

Parkinson's ('Get it on time') hospital medicines management audit guidelines



To stop their condition getting out of control people with Parkinson's need their medication on time - every time

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The 'Get it on time' campaign

Parkinson's UK launched the 'Get it on time' campaign to ensure that the thousands of people with Parkinson's admitted into hospital in the UK each year get their medication on time, every time. People with Parkinson's have repeatedly told the charity that getting their drugs on time in hospital as one of the most important ways to improve their care and experience of health services.

Why audit medicines management of Parkinson's

1 in 3 people with Parkinson's are admitted to hospital each year. Many experience poor medicines management.

Inaccuracies on drug charts, dose delays and omissions are common. These mistakes can have a major impact on the management of Parkinson's symptoms, which has serious effects on the patient's wellbeing. There are repercussions on resource management, staff time, length of stay and readmission rates. Ensuring people with Parkinson's get their medication on time in hospital makes clinical and financial sense, as well as ensuring better patient care.

Hospitals in England and Wales are required to comply with the National Patient Safety Agency (NPSA) rapid response report on reducing harm from omitted and delayed medicines in hospital by 24th Feb 2011. This alert specifically recommends Parkinson's medicines are included as part of a list of critical medicines where timeliness of administration is crucial.

Five key benefits from a Parkinson's medicines management audit

Improving quality.

Better medicines management practice across a trust/health board improves quality. Adherence to individual Parkinson's medication timing will improve the clinical outcome of the treatment or procedure for which the person was admitted.

Improved safety.

Developing standards and procedures for Parkinson's medicines management reduces the risk of medication errors, adverse incidents and complaints.

Productivity savings.

Good medicines management will ensure prompt treatment and care whilst in hospital. This leads to more efficient time management on wards, improved discharge planning and preventing extended hospital stays and readmissions.

Workforce development.

Nurses, doctors and other hospital staff who have a better knowledge and understanding of Parkinson's will provide improved multi disciplinary care.

Enhancing patient experience

When people feel they have some control over the administration of their medication it will increase their feelings of being treated with dignity and respect. This will also help them to manage their condition at home.

Audit standards for Parkinson's medicine management

There are a number of important questions a Parkinson's medicines management audit should attempt to answer.

- Are Parkinson's medicines recorded correctly during a hospital admission on both patient notes and drug charts?
- Are Parkinson's medicines administered at the correct (prescribed) times?
- Is a comprehensive range of Parkinson's drugs available throughout the hospital?
- What is the level of staff knowledge of the importance of accurate administration of Parkinson's medication?
- What are the patients' experiences of Parkinson's drug administration?
- Are incident reports completed when there have been errors in Parkinson's medicines administration?
- Are people with Parkinson's self administering their Parkinson's drugs if they are well enough to do so?

Audit standards

The following audit standards have been identified for the medicines management of Parkinson's. They have been developed from the national standards document listed below.

Full details of the standards and guidance document are laid out in appendix one.

Audit standards	
Standard 1	Patients have their medication regimen accurately recorded on admission
Standard 2	Patients have their prescribed Parkinson's medication administered on time
Standard 3	Patient are able to self medicate if they are competent to do so
Standard 4	Staff are appropriately aware of the importance of the timing of Parkinson's medication

National standard documents

- National Patient Safety Agency (Rapid Response Report NPSA/2010/RRR009) Reducing harm from omitted and delayed medicines in hospital (Feb 2010)
- NICE Clinical Guideline 35 Diagnosis and Management of Parkinson's disease (June 2006)
- NHS Quality Improvement Scotland Clinical Standards. Neurological Health standards (Oct 2009)
- NICE & NPSA Patient Safety Guidance 1: Technical patient safety for medicines reconciliation on admission of adults to hospital (Dec 2007)

Background information

There are a number of good reasons why it is worth looking at the medicines management of people with Parkinson's into hospital.

Significant numbers of people with Parkinson's get admitted throughout a hospital

The following table of data from hospital episode statistics (HES) shows that there are significant numbers of people with Parkinson's admitted to hospital every year.

Hospital episode statistics 2006-2007			
	Total number of Parkinson's admissions	Total number of individuals	Average number of admissions per individual
England	82,493	36,038	2.23
Wales	5,776	2,392	Not available
Scotland	6,173	2,873	2.14
N Ireland	1,007	1,431	1.46

Further analysis of HES data showed over 75% of people with Parkinson's who are admitted to hospital do so as an emergency, the majority via A&E. In 88% of cases, the primary reason for admission is not Parkinson's but general medical issues such as urinary tract or respiratory infections, falls or cardiovascular problems. It is likely people will be admitted to non-specialised, general medical or elderly care wards where the primary focus will not be on the management of their Parkinson's.

