

# Using the Summary Care Record to improve medicines reconciliation

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# Overview

- Understanding medicines reconciliation
- Focus group findings
- Survey results
- Conclusions

# Medicines Reconciliation

Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the hospital. (*Institute for Healthcare Improvement*)

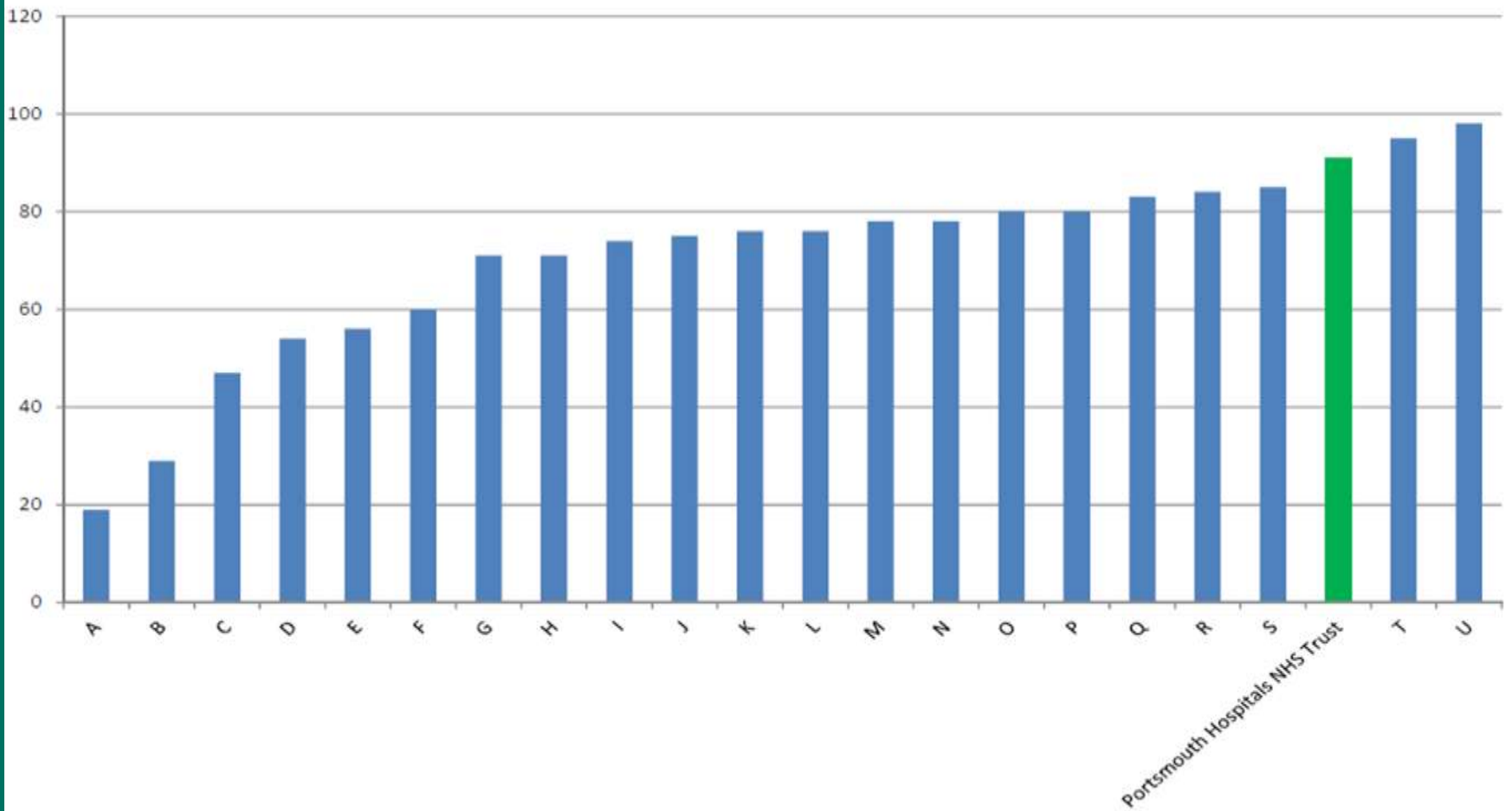


- Where we started from
- NICE patient safety guidance (Dec 07)
- The Portsmouth journey since:-
  - Manual
  - HHR
  - SCR



