

# Pharmacist Led Medication Review of Older People With an Aim to Deprescribing Within the Hospital Setting

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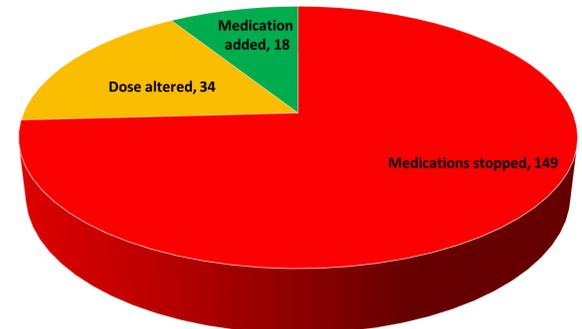
## Introduction

- Due to the busy nature of ward working, medication review is sometimes not possible as this can be a time consuming process.
- Polypharmacy can lead to drug interactions, ADRs, prescribing cascade, decreased quality of life, decreased cognition, higher costs and reduced adherence.
- This service aims to target high risk patients and perform a medication review as an inpatient, with a view to deprescribing where possible.
- The aim of deprescribing is withdrawal of inappropriate medications to reduce potential harm and the medication burden.



## Results

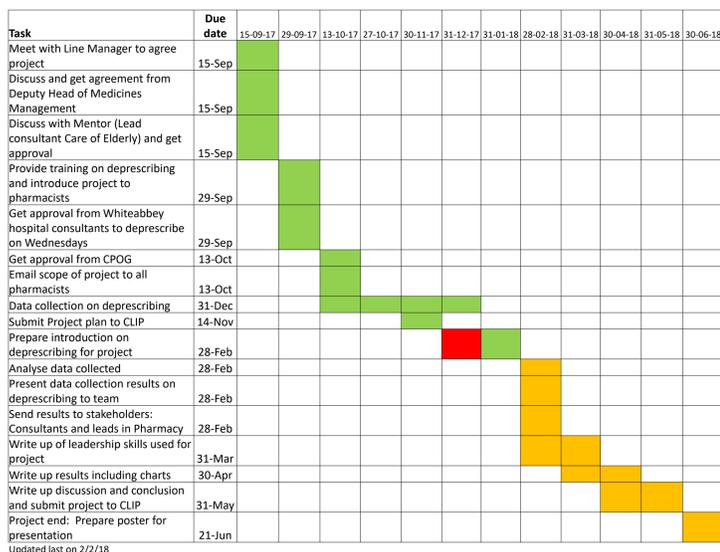
Interventions made following medication review



## Method

- Data collection (Antrim Hospital and Whiteabbey Hospital) between October and December 2017:
  - patients HCN, age, number of medications the patient is taking and the interventions made.
- Changes made will be graded using the Eadon scale and potential cost avoidance calculated using the SchARR model.
- Leadership skills from the Clinical Leadership in Pharmacy (CLIP) course will be used to introduce the service and manage the project.

A Timeline for the project is demonstrated below in the form of a Gantt chart. This was how it appeared in February 2018, and was used to keep the project on schedule for completion in June 2018. This is an important part of task planning and I have used the Gantt chart to track progress as advised in the 'Managing Projects' section of CLIP.



Key: Red = task not completed on time  
Amber = task not yet started/task not yet completed  
Green = task completed on time

Stakeholders were identified and are presented in the table below as per the 'Managing Projects' section in CLIP

Influence	High	Patients	Deputy Head in Pharmacy	Chief Pharmacist Line Manager Consultants
	Medium	Ward Pharmacists	Ward Pharmacists Medical Staff	Ward Pharmacists
	Low			
			Negative	Neutral
Attitude				

- During the data collection 68 patients were reviewed and the average age of the patient was 79.9 ± 9.9 years.
- The average number of medications per patient was 14.04 ± 6.04.
- The total interventions for the 68 patients were 201 and of these 149 were medications discontinued.
- Average number of interventions per patient was 2.96 and the average number of medications discontinued per patient was 2.2 ± 1.58.
- There were 3 interventions graded as 5 and 196 interventions graded as 4 using the Eadon scale. The results show a potential cost avoidance of £14,879 to £33,864 for the 68 patients reviewed during the three month period.

## Discussion

- Understanding the Skill – Will Matrix has changed my practice.
- Through CLIP I learnt that different people fall into different quadrants of the Skill – Will Matrix and it is important to increase the skill and will of people in order to achieve a successful outcome.
- Those who have low skill and high will require training, those with high skill and high will require delegation, and coaching is for those who have intermediate to high skill and a fluctuating high will.
- Knowing this from my CLIP learning I was able to better enable pharmacists and others to deprescribe.

## Colour Type

- At the beginning of the project training was provided to the pharmacists in September 2017 regarding deprescribing.
- I then provided a further training/awareness session in March 2018 and this training was different than that provided in September due to my learning through CLIP.
- I have learnt how to flex my communication style when dealing with people that are a different 'colour' to me. At CLIP I discovered that I am a 'green' which means I am people focused and want harmony within the team.
- I was able to change the style of my talk in order to appeal to all the colours in the room.
- I firstly appealed to the reds by stating what we would achieve, then the yellows by being enthusiastic and detailing what their involvement is, then green by stating how this will benefit patients including an example of a successful case, and finally the blues by providing detailed examples of deprescribing and my data and outcomes.
- The data was used to inspire people to deprescribe and even if it is just one thing that is changed it can still have a good outcome for the patient and can increase job satisfaction.

## Conclusion

Through CLIP I have:

- Learnt how to flex my communication style when dealing with people that are a different 'colour' to myself and delivered training on deprescribing using these skills.
- Learnt how to successfully negotiate and proactively plan for conversations (perceptual positioning) to avoid conflict.
- Completed the project within the timescale, using a Gantt chart to support.
- Shown influence outside pharmacy by negotiating with Consultants, senior medical staff, nurse practitioners and patients.
- Reflected on and identified skills/processes used for effective leadership, building on the experience I already have.
- Learned new vital skills required to be a successful leader, including how to communicate effectively, how to manage a project, how to manage conflict, how to negotiate for success and how to be a flexible leader.