



Data Driven Quality Improvement in Primary Care (2): Towards routine management of patients at high risk of drug related morbidity

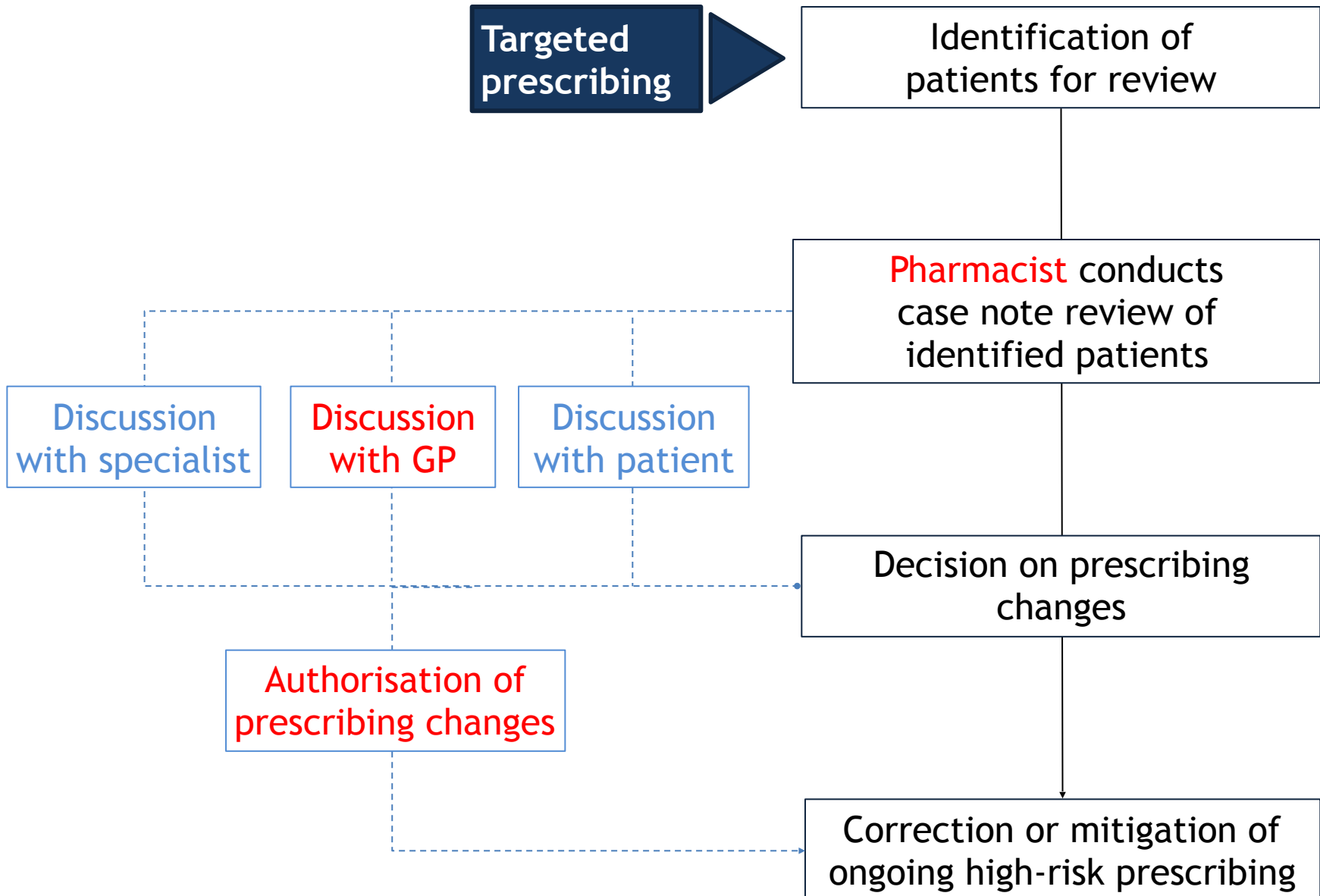
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**What are the strengths of DQIP2?
What are the challenges
of implementing it?**

DQIP (2): Process of change



DQIP (2): Targeted prescribing

Decision on which prescribing to target informed by:

