

Conference abstract

Quality assurance of medicine at home

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Abstract

Background: In the daily work at a healthcare center we often come across different problems with elderly people's medicine prescriptions. We call it 'compliance'. A lot can go wrong, so we wanted to do a medicine review as an assurance of medicine at home.

Purpose: We decided to do this review as a project together with pharmacists, nurses, general practitioners (GP) and help aid from the community. We wanted the elderly to have an accurate medicine list in their home! We knew that the project had to be worked with 'Integrated care' because of the number of people the elderly meet in their homes every day.

Method: A primary care nurse made the reviews in the elderly person's home. The nurse telephoned and told them that she intended to do the review and asked if it was okay to come. She brought a chart to fill in with questions about how and when people take their medicine. After the review the nurse had the list organized and contacted the GP or pharmacist to ask whether there were things that should be altered for this person. Then they would go through the chart again and finally they could write a new or an updated medicine list.

In order to be admitted into the review study people had to be over 75 years old, living in their private homes, use 3 or more medicines, have been admitted to hospital recently and/or the GP finds the medicine list incorrect.

Results: More than 250 persons were reviewed in 8 months. Average age=83 years; average medicine per person=7,8; in 76% of all reviews the lists were OK; interesting notable errors like: doctor's order, but patient has chosen not to take the medicine (27%); patient takes a medicine without doctor's order (15%); same medicine but changed dose (26%); patient does not understand the prescription (13%); patient has the wrong prescription (10%)

Discussion: This project is ongoing all through 2008 and we wish to review as many people as possible in our region. We think this is a way of working that can be helpful for both staff and patients. We hope to educate nurses in this method so our patients will have accurate medicine lists also in the future!

Keywords

care for the elderly, home care, quality of care, safety, medication

Presentation slides available from:

<http://www.integratedcarenetwork.org/Sweden2008/slides/02-04-granewag.ppt>