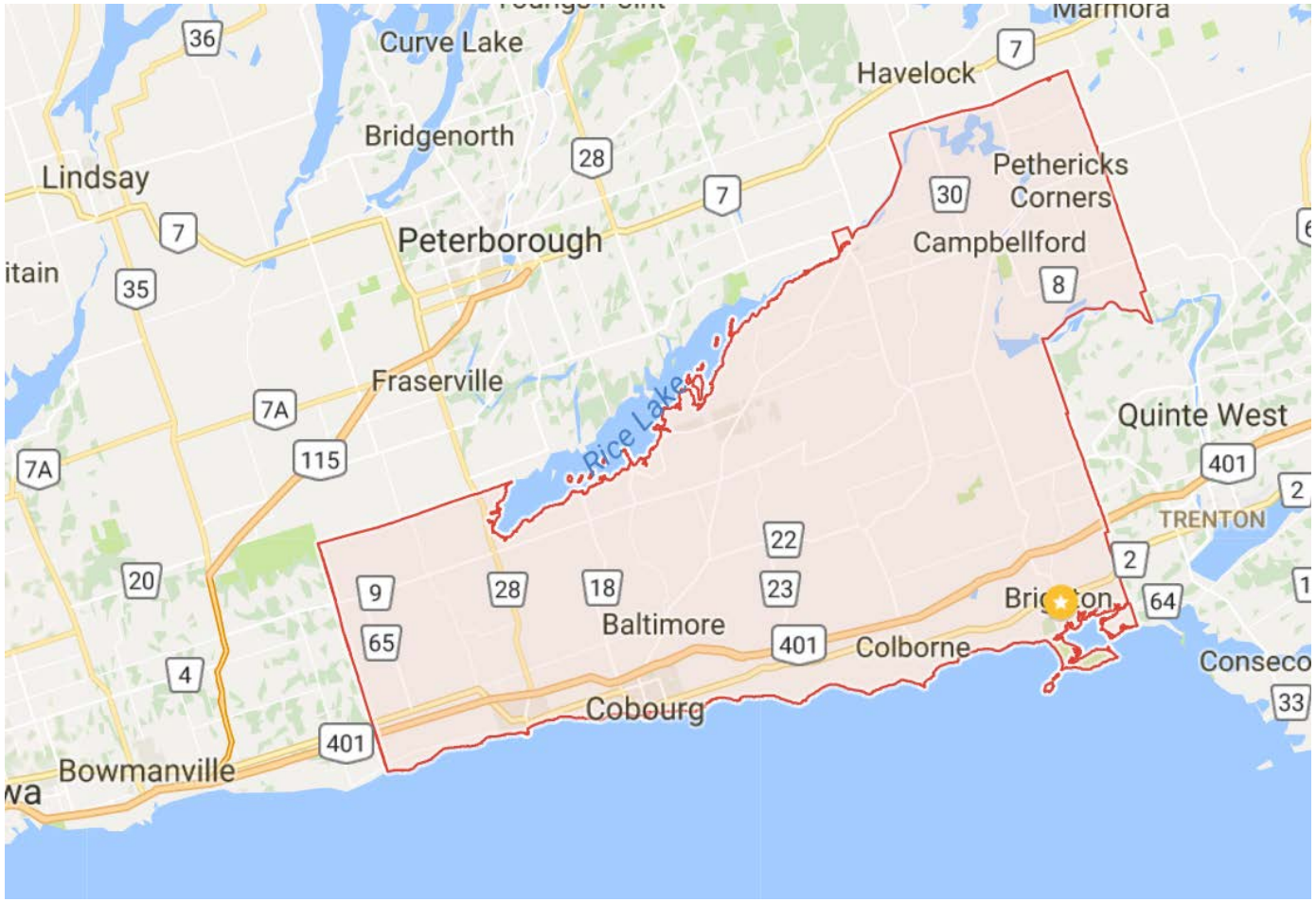
About us …

- Northumberland County (Cobourg, Port Hope, and surrounding area) population 81,657
- Over 26,000 rostered patients
- 21 Physicians in 3 FHOs
- 19 Interprofessional Healthcare Providers including nurses and nurse practitioners, occupational and physical therapists, dietitians, social workers, pharmacist, chiropodist and respiratory therapist



