

Scottish Patient Safety Programme: Primary Care

A guide to DMARDs Local Enhanced Service 2016
NHS Greater Glasgow and Clyde

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Introduction

There is clear evidence that a structured approach to prescribing, monitoring and developing reliable systems of high risk medicines, such as DMARDs is key to improving patient safety.

This guide introduces the components of the NHS Greater Glasgow and Clyde Disease Modifying Anti -Rheumatic Drugs (DMARDs) Scottish Patient Safety Care Bundle.

To support confidence in delivery of this process, you will find detailed information on patient safety methodology and improvement processes. This together with an understanding of how the DMARDs Care Bundle will capture the information you require to be able to ensure you have safe and robust processes in place within your practice.

This guide and the DMARD's Care Bundle template have been designed in consultation with practice staff and clinical experts.



Primary Care: Safety Culture

Patient safety within primary care isn't always as safe as you might think. Implementing this work stream within your practice involves the whole practice team raising awareness of the role they each play in improving patient safety.

Scottish Patient Safety: Why is it important?

I was treating a patient with oral methotrexate for arthritis at a dose of 7.5 mg once a week using three 2.5 mg tablets to make up the dose. She wasn't receiving the desired effect so I told her to increase her dose to six tablets (15 mg) per week.

When the patient returned to see me several weeks later I discovered that she had been taking the tablets (2.5 mg) once daily for six days a week instead of taking all six tablets one time a week. The patient found that it was easier for her to remember to take the medication by taking the tablets on this schedule. When I had instructed her to increase the dosage, I never explained the importance of staying on a once a week schedule.

I immediately admitted her to the hospital and unfortunately she had pancytopenia, developed an infection, and died while in the hospital.

“Anonymous GP”



Primary Care: Safety Culture

Healthcare teams with a positive safety culture are more likely to learn openly and effectively from error and harm. A positive strong safety culture is essential to improve and assure patient safety.

What is a Care Bundle?

A care bundle is a structured way of improving the processes of care and patient outcomes. It is a small, straight forward set of evidence based practices (generally 4-5 elements), that, when performed collectively and reliably, have been proven to improve patient outcomes. In relation to care bundles, this means ensuring that patients receive optimum evidence based care at every contact.

The power of the bundle comes from the evidence base behind it and the method and consistency of execution. The elements in the bundle are not new as they are well established best practice, but they are often not performed uniformly which makes treatment unreliable. A bundle ties the evidence together into a package of interventions that people know must be followed for every patient, every single time.

This approach is very different from traditional auditing approaches that are designed to identify whether singular processes are being implemented across a population. A care bundle looks at the whole patient and measures whether all the bundle elements have taken place; therefore it is all or none compliance.

What makes up a bundle?

- 4-5 elements
- All or none compliance
- Measurement done by a clerk if possible
- Designed for 95% reliability
- Creates teamwork and communication
- Should encourage local definition/customisation
- Mix of easy and hard
- Spread over patients journey
- Backed by scientific evidence
- Multiple functions of care essential for desired outcome

DMARD's Care Bundle

The DMARD's drugs which are to be monitored under this care bundle are as follows:

- Penicillamine
- Methotrexate (oral & parenteral)
- Sodium Aurothiomalate (IM)
- Leflunomide
- Azathioprine
- Sulphasalazine

Their inherent toxicity means that they regularly cause severe harm, including death. In order to minimise risk to patients, practices should ensure that these drugs are prescribed reliably, are appropriate and are carefully monitored. This LES provides a mechanism to undertake a monthly review of the processes within the Practice to inform or improve the processes and thus minimise risks to patients.

The drug monitoring specifications can be found [HERE](#)

The DMARD's Care Bundle Elements

These five elements should be applied to every patient every time:

a. Appropriate Tests

Appropriate tests are carried out in the correct time scale. Has there been appropriate testing as per the NPT protocol?

Rationale: General Practitioners provide a DMARD monitoring service and current recommendations should be followed as per previous page.

b. Appropriate Actions (I)

Have the blood tests been reviewed prior to prescription?