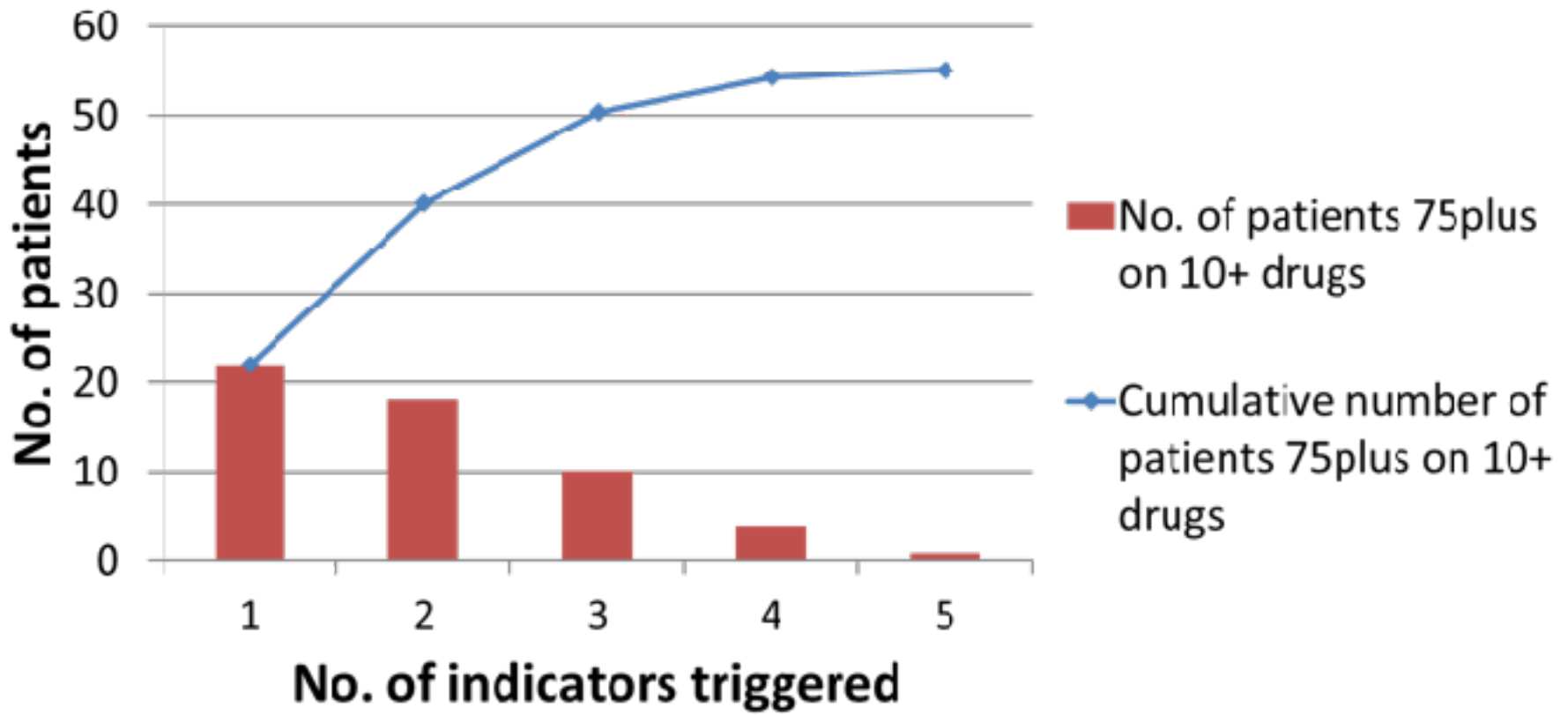
- National advisory group (clinical importance)
- Local stakeholders (feasibility)

Likely to include:

