Care Homes’ Use of Medicines Study (CHUMS)

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Medication errors in nursing & residential care homes - prevalence, consequences, causes and solutions

Report to the Patient Safety Research Portfolio, Dept of Health

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Buckle P  Savage J
Carpenter J  Standage C
Dean-Franklin B  Wadsworth P
Dickinson R  Woloshynowycz M
Garfield S  Zermansky AG
Jesson B
1. To identify the errors (prescribing, monitoring, dispensing, administration)

2. To determine the potential harm

3. To suggest solutions

(Alldred et al 2009; Barber et al 2009)
Results

Mean age 85, on mean of 8 meds

7 out of 10 residents were exposed to at least one medication error (mean of 1.9 errors/resident)

• Prevalence of prescribing errors 8.3% of medicines (39% of residents)
• Monitoring errors 14.7% of medicines (18% of residents)
• Dispensing errors 9.8% of medicines (37% of residents)
• Administration errors 8.4% (22% of residents)
Causes of error

- Patients “different” from usual primary care
- Lack of access to specialist services
- Transitions in care
- Lack of medicines training
- Complex dispensing and ordering systems
- Fragmented system and poor communication
- Difficult to obtain the “truth”
- Lack of standard procedures and documentation
Potential solutions

• Potential for IT to improve systems and enhance safety
• Unified access to a single care record required
• Lead GP for each home
• Regular review of prescribing (CMR)
• HCP with overall responsibility needed
• New models of medical/pharmaceutical/nursing care needed
NCF partner projects: Medication Safety

Safety of medicines care homes: download free resources

A comprehensive resource pack has been developed to enable care service providers to improve medicines management, help residents to understand their rights, and to develop safer working practices so that medicines are administered more safely and drug errors are reduced.

Improving medication management in care homes is a system-wide issue, which needs to be tackled by many different groups working together. A partnership was formed to try and address some of the issues raised by the Care Homes’ Use of Medicines Study (CHUMS) and ongoing concerns about safety and standards related to medication prescribing, administration and management in care homes.

The partnership, led by the National Care Forum (on behalf of the Care Provider Alliance) Involved: the Royal College of General Practitioners, the Royal College of Physicians, the Royal College of Psychiatrists.
Interventions to optimise prescribing for older people in care homes (Review)

Alldred DP, Raynor DK, Hughes C, Barber N, Chen TF, Spoor P
Care Homes Independent Pharmacist Prescribing Service (CHIPPS)

- National Institute for Health Research £2m/5y
- UEA, QUB, Aberdeen
- 6 work packages (co-leading WP 2 – outcome measures)
- Culminating in cluster-RCT (90 homes; 900 residents)
- Pharmacists prescribing & integration with GP & CH
WP1 • Service specification

WP2 • Outcome measures

WP3 • Health economics

WP4 • Pharmacist training

WP5 • Feasibility study

WP6 • Cluster-RCT
References/further reading


NICE guidance [https://www.nice.org.uk/guidance/sc1](https://www.nice.org.uk/guidance/sc1)