

Smarter Medicines Better Outcomes

Medicines Optimisation Innovation Centre



Smarter Medicines Better Outcomes

- Research
- Quality Improvement

- > Knowledge transfer
- Innovation



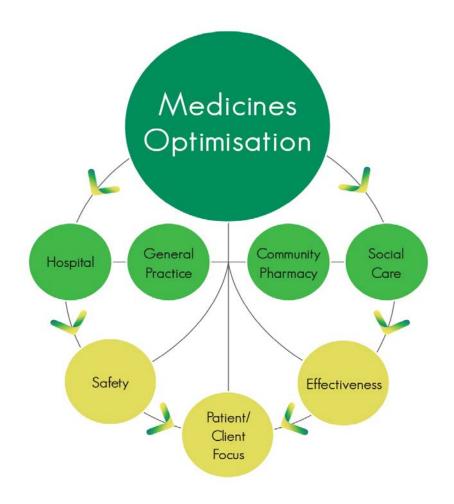


Practice Unit

- Antrim Area Hospital Academic Clinical Pharmacy Practice Unit was set up in 1994 with School of Pharmacy The Queen's University of Belfast (Professor James Mc Elnay)
- October 2015
- Over 60 papers
- Almost 100 posters and abstracts
- 13 PhDs
- 50 MSc and Diplomas



Medicines Optimisation System





Integrated medicines management (IMM)

Drug history at admission reduction of 4.2 errors per patient

Length of stay reduced by 2 days

Increased time to readmission (20 days)

Kardex monitoring (inpatient) 5.5 interventions per patient

Faster medication rounds > 25 minutes per day saved

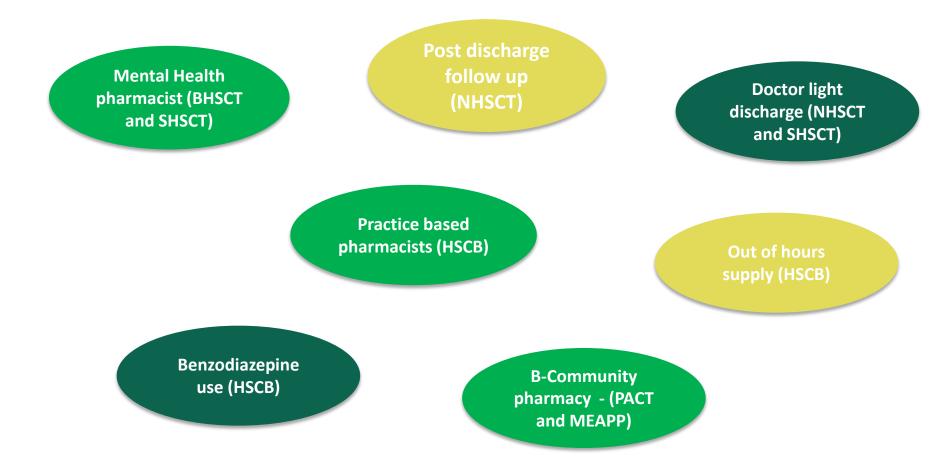
Faster discharge > 90 minutes quicker

More accurate discharge < 1% error rate compared to 25%

Reduced risk adjusted mortality rate



MO: completing the picture Systematic testing and scaling





Case management project

Queen's University Belfast



Wessex Academic
Health Science network





Eastern Academic
Health Science network



Association of British Pharmaceutical Industries (ABPI)



North West Coast Academic Health Science network





Health Care Acquired Infections (Microbiology, Infection Control and Hotel Services)

- Antimicrobial Stewardship
- Alcohol gel
- Hand hygiene
- Chlorhexidine products/formulations
- Chlorine dioxide
- Use of procedure packs
- Environmental processes



Enabling technology

- Safe therapeutic economic pharmaceutical selection (STEPSelect)
- > Electronic pharmacist intervention clinical system (EPICS)
- Medicines reconciliation and analytics software (Writemed)
- Antimicrobial surveillance system (LAMPS)



Medicines optimisation: Small Business Research Initiative(SBRI)

How can technology help people to take their medicines on time and as prescribed?

moic

How can technology help improve medicines use for service users and service providers in domiciliary care?

