

Getting palliative prescription medications right at home, in hospital & hospice: Activity Theory analysis to improve patient safety and confidence in palliative care

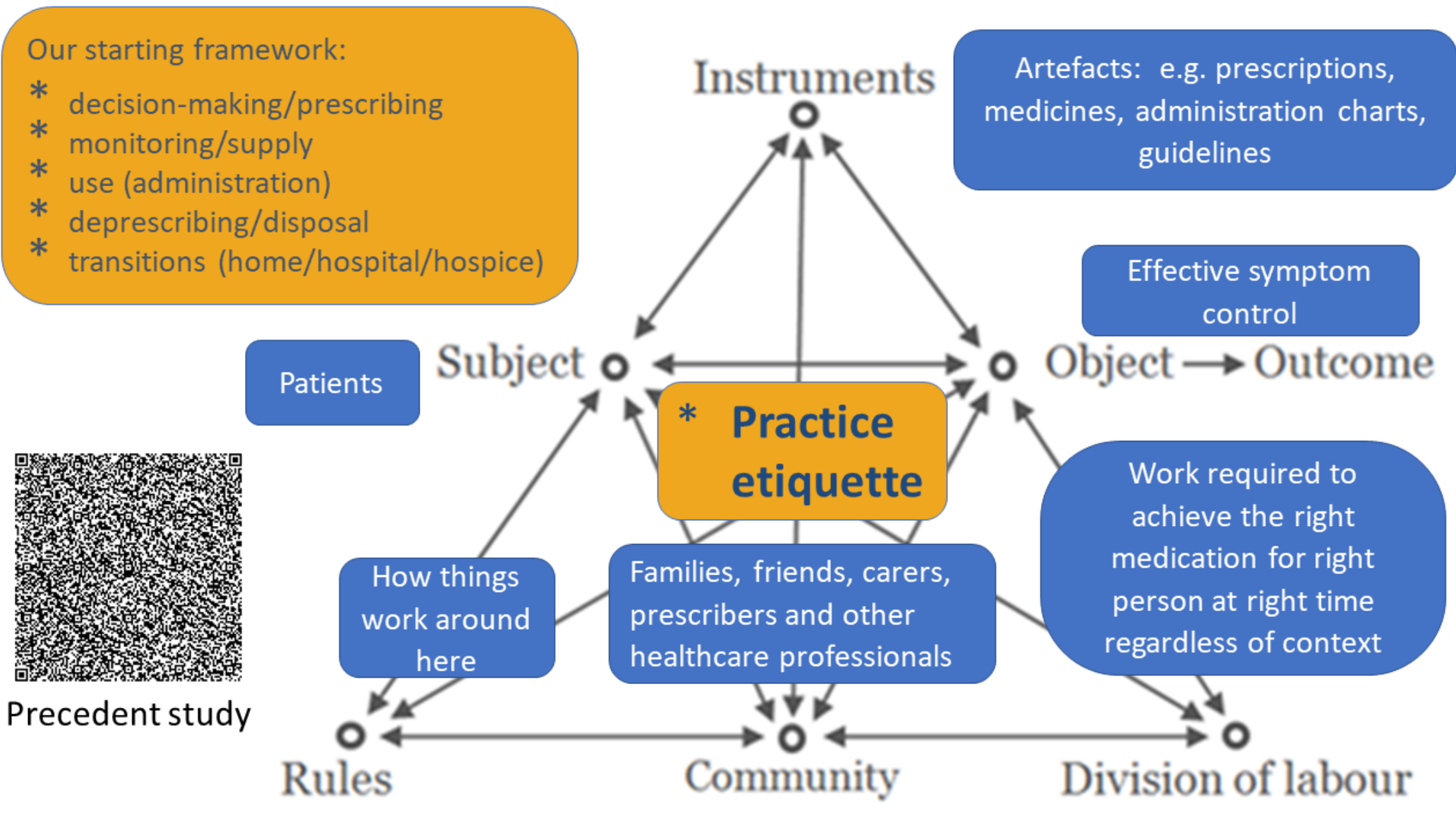
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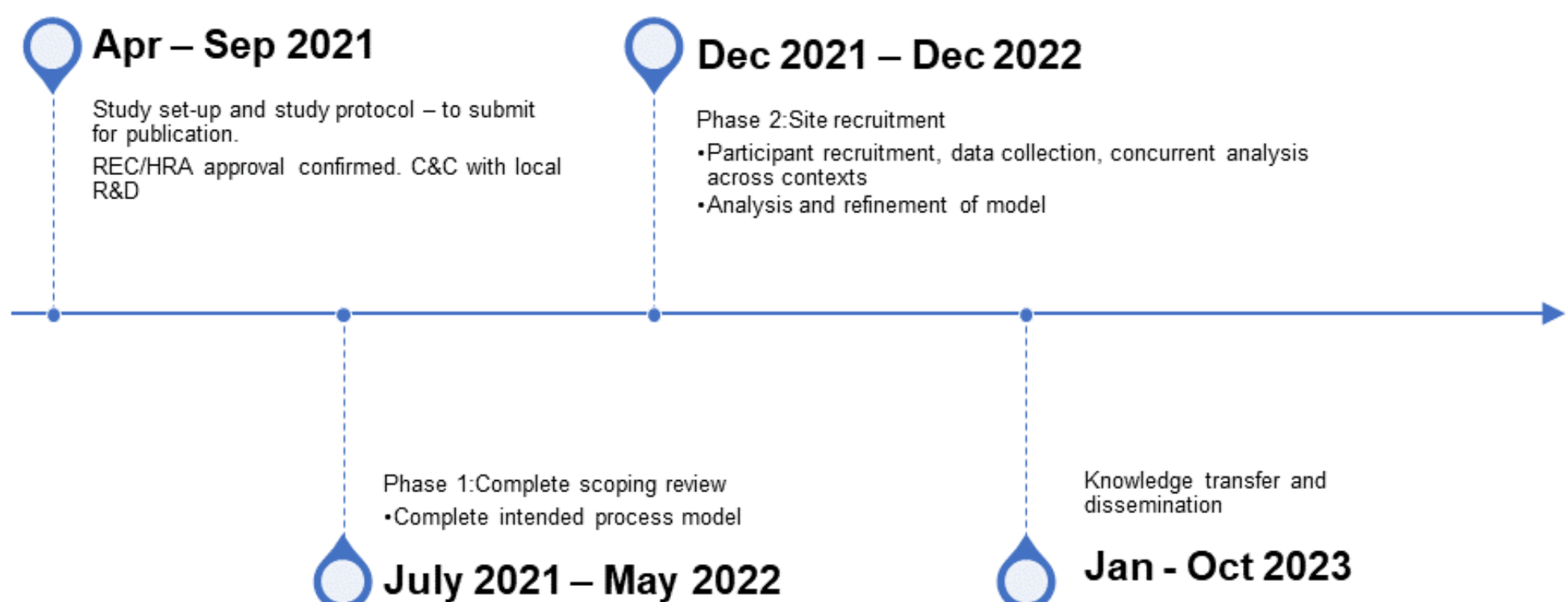