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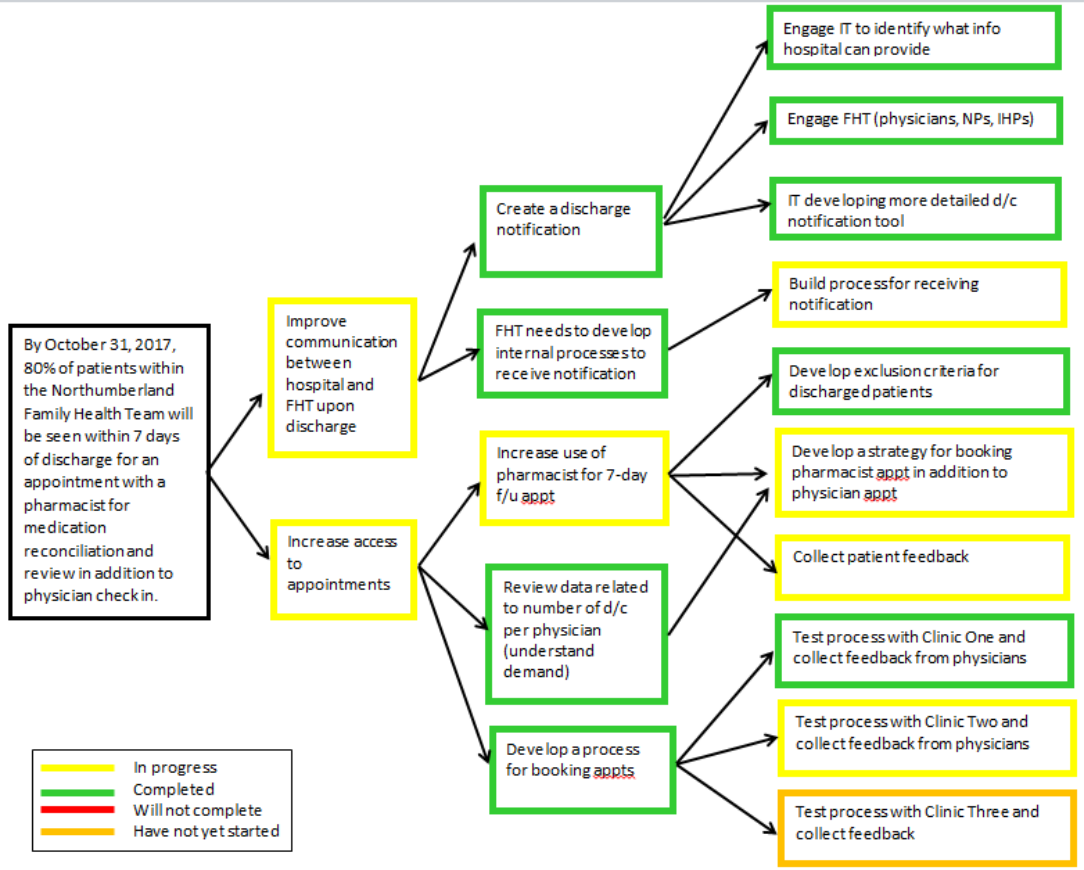
How it all began

- QIP indicator - % patients seen by physician in 7 days following discharge
- QIP indicator – % patients seen by a member of the interprofessional team within 7 days
- QIP indicator – readmission of patients with select diagnoses within 30 days
- Identified alignment of hospital and primary care goals
- IDEAS program – collaboration with Northumberland Hills Hospital and LHIN Health Links Quality Improvement Facilitator

Drivers of Readmission/Avoidable Emergency Department Visits



Our AIM

- Reduction of Emergency Department visits and 30-day readmissions
- Improve patient experience and health outcomes

By October 31, 2017, 80% of NFHT patients will be seen within 7 days of discharge for an appointment with a pharmacist for medication reconciliation and review.

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The Process – Pre Appointment

- NFHT pharmacist accesses Meditech (hospital EMR)
- Report of NFHT patient discharges
- Identify patients meeting the criteria
- Obtain the discharge prescription (if I can!)
- NFHT Clerical staff book appointment

"I am calling on behalf of Dr. Xi. Your doctor would like you to review your medications with our pharmacist prior to your appointment with him. She will update your medication list on your doctor's computer records. It is also an opportunity for you to ask questions about your medications. Please bring all medications, including OTCs, vitamins, inhalers, creams."