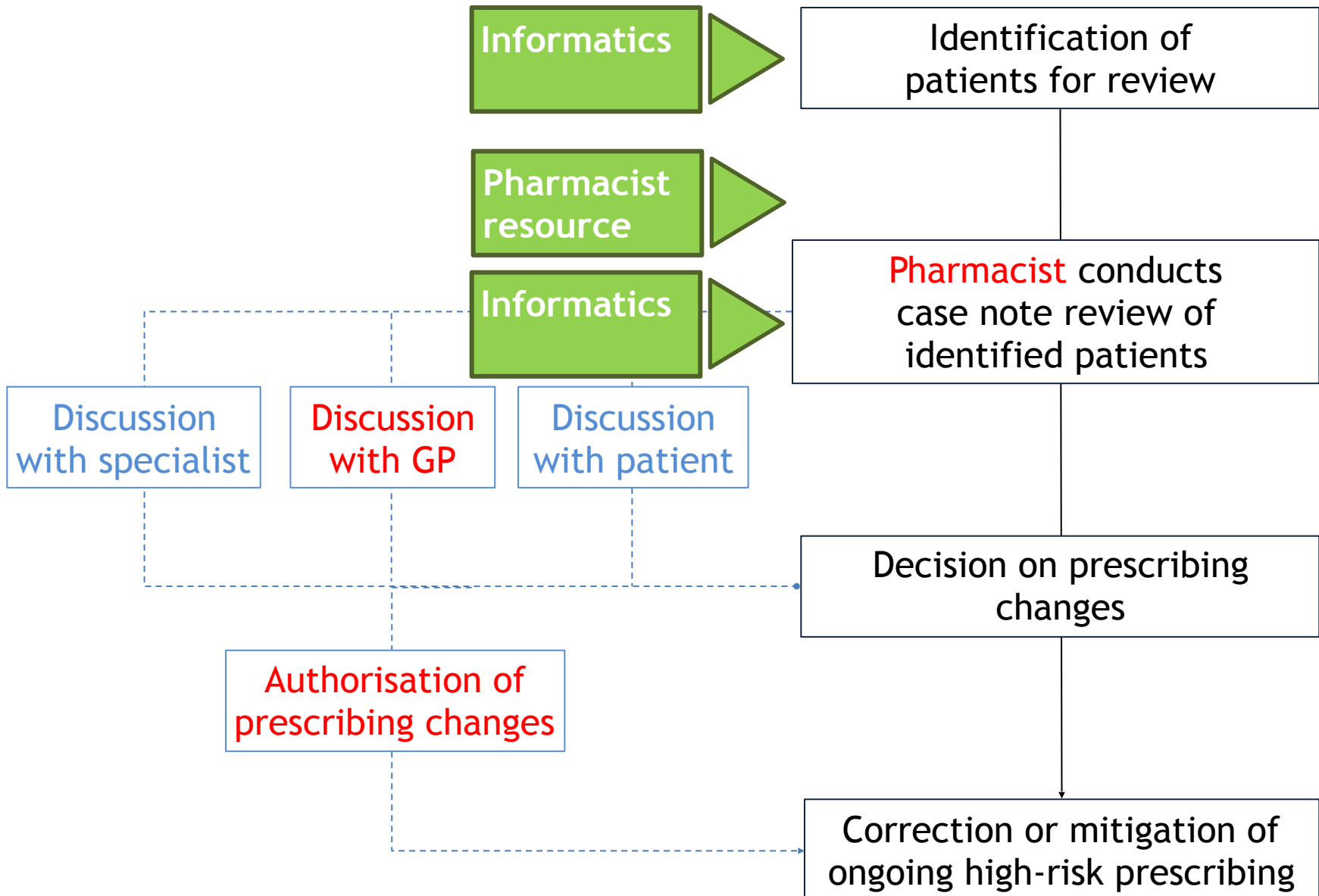
- NSAIDs in patient at risk of GI, renal, CV events
- Antithrombotics in those at risk of bleeding
- Antipsychotics in patients with dementia
- Psychotropics in those at risk of falls
- High-risk drugs and drug combinations (digoxin, ACEI/ARBs, diuretics, steroids)

