Evaluation of medicines adherence in day hospice patients

Julia Greenwood. St Gemma’s Hospice, Leeds, England

Background Central to the care of patients in Day Hospice is an understanding of their compliance with medication. The Hospice has a Medicines Management Policy in place, but had no structured approach to measuring patients’ levels of concordance, from their perspective.

Aim of the Evaluation The aim of the evaluation was to develop a method by which patient compliance could be assessed, explored and improved

Method The National Institute for Clinical Excellence (NICE) produced guidance and a patient questionnaire on Medicines Adherence in 2009. The questions explore the role of the healthcare professional in supporting patient’s decision making, and understanding of their medicines. An amended version of the NICE questionnaire was developed and used, for which sixteen patients were randomly selected. Verbal consent was obtained and anonymity assured.

Results It provided useful information about our effectiveness in supporting patients with their medicines adherence. We scored well in engaging patients in joint decision-making, however some other aspects such as exploration of the burdens and benefits of medication, and common side effects needed improvement.

Limitations Some questions could be misinterpreted, and there was no facility to expand on answers given. The length and style of the questionnaire was quite difficult to implement with people who were fatigued and unwell.

Conclusions This evaluation has been important to our understanding of our effectiveness in supporting medicines adherence. We intend to inform NICE of the amendments made prior to using the questionnaire within specialist palliative day services. We aim to further develop the questionnaire to evaluate patients’ experiences and concerns regarding their medication regimes, and to address the need for carer involvement (End of Life Care Strategy 2008), as they underpin concordance for many of our patients.

Terminal opioid and sedative titration in two hospices

Andrew Shuler, 1Gail Caddell, 2Kirsten Foster-Alexander, 3Joey de Jager-Romero, 3Marlise Poolman. Nightingale House Hospice, Wrexham, Wales, 5Betsi Cadwaladr University Health Board, 6St Davids Hospice, Llandudno, Wales, 7Bangor University, Wales

Introduction There was anecdotal observation by professionals working across both sites that there was a difference to practice with opioid and sedative titration at the end of life. As an extension to early work at one of the hospices, it was decided to consider practice across the region, so a second hospice was invited to participate.

Aims To quantitatively assess practice of sedative use in relation to the EAPC recommended framework for the use of sedation in palliative care.

To quantitatively assess practice of opioid use in the terminal phase.

To assess whether practice differs between hospices in North Wales, and to consider any potential reasons for the difference and implications for practice.

Methods A retrospective case-note review of patients who died in the two units. Data collected included drugs, doses and increments, and proxy assessment of symptoms in the last week of life (MSAS-GDI).

Results Groups were comparable in terms of background and demographics.

Practice differed with one unit using Midazolam and Levomepromazine more frequently and at higher starting doses.

There was no difference to symptom burden between sites.

Discussion All doses used were within the limits described in the EAPC framework.

At subsequent focus group discussion potential reasons were discussed including differences in anti-secretory medication use and its impact on sedative use.

These findings have precipitated further work on both sites.

Morphine and other opioid painkillers for moderate to severe pain: a NICE guidance compliant patient information leaflet

Ray Bunn, 1Amanda Gregory, 1Kamson’s Pharmacy, Crawley, UK, 2St. Catherine’s Hospice, Crawley, UK

The Medicines Management Group (a multidisciplinary team comprising of medical, nursing and pharmacy representation) at an independent hospice has developed a patient information leaflet (PIL) on strong opioids. This decision was made in response to the recent National Institute for Health and Clinical Excellence (NICE) guidance on ‘Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults’(10) which recommends that verbal communication between healthcare professionals and patients about their medicines should be supported by evidence based, written information. The aim was to produce a PIL which was NICE guidance