Medicines Reconciliation Collaborative Audit: Provider and Mental Health Trust data

Introduction

This report sits alongside the report ‘Results of a Collaborative Audit of Pharmacy-led MR in 56 trusts across E& SE England’. Please refer to this report for details of the background to the audit and its methodology, and for a discussion of the implications of the results.

The data discussed in this report were collected by seven organisations. Six were provider units and one was a mental health trust. Codes have been supplied separately to each participating organisation. The categories of bed used in the audit were:

- Rehabilitation/convalescence
- Intermediate care
- Working age
- Elderly

Data were collected at one timepoint during the week of the audit.

Operational Delivery

Provision of MR

One trust was not providing an MR service to any beds.

Table 1 notes the number of beds offered level 2 MR in each organisation and the times when the service is delivered and by whom.

Staff capacity to deliver level 2 MR during the week of the audit varied between 60-100%.

Training

Training on delivery of MR was offered to pharmacy staff in 4 or the 6 organisations offering the service, and to non pharmacy staff by 3/7 of the organisations audited.

Documentation

The MR policy for all 6 organisations offering Level 2 MR stated that pharmacy staff should document the MR process. Five/6 documented the MR process on the chart and one in the care record. Four organisations documented intentional and unintentional discrepancies on the chart, one in the care record and one in both chart and care record.

Two organisations had a policy on pharmacy staff writing in the care record.

Extra staffing

Three organisations had been able to recruit staff to provide the service (3 pharmacy technicians; 2 pharmacists and 3 technicians; Band 7 pharmacist 3 days/week)
Table 1. Operational delivery of MR in participating organisations

<table>
<thead>
<tr>
<th>Trust code</th>
<th>No Beds</th>
<th>No beds with L2 MR</th>
<th>Working hours for MR provision</th>
<th>L2 MR by pharms only</th>
<th>L2 MR by pharms &amp; techs working separately</th>
<th>L2 MR provided by pharms and techs working together</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>380</td>
<td>380</td>
<td>Working week</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>3</td>
<td>48</td>
<td>48</td>
<td>Working week</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>4</td>
<td>130</td>
<td>130</td>
<td>Working week</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>5</td>
<td>105</td>
<td>105</td>
<td>Working week</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>6</td>
<td>212</td>
<td>212</td>
<td>3 days/wk</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>7</td>
<td>121</td>
<td>44</td>
<td>1 day/week/ward</td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

Time scale of delivery

Figure 1 presents the timescale for delivery of MR for all the audited patients from community health provider units.

Figure 2 compares amalgamated time scale data for community health provider units only by SHA. There were no data supplied for units in South Central. The y axis represents the % delivered within the time scale.

Figure 3 compares the time scale for Level 2 MR delivery for each of the participating organisations.

Figure 4 express the proportion of beds audited by care area for the combined data.

Figure 5 represents the proportion of beds, by care area, audited by each participating organisation.
**Fig. 1 Timeframes for completion of Level 2 MR**

- NO L2 MR: 45%
- MR <24hr: 19%
- MR >24h but <48hr: 9%
- MR >48m but <72hr: 5%
- MR >72hr: 16%
- MR timeframe unknown: 6%

**Figure 1.** Timeframe for completion of Level 2 MR in community health provider units

**Fig. 2 Comparison of 4 SHAs timescales for Level 2 MR data**

- EoE (237)
- Ldn (174)
- SC (0)
- SEC (256)

**Figure 2.** Comparison of timescales across SHAs (Note: No SC participants)
Figure 3. Timing of L2 MR in each organisation

Figure 4. Proportion of beds audited by care area (all data)
Figure 5. Proportion of beds audited by care area for each participating organisation
Unintentional Discrepancies (UDs)

5 participating organisations recorded unintentional discrepancies (codes 2, 3, 4, 5, 7)

163 MRs were audited by provider units. The total number of admission drugs for the provider units were 1426, giving an average of 8.7 recorded medicines per MR in this patient population. 42 unintentional discrepancies were identified, an average of 0.25 per MR. This audit indicated that patients in provider units are on average taking more medicines than patients admitted to acute trusts but that far fewer unintentional discrepancies are noted during medicines reconciliation.

120 MRs were audited by a mental health trust. The number of admission drugs for each patient was not recorded. The total number of unintentional discrepancies identified was 109, representing an average of 1.1 per MR.

Figure 6 expresses the UDs identified by the 5 participating organisations by type

Figure 7 expresses UDs by type for individual organisations who carried out level 2 MR in the time period

Figure 8 represents the percentage of unintentional discrepancies by care area for each participating organisation

Figure 9 states where staff reported they documented the unintentional discrepancies they identified

Figure 10 records the outcomes for the identified unintentional discrepancies as reported by staff carrying out the MRs. It also expresses the proportion of UD to MR for each participating organisation.

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**Percentage UDs by type**

- Type - O: 50%
- Type - P: 5%
- Type - D: 27%
- Type - A: 7%
- Type - C: 1%
- Type - X: 10%

**Key of UD Type:**
- O = Omitted medicine
- P = Wrong preparation chosen (formulation)
- D = Wrong dose
- A = Additional medicine prescribed (medicine had been stopped by GP or was not taken by patient)
- C = OTC/Complementary medicine
- X = Other

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**Figure 6. UDs by type for the combined data**
Figure 7. Proportion of UDs by type for each of the organisations that carried out Level 2 MRs during the period of the audit

Figure 8. UDs by care area for participating trusts
Figure 9. Documentation of UDs in the participating trusts identified by self-report
DC = recorded on drug chart; CR = recorded on drug chart and in care record; NR = Not recorded

Figure 10. Resolution of identified UDs for each participating organisation identified by self-report