DQIP (2): Targeted population

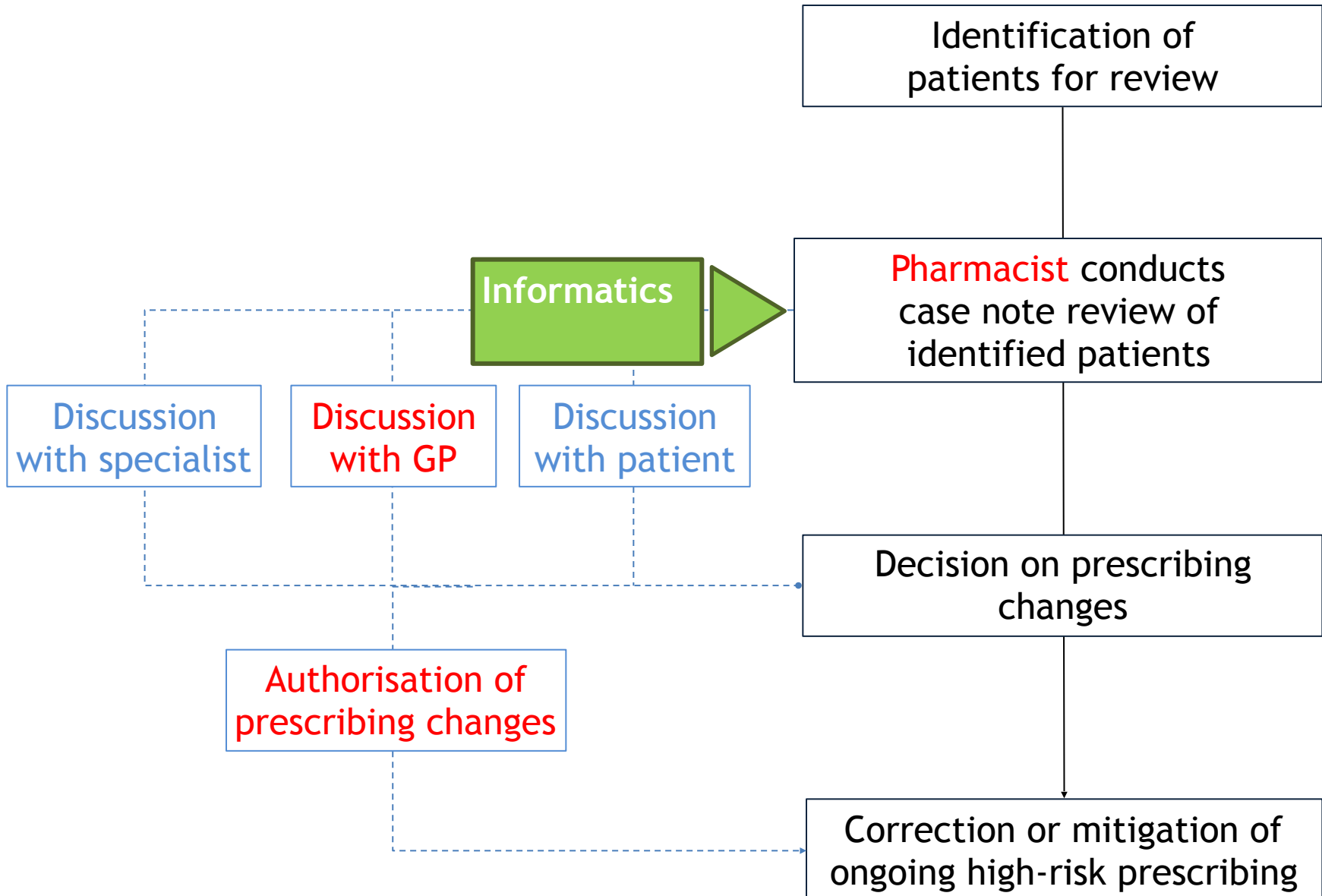
Estimated profile for a practice with a list size of 5,000 patients



DQIP (2): Process of change



DQIP (2): Process of change



DQIP IT tool: Patient identification




Overview

Patients with high risk prescribing for Glenlossie Cornel Meadows Medical Centre, report date : Aug 07 2011

Measure

Total Patients Review Due Change Over Time
(click to view)

All Categories

Patients included in any measure ⓘ	13	13	
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GI risk measures (Evidence summary)

NSAID or aspirin in patient with previous peptic ulcer without gastroprotection ⓘ	0	0	
NSAID in over 75s without gastroprotection ⓘ	5	5	
NSAID and aspirin in over 65s without gastroprotection ⓘ	4	4	
Clopidogrel and aspirin in over 65s without gastroprotection ⓘ	0	0	

DQIP IT tool: Patient identification

Quality in Prescribing - Patient List - Microsoft Internet Explorer

Address: <http://msc1028/cadq-prescribing/patient-ids/23110206ac-6ec9ab...>

High risk prescribing patient list for Glenussie Corral Meadows Medical Centre, report date: Aug 07 2011

Quality in prescribing NHS Forth

Go To Overview Download excel sheet

Filter by:

- Measure
- No. of Measures Triggered
- Review Status

High risk prescribing patient list

Full Name	GP	Age	No. of measures triggered	Risk Category	Review Status	Review Date
MILLEN TRUST	207706707 16774427	76	2	High	4-yr review	
KAROL MURDOCH	382000064 171904	89	1	High	Review needed	
BEA WOODS	167702213 17807062	70	2	High Failure - Total	needs review (re prescribed)	
DAVIDSON, G. CLIVE	167702213 18714442	86	1	High	Review needed (not in)	
L. W. H. KELLY	167702213 18714442	86	2	High Failure - Total	4-yr review	
LEWIS	167702213 18714442	74	1	High	Review needed	
W. S. H. LAMM	167702213 18714442	55	1	High	Review needed	
CLIVE WOODS	167702213 18714442	76	1	High	4-yr review	
KAROL MURDOCH	167702213 18714442	81	1	High	Review needed	
WYATT, W. GORDON	167702213 18714442	78	1	High	4-yr review	
W. S. H. LAMM	167702213 18714442	86	1	High	Review needed	

