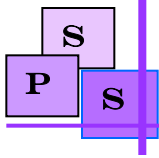


Audit of I/V therapy in the Community Setting

East and South East of England
Specialist Pharmacy Services
Medicine Use and Safety Division

April 2012

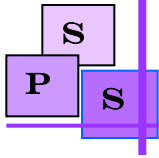




Introduction

- ‘Care closer to home’
- Anecdotal reports of variable standards for delivery of a community IV service
- NPSA and other national guidance on safety standards

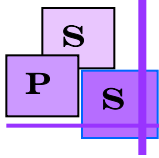




Objectives

- to audit the quality of information and directions that are provided to administer intravenous therapy to adults in the community setting
- to explore issues with respect to the supply of medicines/equipment and advice and support available

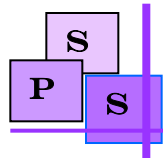




Method

- Over 4 weeks during November/December 2011
- Only audited **adult I/V therapy** e.g. via peripheral cannula or central venous access
- Data collection completed once for every patient referred to their service for administration of IV therapy.

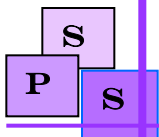




Participation

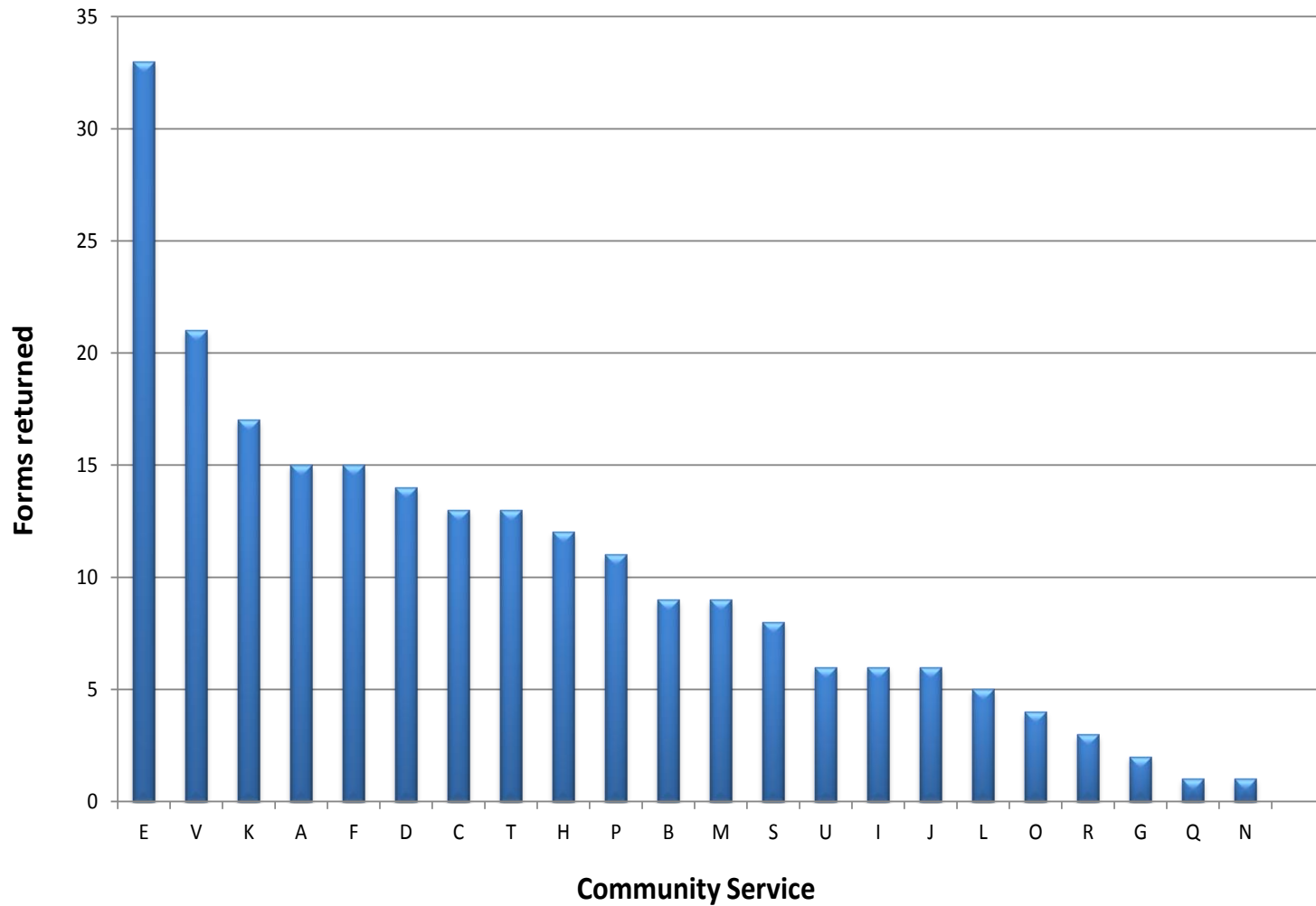
SHA	No of Community Services	Audit forms returned	Average no. of forms per service
East of England	6	99	17
London	13	85	8
South East Coast	2	27	13.5
South Central	1	13	13
Total	22	224	10

