

# UK Renal Data Collaboration

## Patients take the lead to Reduce Errors in Medicine Prescriptions

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### Background

1) Renal (kidney) units in the UK have highly developed electronic patient records



2) Patients can see and contribute to their records on the internet anywhere in real time using **Renal Patient View**



3) Modern medicine is complex and there are benefits and risk of harm for patients. Some risks can be reduced



J Am Med Assoc Starfield B. (2000); 284(4) 483-5  
In 2011, more than 225,000 inpatients in the USA died because of drug reactions and medical errors. Reasons include: poor communication, use of similar medical terms and abbreviations. \$77 billion in extra costs

CQC 2009 98% Hospital discharge summaries inaccurate

### UKRDC member organisations

UK Renal Registry UKRR



Scottish Renal Registry SRR



Patient View PV

PatientView

UK Registry for Rare Kidney Diseases RaDaR



British Association for Paediatric Nephrology BAPN



NHS Blood & Transplant



Northern Ireland Nephrology Forum

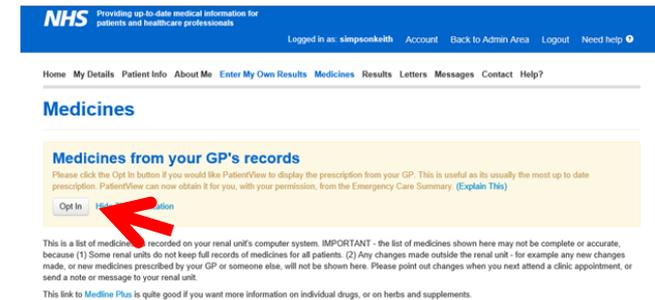
Welsh Renal Clinical Network



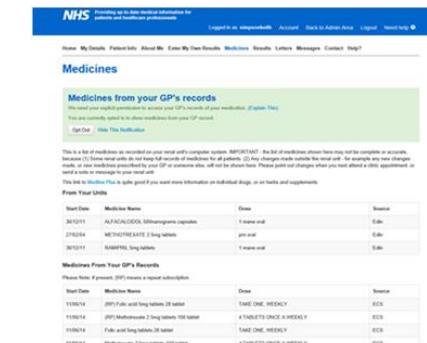
**Our project** Can patients take the lead to sort this out?

### Methods

4) Patients clicked on RPV to 'Opt In' to see their renal unit & GP medicine records



5) Patients compared the lists



## 6) Patient sends a **secure message** on RPV to their consultant

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Messages Create Message

IMPORTANT: We are still testing messaging. Do not send urgent information or questions this way yet! Click on messages to see the full conversation. To send a new message, click on "Create Message" above right. When you send a message, the recipient will receive an email asking them to log in to read it, if they have an email address in the system.

You do not have any messages.

Patient Name dd/mmm/yyyy NHS/CHI No nnnnnnnnn

1. Amitriptyline is on both lists. It was prescribed when
2. Paracetamol is on my renal unit list. It is no longer re
3. Doxazosin is described on my renal unit list as: 2 m
4. Sirolimus is described on my renal unit list as: 1.5 m
5. Simvastatin is incorrectly on my renal unit list. it has
6. Most of the medicines on my G.P. list and some on prescribed

## 7) Consultant receives **alert by email**, scores the errors – for this pilot Contacts GP, discusses & both sort out their prescriptions. Consultant has online conversation with patient if necc

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With: Colin Geddes 21:58  
Subject: Comment about my medicines  
Latest: Colin - this is to see what the patient follow up - qm look like when pasted into a message. K. Sorting out your medicine lists. Follow up questions for patients. Thank you for taking part in this pilot project. The aim of the project is to enable you to highlight things you see when comparing the list of medicines recorded by your renal unit with the list of medicines prescribed by your GP. We would now like to ask you to tell us what you think about this online service. We know that it is at...

With: Tara Collidge 23:00:14 16:13  
Subject: Testing again  
Latest: Good to see you again. Yes, seems to work (sorry I replied 3 times earlier)

With: Tara Collidge 23:00:14 16:13  
Subject: test  
Latest: Hi Keith I'm logged into the GRI PV and can now see your message from 24/10

With: Colin Geddes 23:00:14 12:58  
Subject: Comment about my medicines  
Latest: Thanks for letting me know. I have corrected the medicines list in the renal unit list and it should now be correct. I will write to your GP. Have you contacted the GP already to let them know?

