Polypharmacy Risk Reduction in Acute Care – Mapping Session

May 27, 2016
1200-1500
Meeting Room 3

A Patient's Journey Through Health Care

Emergency Room Phase

- Who reviews the patient medications?
    - Geriatric nurse
    - Admitting physician
    - Bedside nurse
    - Pharmacist

Acute Phase

- Pharmacist reviews and talks with the patient and/or family
- Daily iCare rounds (multidisciplinary) take place – medications are often discussed here
- Orders from the ER are reviewed – both medication reconciliation and 'extras'
- Pharmacist talks with the MRP
- Nursing does continuing assessment and monitoring – by talking with the patient and/or family

Recovery Phase

- There are ongoing medication reconciliation rounds
- A time where antibiotics are reviewed – stop dates are addressed and the antibiotics are either discontinued or restarted
- Some medications might start to be changed to more 'home friendly' routes, for example from nebulized to inhaled

Pre-Discharge Phase

- Pharmacist will 'clean up' the medication list
- Pharmacist will write on the discharge medication reconciliation and identify what was held or missed throughout the admission
- Nursing assess the patient's ability to take medications and identify any needs early
- Nursing will do necessary teaching
- If the geriatrician sees, they will review the medications, new or old, and then make recommendations appropriately
- The need for special approval is often taken care of by the pharmacist

Discharge Phase

- Pharmacist will often do patient and/or family teaching
- Sometimes the hospitalist does not want to make changes

Post-Discharge Phase

- Nursing and unit clerks will ensure that follow-up appointments are known by putting them on the unit discharge form
- The ER or ward pharmacist can refer to the community pharmacist to review
- Medicine Shoppe can be recommended or set up while the patient is in hospital
- Referrals can be made to the seniors clinic
- Patients who do not have a GP might be able to be set up with one

Identified Gaps / Opportunities for Improvement

Emergency Room Phase

- Pre-printed orders are contributing to polypharmacy – Why?
    - Possibly wrong ones being used
    - Accessibility
    - Using multiple PPOs

Acute Phase

- The discussions that occur in iCare rounds are not always communicated to the MRP
- Communication with GPs

Recovery Phase

- Pre-discharge medication planning could sometimes begin in the phase

Pre-Discharge Phase

- When patients leave ACE, there is no specific pharmacist that follows up, or the follow up is unknown

Discharge Phase

- Discharge prescriptions or medication lists are not currently being faxed to the family physician

Post-Discharge Phase

- Communication to Home Health

Parking Lot

- Hospitalist feedback / input needed
- Possibly mapping another unit; PAH ACE is organized and doing well