HOME

How can technology help optimise the use of pharmacy staff in hospitals by matching skills to patient acuity in real time?

FAST

Smarter Medicines Better Outcomes



Pharmaceutical companies



Currently scoping a project related to an outcomes based value model including Health Economics (SEHSCT, NHSCT, WHSCT, GP Federations, Clinical Information Officers)



Looking at physical health aspects related to mental health medications (WHSCT, BHSCT, SHSCT and NHSCT)



Non pharmaceutical companies

HCAI

Iskus Health Ltd Goldshield Ltd Cardinal Health Point of care testing

Hibergene Accelerate

Data Analytics

Healthcare Analytics Ltd Analytics Engines Ltd





Educating and training colleagues via knowledge transfer









Tallaght Hospital Dublin Ireland (PACT)







TALLAGHT HOSPITAL DUBLIN IRELAND TAMMY GRIMES ET AL

- Decreased medication errors at discharge
- No patient experienced an potentially serious medication error
- Improved medicines appropriateness index(MAI) in patients over 65
- Improved MAI from pre –admission to admission
- Improved MAI from admission to discharge



JANUARY 2008













- Patients over 80 years of age
- 16% reduction in hospital visits
- 47%reduction in ED attendances
- 80% reduction in drug related admissions



NORWAY Janne Kutschera-Sund

- IMM model in all seven hospitals in Central Norway -Namsos, Levanger, St Olavs University Hospital in Trondheim, Kristiansand, Molde, Alesund, and Volda
 - All four regional hospital pharmacy trusts have agreed on the model
 - Thirty full-time pharmacist positions
- One PhD in progress plus six Masters linked to IMM





- Dr. Hugo van der Kuy
- Zuyderland Medical Centre
- Hospital Pharmacist
- Clinical Pharmacologist
- Director of Pharmacy
- Research Co-ordinator
- Board Member of Medical Staff









European Connected Health Alliance

The Global Connector in Healthcare
Bringing people, organisations, needs and solutions together

Medicines Optimisation inter-ecosystem group

www.echalliance.com

info@echalliance.com





European Innovation Partnership on Active and Healthy Ageing

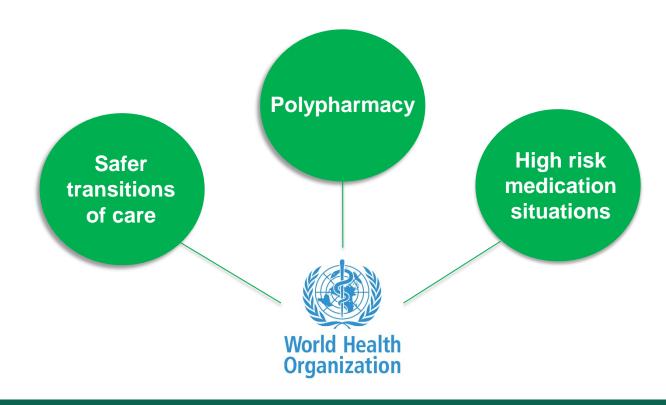


> 2016

- 4 stars
- > EU Reference site
- > Twinning with NW Coast, Catalonia & Oloumuc



WHO Global Challenge: Medication without harm



Aim: medication harm reduction of 50% by 2023







- HSC Research & Development Division including HSC Innovations –Dr David Brownlee
- Ulster University –pharmacy, microbiology, analytics, Connected Health Innovation Centre (CHIC)
- Quality Improvement HSCQI -Dr Anne Kilgallen
- IHI Frank Federico , Pedro Delgado -since SPI 2 (2006)
- World Bank
- WHO Global Patient Safety Challenge –Medication without Harm involvement with the expert groups re High risk medication situations, polypharmacy and safer transitions of care- Dr Neelam Dhingra-Kumar



Further Dissemination (2015-2018)



• 10 publications

X conference abstracts/proceedings

6 meetings /conferences organised





Current collaborative funding bids

Dutch Private Foundation

Implementation of microbial stewardship in hospitals in Ghana

CoST

In association with European Colleagues led by Catalonia

Interreg

Our Lady of Lourdes
Hospital Drogheda
Queens University Belfast
Trinity College Dublin

Norwegian Research Council

with Norwegian, English and Swedish colleagues



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