Rationale: no patient should receive a prescription if the monitoring has been inadequate

c. Appropriate actions (II)

Have appropriate actions been taken and any abnormal results documented in clinical records?

Rationale: Take action as per previous page guidance.

d. Vaccine

Appropriate immunisation – has the patient had a pneumococcal vaccine?

*Rationale: DMARDs are immunosuppressants and increase the risk of infections, even with a normal blood count. Therefore it is recommended pneumococcal (pneumovax) and annual flu vaccines should be given whilst on this treatment. **Due to the immunosuppressive action of Methotrexate, “Live” vaccines should be avoided.***

e. Side Effects

Has the patient been asked about any side effects following the last time blood was taken?

Rationale: Importance of Patient Involvement in the programme

f. Full Compliance

Have all the bundle elements been completed?

Measurement

Prior to performing the Care Bundle:

Apply the code 9kD.. to patients on your Near Patient Testing register who are prescribed DMARD's (as detailed above)

Step 1

- Randomly identify 10 patients per month from your DMARD's patient register
You may have small numbers of patients and as a result may have to use the same patient more than once over time. If less than 10 patients then you should measure all patients every month.

Step 2

- Complete the CS template

CARE BUNDLE - DMARDS

APRIL 2016

The treatment of several diseases within the fields of medicine, particularly in rheumatology, is increasingly reliant on drugs that, while clinically effective, need regular blood monitoring.

However, their inherent toxicity means that they regularly cause severe harm, including death. In order to minimise risk to patients, Practices should ensure that these drugs are prescribed reliably, are appropriate and are carefully monitored.

This LES provides a mechanism to undertake a monthly review of the processes within the Practice to inform or improve the processes and thus minimise the risks to patients.

The Care Bundle Process	LES Requirements
Audit & Analysis Tool	What does your data tell you?
Add Patient to Care Bundle cohort this month - DMARD monitored in primary care - enhanced s	
Confirm appropriate testing as per NPT protocol - Sample sent to lab. for test: 13/11/2015, [414,]	
Confirm blood tests reviewed prior to last prescription	
Confirm appropriate actions taken & documented re abnormal results	
View Pneumococcal vaccination status	
Confirm Drug side effects checked - Drug side effects checked: 13/11/2015, [8812,]	

- The information tabs are there to support and guide you when completing the template

Step 3

- What does the data tell you?

In this instance the Audit and Analysis tool will supply you with the data of your sampled patients. Please remember the information generated is **not** for payment purposes but will allow you to see compliance of the care bundle within your practice.

Audit and Analysis Tool

DMARDS TAB

NHS Glasgow And Clyde LES Audit System
MSDi0012

Date of Audit: 02/03/2014 Rules Version: 6.0.0.0 -April 2014- (01/07/2014) [Configuration](#) [Log Out](#)

LES Areas Event Count LES - Alcohol Eligibility LES - CareHomes Patient Safety - CHD Patient Safety - DMARDS

PRACTICE SUMMARY

LES Area	Opted In	Eligible	Assessed	Care Bundle Compliance	%
DMARDS	Yes	1	0	0	-

[Go To Patient Summary](#) [Print Practice Summary](#) [Export Practice Summary to Excel](#)
[Print Practice History](#) [Export History Summary to Excel](#)

PRACTICE HISTORY

Month	Assessed	Care Bundle Compliance	%
December			
January			
February	0	0	
March	1	0	0

This link takes you to those records you have sampled.

Export functions allow you to produce visual run charts to show practice compliance

NHS Glasgow And Clyde LES Audit System
MSDi0012

[Go To Practice Summary](#) [Export Patient Summary to Excel](#) [Print Patient Summary](#)

Patient View Summary: Select Month End:

Name	DOB	CHI	Tel No	Eligible	Previously Assessed	Assessed this Month	CB Rule a (tests)	CB Rule b (actions I)	CB Rule c (actions II)	CB Rule d (Side Effects)	CB Rule e (Vaccine)	Full Compliance
ANTHONY, SAM PATRICK W	21/03/1944			<input checked="" type="checkbox"/>								

This information will allow your achievement within the Care Bundle. Use the Health Improvement Methodology on the next pages to implement change.

