

Is Richmond Home Treatment Team compliant with SWLSTG Trust Policy on Medicines Reconciliation?

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INTRODUCTION

- Medicines reconciliation is the process of liaising with a patient and other systems to ensure complete and accurate documentation of their medication. This is normally carried out at initial assessment ('INA') when a patient is new or transferred between services.
- This process involves identifying a list of medicines which the patient is currently prescribed and comparing this with their current prescription, documenting any changes and inconsistencies, generating an accurate list of medicines. The goal is to reduce the risk of harm to patients.
- This audit was designed to enhance compliance of the Richmond Home Treatment Team ('RHTT') with the Trust's Policy on Medicines Reconciliation.

METHODS

- 37 patients met the inclusion criteria of being in the caseload of HTT on 27/05/2021.
- Data was collected retrospectively from patient electronic records ('RiO'), Electronic Health Information Exchange ('HIE viewer', a shared GP interface), and Summary Care Record ('SCR').
- We elicited the following seven standards from the Policy:
 - A level 1 medicines reconciliation should be completed by the nurse or doctor at the initial assessment after referral to HTT.
 - Name and dose of all medicines prescribed should be documented.
 - It should be documented where no medicines are prescribed.
 - Identification of any allergies or severe adverse reactions to medicine should be included.
 - The most up to date source(s) should be used and all information documented on both RiO (patient record) and JAC (electronic drug chart).
 - Doctor or nursing staff to gain consent from the patient to access their Summary Care Record (SCR) and record consent in electronic care record (ECR).
 - A statement regarding adherence to medicines should be included (e.g. poor adherence; not adhering to all medicines; good adherence).

DISCUSSION AND CONCLUSIONS

- These results are consistent with a suboptimal recording of medicines reconciliation in the INA, especially regarding the accuracy of recorded names/doses of medications, documentation of data sources, and allergy status.
- Such gaps and inaccuracies could potentially result in mistakes and serious incidents, such as patients being prescribed wrong medications/doses or being exposed to harmful interactions between medications or undocumented adverse reactions.
- These findings have been discussed in governance meeting and disseminated to the team managers of RHTT and the Acute Care group, highlighting the Policy along with the recommendation of the INA form template for medicines reconciliation to be amended with all standards clearly outlined.
- Most referrals in the Trust are now triaged by a different team, with the majority of INAs being carried out by them before transfer to RHTT caseload. A re-audit will be conducted later in 2021.

RESULTS