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Enhanced Medication Summary

Patient Summary

Mrs Whitney Workshop
 DoB - 28/08/1908 (Age 75)
 1038 Dalmellington Road
 Ayr
 Ayrshire
 KA6 8AB

Drug Allergies

22/03/2000	Allergic reaction
17/04/2007	Contact dermatitis: specified agent NOS
16/09/2015	Adverse reaction to Clarithromycin
14/11/2006	Adverse reaction to mcboverline
14/11/2006	Adverse reaction to penicillins
14/11/2006	Adverse reaction to proton pump inhibitors
11/05/2010	Adverse reaction to erythromycin
11/02/2016	Adverse reaction to Hyoscine Butylbromide
09/05/2013	Adverse reaction to Doxycycline Hyclate

Current Problems

15/03/2016	Anaemia unspecified
16/10/2015	Femoral neck DEXA scan result osteopenic
06/03/2015	Cerebrovascular disease
06/03/2015	Neuropathic pain

Measurements to inform review (last 3 recorded values)

Blood Pressure		Weight (kg)		BMI	
23/02/2016	148 / 80	13/09/2014	65	13/08/2014	24.46
22/10/2014	140 / 85	28/01/2013	73	25/01/2013	27.48
15/11/2013	131 / 74	29/02/2012	71	29/02/2012	26.72

Sodium		Potassium		eGFR
29/02/2016	131 L	29/02/2016	3.8	No Record
24/02/2016	128 L	24/02/2016	4	
10/12/2014	135	10/12/2014	3.8	

HbA1c

No Record

Haemoglobin

29/02/2016	81 L
24/02/2016	78 L
10/12/2014	123

INR

No Record

Smoking Status

23/02/2016 Current smoker

Recent Unscheduled Care (Last 5 recorded)

Emergency Hospital Admissions (†LOS = Length Of Stay)

Date	†LOS	Diagnosis
11/01/2016	23	Other and unspecified intestinal obstruction
06/03/2016	3	Anaemia

Enhanced Medication Summary

Current Medications

	Last Issued	A n t i c h o l i n	S e d a t i o n	R i e d i n g	L o w B P	R e n a l	H t F a i l u r e	C o n s t i p
Active Repeat Prescriptions								
Amitriptyline 10mg tablets, ONE TO BE TAKEN AT NIGHT	25/03/18	X	X				X	X
Chlorpheniramine 4mg tablets, 1 MORN AND 1 NOCTE	25/02/18	X	X					X
Gabapentin 300mg capsules, ONE TO BE TAKEN TWICE DAILY AT 12 MIDDAY & 8PM	25/02/18		X					X
Gabapentin 600mg tablets, ONCE DAILY AT 7AM	25/02/18		X					X
Amlodipine 10mg tablets, 1 Tab in the morning	25/03/18				X			
Adont-D3 chewable tablets (uffi fruit) (PreStrakan Ltd), ONE TO BE TAKEN TWICE A DAY	25/03/18							
Epsoderm ointment (Molitycke Health Care Ltd), TO BE USED AS DIRECTED FOR DRY SKIN	25/03/18							
Lardulose 3.1 3.7g/5ml oral solution, 10 ml Twice daily	25/03/18							
Paracetamol 500mg tablets, 2 Tabs 4 Times daily	25/03/18							
Etidronate sodium 20mg tablets, ONE TO BE TAKEN ON THE SAME DAY EACH WEEK	25/03/18							
Bimatoprost 100micrograms/ml eye drops, ONCE DAILY TO BOTH EYES	25/02/18							
Pravastatin 40mg tablets, ONE TO BE TAKEN AT NIGHT	25/02/18							
Ramitidine 150mg tablets, TAKE ONE TWICE DAILY	15/03/18							
Proctoanryl suppositories (Sanna), 1 to be inserted twice daily pm	11/02/18							
Salbutamol 100micrograms/dose inhaler (C12 free), 2 Puffs AS 18QUICKLD	10/02/18							
Senna 7.5mg tablets, TAKE TWO TABLETS AT NIGHT								