What are we doing?

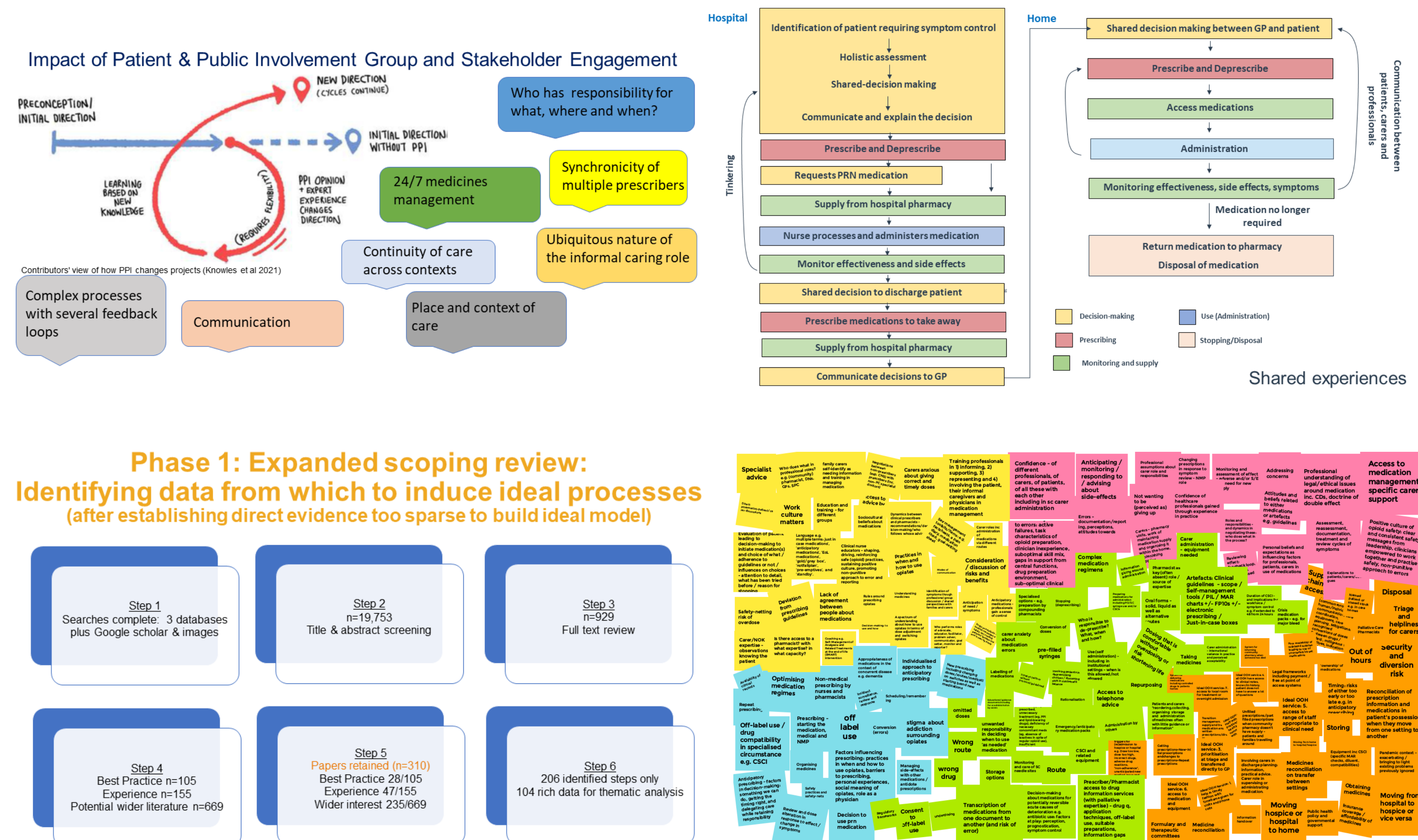
Synthesising patient, carer & healthcare professional experiences to map activities underlying palliative medication management at home, in hospital or hospice.