Delayed discharge

Hospital episode data also showed that the average length of stay experienced by people with Parkinson's admitted to hospital in England was 16 days¹, compared to the average for a similar age group of 10-11 days. Similar variations occur in Wales, Scotland and Northern Ireland.

Missed doses

Missed or delayed doses of Parkinson's medication in hospital are common and can have serious consequences, including neuroleptic malignant syndrome. An audit² of Parkinson's patients in a major teaching hospital showed 70% of the 104 patients included in the study experienced a delay with their first inpatient dose of Parkinson's medication (median delay 22 hours). 81% of patients experienced one or more dose omission beyond the initial delay.

Medicines reconciliation

The same audit as above showed that only nine of the 104 patients included in the audit had the usual drug time recorded in the initial clerking. Therefore, their drugs were administered during the regular drug rounds, which may not have been the best times for these patient.

Adverse incidents

The NPSA Rapid response report on Reducing harm from omitted and delayed medicines in hospital (Feb 2010) quoted a number of incidents of missed Parkinson's medicines:

"Patient unable to wake up from anaesthesia. Seen by anaesthetist. After one hour 30 minutes, ET tube removed patient very sleepy and muscles twitching. Very stiff and difficult to rouse. Patient has Parkinson's disease and is taking Sinemet. Patient has not been prescribed Sinemet since arrival to hospital."

"Patient has very brittle Parkinson's disease. "Failed to wake" after operation. Ventilated on ICU. Noted 24 hours since last dose of all 3 anti-parkinsons drugs. Became mobile and successfully extubated after ICU – given Sinemet 200+20."

Bromley District General hospital³ audited emergency admissions of people with Parkinson's over a two month period. Of the 35 patients admitted, 26 (74%) of them had their medication stopped, omitted or prescribed inappropriately. Of those who has their medication stopped 16 (61%) developed clinically significant consequences. Eight of these events were classified as serious clinical incidents, including a patient requiring transfer to intensive care, a lady collapsing and fracturing her hip and a patient becoming severely dehydrated and constipated and being "frozen" in their beds.

¹ 2006/07 Hospital Episode statistics

² Elphick H, Madan S, Liddle B. Provisions of Parkinson's Disease Medication to Hospital In-patients. Dept of Health Care of the Elderly, Northern General Hospital, Sheffield. Poster presentation

³ Nadia Magdalinou K, et al. Prescribing medication in Parkinson's disease (PD) patients during acute admission to a District General Hospital. *Parkinsonism and Related Disorder* (2007), doi:10.1016/j.parkreldis.2006.11.006

The experience of people with Parkinson's

Going into hospital is a huge cause for concern for people with Parkinson's. One major cause of anxiety is the fear that they won't get their Parkinson's medication at the right times. In 2007 the Parkinson's UK conducted the largest ever survey of people with Parkinson's and their carers in the UK receiving over 13,000 responses. The survey revealed:

- Nearly three out of five patients with Parkinson's were not given the option to self-medicate during their most recent stay in hospital
- Nearly two thirds reported they did not get their medication on time every time and one in four felt this prolonged their stay in hospital.
- Nearly three in ten (27%) felt that hospital doctors, nurses and other staff did not understand Parkinson's and how it affected them.

How to carry out the audit

We have outlined the likely steps you will need to consider as you progress through the audit.

Step 1 – plan the audit

- Decide who should be involved the audit (eg pharmacy staff, ward or clinical staff, service managers) and who you need to let know it is happening. Involve all the key people who will be able to do something about the findings of the audit and make service improvements.
- Agree an appropriate sample and time period for data collection.
- Agree timetable and draw up a plan.
- Get any approval necessary to undertake the audit.
- Register that you are undertaking an audit with the Parkinson's UK via our website www.parkinsons.org.uk/giotaudit
- Download the patient satisfaction survey from the Parkinson's UK website and use it to sample an agreed number of patients from the audit sample.

Step 2 – undertake the audit

- Complete the appropriate data collection forms. These can be completed retrospectively by using case notes, nursing and A&E notes and drug charts, and by talking to ward staff.
- Distribute the patient satisfaction survey.

- Compile and analyse data – compare with standards.
- Produce audit report.

Step 3 – Implement changes if needed

- Develop a multi professional service improvement plan. You may wish to draw on the examples of good practice in Parkinson's medicines management we have provided.
- Contact your local Parkinson's UK regional team who will be able to offer help, advice and education sessions on what has worked in other areas.
- Share your development and plans with the Parkinson's UK so others can learn from your innovation and service improvement.

Step 4 – plan to re-audit

- Re-audit is important to show that progress towards meeting the standards is being made. This should be completed within 12-18 months.

