



ROYAL
PHARMACEUTICAL
SOCIETY

Keeping patients safe when they transfer between care providers – getting the medicines right

*Good practice guidance
for healthcare professions*

July 2011

Endorsed by:

ACADEMY OF
MEDICAL ROYAL
COLLEGES



Royal College of
General Practitioners



Royal College
of Nursing



Royal College
of Physicians

Foreword

Taking a medicine is the most frequent intervention that patients will use to improve their health. In particular, older people and those with long term conditions rely heavily on medicines as a way of managing their illnesses. These patients, often taking multiple and complex regimens are some of the most vulnerable to problems with their medicines when they transfer care settings. Whether it's from care homes or primary care to hospitals, or mental health hospitals to the community, or from hospitals back to primary care, these are times when the risk of things going wrong tends to increase.

Research has consistently shown that there is a significant risk that patients' medicines will be unintentionally altered when they move care settings. A recent study found that when patients are admitted to hospital most are likely to have at least one omitted medicine or wrong dose.

The vast majority of us, doctors, nurses, pharmacists and other health and care professionals will be able to recall incidents where this has caused at least, inconvenience and worry, and at worst, harm to our patients.

It is the responsibility of all the professionals involved in the care of a patient to ensure the safe transfer of information about their medicines. To be effective, this can only be done both with the patient's needs firmly at the centre of our intentions and through professionalism and collaboration across professions.

This can be challenging. Patients often follow complex pathways, with multiple healthcare professionals involved in the transfer process. Systems and processes also vary from organisation to organisation. These complexities often mean that, despite our best intentions, as professionals we can forget how important our handover of information, or lack of it, can be.

Practically, what we can all do as a starting point is ensure that the core information identified in this guidance forms part of all our transfer records and is available to the patient, and the next healthcare professional taking over the care of the patient, at the time it is needed.

The core principles and responsibilities in this guidance provide an overarching framework that challenges us, and our organisations, to see this as our responsibility and to act on it as a priority in order to better serve our patients.



PROFESSOR SIR BRUCE KEOGH

NHS Medical Director
Department of Health



DAME CHRISTINE BEASLEY

Chief Nursing Officer
Department of Health



DR KEITH RIDGE

Chief Pharmaceutical Officer
Department of Health

I. Introduction

THE EXTENT OF THE PROBLEM

- It is widely accepted that when patients move between care providers the risk of miscommunication and unintended changes to medications is a significant problem.
- Between 30 and 70% of patients have either an error or an unintentional change to their medicines when their care is transferred (1).
- Incidents of avoidable harm to patients can result in unnecessary readmissions (around four to five percent of hospital admissions are due to preventable problems with medicines) (2).
- And in some cases the impact on patients can be devastating.

A patient prescribed a regular weekly dose of an oral cytotoxic medicine in hospital was transferred to an intermediate care unit prior to being transferred home. The patient continued to receive their weekly dose of cytotoxic while they were receiving intermediate care. A breakdown in the transfer of information about the patient's medicines led to the patient being prescribed a daily dose of medication when they returned home. The patient was admitted acutely ill with severe anaemia after 13 days of the overdosed medication. The patient died three weeks later.

Serious Untoward Incident Report

THE SCOPE OF THIS GUIDANCE

- To protect their patients, **professionals who prescribe, and those who create and update patients' records, must take responsibility** for the safe and accurate transfer of information about medicines.
- Organisations that commission and provide services to NHS patients **must have systems and processes in place** to support the safe and effective transfer of information about patients' medicines.
- This *multidisciplinary* good practice guidance contains high level **core principles** and **responsibilities** that underpin the safe transfer of information about medicines whenever a patient transfers care providers, at any point in the care pathway.
- This includes when patients move between organisations, for example, from hospital to hospice, or care home to hospital and also when patients are under the care of multiple professionals in different locations, for example, seeing specialists on an outpatient basis, or visiting walk-in centres or community pharmacies.
- Many of the principles in this guidance will also apply to the transfer of patients within an organisation (handover). NHS Connecting for Health is currently developing core content for all types of handover as a professional and information standard.
- To support implementation of the core principles and responsibilities, recommended core content for records has been developed outlining **information about medicines that should be transferred** when patients move from one care provider to another.
- Whilst not in the scope of this guidance, there is a clear need to ensure that, along with the transfer of information, safe systems are also in place for ensuring that a patient has, or is able to access, a supply of medicines.

THIS GUIDANCE GIVES HEALTH AND SOCIAL CARE PROFESSIONALS A COMMON FRAMEWORK AND CLEAR EXPECTATIONS CONCERNING GOOD PRACTICE AROUND THE TRANSFER OF INFORMATION ABOUT MEDICINES.

JONATHAN MASON, NATIONAL CLINICAL DIRECTOR FOR PHARMACY

THE DEVELOPMENT PROCESS

- This good practice guidance has been **developed in collaboration** with pharmacy, medical, nursing and allied health professional bodies, plus national agencies, patients, patient groups, and health and social care professionals.
- The development process included a review of current national and professional guidance, and ongoing related work streams. In addition, **over 150 healthcare professionals and patients have contributed to the development of this guidance.** Their names can be found on the RPS website www.rpharms.com/toc. The development process is outlined in appendix 1.