# Medicines Reconciliation

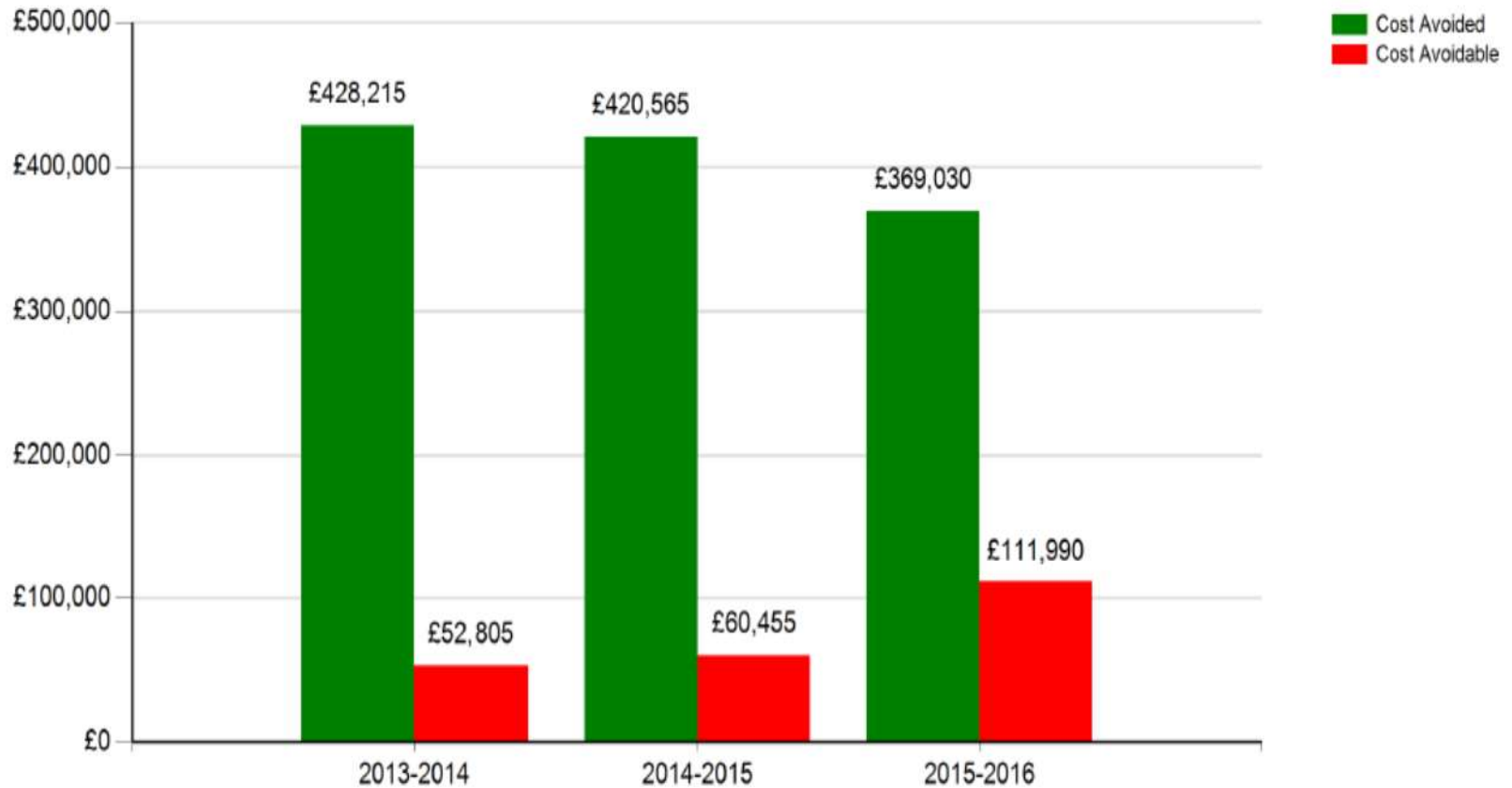
## Medicines Reconciliation Comparison





# Medicines Reconciliation

### Cost Avoided - Last 3 Years History

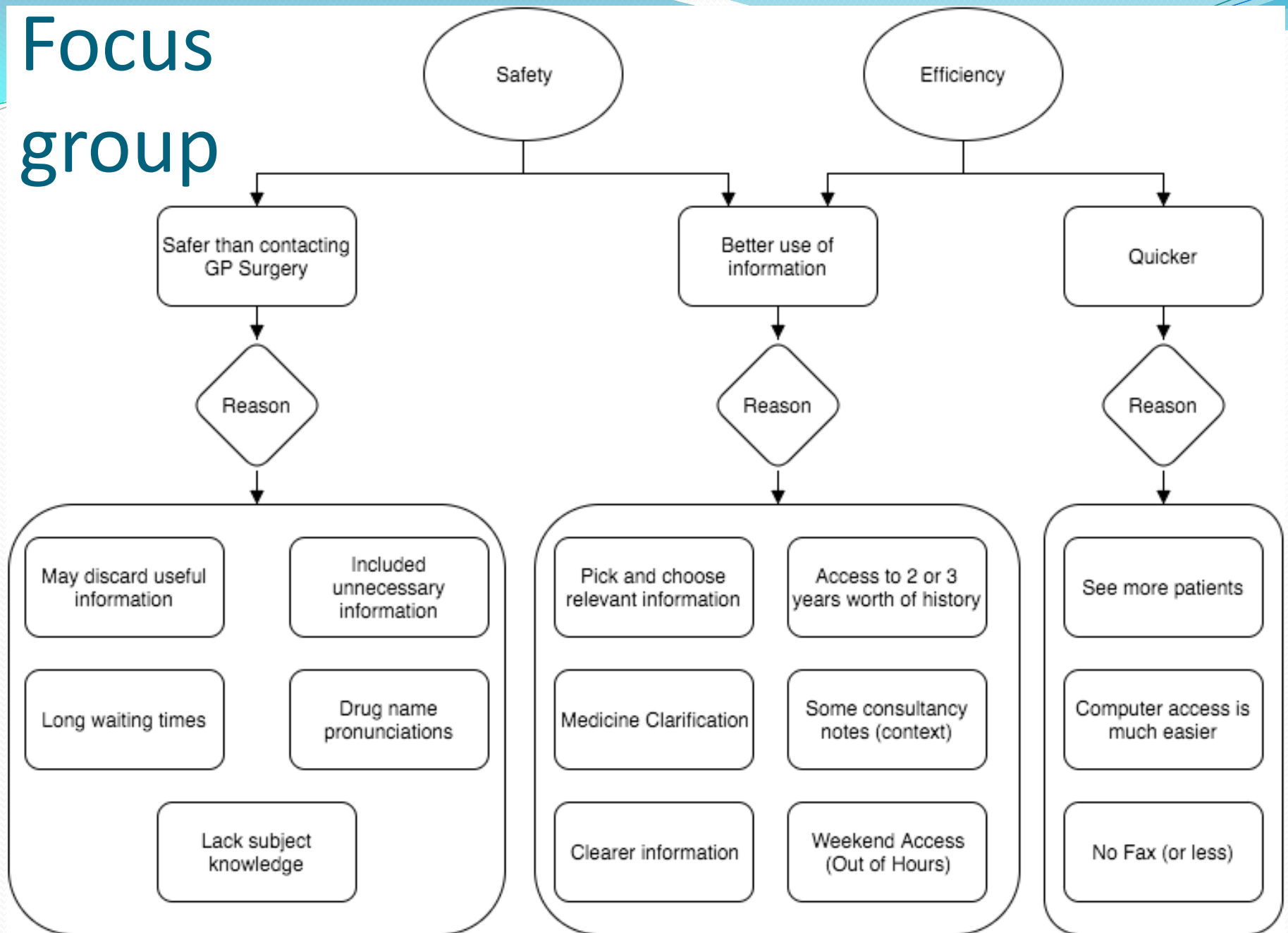


# Focus groups & survey

- Part of AHSN evaluation of shared record usage
- Portsmouth Hospitals NHS Trust
- Pharmacists and pharmacy technicians



# Focus group



# SCR Safety

- ‘Safer than getting it verbal[ly] from the receptionist, because they can't say the names of any of the drugs.’
- ‘It is more safer then phoning the GP surgery. Because the receptionist or who ever you're talking to, they might discard information that they think are not relevant, but you would like to know.’
- ‘Concentrations in medicines are different, some might be in ml, some in mg, irrelevant unless you know the strengths of it. Clarifying what was prescribed is an extra safety net.’

# SCR Efficiency

- ‘[GP surgery might] read through all 28 areas that we don't need. Or fax you like 20 pages of stuff.’
- ‘Much quicker, Phoning a GP surgery can be a nightmare. Can be waiting 2 minutes to 20 minutes. And then when you get through, many say you need to fax through a request over, so it would take a lot of time just to contact the GP surgery. whilst having access from our computer is much easier.’

# SCR Benefits

- ‘SCR gives you an acute history for about, 2 or 3 years.’
- ‘There are some records now with consultation notes coming through SCR. Much better even if you can see the last 3 consultation notes, puts thing into perspective.’
