

Improving medicines management in ENHT dialysis patients

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The Gap

- Involving patients with medicines management is increasingly recognized and including them in their care may increase satisfaction, improve health outcomes and reduce likelihood of avoidable harm. (Coulter A, et al. Patient focused interventions: A review of the Evidence. London: The Picker Institute, 2006)
- It has been highlighted in the unit's patient experience survey that not all patients had enough understanding about their medications and their side effects.
- There was a serious incident in the unit where a patient was discharged from the ward with the wrong medications that resulted to harm. Medications are ideally reviewed at least quarterly, but data shows that this is not the case in the unit.
- Challenges surrounding medications management in dialysis patients. Renal
 - Patients have many other comorbidities and under the care of other specialist making their care complex.
 - Polypharmacy is common and their medications are constantly changing.
 - There seems to be a poor communication between the primary and secondary care when changes in medications happens.

Project aim

- To improve medicines management among dialysis patients in lister hospital by October 2022. Specifically, to reduce weekly prescription errors from 13% to 5%, increase the percentage of patients who understand their medication regimen by 90%

The Improvement Methodology

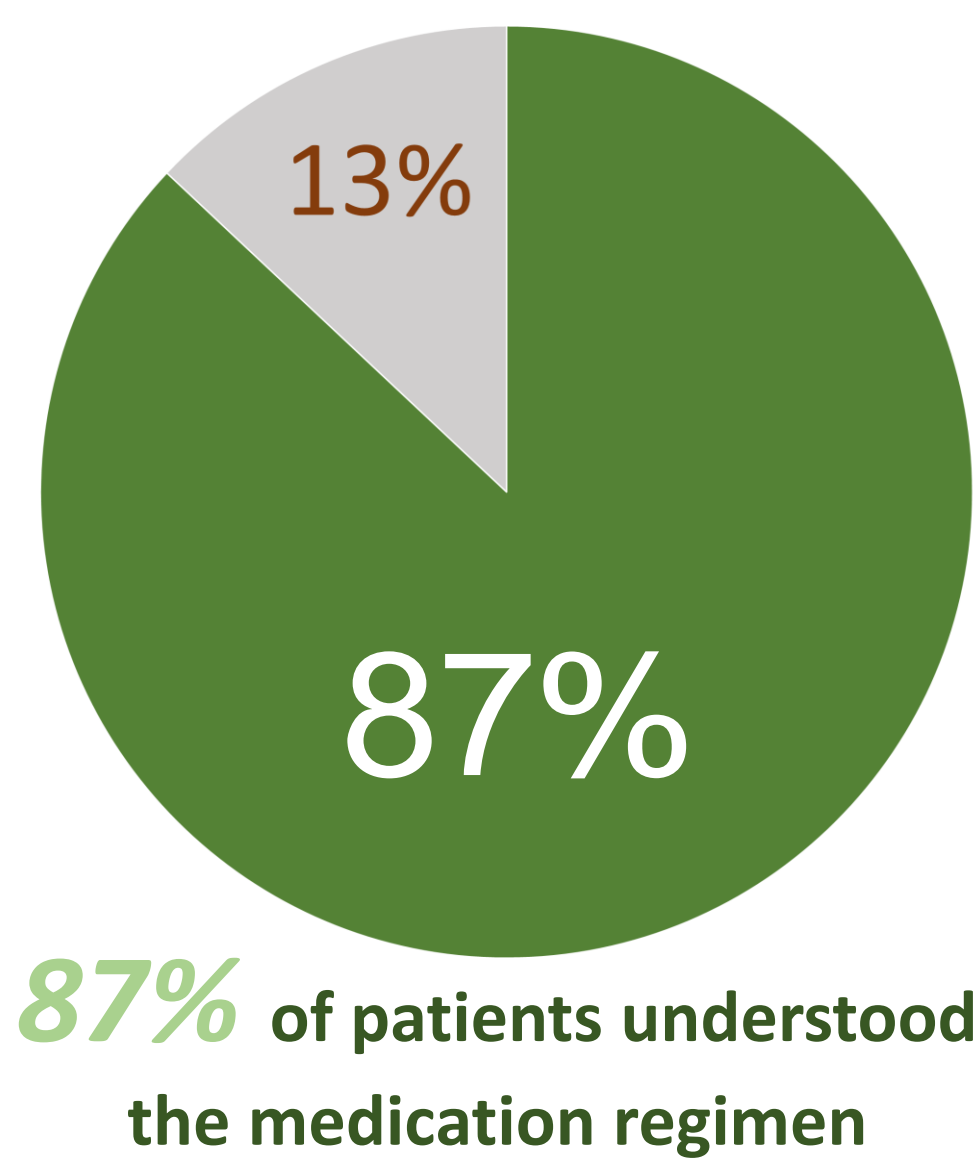
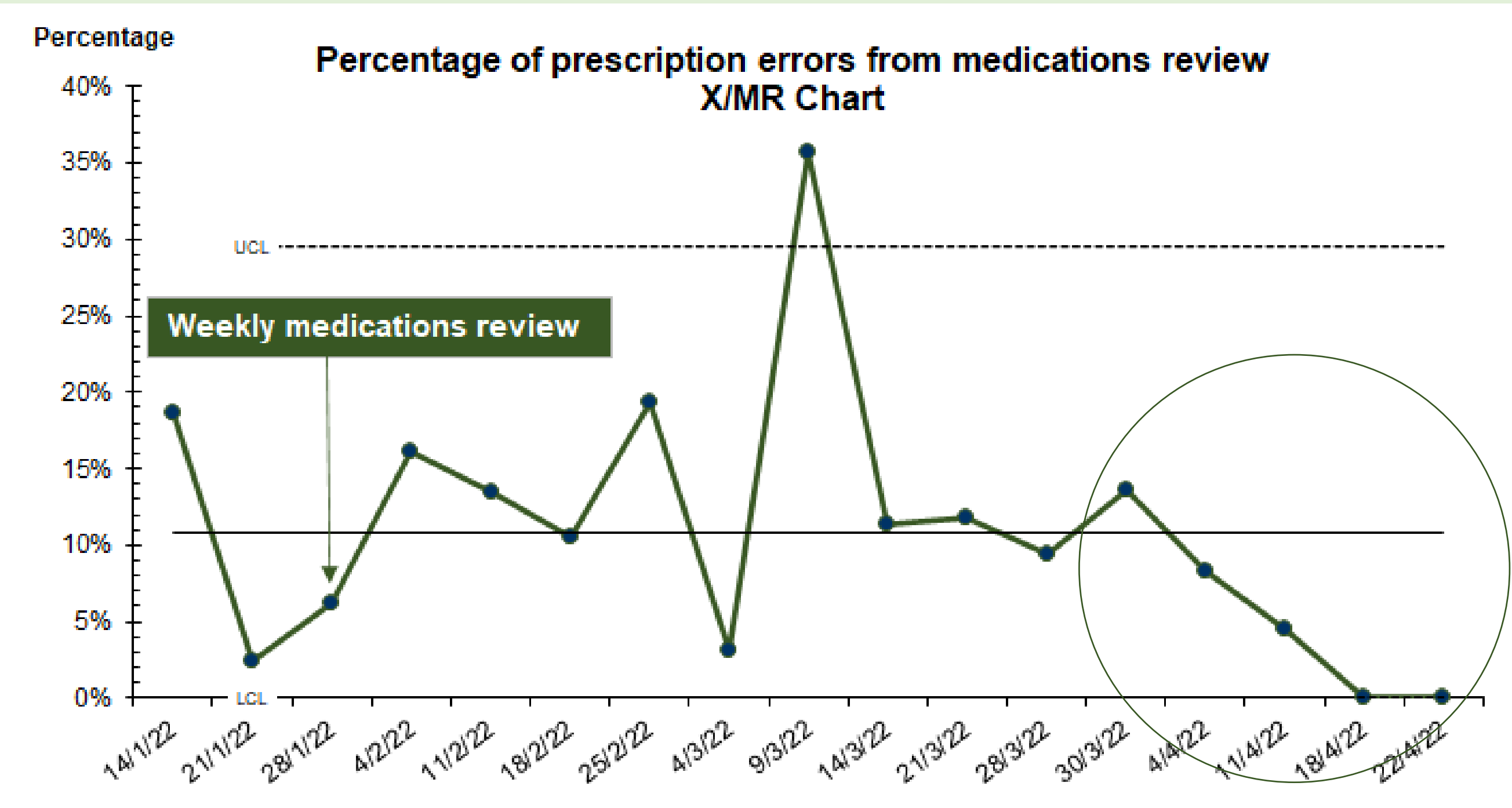
The ENH Way – Our Continuous Improvement Model



Project Measures

Outcome

- Percentage of prescription errors from medication reviews
- Percentage of patients who understood their medication regimen