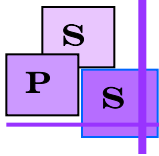




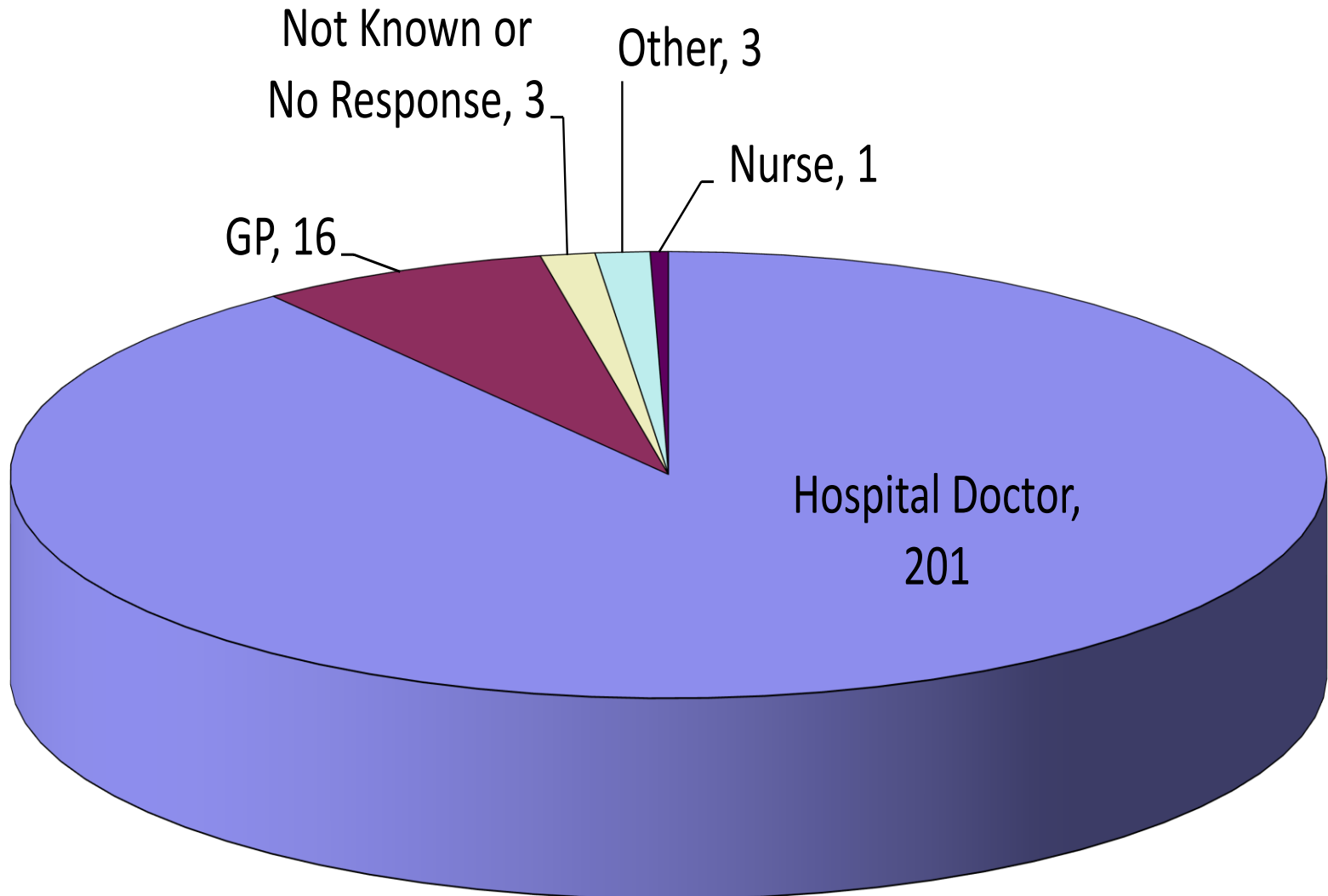
Number of audit forms returned by community service

