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Medicines Helpline for University Hospitals of Leicester Pilot Study

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Introduction

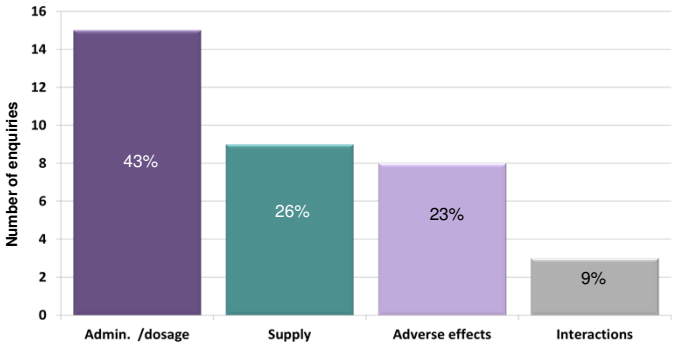
Research suggests that many patients (36%) discharged from hospital experience medicines related problems[1]. Medicines helplines provided by pharmacy professionals have been found to have clear advantages; benefiting patients, avoiding harm and providing reassurance[2]. In a recent study, 52% of NHS Trusts in England reported that they provide a medicines helpline[2]. University Hospitals of Leicester (UHL) is a large hospital based in the East Midlands and doesn't currently provide a medicines helpline.

The objective of the project was to conduct a pilot study introducing a patient helpline to patients discharged from a small group of wards, analyse the calls and gauge the benefits of the service to determine whether it should be rolled out to larger numbers of UHL patients on discharge, and/or attending outpatient clinics.

Method

A pilot helpline was set up by the Medicines Information (MI) team adopting the national standards[3]. It was operated between 9:30am and 1:30pm, five days a week. The pilot was targeted at cardiology patients located on nine specialist wards. Each patient discharged from cardiology services was given a medicines card which outlined the helpline service, provided contact details and operating times. Data were collected over six months (November 2018 to April 2019) and analysed to identify the number/nature of enquiries and assess the benefits gained by operating this service. All calls were recorded on MI Databank and analysed retrospectively (n=31). Risk was assessed using the Trust risk-scoring system, combining a severity and a likelihood score. If harm was identified through errors having occurred, scores (0-5) were assigned based on a scale from no risk (0) to extreme / life threatening risk (5). The possibility of re-admission was determined by considering the consequences if patients had not received our help and had not received advice from elsewhere.

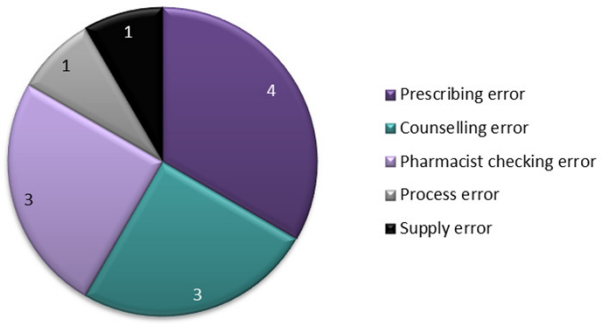
Figure 1: Enquiry categories received during pilot (n=35)



Results

- Of the callers using the service 19/31 (61%) were patients; 10 (32%) carers and 2 (7%) healthcare professionals (HCPs). The majority of calls 29/31 (94%) were regarding patients treated within the cardiology specialty, however two calls (6%) were from patients treated within other UHL medical specialities.
- The different categories of enquiries received are shown in Figure 1. Some callers asked more than one type of enquiry (n=35).
- Overall, in 23/31 (74%) of calls, risk was considered to have been mitigated and re-admission possibly avoided in 19/31 (61%).
- In house errors made within the discharge process were identified in 8/31 (26%) of calls; twelve errors were identified in total. Errors were reported via the Trust incident reporting scheme and where appropriate shared with the pharmacy 'Quality and Safety' teams for evaluation and future prevention strategy planning. Figure 2 shows the different types of errors identified.
- Harm occurred in three (38%) of the patients in whom an error had been identified (n=8). Two of these were assigned a score of '2' (minor harm) and one, a score of '3' (moderate harm).
- The mean average time taken for MI staff to complete an enquiry was 57min (range 9–164min). Some longer enquiries were due to members of other healthcare teams being contacted for clarification.
- Ad hoc, unprompted feedback from patients and carers who had used the helpline was always very positive and many expressed their gratitude in receiving professional advice.

Figure 2: Types of errors identified (n=12)



Discussion

The helpline was advertised to patients discharged from UHL cardiology wards, yet the service was contacted by patients, carers and HCPs. This highlights the need for good quality, accurate information to be shared with patients and HCPs upon discharge into the community.

Enquiry types were varied, questions regarding timing, administration and dosage were the most common. It is preferable for patients to receive counselling and written advice in lay terminology on discharge. However in some cases adequate counselling did not occur and patients only received a copy of the discharge letter which was not written in patient-friendly language. This requires further follow up. Most enquiries were easily answered by the helpline team, but due to time constraints and lack of information may have been more time-consuming and difficult for ward-based teams to answer.

The medicines helpline pilot averted potential harm. It identified errors, harm that had resulted from these errors and mitigated risk of further harm. The helpline pilot was also likely to have helped in the prevention of avoidable readmissions which has clear benefits to patients and the Trust. In cases where errors had been identified, they were highlighted for investigation in order to prevent re-occurrence and reduce further risk .

Many callers expressed gratitude for the service and the professional advice that was given.

Conclusion

The results show that the medicines helpline is highly valuable. We conclude that expanding the current pilot to create a permanent medicines helpline dedicated to helping more UHL patients is required. This will reduce risk and assist in re-admission avoidance, benefiting patients and also relieving bed pressures, especially over winter month where capacity is usually at its highest.

A business case to expand the helpline is currently being prepared and to strengthen the case, we are working with a business analyst to attempt to assign a cost associated with the re-admissions that were possibly averted. Options to capture quantifiable patient feedback are also being considered.

Limitations

Some of the limitations identified are:

- There were relatively small numbers of calls to analyse
- The service only operated for half a day, on weekdays. Issues may also arise when the helpline was not in operation.
- The risks and harms identified were hard to quantify accurately and were open to a degree of subjectivity, therefore it was difficult to assign an objective assessment of the true value and benefit of the service.

References

1. Lee D, Mackridge A, Rogers R, et al. Patients' need for information and support with medicines after discharge from hospital. Pharmacoepidemiol Drug Saf. 2016; 25:16-17.
2. Williams M, Jordan A, Scott J, Jones M. Operating a patient medicines helpline: a survey study exploring current practice in England using the RE-AIM evaluation framework. BMC Health Services Research. 2018;18(1):868.
3. Wills S, UKMi, 2014. Medicines Helpline for Hospital Patients: National Standard. Available from: www.sps.nhs.uk [accessed online 25/6/19]