	Last Issued	A n t i c h o l i n	S e d a t i o n	R i e d i n g	L o w B P	R e n a l	H t F a i l u r e	C o n s t i p
Acute Prescriptions								
Nystatin 100,000units/ml oral suspension, 1 ML QDS	14/03/2018							
Prednisolone 5mg tablets, TO BE TAKEN AS DIRECTED	07/03/2018						X	
Pepto liquid peppermint (Tova UK Ltd), 10-20MLS AFTER MEALS AND AT BEDTIME	20/02/2018							
Azithromycin 500mg tablets, ONE TO BE TAKEN EACH DAY	25/02/2018						X	
Senna 7.5mg tablets, ONE OR TWO TO BE TAKEN AT NIGHT	10/02/2018							

Enhanced Medication Summary

Specific prescribing quality and safety indicators triggered by the patient

Potential Undertreatment - No Identified risks

High Risk Treatment

Indicator	What is the risk?	Considerations
Patient aged 85 years or older without dementia is prescribed one or more drugs with strong anticholinergic properties	Confusion, cognitive decline, falls and fractures	Stop anticholinergic drugs wherever possible (see under 'anticholinergics' in the current medication summary to see which drugs have anticholinergic properties)
Patient aged 75 years or older and without dementia is prescribed one or more drugs with significant sedating effects	Drowsiness, falls and fractures	Stop sedative drugs wherever possible (see under 'sedation' in the current medication summary to see which drugs are significantly sedative)
First generation antihistamine prescribed to a patient aged 65 or older	Sedation, confusion, anticholinergic effects	Stop the first generation antihistamine if you can. Use non sedating antihistamines (eg loratadine, cetirizine, fexofenadine) or topical steroids instead to treat itching/hives/allergies. Antihistamines should not be used to treat anxiety
Verapamil, opioid or oral iron prescribed to a patient with constipation	Constipation	Limit or stop prescribed opioid or iron if you can. Consider replacing any prescribed verapamil with a beta blocker, diltiazem or docusate (if a heart rate limiting effect is desired) or an alternative antihypertensive (if not). If stopping the offending drug is not possible, or symptoms persist prescribe a laxative. For opioid induced constipation, do not use bulk-forming laxatives. Use an osmotic laxative (or docusate which also softens stools) and a stimulant laxative. Check for alternative causes of constipation (eg dehydration, diet etc).

Monitoring - No Identified risks

Potential Undertreatment

Indicator	What is the risk?	Considerations
Uncontrolled blood pressure	Stroke, TIA, other vascular disease	Start or intensify blood pressure lowering treatment unless the patient is already on maximum treatment, has contraindications, is too frail or at high falls risk, or has short life expectancy
Patient over 65 has no record of a pneumococcal immunisation.	Pneumonia, septicemia.	If the patient actively declined a pneumococcal jcg in the past, then explain why it's important. If the patient was missed for some other reason, organise immunisation.

DQIP IT tool (7): Documentation of review decisions

The screenshot displays the 'Quality in Prescribing - Patient Details' web application in Microsoft Internet Explorer. The patient's name is IAIN HILL with ID 13220754187971692279. The interface includes a navigation menu with 'Home', 'Patient Details', 'Medications', 'Prescriptions', 'Reports', and 'Settings'. The 'Medications' section is active, showing a table of drugs with decision icons.

Medication	Decision
Amoxicillin 500mg	<input type="radio"/>
Amoxicillin 500mg	<input type="radio"/>
Aspirin	<input type="radio"/>
Clonidine	<input type="radio"/>
Warfarin	<input type="radio"/>
Aspirin 75mg	<input type="radio"/>
Aspirin	<input type="radio"/>
Codeine	<input type="radio"/>

At the top right, there is a logo for 'Quality in Prescribing' and the NHS logo. A legend on the right side of the page defines the decision icons: 'Continue' (blue circle with checkmark), 'Stop' (red circle with X), 'Amend' (blue circle with question mark), 'Add dose' (grey circle with plus), 'Withdraw pending' (green circle with minus), and 'Drug discontinued' (green circle with X).

The bottom of the browser window shows the taskbar with 'Doris' and 'Internet' icons.

**What are the strengths of DQIP2?
What are the challenges
of implementing it?**

Solutions to challenges?
Not today ...

DQIP (2): Process of change