The Visit

- Patients seen in office, at home or telephone
- Education about Family Health Team
- Identify if there are any health concerns or needs since discharge
- Reconcile discharge prescription, actual medications taken and physician EMR
- Answer questions, ensure appropriate use, support decision making
- Identify opportunities for deprescribing or medication optimization
- Offer connection with other professionals or programs
- Patient Experience Survey

After the Visit

- Documentation and update medication list in EMR (doctor's favourite part!)
- Ensure reconciliation of any discrepancies
- Referrals to other health care providers and programs

Example documentation

Medication Reconciliation

I met with Jane Doe today to reconcile medications post hospital discharge.

Date of Admission: November 1, 2017

Date of Discharge: November 3, 2017

Hospital: NHH

Discharge Diagnosis: Pancreatitis

Calculated CrCl - 55 mL/min

Current Meds:

Rosuvastatin 10mg daily – **DECREASED** in hospital from 40mg daily

Perindopril 4mg daily – **INCREASED in** hospital from 2mg daily

Levothyroxine 0.1mg daily – SAME as before

Acetaminophen 650mg three times a day as needed – **NEW** in hospital

Discontinued Meds:

Diclofenac – stopped in hospital

Solifenacin – patient stopped; not effective

Recommendations:

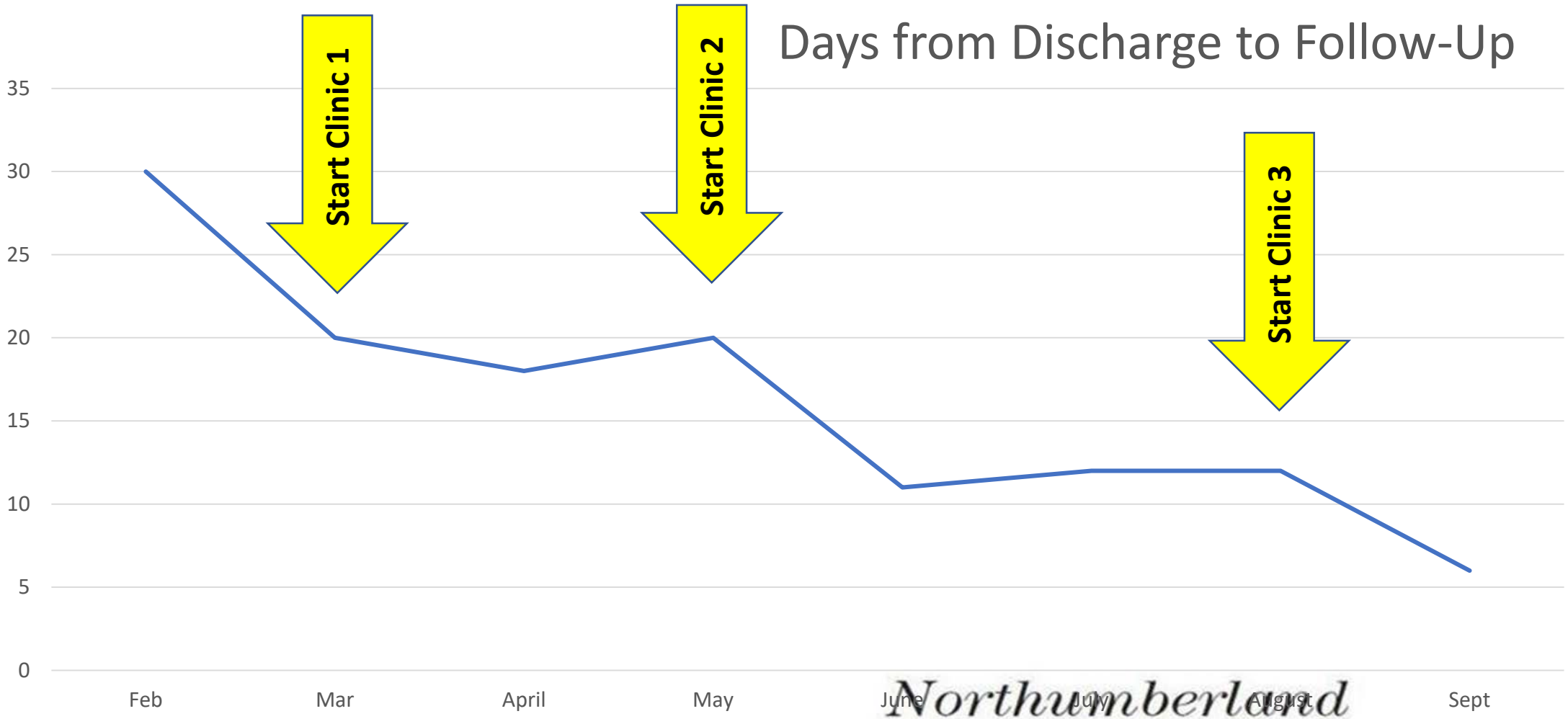
Recommended that she avoid any alcohol

Encouraged her to quit smoking; booked an appointment for her to get information about the STOP program

RD referral regarding post-hospital diet transition

Follow up blood work organized through MD

The Data



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Patient Experience Survey

The Northumberland Family Health Team would like to improve your experience when you arrive home after being in the hospital. One way we hope to do this is by having our pharmacist visit with you to review your medications.

Please tell us about your visit with the pharmacist. Your information is confidential and will only be used to help improve the care we offer.

	1 Strongly Disagree ☹	2 Disagree	3 Neither Agree/Disagree 😐	4 Agree	5 Strongly Agree ☺
I understand why I was seen by my pharmacist today.					
After meeting with the pharmacist I have a better understanding of what my medications are for and how to take them					
After meeting with the pharmacist I feel safer taking my medications.					
I feel that my appointment was a good use of my time.					

Is there anything else you would like to tell us about your experience?

_____

_____

_____

_____

Please tell us who you are. I am a:

☐ Patient ☐ Family/Caregiver

Thank you for taking the time to tell us about your experience!

Completed surveys can be given to your care provider, or mailed to/dropped off at:
Northumberland Family Health Team Office
Northumberland Mall, Lower Level, Unit 10
P.O. Box 83
1111 Elgin Street West
Cobourg, ON K9A 5H7

