Medicines Optimisation in Care Homes

Medicines Management Team, Aylesbury Vale and Chiltern CCGs

Background

Studies report a reduction in inappropriate polypharmacy, errors, and cost achieved by pharmacist input in care homes.

In addition, a pharmacist can identify gaps and lead on targeted actions in key therapeutic areas to support the provision of high quality care and safety for care home residents.

The Buckinghamshire CCGs Medicines Management Team in collaboration with the county’s Quality in Care Homes Team is delivering a Medicines Optimisation in Care Homes project. The project involves pharmacists reviewing and making recommendations on individual resident medication regimes and carrying out wider system and medicines management process reviews in selected care homes.

Evidence based quality aims and measures have been used for specific areas where pharmacists are able to intervene to influence quality of care. Data related to these is being collected and used to identify:

- Gaps in service provision
- Areas of risk
- Where good practice guidance and training could improve medicines use and pharmaceutical care on a wider scale

The project includes scoping solutions and implementing local actions to address issues raised.

Quality aims and rationale

1. **To ensure the management of pain is optimised**
   a. Local intelligence suggests room for improvement
   b. The effective management of pain in dementia can play an important part in treating agitation and could reduce unnecessary prescriptions for psychotropic drugs\(^1\)

2. **To ensure prescribing of antipsychotic medication is appropriate**
   a. Inappropriate prescribing can increase cardiovascular morbidity and mortality in patients with dementia\(^2\).
   b. A local care home survey identified high levels of prescribing

3. **To ensure all medication that has a high risk of causing falls is reviewed**
   a. Fracture of femur is identified locally as a significant cause of hospital admissions from care homes

4. **To ensure all medication that is a high risk of causing an admission is reviewed**
   a. Preventable drug related admission rates reported in literature vary from 1.4% to 15.4% (median 3.7%)\(^3\)
b. Four groups of drugs account for more than 50% of the drug groups associated with preventable drug-related hospital admissions. Reasons for drug related admissions include: prescribing problems, patient adherence problems and inadequate monitoring.  

5. To prevent urinary tract infections and support appropriate management  
a. Locally this is identified as one of the top causes of hospital admissions

6. To review and stop the inappropriate prescribing of antimuscarinicis for urinary incontinence  
a. Long term use of antimuscarinic medication can contribute to cognitive impairment.

7. To ensure all medication prescribed for a patient is appropriate for their needs  
a. About a half of nursing home residents are on at least one inappropriate drug.

8. To ensure medication is prescribed and administered as intended  
a. A study in 55 care homes found 256 residents were taking a mean of eight medicines. 69.5% of residents had one or more medication error.

9. To ensure unidentified cases of dementia are appropriately assessed and recorded  
a. Locally dementia diagnosis rates are low compared to expected prevalence

Medicines Optimisation in Care Homes: References

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3. East & South East England Specialist Pharmacy Service. Medicine Related problems on Admission to Hospital – The Evidence. Apr14 V1