
POSTER ABSTRACT

The importance and added value of patient involvement in person-centred medication reviews.

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Background: The iSIMPATY (implementing Stimulating Innovation in the Management of Polypharmacy and Adherence Through the Years) team is conducting person-centred medication reviews using a 7-step review tool focusing on 'what matters to you'¹.

iSIMPATY is an EU-funded partnership between Scotland, Ireland and Northern Ireland. One of the main drivers for change is the WHO 3rd global patient safety challenge, Medication Without Harm which aims to reduce severe avoidable medication-related harm by 50% globally in the next 5 years, with one of the key action areas being polypharmacy². To date over 1400 person-centred medication reviews have been conducted with patients in Northern Ireland. These reviews aim to reduce inappropriate polypharmacy, promote adherence and health literacy and provide patient education.

Personal and Public Involvement (PPI) feedback was sought prior to the project starting and patient engagement has continued throughout.

Method: Structured, person-centred medication reviews were conducted in acute medical wards in a secondary care setting in Northern Ireland. Priority was given to those on 10 or more medicines or a high risk medicine, over 50 and resident in a care home or approaching end of life. Data were collected for a cohort of 66 patients who consented to an iSIMPATY review. Data were analysed to determine the interventions made due to patient involvement in the review as compared with interventions which could be made by completing a kardex (medicine list) review only.

Results: An average of 9.3 interventions were made per patient, significance was graded using the Eadon system, with 4.4% graded 3 (significant but does not lead to an improvement in patient care), 88.9% graded 4 (significant and results in an improvement in standard of care) and 6.7% graded 5 (very significant and prevents major organ failure or an adverse reaction of similar importance). Interventions included checking and requesting laboratory tests, omitted medicines started, adjustments made for allergy, frailty, renal or liver impairment and identification of adverse drug reactions. Importantly, 88% (n=58) of patients had an intervention made because the medication review was discussed with them. This resulted in 38% additional interventions and included 22% of grade 5 interventions.

The themes of additional interventions were: adherence and inhaler education (19%), identification of unmet/unknown health need and symptom control (15%), community support services (15%), lifestyle (12%), reduction and stopping unnecessary/inappropriate medicines

(10%), identification of important additional information (10%), sick day rules (8%), self-care (7%) and referral to other services (5%).

Conclusion: Patient involvement in their medication review leads to the identification of new and unmet needs, allows for the provision of counselling on medicines, adherence and lifestyle and prompts discussion and action on the deprescribing of inappropriate and unnecessary medicines. These additional interventions are clinically significant for the patient.

Next steps: Medication reviews and data collection continues with the aim of scale and spread. For results and learning opportunities search <https://www.isimpathy.eu/>.

1. <https://www.isimpathy.eu/>

2. Medication Safety in Polypharmacy Technical Report, World Health Organisation 2019.

<https://www.who.int/initiatives/medication-without-harm>

3. Eadon, H. Assessing the quality of ward pharmacists' interventions. Int. J. Pharm. Pract 1992, 1, 145–147