"Know, Check, Ask" for Medication Safety

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WHO Medication Without Harm
Global Patient Safety Challenge

Aim

- **To reduce severe avoidable harm from medication by 50% over 5 years**

Priority action areas – Reports available

- **Transitions of Care**
- **High Risk Situations/Medication**
- **Polypharmacy (inappropriate)**

https://www.who.int/patientsafety/medication-safety/technical-reports/en/

Priority Area: Transitions of Care

- With traditional medication history taking, Irish research shows:
  - 41% of patients had at least one medication error at admission.[1]
  - At the time of discharge 56% of patients experienced prescribing errors and mis-communication.[2]
- Medicines reconciliation requires verification with an additional reliable source of information as no single source is complete for everyone.
- Options include contacting the community pharmacy or contacting the GP practice which are complete for 77% and 69% of people respectively[3].
- If there are any **differences**, return to **clarify** these **with the patient**.

1. Grimes TC, Deasy E, Allen A, et al. BMJ Qual Saf doi:10.1136/bmjqs-2013002188
2. O'Riordan C, Grimes TC, Delaney T Int J Clin Pharm DOI 10.1007/s11096-016-0349-7
3. Fitzsimons M, Grimes T, Galvin M. Int J Pharm Practice 2011; 19: 408–416

Priority Area:Transitions of care

- Not possible to make safe and appropriate prescribing decisions unless all current medication is known (primary care, out patients, OTC meds)
  - To understand medication exposure and to build future plan
- Prescribing should include clear explanation and documentation of changes particularly when stopping/adjusting (what/why)
  - Document on kardex (if space for additional notes)
  - Nurses can explain & emphasize changes more easily to patient when administering altered meds

Stopped intentionally?
Did she have a reaction?
Did it get missed when she was admitted?
Did it get missed when she was being discharged?

Communicate any changes: If you document reasons for changes on kardex during hospital stay – info is then available to be easily transferred onto discharge prescription for GP/ Community Pharmacist

Priority Area: High Risk Situations/ Medicines

Hospital setting

High-Risk Medicines

- A — Anti-Infectives
- P — Potassium (and other electrolytes)
- I — Insulin
- N — Narcotics (and other sedatives)
- C — Chemotherapeutic (agents)
- H — Heparin (and anticoagulants)

Community Setting

High-Risk Medicines

- APINCH drugs
- NSAIDs (incl. aspirin)
- Diuretics

High-Risk Patients

- Extremes of age
- Polypharmacy
- Renal/ Hepatic Disease
- Critically ill
- Pregnancy

Polypharmacy: Percentage of eligible population by number of regular medicines for the years 1997–2012.

1997

2002

2007

2012

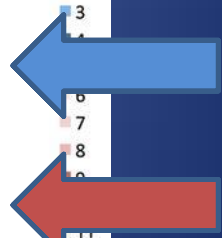
Percentage of people prescribed regular medicines

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

<5 yrs
5-15 yrs
16-44 yrs
45-64 yrs
≥65 yrs

Age group

0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15+



Frank Moriarty et al. BMJ Open 2015;5:e008656

BMJ Open

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HSE apologises after woman left without medication suffered major stroke

Mary Moss continued 'unknowingly for six weeks' without her anti coagulants

Wed, Jul 24, 2019, 15:27

Mary Carolan

Kate and Leanne Moss, daughters of the Mary Moss, outside the Four Courts. Photograph: Collins

The HSE has apologised at the High Court to a 69-year old woman who suffered a major stroke after she was discharged from a hospital without her blood thinning medication. Mary Moss, her counsel said, continued "unknowingly for six weeks" without her anti coagulants, had a major stroke and is now disabled.

Stroke with lifelong consequences for 69year old patient following omission of anticoagulant

Initial payment €710,000 and annual lifelong payment €250,000

- Transition of care
- High risk medication
  - Error of omission
- Polypharmacy
- Patient/ family education/information

- Lack of a double check at discharge noted as factor

#KnowCheckAsk Campaign

- Know
  - Your medicines and keep a list
- Check
  - That you are using the right medicine the right way
- Ask
  - Your healthcare professional if you're unsure

#KnowCheckAsk Campaign

The campaign materials included:

- My Medicines List template
- Posters
- Videos
- Website (www.safermeds.ie)

Patient involvement in campaign

- Convey the right messages to stimulate the right actions

Doesn't have to be this list, can also ask community pharmacist to print a list

My medicines

My allergies and how I react

Name		Emergency contact name	
Date of birth		Emergency contact phone number	
My pharmacy name		My family doctor name	
Phone number		Phone number	

Date I filled out this form

Name of medicine	Strength	How much I take each time	I take it	I take it every day (Yes / No)	Why I take it?	My notes
Example: ABC Tablets	25mg	2 tablets	Once in the morning and once at night	Yes	For my heart	Blue oval tablet with food

This document belongs to the person named above. If taking a copy, return the original to the person.