Patient Satisfaction Survey

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How we did it …

- QI approach
- Start slow – one doc, one clinic
- Open to testing changes – OK with not all working (patience is a virtue!)

Changes we made along the way …

- Started with a joint pharmacy/physician visit
- How we get the discharge prescription (still a work in progress)
- Telephone script for booking appointments
- Documentation

What we achieved

Intended Impacts

- More patients have follow-up following discharge from hospital
- Less patients being readmitted following hospitalization
- High patient satisfaction and comfort with medication plan
- Resolution of potentially dangerous medication discrepancies

Unintended Impacts

- Informing patients about the family health team and availability to interprofessional services
- Increase in referrals to other services (NFHT and externally)

Gateway to interprofessional team based care

transitions from hospital to home can influence recovery

Increase in interprofessional referrals

- Because of screening for other concerns, patients coming out of hospital are connected with other professional services in a more timely fashion

The Impact on Clinical Nutrition

- Priority nutrition conditions at risk for malnutrition or high nutrition risk identified i.e. GI dysfunction, special diets, dysphagia and other signs of need for clinical nutrition services being identified within 1 week of hospital discharge.

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Patient Stories

Person	Concerns Identified by Patient/Family	Nutrition
Mrs. Smith	Office visit • Upset about her hospital experience • Food Allergies re: CORN, EGG • Inhaler technique	• Link with Hospital Dietitian to correct allergy list in nutrition/pharmacy module of Meditech to reduce incidence on next admission
Mr. Dean	Home Visit • Caregiver burden • Swallowing and poor food intake • Lack of good information on community resources for swallowing and nutrition	• RD Home Visit • Supplements • Texture Alteration • Care giver support • Set up Home CCAC SLP referral
Ms. Hart	Phone Visit • Coping with new health issues • Food insecurity • Community heart health resources including nutrition, rehab, medications, • Referrals to Cardiac Rehab, Smoking Cessation and RD	• RD referral – 2000 mg low sodium diet • Mediterranean Diet Workshop at FHT • Diabetes Education centre - heart healthy cooking classes • Good Food Box

Lessons Learned

- Start by working with 1 physician
- Go slow!!
- Start with a process ... expect change
- Get input from everyone affected by the change idea, not just physicians – some of the best ideas came from administrative staff
- Get feedback from patients throughout the process
- What seems like the simplest thing may turn out to be the most complicated – e.g. discharge prescription being faxed
- Collaboration with other organizations is very important

Questions?