



Your emergency care summary

Medway Maritime Hospital uses Summary Care Records to support patient care out of hours



Medway Maritime Hospital treats around 400,000 patients each year mainly in Medway and Swale, but increasingly in other parts of North and West Kent too. Every day the hospital has approximately 150 patients admitted for hospital care and treatment¹.

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

“It’s important to ensure that the correct medication is identified for the patient as soon as possible after their admission,” explains Penny Hartman, Medicines Management Technician.

“A high percentage of patients admitted to these wards are unable to provide us with all the medical information we need to be able to reconcile their medication. This has been a challenge for us so we were interested to see if having access to SCRs would be able to help us.

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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“Being able to view SCRs has meant that we have been able to obtain the right medication information in a timely manner.

“This has not only provided benefits for our patients on the wards but for the members of the pharmacy team as well. Having access to SCRs, when available, has led to a reduction in the number of telephone calls we have had to make to GP practices to obtain this information. This has led to a greater efficiency in managing the medication a patient is taking when they are discharged.”

Liz Pearce, Lead Medicines Management Technician, explains: “I was first introduced to SCRs 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.”

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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.

Attempts to obtain information direct from GP practices are not always successful. In some cases this is due to GP practices being unable to provide patient information over the phone, or because the information is needed out-of-hours, at weekends or bank holidays, when the GP practice is closed.



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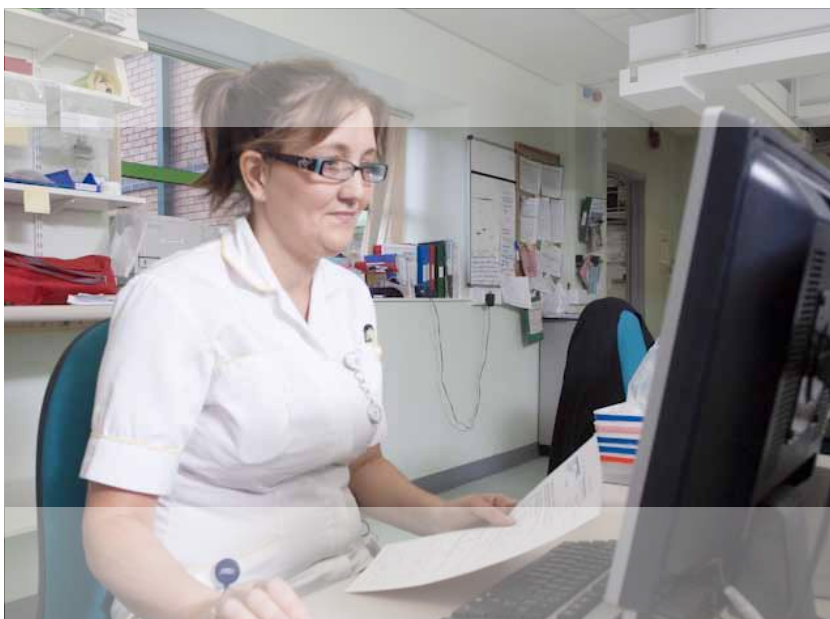
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A patient was admitted to the acute elderly care ward with worsening heart failure.

It had not been possible for the patient to bring a supply or list of her regular medication with her to the Medical Assessment Unit at the hospital before being transferred to the Elderly Care ward.

The patient was able to confirm her name, date of birth and address, and that she was not allergic to any medication, but she then became increasingly short of breath and needed her oxygen mask to be replaced.

The patient had no relatives with her who were able to provide any information about her medication and due to her condition she was unable to communicate clearly.



As the admission occurred late in the afternoon, by the time the doctors had seen her, the patient's GP practice had closed.

Keen to obtain an accurate medication history and having exhausted all other means of gathering the information they needed, doctors asked the pharmacy team to complete a medication history for the patient.

After viewing the SCR, the Pharmacy Technician was able to determine that the patient was taking a number of medications including regular, twice-daily insulin injections.

The patient was also taking tablets for heart problems (diuretics, beta blockers and anti-angina tablets), sleeping tablets, calcium tablets, anti-diarrhoea medication and was also using a broncho-dilator inhaler.



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Although the SCR included details of all the medications prescribed for the patient, insulin is usually prescribed by GPs 'as directed', because doses are frequently adjusted. Whilst the SCR did not include dosage and frequency information, knowing that the patient was taking regular prescribed insulin at home was critical in interpreting the raised blood glucose levels and determining appropriate management.

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, including her diabetes and heart problems, and the patient would not have received her usual medications for the weekend.

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In this particular case, if the doctors and pharmacists had failed to discover that the patient was taking regular prescribed insulin, it could have resulted in different and inappropriate care.

Furthermore, knowing what medication the patient took for her heart problems meant that she could have her medications tailored to her current condition as opposed to being prescribed a 'standard' cocktail of heart failure medication which may have included inappropriate drugs for her.

If the doctors and pharmacists had failed to reconcile her newly prescribed medications from the hospital with her usual therapy listed in the SCR, it may have resulted in the patient taking duplicate medications after being discharged from hospital.

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

This case study has been produced with kind permission from Medway NHS Foundation Trust