**Care by Optimising Medicines for Elderly patients on care Transfer (COMET) project summary**

£120,000 was received for the project from CCG commissioners and supported by key stakeholders in Leeds including community and mental health Trusts and Community Pharmacy West Yorkshire to roll out previous IMPACT project work (**I**ntegrated **M**edicines o**P**timis**A**tion on **C**are **T**ransfer) to all the older people’s wards at Leeds Teaching Hospitals NHS Trust

**Aim and objectives:** as IMPACT project

**Context:** Please see submission on IMPACT (**I**ntegrated **M**edicines o**P**timis**A**tion on **C**are **T**ransfer) project. The COMET project was initiated to roll out the previously successful work completed on the older people’s admission wards at LTHT to all the older people's wards. The IMPACT project had initiated work to improve medicines-related education, follow up and medicines support for patients post-discharge from the older people’s admissions wards. This work had shown improvements in communication about medicines on discharge and a number of patients had been referred or sign-posted to healthcare professionals in primary care for ongoing support. A number of patients who could potentially benefit from this approach were lost to follow up from the IMPACT project as they were transferred to the longer-stay older people’s wards. Therefore, the COMET project aimed to provide the same service for all patients admitted to older people’s wards at LTHT. The analysis of the IMPACT project showed that the percentage of 30-day re-admissions to hospital was reduced from 22% for the non-project patients to 16% for project patients. Therefore, it was hoped that these results could be replicated across all the older people’s wards.

**Methods:** As IMPACT project but instead of using LTHT pharmacy technicians, technicians from the Intermediate Tier Technician team at Leeds Community Healthcare Trust provided telephone and domiciliary support, especially where medicines support needs were identified.

The project was funded by the Leeds Clinical Commissioning Groups for 5 months and £120,000 was used to fund locum staff to implement the project, to allow changes to skill-mix to be made, to measure performance and assess the project results and to make recommendations on how the project work could be continued after the initial work was completed. Key stakeholders were already supportive of the project from their involvement in the IMPACT project and were updated on a quarterly basis on progress.

**Results and evaluation:**

Between November 2013 and March 2014, 261 patients were identified as being at high-risk of medicines-related problems post-discharge by pharmacists and pharmacy technicians. 201 patients (76%) were discharged with a medication management plan on their electronic discharge advice note. The remainder were lost to follow-up usually because they became more unwell or were discharged from other speciality areas e.g. Surgery. There were a total of 251 clinical actions and 67 medicines support actions documented on the medication management plans. Some patients had more than one action. All 38 COMET patients with a MMP who were re-admitted were reviewed. Three (8%) of these patients were identified as having a medicines-related problem contributing to their re-admission.

Unfortunately, there was no statistically significant effect on 30-day re-admissions for the COMET project patients compared to non-project patients discharged from the older people’s wards. It is unclear why re-admissions in November were higher than usual for the COMET patients but this did not appear to be related to issues with medicines. Although the 30-day re-admission rate was not reduced, there were additional benefits from this project, including improved quality especially in relation to medicines optimisation, improved communication with the multidisciplinary team across the interface and identification of future work that could improve the medicines pathways for this patient cohort. This work was presented as a poster at the Guild of Healthcare Pharmacists and United Kingdom of Clinical Pharmacy Association 11th joint conference in May 2015.

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|  | **Nov 13** | **Dec 13** | **Jan 14** | **Feb 14** | **Mar 14** |
| Discharges Elderly Medicine | 600 | 655 | 728 | 630 | 623 |
| Re-admissions  | 123 | 123 | 140 | 125 | 114 |
| **% Re-admission rate for Elderly Medicine⃰** | **20.5** | **18.8** | **19.2** | **19.8** | **18.3** |
| **Number of COMET patients with MMP** | **39** | **39** | **41** | **39** | **43** |
| COMET patients with MMP re-admitted⃰ | 12 | 6 | 6 | 6 | 8 |
| **% COMET patients with MMP re-admitted⃰** | **30.8** | **15.4** | **14.6** | **15.4** | **18.6** |
| % Case reviews for COMET patients re-admitted⃰ | 100 | 100 | 100 | 100 | 100 |
| **% COMET patients re-admitted⃰ related to medicines** | **1** | **0** | **1** | **1** | **0** |
| Number of patients reviewed as High Risk | 46 | 44 | 54 | 60 | 57 |
| **Number of COMET patients with MMP** | **39** | **39** | **41** | **39** | **43** |
| Number of clinical actions | 49 | 55 | 43 | 46 | 58 |
| Number of medicines support actions | 18 | 12 | 13 | 10 | 14 |
| Number of referrals made to primary care healthcare professionals (not GP) | 6 | 1 | 5 | 5 | 7 |

⃰ Re-admission figures relate to re-admissions within 30 days of initial discharge

**Key learning points:**

We were lucky to have key stakeholders in the city on board from the start due to their involvement with the previous IMPACT project. Stakeholders included the Leeds North CCG, Leeds South & East CCG and Leeds West CCG, Leeds & York Partnership Foundation Trust (Mental Health), Leeds Community Healthcare Trust and Community Pharmacy West Yorkshire. These organisations provided a wealth of experience and support for the project and enabled the benefits of the project to be shared widely across the city. We were also able to obtain pump-priming funding for the initiative. We regularly shared data on progress of the project and patient stories. The project and the previous IMPACT project highlighted a number of pathway issues which provided a platform for further collaboration and work on interface issues following the project’s completion. Part of the funding was used to employ locum pharmacists to backfill existing pharmacists to complete the project work. As the existing staff hadn’t been involved in the IMPACT project very much, this required work to engage them into this work. In the IMPACT project, LTHT used existing technicians to follow up patients post-discharge during the project. In this project, the work was then undertaken by technicians from Leeds Community Healthcare Trust. This was disappointing for the LTHT technicians involved who had really enjoyed the project work and who have subsequently moved into positions in primary care. We changed the skill mix on the older people’s admission areas to use band 3 staff to pull together resources e.g. medicines administration records, patients’ own medicines and summary care records in preparation for medication history taking by pharmacy technicians. This in turn freed up pharmacist time to improve the medicines-related communication on the discharge advice notes and to refer and sign-post patients to healthcare professionals in primary care.