With: Jamie Traynor Open Feedback 23:00:14 09:28  
Subject: Feedback: Test  
Latest: This is a test message from KS to Dr J Traynor at Western Infirmary Glasgow.

Showing 1 to 5 of 5

## 8) Results (@ 02 Dec 2014)

12 clinicians and 1 admin assistant at 8 hospitals participated

46 Patients expressed interest including children/parents

37 Opted in to the pilot

36 Full record of Renal and GP medicine prescriptions on RPV within 24 hrs

1 patients had forgotten they had previously asked for ECS not to be accessed

361 items prescribed on renal EPR

465 items prescribed by GP - GPs also prescribe things like needles & dressings

262 medicine names matches

22 of them had different does in the two systems

58 items on the renal list were missing on GP list (16%)

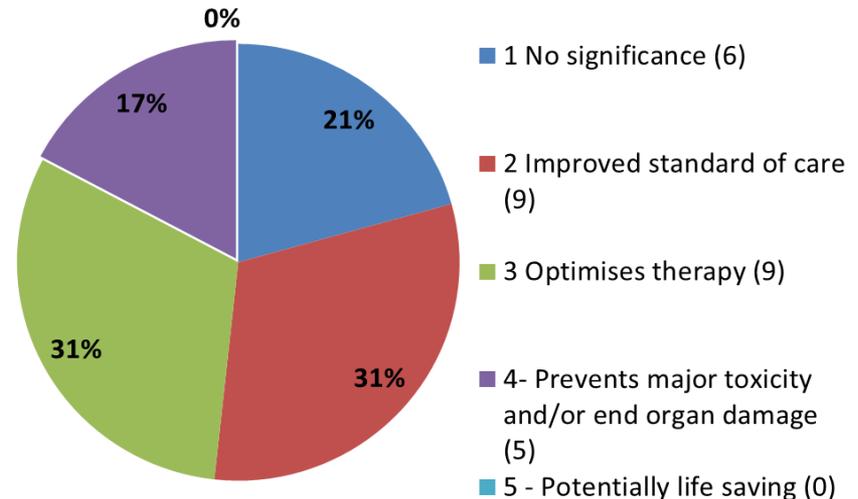
69 items on the GP list were missing on renal list (15%)

24 items in the renal list were duplicates (because RPV showed data from previous unit)

59 items in the GP list were duplicates

6 patients had identical records on both but in 1 there was an error on both

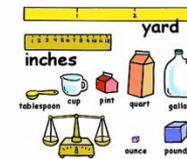
14 patients provided comments and clinical staff scored these



## 9) Some things we noticed:

Patients were aware of :

Inconsistent units of measurement eg Alfacalcidol **0.5 micro g** is same capsule as **500 nano gram**



Inconsistent use of medicine names eg Prograf = Tacrolimus (Prograf)



Vague instructions eg 'ONE TO BE TAKEN AS DIRECTED'



Composite doses eg Neoral 25 mg Capsules N/A 1 Cap Twice daily + Neoral 50 mg Capsules N/A 1 TWICE ADAY  
= Ciclosporin(Neoral) 75 mg. Capsules Oral 08:00 & 22:00

## 10) Comments from Patients

Handy and it makes me feel more involved with what's going on  
This new sorting out medicines scheme is great  
The Instructions were clear and easy to follow  
The facility works as it should do  
My Consultant replied on a Sunday night, I told him off for working at that time!

16 Patients exchanged 68 messages with their consultant via RPV  
We issued a 9 point questionnaire but got  
96% satisfaction so no real indication of what to improve



## 11) Comments from staff

Takes 5 to 20 mins per patient (contacting GP)  
Very good idea but some colleagues may feel they did a  
lot of work to get the OP letter right and don't want to go over it all again  
Worthwhile – but need a better interface  
A unified prescribing record would fix it (like Denmark)



## 11) Conclusions

The new messaging system between patients and clinicians works and is acceptable – developed for this pilot  
The presentation of medicine prescriptions from GPs and renal units was acceptable despite the inconsistencies - developed for this pilot  
Patients can spot errors, understand their significance and are willing to help fix them.  
Some of the errors could be spotted automatically if the NHS used a standard prescribing format – not on the horizon  
Some errors cant be spotted because the patient has been given verbal advice to change. This is bad practice but we have one example.

## Caveats

We were probably dealing with a very able, tolerant and motivated group of patients and clinicians  
It is clear these techniques could produce big reductions in medication errors but not should not assume the same huge detection rate UK wide.