- ‘It's not just for Hampshire, we have a lot of patients from Chichester and they're not on HHR.’
- ‘SCR has more patient details, contact details and nominated pharmacy, brilliant for nomad patients. No need to be reliant on patient info if they are not local.’

# SCR Improvements

- ‘Oral advice needs to be added / recorded into prescriptions.’
- ‘GP OOH are a guessing game Doesn't appear to be in the GP records, makes acute prescription harder to check.’
- ‘Confusing dates in SCR, some GPs say "medication last issued" with date. You might log on to someone else's SCR and it says "authorised medication" and date.’
- ‘We don't get info on mental illness depot or clinics drugs or injection.’
- ‘You don't know how long the patient has been taking it. Doctors can't ask when the patient started it, but on HHR you can.’

# SCR survey results

- Much more efficient (scale 1-6, mean 1.7)
- Much safer (scale 1-6, mean 2)
- Time saved per patient (**mean 00:47, CI: 25:00-01:00:00**)
- How often in typical week find data in HHR/SCR that appears to be incorrect? (mean 2.1)
- % charts with at least one error pre med rec? (**mean 65%, CI: 52.3%-77.8%**)
- Limitations:
  - Small, self-selected sample (n=23)
  - Unvalidated instrument, no measurement study

# Conclusions

- Shared care records demonstrably improve meds rec:
  - Substantial efficiency and safety improvements.
- Still practical issues with SCR/HHR content/usability.
- Continuing need for meds rec emphasised by error rates.
- Meds rec is clear use case for shared record benefit:
  - Why not persuasive for admission clerking process and other routine patient transitions?