Improving communication at discharge for paediatric patients

Ashifa Trivedi, Monica Patel, Afaq Bhatti, Bhavisha Patel

The Hillingdon Hospitals NHS Foundation Trust

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NPPG Specialist Pharmacy Service

The Hillingdon Hospitals NHS Foundation Trust

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Background

An audit of NHS hospital discharges showed that 79% of patients were prescribed at least one new medication after being discharged from hospital.

New prescriptions can sometimes cause side effects, or interact with existing treatments, potentially leading to readmission.

Research by the National Institute for Health Research shows that people over 65 are less likely to be readmitted to hospital if they are given help with their medication after discharge.

Research on local schemes implemented around the country has also demonstrated that patients who see their community pharmacist after they have been in hospital are less likely to be readmitted and will experience a shorter stay if they are.

Part of the problem

A child was discharged on furosemide 50mg/5mL with a dose of 4.5mg (0.45mL) twice a day

When the GP re-prescribed this, the prescription issued was for furosemide 40mg/5mL 4.5mg twice a day

However, mum was not told about the change in strength

Mum continued to give 0.45mL (equal to 3.6mg instead of 4.5mg)

The patient was subsequently readmitted back into hospital

Part of the problem

A child attended ED after having a seizure

Mum informed the nursing staff that she had given the correct dose of Midazolam (Buccolam)

The GP prescribed 10mg (2mL) pre-filled syringes – the dose should be 5mg (1mL)

The community pharmacy instructed mum to give half the dose

There were no markings on the syringe and there was no way for mum to know how much to give

The Discharge Medicines Service

- The service has been established to ensure better communication of changes to a patient's medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines.

Referral Stages

Stage 1 - A discharge referral, sent by secure electronic communication, is received by the pharmacy.

Stage 2 - The first prescription is received by the pharmacy following discharge (this may not be a repeat prescription).

Stage 3 - Check of the patient's understanding of their medicines - consider additional services e.g., New Medicine Service.

Referrals sent by Hospital Trusts by secure electronic transfer, for Hillingdon Hospital this is via PharmOutcome.

Pharmacy teams must acknowledge and begin stage 1 of the referral within 72 pharmacy-open hours.

Stages 2 & 3 should be completed within about 4-6 weeks.

Stages 2 & 3 may be conducted out of sequence depending on circumstance.

May be necessary for Community Pharmacy to "drive" first post-discharge prescription.

Stakeholders

Internal stakeholders:

- Children and their families
- Pharmacists and pharmacy technicians
- Doctors

External stakeholders:

- Local Pharmaceutical Committee
- Community pharmacies

Methods - Participants

Patients admitted to the paediatric ward from September 2022 – February 2023 on long term medications were eligible for inclusion (as per national criteria).

169 participants were suitable for the service and from these 149 were referred.

20 participants were excluded from the study for the following reasons: transferred to another hospital, no registered GP or nominated pharmacy or if parents declined the referral.

Methods – nominated pharmacy

Early analysis of the results showed that some referrals were being rejected as the referrals were made to the parent's nominated pharmacy where a patient did not have their own nominated pharmacy.

A poster and a survey was sent to all community pharmacies in the NW London region to share the criteria for DMS referral, to share reasons for rejections and quotes from parents. The aim of the survey was to better understand how comfortable community pharmacists felt completing a referral for a paediatric patients.

Results - interventions

Stage 1:

- Interventions included:
- Prescriptions with old doses removed (25%)
- Discrepancies between discharge medications and GP prescriptions (12.5%)

Stage 2

- 88% of patients had medicines reconciliation completed

Stage 3

- 100% of patients received advice on their medications

Results – Parent Quotes

“This service is very beneficial and would provide extra support for parents struggling to manage their child’s medications”

“Believes the referral system is very useful and prevents confusion. I can ask my local pharmacist about my child’s medicines instead of having to go to the GP every time”.

“It was useful to have the pharmacy in place to answer any questions”.

”I was struggling to use the inhalers and the pharmacist went out of their way to help”.

Results

From 149 patients referred 63 patients (42.2%) had a completed referral.

A further 19 patients (12.8%) had their referrals rejected and we report a significant statistical difference between age and outcome of the referral (p= 0.026).