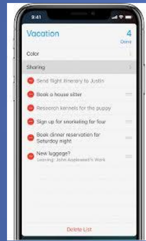
Key Messages for #KnowCheckAsk

- **Why Should I Keep a list of my medicines?**
  - Useful when you might not be able to remember your medications, for example, at an appointment or in an emergency
  - Can reduce the chance of errors
  - Helpful when requesting a repeat prescription from your GP, just make sure to keep own copy.
- **All Medicines Count**
  - Don't forget to include **inhalers, patches, injections, creams, eye drops** and any other prescribed products
  - Over-the-counter medicines, vitamins and other supplements
  - Include any **allergies** you have, and the **contact numbers** of your **family doctor** and **pharmacist.**

Domain: Patients and the Public
Key Messages for #KnowCheckAsk

Tips

- Some people find it useful to keep a photo of this list on their phone



- It can be helpful to share this list with a family member or carer.
- Bring this list with you when attending any healthcare appointment.

Do not assume your healthcare team member will have this information.

Changes to your medicines?

- Ask your doctor, pharmacist or nurse to **explain any changes** to your medicines.
- It’s important to keep the list **up-to-date** by adding any new medicines to the list or drawing a line through any medicines you no longer take.

Know Check Ask & Medication History Taking

- People who use a medicines list could recall their medicines more accurately (65%) than those who did not (21%), providing a more reliable initial medication history.
  - Medicines reconciliation requires verification with an additional reliable source of information as no single source is complete for everyone.
  - Options include contacting the community pharmacy or contacting the GP practice which are complete for 77% and 69% of people respectively.
  - If there are any **differences**, return to **clarify** these **with the patient**.

How will this help NCHDs?

- ✓ Reduced time taking med histories
- ✓ Improved initial medication history
- ✓ In OPD – more likely to have accurate list so can make safer decisions about changes to meds & less risk of error
- ✓ Reduced phone calls from pharmacists/ nursing staff to clarify/ make changes.
- ✓ Improved piece of mind that patient knows about their meds & any changes

Lead NCHD
Opportunities to get involved

- Encouraging the Know Check Ask message among NCHDs with emphasis on OPD
  - Liaising with e.g. Quality & Risk Manager/ Chief Pharmacist about promotion of the campaign locally
  - Ensuring info +/- lists are sent to patients with OPD appointments (+/- text reminders)
  - Checking if posters/ videos/ lists displayed in public/ waiting areas in their place of work
  - Ensuring there is a place people can pick up a My Medicines leaflet e.g. reception areas etc

Lead NCHD
Opportunities to get involved

- Promoting campaign with NCHDs
  - All NCHDs actively encouraging people to know about their medicines and keep track of them with a list +/- help from family
  - +/- suggest keeping a photo of their list or of medicine labels and keep it on their phone
  - if copy needed, take a copy and give original back to patient
  - referring to a patients medicines list with the patient - especially if changes to meds planned
- Ensure all NCHDs receive information and education session on medication history taking/ safe prescribing at transitions, liaise with own pharmacy dept

Getting involved

Option 1 – Tracking NCHD involvement in the “Know Check Ask” Campaign Roll Out

- 5-10min surveymonkey feedback from each site every 3 months.

Getting involved

Option 2 – Quality Improvement Project Opportunity

- Aim
  - 90% of patients at X OPD will bring their own usable medication list with them.
- Track number of patients with usable list in 2 separate OPD clinics 1 day per month (one day each month for 6 months)
- Can we achieve an increase in number of people bringing own list & track over time
  - Identify & implement ways to increase this locally
- Email Muriel Pate: safermeds@hse.ie or Carol if you'd be interested in this as a local QI project. We will follow up with further guidance.