A clinical pharmacy model within a home nursing service: the Visiting Pharmacist (ViP) Project

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Background: Why a clinical pharmacy service is needed

>1 in 2 home nursing visits are for medicines management

medication **error** recorded for **>4 in 10** clients[1]

1 in 5 errors are caused by a medication order discrepancy[1,2]

1 in 11 have a medication-related hospital admission (64% potentially avoidable)[1]

home nursing clients use an average of **10 medicines**[1]

48% use ≥ 1 high-risk medicine, such as opiates, antioagulants, insulins[1]

<1 in 20 clients receive a GP-initiated Home Medicines Review (HMR) despite nurses requests[1,3]

Aim To develop a clinical pharmacy model for a home nursing service

Methods

Study framework: Co-creation & participatory action research

Model framework: Based on extensive stakeholder engagement and consultation, and best practice clinical pharmacy and medication management standards and guidelines.[4,5]

Data collection: Feedback and reflections from minutes, notes and transcripts from: project team meetings, multidisciplinary stakeholder reference group meetings, client record audits, in-depth interviews and focus groups with 27 older people, 18 carers, 45 nurses, 15 GPs, 7 community pharmacists.

The model

Home nursing team
Client / carer
Community nurse
Clinical pharmacist

Indirect care
- Medicines information for nurses
- Organisational policies and procedures
- Nurse education

Direct client care
- Home visits (direct referral from nurses)
- Medication reconciliation
- Comprehensive medication review
- Review of medication management care plans
- Patient & carer education
- Liaison with GPs and community pharmacies to address problems and update medication orders

"... [the pharmacist] is part of the [home nursing] unit so you've got sort of that much more collaborative type of approach to working together as opposed to the HMR I think" (quote from a nurse)

"I think the idea that somebody needs assistance with medication management is a pretty clear trigger that they need a pharmaceutical review, the two go together." (quote from a GP)

Results

84 clients (median: 86 years, 6 health conditions, 13 medications) were referred to the clinical pharmacists

70% clients had discrepancies between nursing treatment orders and the pharmacist's best possible medication history

- Median 4 medication-related problems per client
- Median 2 medication changes per client made by GPs
- Medication orders updated for 81% clients

Stakeholder feedback

Model well accepted by stakeholders, who reported that it addressed deficiencies with current medication management & the HMR model.

Conclusion

A collaborative, person-centred clinical pharmacy model that addressed the needs of clients, carers, nurses and other stakeholders was successfully developed, and is likely to have applicability to home nursing services nationally.

References
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