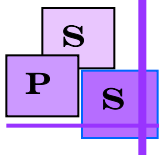
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Treatment Initiation

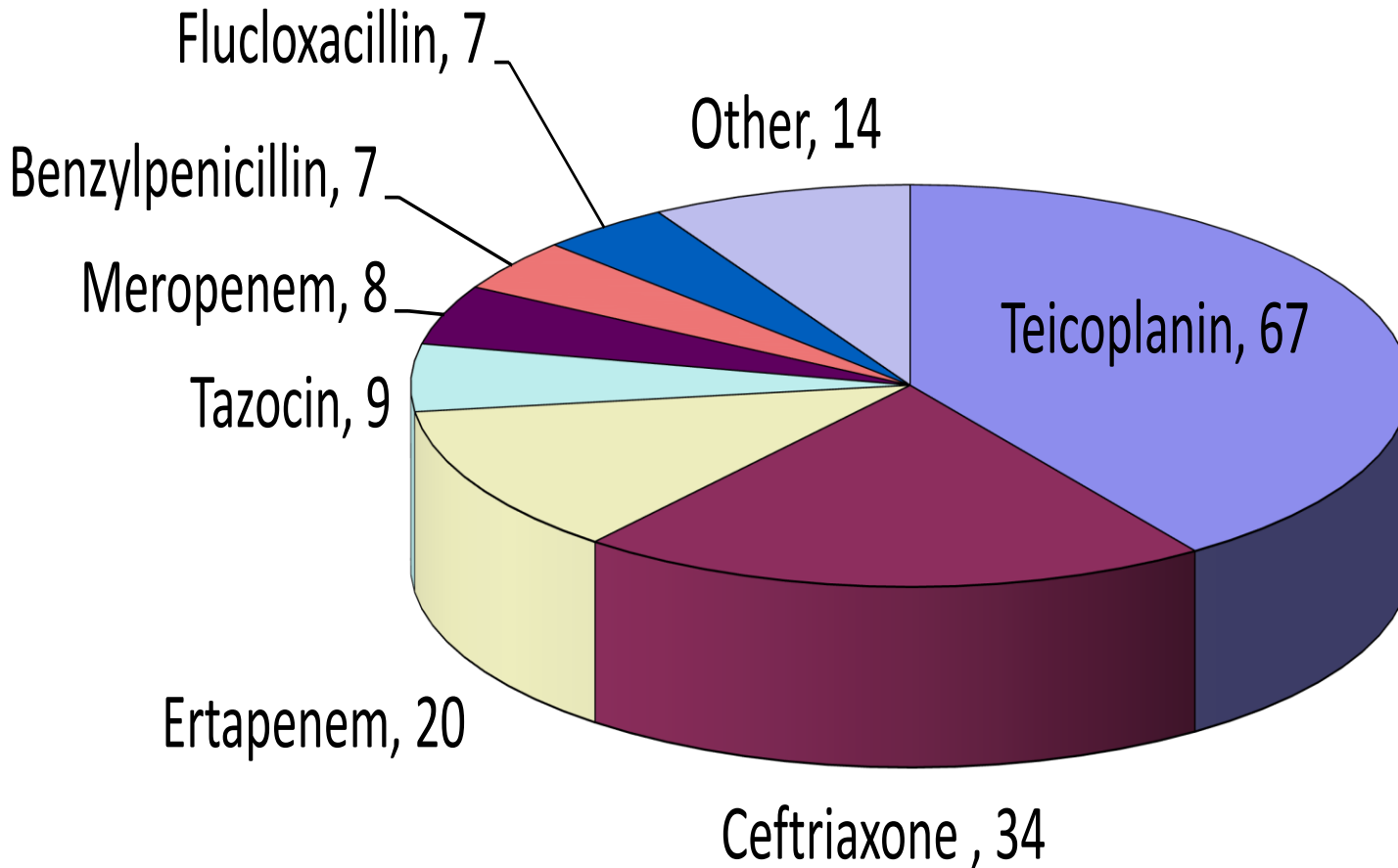


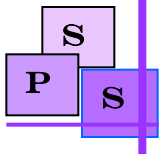