Health Improvement Methodology

A process is regarded as reliable when there is >95% compliance with the Care Bundle.

Please note: on an individual practice level, if sampling 10 patients per month you cannot achieve 95% as the results will be increments of 10. Therefore, the maximum you can achieve is either 90% or 100%. Collectively we can establish 95% reliability.

So how can you improve on your compliance?

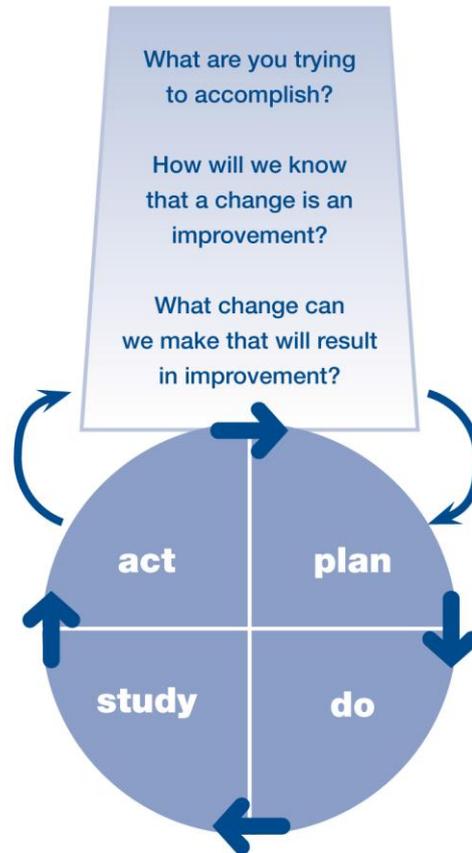
For the SPSP web link to the Model for Improvement click [here](#). It is a simple yet powerful tool for accelerating improvement which has 2 parts.

Part 1

There are 3 fundamental questions which can be addressed in any order

- What are you trying to accomplish?
 - Setting Aims: Improvement requires setting aims. The aim should be time specific and measurable; it should also define the specific population of patients that will be affected.

- How will we know that a change is an improvement?
 - Establishing Measures: Teams use quantitative measures if a specific change actually leads to an improvement.



- What change can we make that will result in improvement
 - Selecting Changes: All improvement requires making changes but not all changes result in improvement. You therefore must identify the changes that are most likely to result in improvement.

Part 2

Testing Changes – The-Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting - by planning it, trying it, observing the results and acting on what is learned.

Plan

List the tasks needed to set up the test of change.

Predict what will happen when the test is carried out.

Determine who will run the test

Do

Run the test

Document what happened when you ran the test.

Describe problems and observations

Study

Describe the measured results and how they compared to predictions

Act

Determine what your next PDSA cycle will be based on your learning

Please see the embedded document below for some examples of PDSA's which have resulted in improved compliance.



H:\PDSA example
DMARDs.doc

Further information and support

PRACTICE NURSE SUPPORT AND DEVELOPMENT TEAM

The Practice Nurse Support and Development Team can provide General Practices with 1:1 support and telephone help with this Scottish Patient Safety Care Bundle.

Please contact Alison Street or Fiona Bennet.

- Phone: 0141 211 3632 or 0141 211 3504
- Fax: 0141 211 0397
- Email: PNA.Team@ggc.scot.nhs.uk

Primary Care Support Services,
Modular Building,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH

CLINICAL GOVERNANCE

Please contact Claire Dawson

- Phone: 0141 314 4209
- Email: Claire.Dawson@ggc.scot.nhs.uk

GMS CONTRACT TEAM

The GMS Contract Team can provide Practices with general support and advice concerning the DMARD's LES.

- Phone: 0141 211 0357
- Email: alexis.cairns@ggc.scot.nhs.uk

1. SCOTTISH PATIENT SAFETY PROGRAMME WEBSITE

SPSP in Primary Care website offers insight and support tools

<http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/primary-care>

Thanks go to SPSP website and Primary Care Leads for the information which allowed the creation of this document.

Primary Care Support
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NHS Greater Glasgow and Clyde