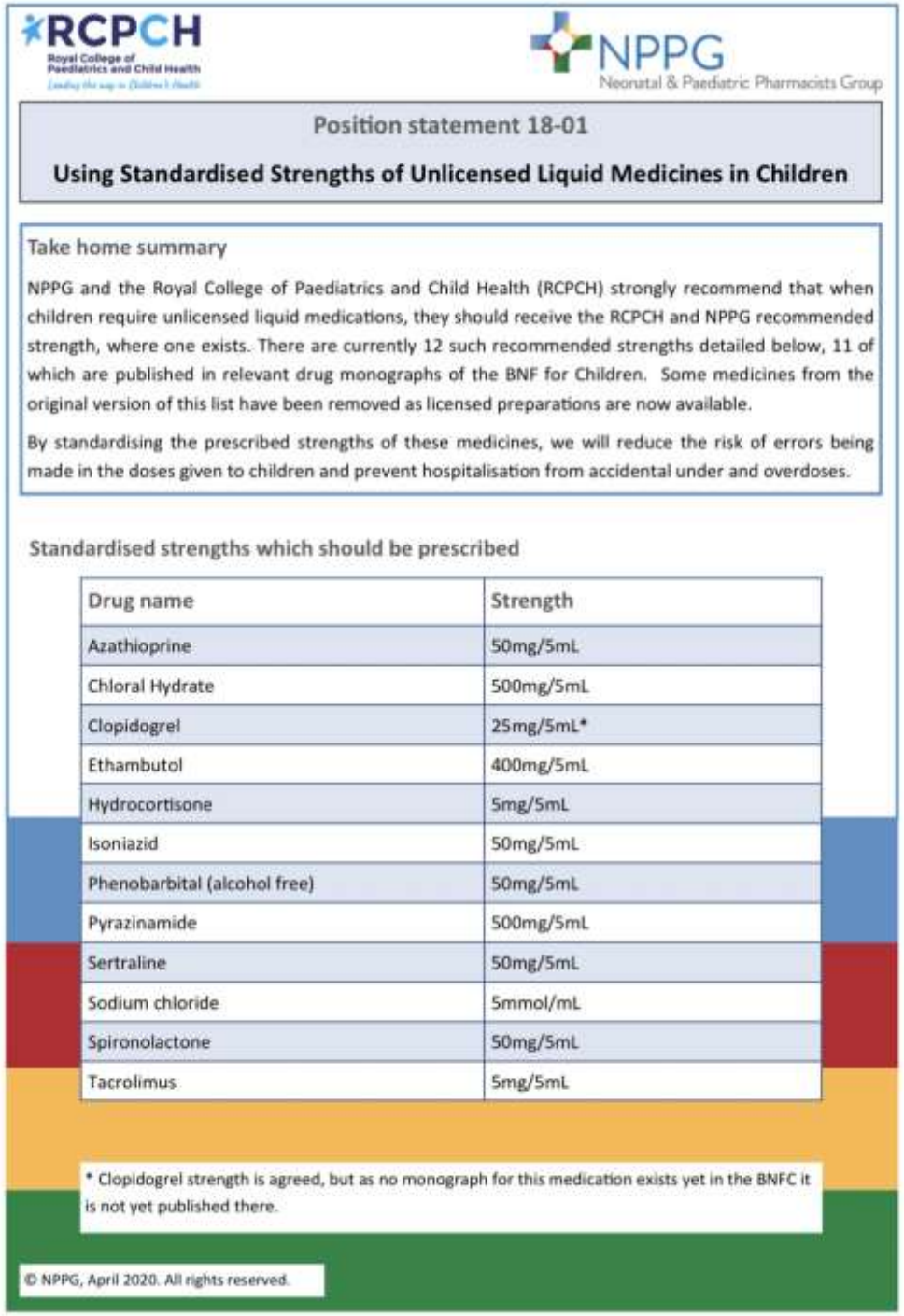
Younger children (less than 2 years of age) were more likely to have their referral rejected compared to older children (aged 6 years and older).

Only nine community pharmacists (42.9%) stated they felt comfortable completing a paediatric referral from 24 that completed the questionnaire.

No children or young people were involved in the community pharmacist consultation.

Remember the why

- An opportunity to share information e.g. NPPG position statements
- Additional information if we are discharging the patient home on an unlicensed specials medicine
- Specific information e.g. if the patient needs support with adherence or if they are having problems obtaining any of their medications.



RCPCH Royal College of Paediatrics and Child Health

NPPG Neonatal & Paediatric Pharmacists Group

Position statement 18-01

Using Standardised Strengths of Unlicensed Liquid Medicines in Children

Take home summary

NPPG and the Royal College of Paediatrics and Child Health (RCPCH) strongly recommend that when children require unlicensed liquid medications, they should receive the RCPCH and NPPG recommended strength, where one exists. There are currently 12 such recommended strengths detailed below, 11 of which are published in relevant drug monographs of the BNF for Children. Some medicines from the original version of this list have been removed as licensed preparations are now available.

By standardising the prescribed strengths of these medicines, we will reduce the risk of errors being made in the doses given to children and prevent hospitalisation from accidental under and overdoses.

Standardised strengths which should be prescribed

Drug name	Strength
Azathioprine	50mg/5mL
Chloral Hydrate	500mg/5mL
Clopidogrel	25mg/5mL*
Ethambutol	400mg/5mL
Hydrocortisone	5mg/5mL
Isoniazid	50mg/5mL
Phenobarbital (alcohol free)	50mg/5mL
Pyrazinamide	500mg/5mL
Sertraline	50mg/5mL
Sodium chloride	5mmol/mL
Spironolactone	50mg/5mL
Tacrolimus	5mg/5mL

* Clopidogrel strength is agreed, but as no monograph for this medication exists yet in the BNFC it is not yet published there.

Discussion

This pilot study demonstrates the value of completing DMS referrals for paediatric patients as well as the potential barriers.

The feedback from parents whose child had a completed referral was overwhelmingly positive.

Barriers to referrals included patients not having a nominated pharmacy, changes to family name soon after birth and a lack of confidence in completing paediatric referrals by community pharmacists.

Although a small number of community pharmacists responded to the survey, it does highlight that further work needs to be done to understand the barriers community pharmacists face when completing paediatric DMS

Top Tips

- Start small and refine the process
- Talk to people about your ideas
- Identify champions
- Involve patients and their families
- An opportunity to strengthen communication between primary and secondary care