Range of Therapy

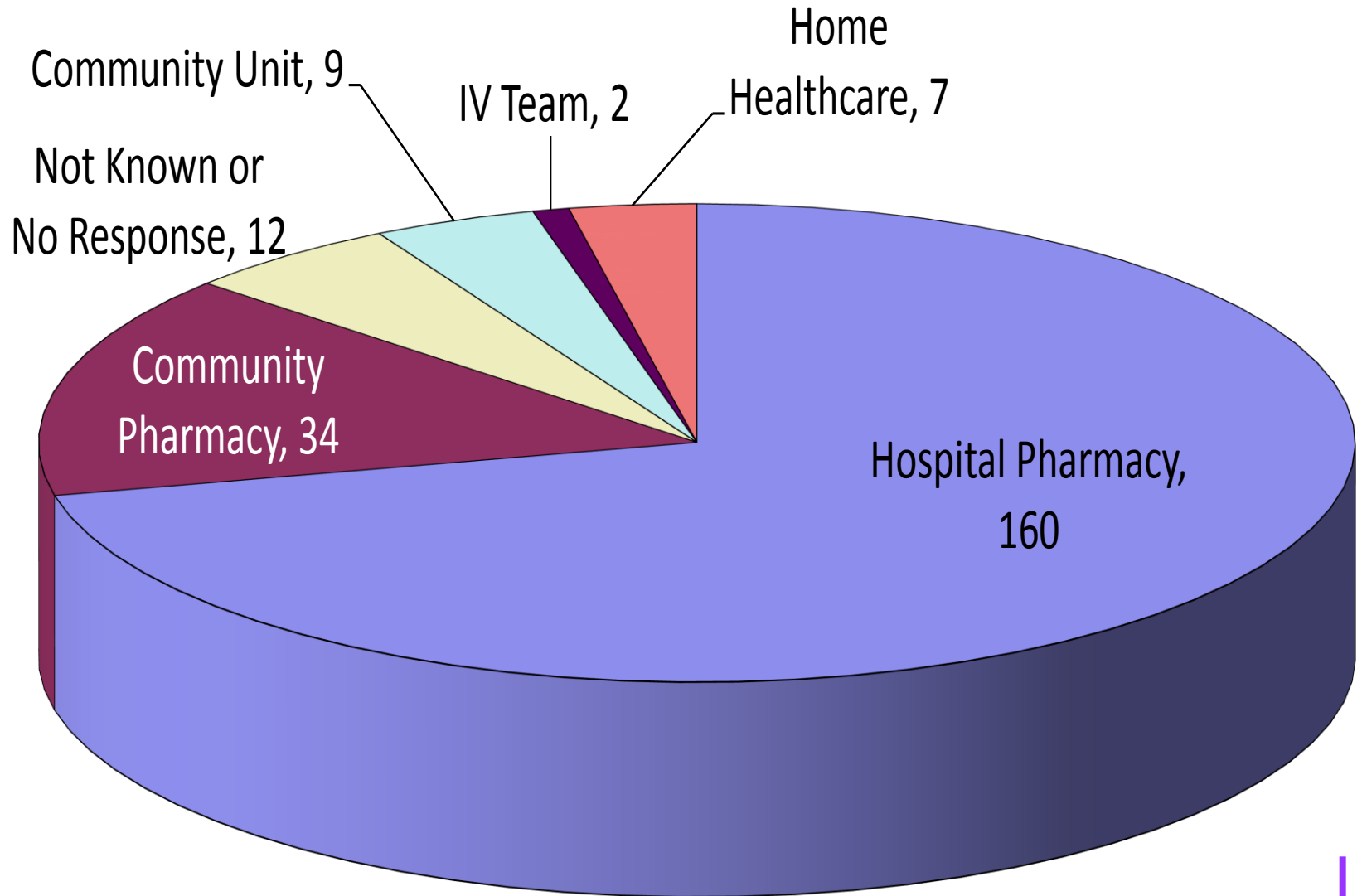
Drug	166
Flush	58

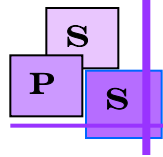
- Others:**
- Aciclovir
 - Cefuroxime
 - Ceftazidime
 - Co-amoxiclav
 - Daptomycin
 - Furosemide