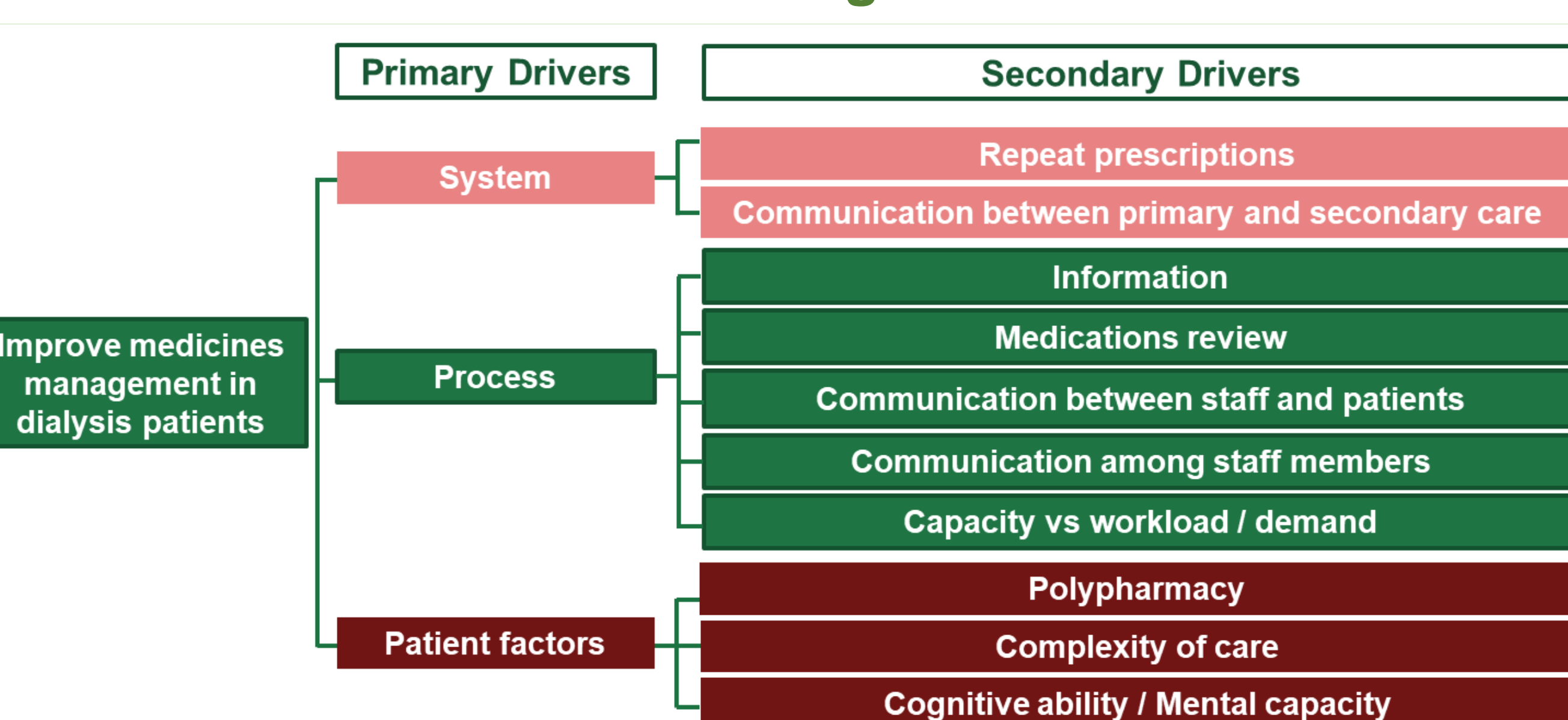
Process

- Percentage of patients who had their medication review at least in the last 3 months
- Percentage of patients who are aware how to raise concerns about their medications
- Percentage of patients who have issues in getting their repeat prescriptions



The change ideas we are testing

Driver Diagram



Plan-Do-Study-Act

- Medication reviews carried out weekly and identified errors/discrepancies.
- Identified medicines management champions in the unit.
- Requested support from the unit consultants to prescribe/deprescribe medications and notify GP for repeat prescriptions.
- Primary nurses allocated for each patient and patients are made aware who to raise concerns.

The challenges faced

- 80% nurses were new to the post and requiring support.
- Staff were constantly moved to support other areas so there was no continuity.
- Staff shortages due to sickness and covid isolations and unit was mostly covered by Bank/agency staff.
- Consultant's time to change prescriptions was very limited.

Impact

- Staff members are involved with testing change ideas.
- Staff engagement in the project is evident they are more aware of the unit's processes.



What's next?

- Continue surveys and medications review weekly and monitor for signs of improvement.
- This is an ongoing project, and more change ideas will be tested.
- Support has been offered by Renal education team for primary nurse training.
- Support has been offered by renal pharmacists with medication review.
- Support has been offered by renal consultant for changing prescription.
- Co-design with a dialysis patient
- The aim is to review patients' medications at least quarterly.



Leadership learnings

- My leadership and communication skills have improved.
- I managed to get the stakeholders (staff, patient's consultants, education team and pharmacist) involved in the project to make it a success.
- I learnt that sharing the data and feedback with the team was an important step to get them involved to make the change.
- The improvement is starting to show and hoping it continues.
- I feel it is a great achievement.