Summary Care Records

Your emergency care summary

Medway Maritime Hospital uses Summary Care Records to support medicines reconciliation for elderly patients

Medway Maritime Hospital treats around 400,000 patients each year mainly in Medway and Swale, but increasingly other parts of North and West Kent too. Every day the hospital has approximately 150 patients admitted for hospital care and treatment[1].

The introduction of Summary Care Records (SCRs) at Medway NHS Foundation Trust has improved medicines reconciliation for patients admitted to wards.

Medicines Reconciliation is a process that occurs when a patient is admitted to hospital. Pharmacy staff check that all changes to a patient's existing medications are intentional and documented.

This process also highlights any unintentional changes so that these can be referred to a doctor or pharmacist for review, such as:

- Incorrect medication strengths
- Incorrect frequency of dosage, or
- Unintentional omission of medications a patient needs to continue taking.

[1] *http://www.medway.nhs.uk/about-the-trust*

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Viewing SCRs has improved the process of medicines reconciliation, and the effectiveness of the pharmacy team's medicines management service to the hospital.

Liz Pearce, Lead Medicines Management Technician, explains: "I was first introduced to SCR by our local PCT (Medway). I immediately saw the possible benefits this would bring to patient care, especially when patients are unable to provide accurate information about their medicines on admission to hospital."

At the hospital, it can sometimes be difficult to obtain an accurate medication history from a patient. When covering the acute Elderly Care wards in particular, the Pharmacy team can struggle to gain up to date information because many of the patients are confused or have memory problems.

"I immediately saw the possible benefits this would bring to patient care, especially when patients are unable to provide accurate information about their medicines on admission to hospital."

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After being seen by their doctor, a patient was admitted to the Elderly Care ward with a chest infection.

Although the patient had a referral letter from their GP, the letter did not include the patient's medication history. Due to the patient's confused state, it was also difficult to communicate clearly with the patient and understand which medications they were taking.

On admission to the ward, the patient was prescribed a number of drugs, including warfarin, by the admitting clinician.

To complete a medication history, the pharmacy team needed to review the SCR. After viewing the patient's SCR, a Pharmacy Technician discovered the patient was taking medication to prevent fits but not warfarin. The SCR also showed that they had no known medication allergies and listed the GP practice contact details.

On contacting the GP practice to confirm the patient's allergy status and medication history listed in the SCR[2], the technician discovered that the patient had previously taken warfarin and that it had been stopped on the patient's last admission to hospital following a stroke.

This was also confirmed by speaking to the hospital's warfarin clinic. The Pharmacy Technician then confirmed that the patient had been started on the medication to prevent fits following their stroke by the Acute Stroke Unit during a previous hospital admission.

Having completed the medication history using the SCR and subsequent information sources, the Pharmacy Technician discussed the prescribed medication with the doctors. As a result, the doctors stopped prescribing warfarin and started the patient on the medication to prevent fits.

On contacting the GP practice to confirm the patient's allergy status and medication history listed in the SCR[2], the technician discovered that the patient had previously taken warfarin and that it had been stopped on the patient's last admission to hospital following a stroke.

[2]Medway Maritime Hospital policy states that at least two sources of information must be used in order to complete a patient's medicine reconciliation.

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In this particular case, failure to prescribe the medication to prevent fits could have resulted in the patient suffering from seizures. Also in this case, if the doctors had failed to discover that warfarin had been stopped for this patient and continued to prescribe this particular medication, it may have resulted in the patient suffering from excessive bleeding.

Viewing the SCR allowed the Pharmacy Technician to find accurate information about the patient's medication regime and prompted contact with the GP practice at an early stage to gather further medication information about the patient.

If the SCR had not been available, it is likely that the medical team would have missed important parts of the patient's medical history, and the patient would have been prescribed inappropriate medication.

To find out more about Summary Care Records:

Visit www.nhscarerecords.nhs.uk

Contact your local Patient Advice and Liaison Service (PALS) www.pals.nhs.uk

Call the Summary Care Record Information Line on 0300 123 3020

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