EMBRACEing medicines optimisation: working as a collaborative to identify barriers and share solutions in the medication pathway across13 sites within the CFHealthHub using microsystems coaching academy methodology

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Background:

Easy Medicines Burden Reduction And Care Enhancement is a medicines optimisation project using objective adherence data across 13 adult CF centres in England. The element of the project described here aimed to identify areas for improvement, devise solutions and embed routine use of objective adherence data in the medication process and reduce waste in the supply process. In order to achieve this; the supply process required attention. We describe the strategies and impact of a microsystem academy (MCA) coach in supporting staff across the 13 centres to develop rigorous quality improvement to deliver medicines optimisation at scale.

Methodology:

Weekly coaching calls were delivered to promote a community of shared learning and to provide training in the microsystems approach to system optimisation.

CF Centres produced detailed process maps of the medication pathway from clinician decision making around prescribing to patient medicine taking. Process mapping uncovered the impact of local context in creating variation across the learning health system that emphasised the importance of local tailoring in system implementation. The process maps were compared by a MCA coach and medicines optimisation lead who categorised the problems identified into themes.

Each site developed potential solutions within their multidisciplinary team; these were shared within the collaborative to produce shared learning that informed consensus based recommendations.

Results:

Weekly meetings were held over a 5 month period, with an average attendance of 11 people. All 13 Adult CF Centres produced detailed process maps. There were 5 clear themes. The number of barriers within each theme is shown in Chart 1. and examples are detailed in Table. 1.

A facilitated collaborative meeting enabled exploration of the barriers and solutions, enabled comparison between centres and gave an opportunity for sites to learn from one another. Documentation across sites was shared. The community of practice worked with the varied proformas to create shared documentation. Using PDSA methodology, centres are exploring the solutions identified by the collaborative to improve their supply process locally.

Chart 1. No. of problems identified per theme

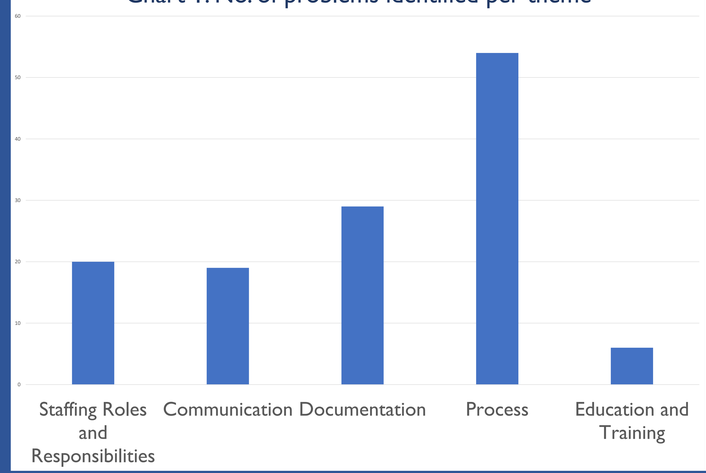
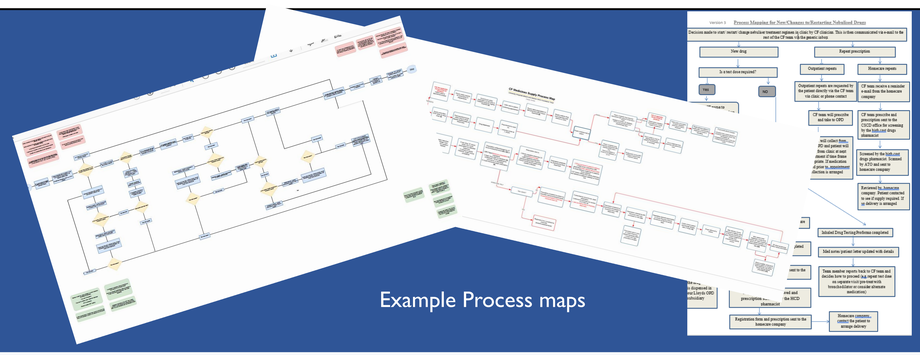


Table.1. Themes, examples and solutions

Themes	Staffing Roles and Responsibilities	Communication	Documentation	Process	Education and Training
Examples	Duplication of work. Who is responsible for what?	Decisions not always communicated to MDT or GP. Can't always contact patient to follow-up. Unclear when patient starts taking new medicine.	MDT use separate forms in clinic. Treatment changes not documented. Digital systems not always updated.	Starting new medication. Delay in starting. Duplicate prescriptions. Patient given excess supply initially.	Homecare process. How to use PMR system. New staff training.
Solutions	Job planning within team.	Generic team email. Standing agenda items for MDT meeting and assign effective meeting roles.	Shared documentation for clinics. Standard templates.	Central diary. Proformas for procedures. Checklists.	Induction training. Patient information leaflets provided.

Discussion:

Centres found facilitated collaboration valuable, evidenced by sustained high attendance at weekly calls. Whilst the process of prescribing and delivery were different between sites, many barriers were common. Staffing/resource and communication were common issues. It is clear that teams should consider roles and responsibilities, job plans and a robust method of communication both within and external to the team



Example Process maps

Conclusion:

This project demonstrated that using MCA methodology, geographically distant CF centres can collaborate to improve the medication pathway to improve service efficiency, support just in time drug delivery and reduce waste within the NHS.