

003: INDICATORS FOR PREVENTABLE DRUG-RELATED MORBIDITY: FACILITATING CHANGES IN PRACTICE?

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Objective:

To describe how the application of a series of indicators for preventable drug-related morbidity (PDRM) were used to facilitate improvements in medicines management in primary (ambulatory) care in England.

Methods:

Following validation for use in English primary care^(1,2) a series of 29 indicators for PDRM were applied in eight general practices from three geographically diverse English Primary Care Trusts (PCTs). Each indicator takes the form of an adverse therapeutic outcome (the PDRM event), resulting from an associated process of patient care. The number of potential PDRM events (as defined by the indicators) was assessed retrospectively in each practice by searching the electronic patient record (EPR) of all adult patients over a 2 year 3 month time-frame.⁽³⁾ The results were fed back at individual practice level via an audio-taped multidisciplinary discussion forum facilitated by a research pharmacist (CJM or RLH).

Although the practices determined the staff representation at this forum, it was suggested that general practitioners (GPs), at least one representative from the nursing staff, the practice / PCT pharmacist and the practice manager, all be included. These meetings used the indicator data to generate discussion about the possible practice systems that may be contributing to potential PDRM events and to explore possible solutions to these problems. Practices were subsequently contacted at intervals of one, three and six months to gauge the progress that was made.

Results:

Data analysis suggests that one issue was perceived to be of importance to all of the practices, albeit to varying degrees (lack of monitoring of potassium and creatinine levels in patients prescribed angiotensin converting enzyme inhibitors). Some issues were regarded as highly important to some of the practices, but of no consequence to others (for example, (i) the additional recording of international normalised ratio results on the EPR for patients prescribed warfarin, and (ii) ensuring patients prescribed high dose inhaled steroids are issued with a spacer device). A high level of importance was placed on one issue by a single practice alone (ensuring the blood results of patients prescribed carbamazepine are monitored). Although falls and fractures associated with the prescription of hypnotic-anxiolytics was often considered important, the practical problems associated with withdrawing benzodiazepines were raised.

Conclusions:

Data generated from the application of the indicators can be used to facilitate discussion within general practices. A multidisciplinary forum provided practice staff with the opportunity to review processes of care for specific groups of patients and to explore possible solutions in an open way. Different practices clearly placed different levels of priority on the issues that they wished to take forward. Individual practice "ownership" of these should hopefully, ultimately prove to be a driver to instituting change.

References

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3. Morris CJ, Hammersley VS, Rodgers S, Avery AJ, Cantrill JA. Indicators for preventable drug-related morbidity: Application in primary care. *Qual Saf Health Care* 2004; *In press*