Health Quality & Safety Commission New Zealand

"All Hands on Deck!"

Prioritisation Criteria

All Hands on Deck!

At the end of this session, you will be able to:

1. Identify core data that could be used to prioritise patients for medicine reconciliation
2. Understand the pros and cons associated with prioritisation

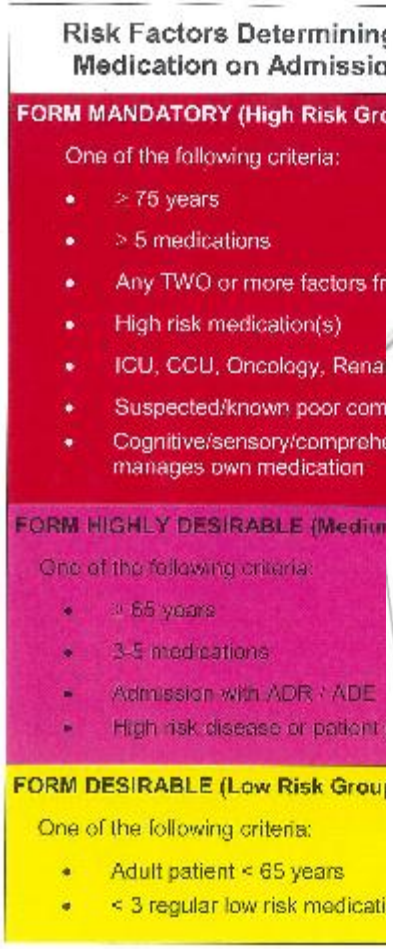
Types of criteria

- Age
- Gender
- Medicine number i.e. > 8
- Medicine type e.g. warfarin, lithium, carbamazepine, phenytoin, methotrexate
- Co-morbidities/pre-existing conditions e.g. mental health, cystic fibrosis
- Patients being admitted to a bed
- Patients that will be discharged to a rest home facility
- Patients for whom medicines may have contributed to current admission e.g. adverse drug event
- Patients who have been recently discharged from hospital i.e. frequent flyer in a given period

Prioritisation SWOT analysis

Strengths	Weakness
• Use resource appropriately • Greater spread	• If manual, time consuming • Miss suitable outliers
Opportunities	**Threats**
• Met targets • Reduce readmission of high risk patients • Cost benefit analysis	• Media if patient missed and incident • Over reliance

Other examples



MEDICINES RECONCILIATION (MR)

It can be PUZZLING to work out EXACTLY what MEDICINES your PATIENT is taking....

In APU, if your patient meets the following criteria:

Under a General Medicine or Care of the Elderly team

and

Over 65 years

and

Bed booked

MR will be undertaken automatically Monday to Friday from 0800 to 1600 by our MR Pharmacists

Paula Gazzard, pager 93: 5422

Jo Smith, pager 93: 5419

Help us to reconcile your patient's medicines!

Medicines Reconciliation Project funded by ADHB Planning and Funding
For more information, contact Nirasha Parsotam, Principal Pharmacist - Medication Safety on extn 6183

Type of Patient This list is not exhaustive and there may be circumstances where a patient does not fit any of the criteria below yet still needs a detailed MR.	2nd level MR (pharmacy consolidation)	3rd level MR (medication review)
Patients whose medication is likely to have contributed to, or caused, the current admission		
Patients with complex medical history		
Patients on drugs with a narrow therapeutic index, *e.g.* digoxin, lithium, phenytoin, methotrexate		
Patients on opioids or other drugs with potential for abuse e.g. methadone, benzodiazepines		
Patients who are on medication but do not know names or doses, especially those with >4 drugs		
Patients with communication difficulties (sensory or cognitive impairment, language barriers)		
Patients with complex social[1], physical[2] or mental health[3] issues that could suggest poor medicines management		
Straightforward drug histories e.g. patients transferred from nursing homes or other care settings		
Patients who have had significant or multiple intentional changes to their medication		
Patients with known adherence problems who would benefit from assessment for compliance aids		
Younger patients with no previous medical history		
Patients recently discharged and re-admitted for non-medication related issues, e.g. social		
Patients due to be discharged imminently where no changes have been made to medication		

[1] e.g. isolation, financial problems, low level of home support
[2] e.g. impaired sight, hearing, dexterity, mobility, swallowing, communication (language or speech)
[3] e.g. cognitive impairment, mental illness, confusion, learning disabilities, disorientation

Crew Work

Establish the national prioritisation criteria

With your crew, discuss and answer the following

- What would we prioritise e.g. criteria?
- Why would we prioritise it e.g. reason?
- How would do the prioritisation i.e. method?
- Who would do the prioritisation?
- Resource(s) required e.g tools, time, staff, cost