

Audit of provision of subcutaneous medication for use in the patient's home, by the Hospice at Home team

Dr C McAleer & Dr M Conroy
Milford Hospice and Care Centre Limerick



Introduction

- The merit of provision of pre-emptive medication for use in the patient's home has been well described
- Reported benefits include
 - Adequate symptom control
 - Comfort at end of life
 - Reduced out of hours medical reviews
 - Cost saving
- Several schemes exist to provide access to medications in the patients home e.g. "Just in case boxes" or the "Extended Pharmacy Scheme"
- No such scheme is in use in Milford Hospice – instead the **range** and **volume** of medication is determined on a case by case basis in conjunction with the General Practitioner
- This audit was prompted by a GP concern regarding potential waste and cost of unused medications

Aims

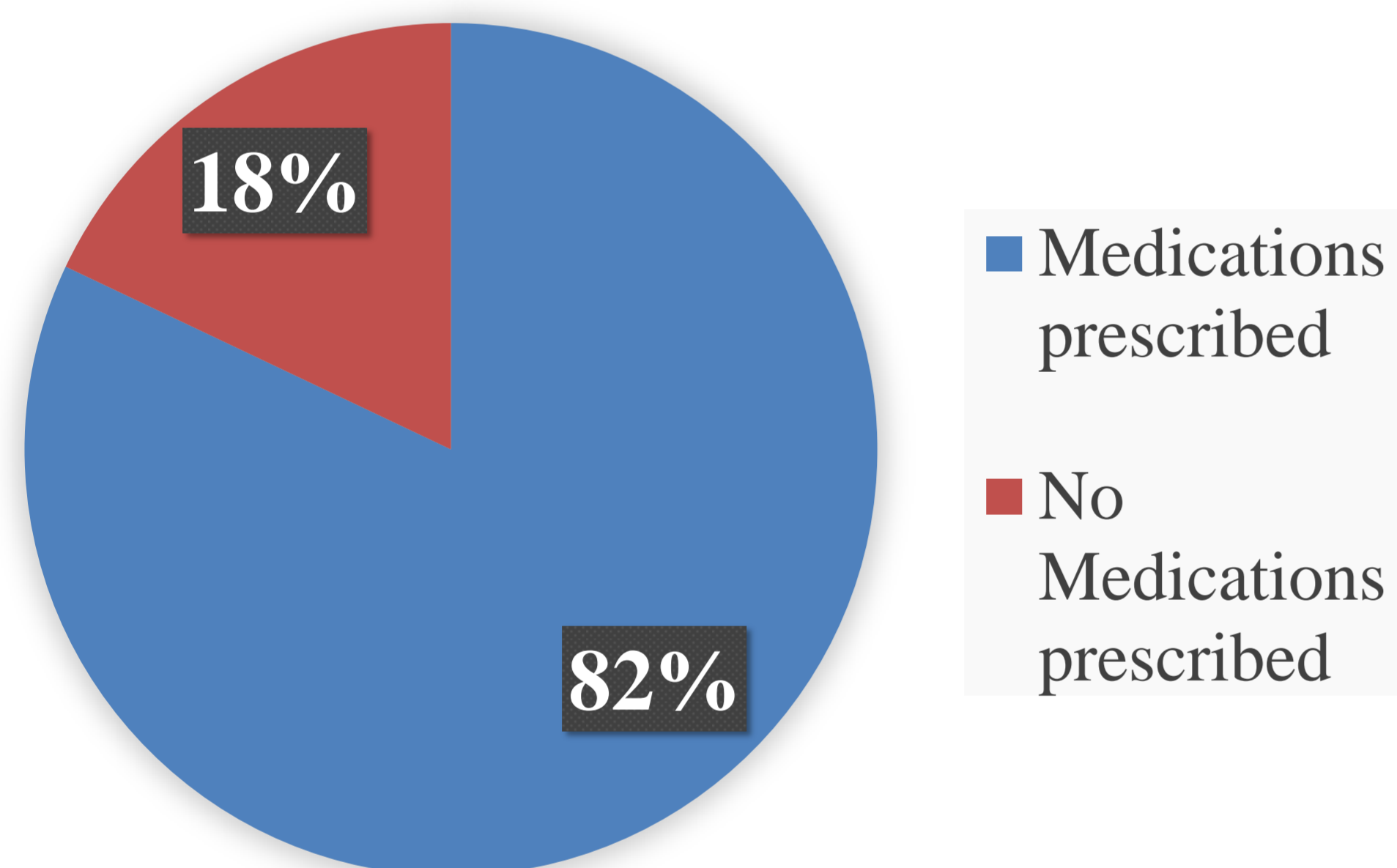
- To identify current medication **prescribing practice** in the Hospice at Home setting
- To **set standards** for pre-emptive prescribing based on current literature
- To inform practice through setting **prescribing guidelines** and education