 - Gentamicin
 - Metronidaole
 - Vancomycin





Source of medicines administered





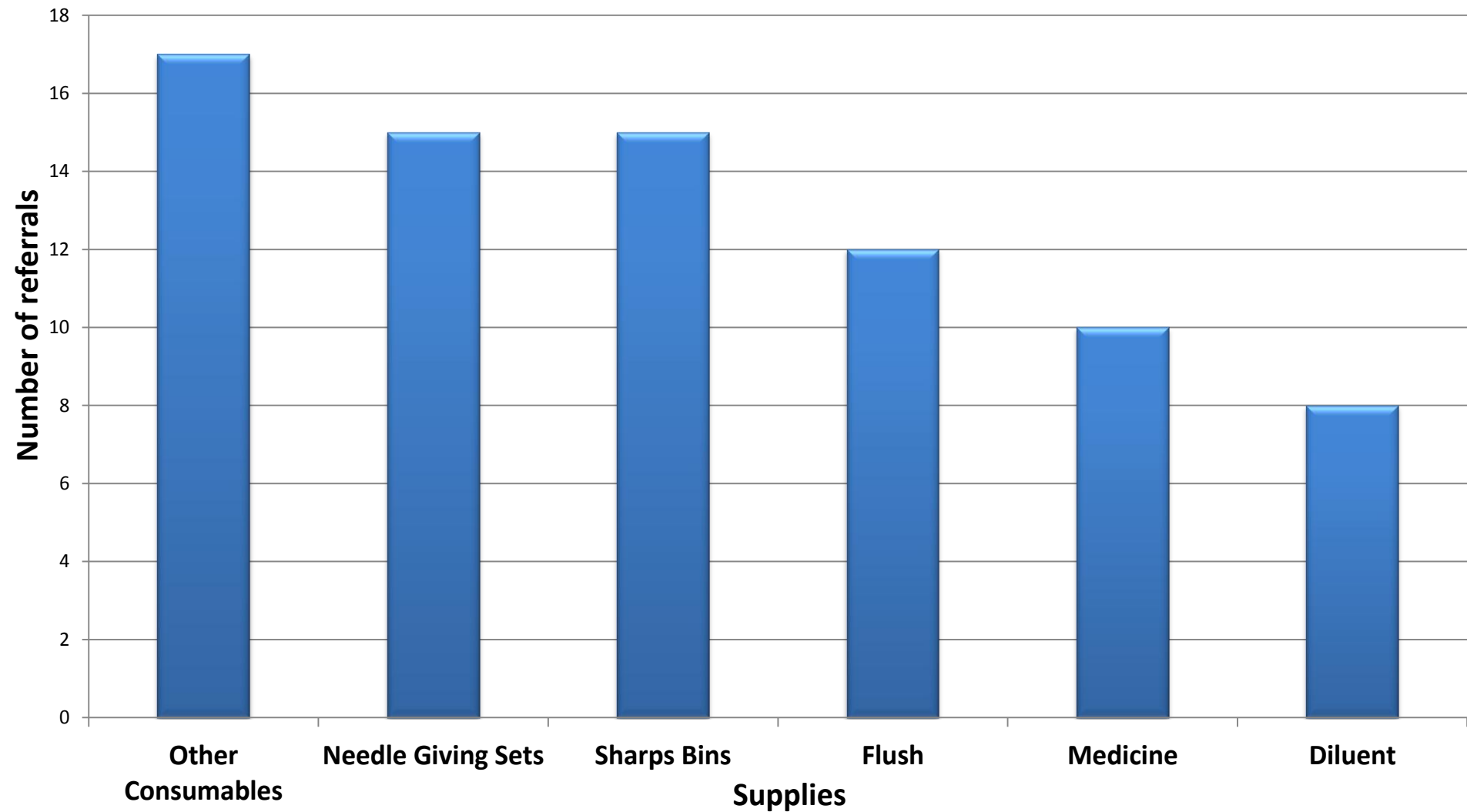
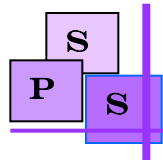
Omitted Prescription details