A patient was admitted to hospital at six o'clock in the evening. It was known that she was prescribed insulin, but the frequency and the dose were not known. Her care home was contacted but, since her insulin was administered by the district nurse, they had no record of the dose. The following morning, the GP was contacted. He told the ward to contact the district nursing team at his surgery. The ward staff received the information about dosage and frequency at ten o'clock in the morning. The patient received her insulin at ten thirty after the ward doctor had written the prescription. This was two and a half hours past the normal dosage time. Incident report from the National Reporting and Learning System

2. Core principles and responsibilities

- These core principles and responsibilities have been developed to underpin the safe transfer of information about medicines **whenever a patient transfers care providers**, at any point in the care pathway.
- The principles and responsibilities are intended to **encourage a culture that supports the safe and effective transfer of information** about patients' medicines.
- The **four core principles** should **underpin the practice of all health and social care professionals.** As such they need to be embedded in professional good practice guidance.
- In addition they should be **incorporated into under- and postgraduate education** programmes for all professions.
- The principles and responsibilities **provide a starting point** for all health and social care organisations and professionals to improve patient safety and avoid medicines errors as patients move. By, for example:
 - Ensuring organisational processes that underpin the safe transfer of information about medicines are consistent with the core principles and responsibilities.
- Embedding the core principles and responsibilities in both national and local commissioning frameworks.
- More detailed information about **how the principles and responsibilities can be developed locally**, and links to early adopter organisations who are putting the principles and responsibilities into practice can be found in **part 2 of this guidance** www.rpharms.com/toc.

In 2010 an audit across 50 acute trusts involving over 8600 patients found that when medicines were checked after admission (medicines reconciliation) most patients had at least one omitted drug or wrong dose. Follow up work has shown that patients taking several medicines for long term conditions were most likely to have errors (3).

Four CORE PRINCIPLES for health care professionals

1. Health care professionals transferring a patient should ensure that all necessary information about the patient's medicines is accurately recorded and transferred with the patient, and that responsibility for ongoing prescribing is clear.
2. When taking over the care of a patient, the healthcare professional responsible should check that information about the patient's medicines has been accurately received, recorded and acted upon.
3. Patients (or their parents, carers or advocates) should be encouraged to be active partners in managing their medicines when they move, and know in plain terms why, when and what medicines they are taking.
4. Information about patients' medicines should be communicated in a way which is timely, clear, unambiguous and legible; ideally generated and/or transferred electronically.

LISTENING TO PATIENTS IS CENTRAL TO PROTECTING THEIR SAFETY. WE SEE CASES WHERE CARERS, RELATIVES OR PATIENTS HAVE QUERIED WHETHER THEY HAD THE RIGHT MEDICINES BUT NO-ONE LISTENED TO THEM.

ACTION AGAINST MEDICAL ACCIDENTS

Three key RESPONSIBILITIES for organisations providing care

- Provider organisations must ensure that they have safe systems that define roles and responsibilities within the organisation, and ensure that healthcare professionals are supported to transfer information about medicines accurately.
- Systems should focus on improving patient safety and patient outcomes. Organisations should consistently monitor and audit how effectively they transfer information about medicines.
- Good and poor practice in the transfer of medicines should be shared to improve systems and encourage a safety culture.

WHEN THEY COME BACK TO US FROM HOSPITAL, WE OFTEN DON'T KNOW WHAT MEDICINES OUR RESIDENTS ARE ON, AND WE CAN'T FIND ANYONE TO ASK.

CARE HOME NURSE

Care home managers report that around 40% of staff time is spent on aspects of medicines management.

CHUMS report into medication safety in care homes (4)

3. Recommended core content of records for medicines when patients transfer

- The content of records for medicines transfer outlined here describes the recommended core information that healthcare professionals should have access to **when a patient arrives** in their care setting.
- Healthcare professionals transferring the patient should ensure that, the core information is communicated when the patient moves between care providers.
- Since the content represents the core information that should be routinely available. It is likely that professionals and organisations will develop content further for specific patient groups, for example, for children, for patients with eye disease and/or for individual transfer settings.
- The information in these records should (and may already) be incorporated into local transfer arrangements. For example, contained as part of electronic discharge summaries, incorporated into referral letters, as part of documentation available for pre-admission clinics. Part 2 of this guidance gives examples of how commissioner and provider organisations can put this into practice www.rpharms.com/toc.
- The content of these records applies equally to information transferred by paper systems, generated electronically, and/or transferred electronically.
- The content and structure outlined here is broadly consistent with the Academy of Medical Royal

Colleges record standards for the structure and content of medical records and communications (6,7). The recommended core content has been mapped to discharge summary headings (7) **HOWEVER** the majority of the core content will be equally relevant for other transfer settings.