Methods

- Standards set & agreed by the Medicines Management Committee & the Hospice at Home documentation Group
- Modified data collection form (Gold Standard Framework 2006)
- Retrospective review of 60 randomly selected charts from all deaths in the community in a 3 month period

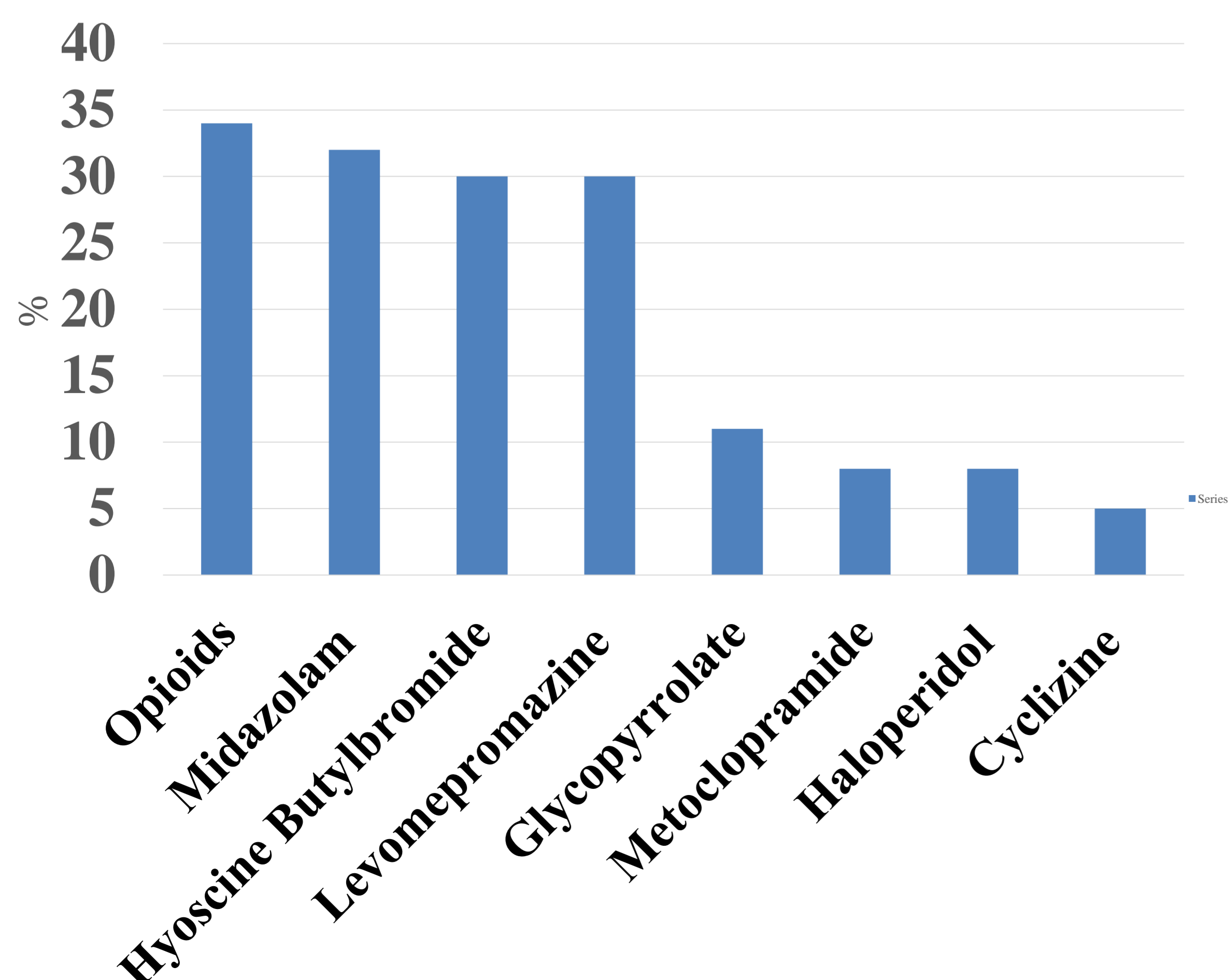
Results

Patients who died at home

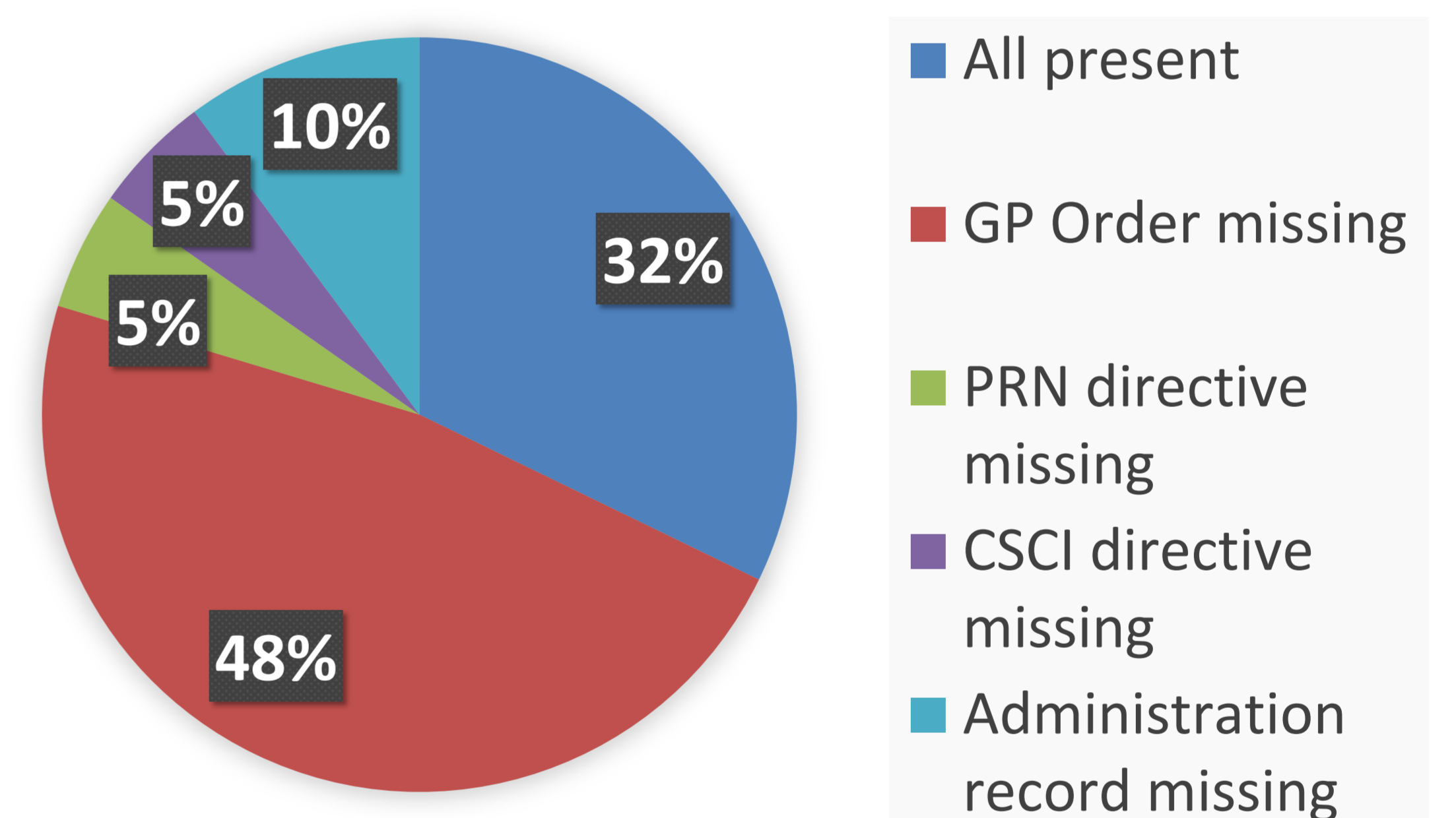


Prescribed medications used in 97% of cases

Most commonly prescribed medications



Documents



- Average cost of unused medication per patient was €31
- Average time to use was 7 days
- No documented resistance from patients, families or general practitioners recorded

Conclusions

- Current practice is in line with literature recommendations regarding most commonly prescribed medications in absence of existing guidance document
- Current practice is not in line with recommendations regarding documentation of medication
- Results presented to Hospice at Home Documentation group and Medicines Management Committee
- For repeat audit following circulation of guidelines and amendment of documentation format