### What was our aim?

Kingston Hospital

To expand the DMS service for cardiac patients newly started on Acute Coronary Syndrome (ACS) or Heart Failure (HF) medicines and upskill our MMPT workforce. We aim to design and deliver a structured training programme to enhance clinical competencies to optimise care for our patients.

### What are the benefits?

Enhancement of clinical MMPT skills & knowledge i.e., counselling & DMS referrals

benefits?

within the clinical team & helping to optimise patient care

What are the

Timely referrals to ensure medication changes are actioned promptly (Within 48 -72

hours)

Integration of our MMPT workforce

Seamless transition of care & follow up for patients in community Improved safety & care for our patients

Less medication related hospital readmissions

### What was our plan?

An experienced MMPT was recruited to undertake the clinical duties on the cardiac ward and support the transfer of care for patients on discharge



Interactive training workshops were provided



Referral criteria was developed for cardiac patients



MMPTs provided counselling/lifestyle advice to patients on discharge



A patient list was produced on CRS to identify high-risk cardiac referrals to be actioned



MMPT workforce trained to identify high-risk cardiac patients



Identified patients were referred via PharmOutcomes to their community pharmacy within 48



PharmOutcomes referrals were followed up to check if it had been actioned by community pharmacies

### **Results**



227 patients were identified throughout the duration of the project, out of these 47% (n=107) had cardiac referrals submitted to community pharmacy of which 30% (n=32) were accepted by the community pharmacy. 41% (n=93) of the 227 patients were counselled on discharge. 72% (n=77) of referrals were submitted within 48 hours. Limitations for our data concluded that many cardiac patients are transferred to other discharge destinations apart from home. A 7-day service is not currently provided. Cover was not provided for the cardiac MMPT during annual leave and absences

### **Recommendations**

- To improve the referral and counselling rate, we propose adding the 'DMS' role on the ward rota to state who will take responsibility for cardiac DMS referrals
- ✓ Encourage more integrated pharmacist and MMPT working

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# How have we improved patient care?

- Ensured consistent referrals were submitted for cardiac ACS and heart failure patients throughout the project
- Provided specific counselling to cardiac patients
- Improved communication with community pharmacies by highlighting when medication changes have been made

Pharmacy meeting to discuss results of project and how to make business as usual/improve workflow.

Business case to submit for full time



Continue cardiac referrals and developing workforce group to identify further high-risk category patient groups that would benefit from referral

### Tools and resources we developed

### Workshops on:



- High risk cardiac medicines
- Triaging & prioritisation
- Counselling
- Promotion of healthy lifestyle advice
- DMS referrals

**MMPT** workflow chart

**MMPT Training pack, including competency logs** 

**Patient satisfaction survey** 

**DMS patient information leaflet** 



## PharmOutcomes<sup>®</sup>

### **Next steps**



Trust approve DMS
PIL to roll out to
patients



Integrate pharmacy and MMPT working to ensure referrals done in timely manner