Good practice – what hospitals can do

- Introduce a system to alert the local Parkinson's nurse when a person with Parkinson's is admitted.
- Highlight that a patient has Parkinson's in their patient files by using an electronic flagging system, 'Get it on time' stickers or information sheets.
- Introduce a self-administration policy for patients with Parkinson's.
- Use pill timers or alarm clocks on the ward to remind staff about patients whose medication is due at times outside the standard drug rounds.
- Organise a training session on Parkinson's and medication for key staff groups (ward staff, pharmacy, A&E staff).
- Raise awareness by putting up 'Get it on time' posters or distributing the 'Get it on time' ward pack or education DVD.
- Ensure all the necessary Parkinson's drugs are available at all time.

- Report incidents involving Parkinson's medication to the National Patient Safety Agency (NPSA) or to the local, multidisciplinary medication incident reporting and monitoring system in place at your hospital.

More information on good practice is available from the Parkinson's UK website at www.parkinsons.org.uk/getitontime

Parkinson's UK 'Get it on time' resources

- When your patient has Parkinson's: information for ward staff
Leaflet providing key information for ward staff including symptoms, medication, therapies, care and discharge planning.
- DVD - Medicine management for patients with Parkinson's
This short 'coffee break length' educational DVD explains about Parkinson's and what ward staff need to do to support and manage patients in the most effective way.
- Emergency assessment of patients with Parkinson's
This poster and accompanying credit card sized information leaflet explain the symptoms of Parkinson's, medical complications caused by the condition and details of suitable drugs.
- 'Get it on time' ideas for action: healthcare professionals
A good practice guide for healthcare professionals working with people with Parkinson's to help get their medication on time.
- Parkinson's essential information to help ward staff
This folder contains information for ward manager and ward staff about Parkinson's and how to manage it. It is currently being piloted and will be available free to all hospital from July 2010.
- Parkinson's UK education and training teams
The charity has an education and training officer in your area who will be able offer sessions on Parkinson's for ward staff.
- Parkinsons' disease audit
The 2020 Parkinson's Audit was devised by a multi-professional steering group. It is based on the recommendations in the 2006 NICE Guidelines for the management of Parkinson's disease. It also reflects the quality standards outlined in the National Service Framework (NSF) for Long Term Neurological Conditions. Find out more at www.parkinsons.org.uk/audit

Questions for Parkinson's UK

If you have any questions or would like more information please contact campaigns@parkinsons.org.uk

Other reading

- Medicines Reconciliation: A guide to implementation National Prescribing Centre
- The Productive Ward initiative – NHS Institute for Innovation and Improvement (NHS IHI)

Parkinson's UK 215 Vauxhall Bridge Road, London SW1V 1EJ
T 020 7931 8080 F 020 7233 9908 W parkinsons.org.uk

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Appendix one: Detailed audit standards and guidance

Parkinson's medicines management audit standards		
Standard 1 Patients have their medication regimen accurately recorded on admission		<i>Rapid Response Report NPSA/2010/RRR009 NICE Guideline 35: Parkinson's disease - recommendation 53 NICE & NPSA Patient Safety Guidance 1: Technical patient safety for medicines reconciliation on admission of adults to hospital NHS Quality Improvement Scotland Clinical Standards. Neurological Health standards, statement 19</i>
1	A policy for medicines reconciliation on admission is in place	100% yes
2	A standard system for collecting and documenting information about patients' current medication is in place	100% yes
3	Individual patient medicine regimens are reconciled within 24 hours of admission	100% yes
Standard 2 Patients have their prescribed Parkinson's medication administered on time		<i>Rapid Response Report NPSA/2010/RRR009 NICE Guideline 35: Parkinson's disease recommendations 51 NHS Quality Improvement Scotland Clinical Standards. Neurological Health standards, statement 19</i>
4	Delays in the administration of the first dose of Parkinson's drugs from the time of admission do not occur	100% no
5	Further dose delays or omissions do not occur	90% no*
6	Parkinson's medicines are included in a list of critical medicines, where timelines of administration is crucial	100% yes
7	A system is in place for the supply of Parkinson's medicines within and out of hours	100% yes
8	Prescribing of contraindicated medicines does not occur	100% no
9	Patient safety incidents are recorded and reported	
Standard 3 Patient are able to self medicate if they are competent to do so		<i>NICE Guideline 35: Parkinson's disease recommendations 53 NHS Quality Improvement Scotland Clinical Standards. Neurological Health standards, statement 19</i>
10	A policy and procedure for self administrating is in place	100% yes
11	Patients self medicate successfully when competent to do so	
Standard 4 Staff are appropriately aware of the importance of the timing of Parkinson's medication		<i>Rapid Response Report NPSA/2010/RRR009</i>
12	Regular education or awareness initiatives are undertaken in wards admitting Parkinson's patients	

* A small number of omissions due to patient refusal and absence from the ward etc are unavoidable

National standards and guidance

National Patient Safety Agency (Rapid Response Report NPSA/2010/RRR009)
Reducing harm from omitted and delayed medicines in hospital (Feb 2010)

England and Wales

For immediate action by all organisation in the NHS and independent sector who admit patient for inpatient treatment. Deadlines for ACTION COMPLETE IS 24 February 2011.