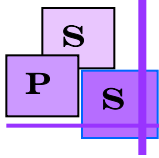
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Community Service	Full Drug Name	Drug Strength	Dose	Route of Administration	Times per day	Time of Administration	Duration of administration	Finish Date	Documented Allergy Status	Total no. of drug administrations
A								2		15
B						1	3	2	1	6
C		6			1	2	10	7	3	13
D							1	1		2
E						2	2	4	2	11
F						2	10	1		15
G										2
H						3	1	2	3	11
I						2	2		2	4
J						3	2	2	1	6
K		1					4	5	2	11
L	2	3	2	2	1	3	2	3	3	3
M		1	1			5	1	3	2	8
N						1				1
O						1				4
P	1	4	1	1	1	4	4	4	6	11
Q		1				1	1			1
R							2	1		3
S		1					4	4		8
T	1					6			5	7
U						2	2		1	6
V		1				8	8	5	2	18
Total	4	18	4	3	3	46	59	46	33	166

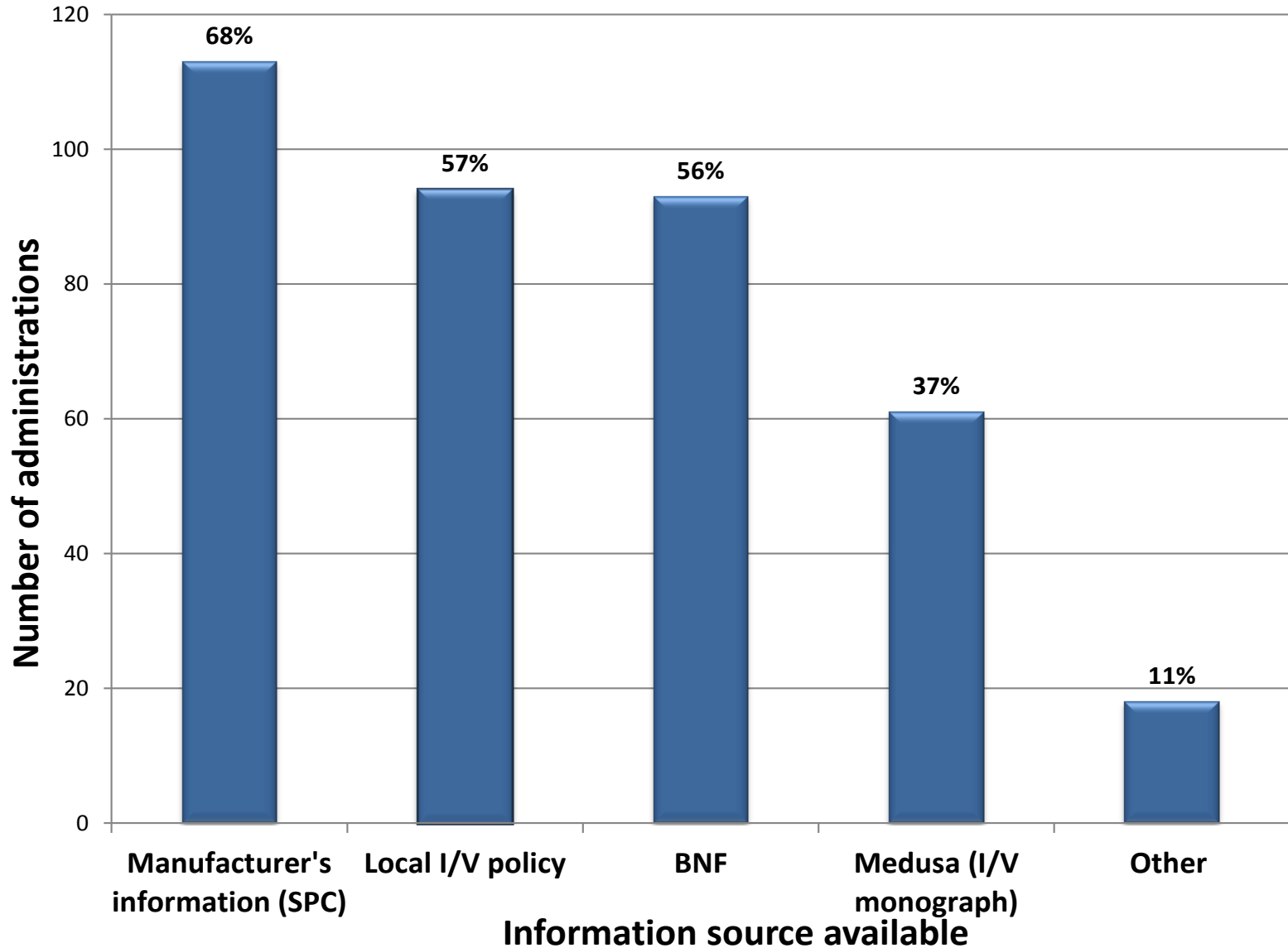
The number of referrals where a lack of supplies caused a delay to administration

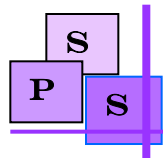
Medicines Use and Safety





Sources of Information

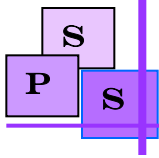




Other results

- 20% did not have a review date
- 86% reported having contact for advice 'in hours' and 67% 'out of hours'
- 56% reported evidence that a pharmacist had checked the prescription
- Referrals received from between 2 and 8 acute centres
- Facilitation of early discharge from hospital (60%) and admission avoidance (28%)



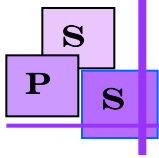


Recommendations

Medicines Use and Safety

- Priority given to ensuring referral information includes allergy status
- Staff reminded to confirm the allergy status of the patient
- Review of communication systems on referral for community IV therapy



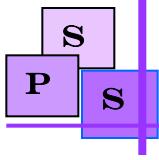


Recommendations

Medicines Use and Safety

- Identify appropriate mechanisms of supply of medicines and equipment
- Staff competencies to include the use of information sources and the legal framework
- Multidisciplinary approach to care, equivalent to that received in hospital



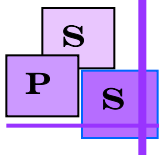


Further work

Medicines Use and Safety

- Use results to review the data collection form
- Development of best practice guides – policies, care plans, SOPs
- Development of a 'how to' commissioning framework

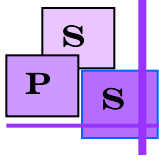




Conclusion

- Different models of delivery and wide variation in activity levels
- Multidisciplinary collaboration required to address the potential risk to patients
- QIPP projects to improve quality and productivity of service





Questions

Medicines Use and Safety