- It is recognised that there is a wide range of ongoing work to support the electronic generation and transfer of medical records and in the longer term, further iterations of this content may be necessary. The RPS endorses the Royal College of Physicians vision for patient focused records accessible whatever the setting or context www.rcplondon.ac.uk/policy/improving-healthcare/health-informatics.

IN MY EXPERIENCE WORKING
ON ADMISSIONS WARDS ...
IF IMPLEMENTED THIS GUIDANCE
WOULD REPRESENT A VAST
IMPROVEMENT IN THE QUALITY
AND QUANTITY OF INFORMATION
CURRENTLY TRANSFERRED.

PHARMACY TECHNICIAN –
ADMISSIONS WARD

BOX 1: RECOMMENDED CORE CONTENT OF RECORDS FOR MEDICINES WHEN PATIENTS TRANSFER CARE PROVIDERS

(Shown mapped to discharge summary headings, however, content can be mapped to other transfers, for example, general practice to hospital, outpatients to general practice etc)

PATIENT DETAILS*	Last name, first name, date of birth, NHS number, patient address
GP DETAILS*	GP name
OTHER RELEVANT CONTACTS DEFINED BY THE PATIENT	For example: <ul style="list-style-type: none"> ■ Consultant name; Usual community pharmacist; Specialist nurse
ALLERGIES*	Allergies or adverse reactions to medicines <ul style="list-style-type: none"> ■ Causative medicine ■ Brief description of reaction ■ Probability of occurrence
MEDICATIONS*	Current medicines <ul style="list-style-type: none"> ■ Medicine – generic name and brand (where relevant) ■ Reason for medication (where known) ■ Form ■ Dose strength ■ Dose frequency/time ■ Route
MEDICATION CHANGES*	Medication started, stopped or dosage changed, and reason for change
MEDICATION RECOMMENDATIONS*	Allows for: <ul style="list-style-type: none"> ■ Suggestions about duration and/or review, ongoing monitoring requirements, advice on starting, discontinuing, or changing medicines. ■ Requirements for adherence support, for example, compliance aids, prompts and packaging requirements. ■ Additional information about specific medicines, for example, brand name or Special product where bioavailability or formulation issues
INFORMATION GIVEN TO THE PATIENT AND/OR AUTHORISED REPRESENTATIVE*	If additional information supplied to the patient/authorised representative on transfer: For example: <ul style="list-style-type: none"> ■ patient advised to visit community pharmacist post discharge for a medicines use review (MUR) ■ where capacity, sensory or language barriers, how all necessary support information has been given to authorised representative/carer
PERSON COMPLETING RECORD*	Name, time, date, job title Contact telephone number for queries Signature (if paper based)

*Headings consistent with the Academy of Medical Royal Colleges anchor heading standards for medical records on discharge.

Appendix I Development process

The development process for the guidance is highlighted below. The names of over 150 organisations and individuals who have contributed to the project are listed on the RPS website www.rpharms.com/toc; their input and support is gratefully acknowledged.



References

1. National Patient Safety Agency and National Institute for Health and Clinical Excellence. Technical safety solutions, medicines reconciliation. 2007
guidance.nice.org.uk/PSG001
2. Care Quality Commission. Managing patients' medicines after discharge from hospital. 2009
www.cqc.org.uk/_db/_documents/Managing_patients_medicines_after_discharge_from_hospital.pdf
3. Dodds LJ. Unintended discrepancies between pre-admission and admission prescriptions identified by pharmacy-led medicines reconciliation: results of a collaborative service evaluation across East and SE England. *IJPP* 18 (Supp 2) September 201 pp9-10
4. Barber ND, Allred DP, Raynor DK, Dickinson R, Garfield S, Jesson B et al. Care homes' use of medicines study: prevalence, causes and potential for harm of medication errors in care homes for older people. *Qual Saf Health Care* 2009; 18: 341-6
www.ncbi.nlm.nih.gov/pubmed/19812095
5. National Institute for Health and Clinical Excellence. Medicines adherence. Involving patients in decisions about prescribed medicines and supporting adherence. NICE Clinical Guideline 76. 2009
www.nice.org.uk/CG76
6. Academy of Medical Royal Colleges. A Clinician's Guide to Record Standards – Part 1: Why standardise the structure and content of medical records? 2008
www.rcoa.ac.uk/docs/Clinicians-Guide-Part-1-Context.pdf
7. Academy of Medical Royal Colleges. A Clinician's Guide to Record Standards – Part 2: Standards for the structure and content of medical records and communications when patients are admitted to hospital. 2008
www.rcoa.ac.uk/docs/Clinicians-Guide-Part-2-Standards.pdf

About the Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists and pharmacy in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy.

In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.

AUTHOR: CATHERINE PICTON BSc MBA MRPharmS

About the author: Catherine is a pharmacist with a wide range of experience in healthcare delivery and management. She can be contacted by email at catherinepicton@t-online.de

Published by: Royal Pharmaceutical Society

1 Lambeth High Street

London SE1 7JN

0845 257 2570

© 2011 Royal Pharmaceutical Society