1. Identify a list of critical medicines where timeliness of administration is crucial. This list should include anti-infectives, anticoagulants, insulin, resuscitation medicines and medicines for **Parkinson's disease**, and other medicines identified locally.
2. Ensure medicine management procedures include guidance on the importance of prescribing, supplying and administering critical medicines, timeliness issues and what to do when a medicine has been omitted or delayed.
3. Review and, where necessary, make changes to systems for the supply of urgent medicines within and out-of-hours to minimise risks.
4. Review incident reports regularly and carry out an annual audit of omitted and delayed critical medicines. Ensure that system improvements to reduce harms from omitted and delayed medicines are made. This information should be included in the organisations annual medication safety report.
5. Make all staff aware (by wide distribution of this RRR) that omission or delay of critical medicines, for inpatients or on discharge from hospital, are patient safety incidents and should be reported.

[Find this guidance here](#)

NICE Clinical Guideline 35
Diagnosis and Management of Parkinson's disease (June 2006)

England, Wales, Northern
Ireland

Recommendation 51

Anti-parkinsonian medication should not be withdrawn abruptly or allowed to fail suddenly due to poor absorption (for example gastroenteritis, abdominal surgery) to avoid the potential for acute akinesia or neuroleptic malignant syndrome.

Recommendation 53

In view of the risks of sudden changes in anti-parkinsonian medication, people with Pd who are admitted to hospital or care homes should have their medication:
Given at the appropriate times, which in some cases may mean allowing self administration
Adjusting by, or adjusting only after discussion with, a specialist in the management of Pd

[Find this guidance here](#)

<p>NICE & NPSA Patient Safety Guidance 1 Technical patient safety for medicines reconciliation on admission of adults to hospital (Dec 2007)</p>	<p>England and Wales</p>
<p>All health care organisation that admit adult inpatients should put policies in place for medicines reconciliation on admission, (the recommendation is that this should take place within 24 hours of admission). This applies to elective and emergency admissions.</p> <p>In addition to specifying standardised systems for collecting and documenting information about current medications, policies for medicines reconciliation on admission should ensure that:</p> <ul style="list-style-type: none"> Pharmacists are involved in medicines reconciliation as soon as possible. The responsibility of pharmacists and other staff in the medicines reconciliation process are clearly identified. Strategies are incorporated to obtain information about medications for people with communication difficulties. <p>Find this guidance here</p>	
<p>NHS Quality Improvement Scotland Clinical Standards Neurological Health standards (Oct 2009)</p>	<p>Scotland</p>
<p>Standard statement 19</p> <p>Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease service and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.</p> <p>Essential criteria</p> <ul style="list-style-type: none"> 19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital. 19.1b Inpatients with Parkinson's disease are given the opportunity to manage their anti-Parkinson's disease medication intake, unless they are unable to do so. <p>Find this guidance here</p>	

Appendix Two

Contraindicated medication and swallowing problems for people with Parkinson's	
Anti-psychotics	Clozapine is licensed for use in people with Parkinson's. Other anti-psychotics such as Haloperidol should never be used as they cause severe and prolonged motor decline Atypical anti-psychotics (eg risperidone, olanzapine) are also contraindicated but they may be safer than the typical agents
Anti emetics	Drugs such as Metoclopramide, Prochlorperazine and Cyclizine use should not be used as they worsen Parkinson's symptoms. If an anti-emetic is needed use domperidone
Individual sensitivities and side effects	Some patients may have a particular sensitivity to certain anti-Parkinson's medication and may have been prescribed a regimen that specifically avoids these preparations. For example someone may have developed severe hallucinations or dopamine dysregulation syndrome. Therefore automatic substitution of alternative Parkinson's medication should be avoided.
Swallowing difficulties and nil by mouth	No Parkinson's medication is currently available in syrup form and control-release tablets cannot be crushed. Dispersible Madopar can be dissolved and thickened, if easier to swallow. In cases of severe dysphagia, apomorphine injections or nasogastric feeding with dispersible Madopar may need to be considered. The Rotigotine patch (Neupro) is also available as an alternative.