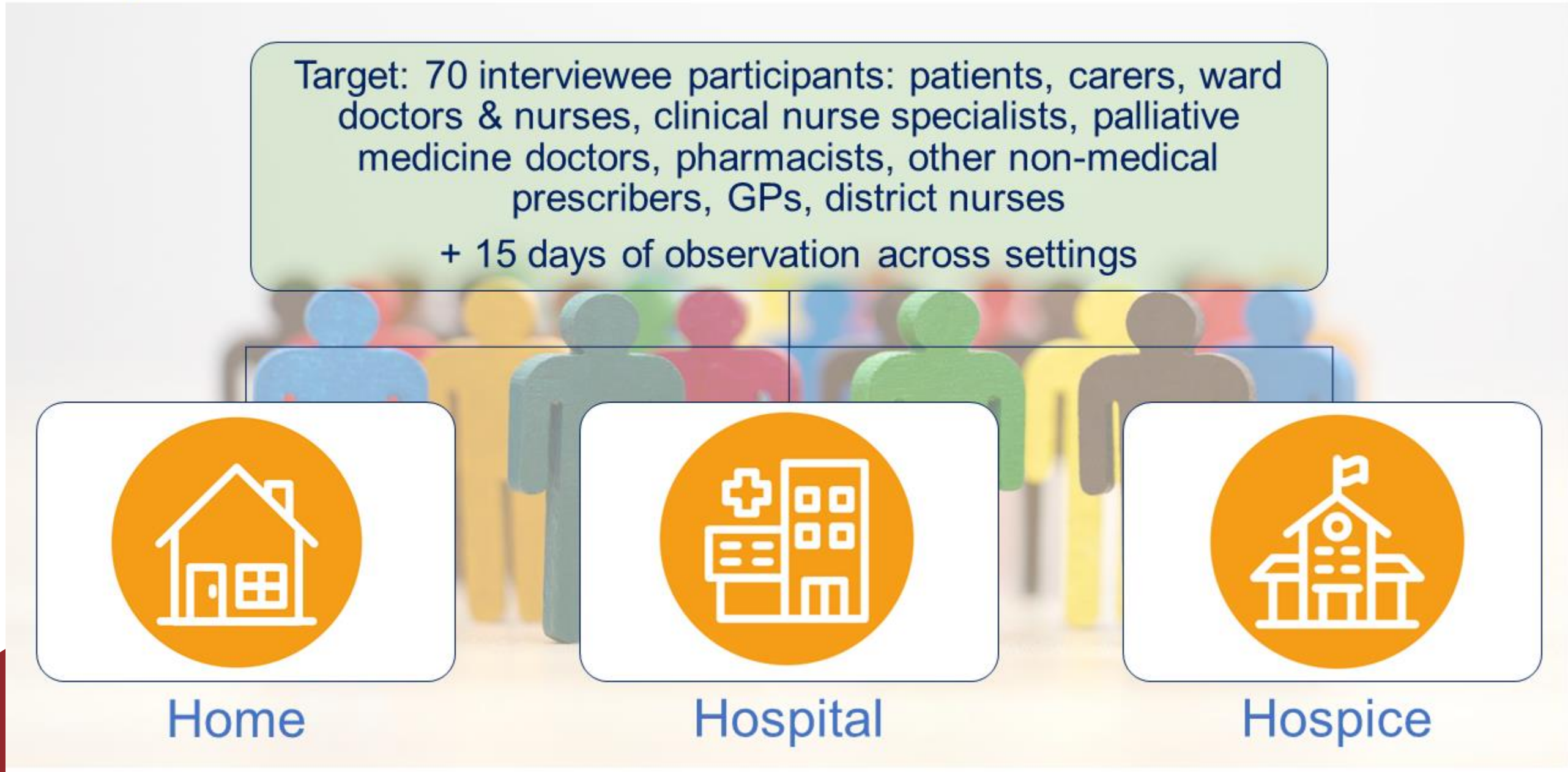
Milestones



What have we done and found so far? (see protocol QR below for full methods)



Empirical work



“the prescriber is the beginning stage, the actual taking of the medicine is the end stage and how do you get to that in a safe and a supported way? Obviously you are relying on the friends and the carers and the families to deliver that... yes there’s checking in about how are you taking it ... I think what we have is a gap in supporting people to be able to adapt to their medicines and understand them... there’s something about being prescribed them and being told and then there’s something about when everyone is gone and you’re left with them and you’re like, so hold on a minute when do I take that and can I take that with that one, and she said you can take that sometimes - and the family and friends aren’t necessarily going to know that... skilled work but it’s not the prescriber because the prescriber will do that but then they leave and there’s something about someone coming in and their role is not to prescribe it but actually to observe... how are you taking it or they’re not ending up taking it or their tablet burden is too much and then switch it to a twice a day tablet rather than three times a day because they’re always missing their lunchtime dose... but we might then not see someone for two or three weeks. So what happens in between?” [P02u-community]

“the family were a bit, not very articulate... they were, but focused on the wrong things. So, they just said, we want her to have fluids and ... carers on the phone saying, ‘oh, don’t worry, it’s all natural and as long as she’s with you, that’s all fine’. It’s normal that someone would come and assess on Tuesday. So, on Tuesday the district nurses came out again... because she was seizing, gave midazolam. And... the first day, she was triaged by the community contact who were completely unaware of everything that happened and allocated a visit for the next day when she was still seizing and then she was admitted with a status on Wednesday... that’s not prescribing... she had midazolam at home, steroids could have been prescribed. But there was no understanding of the patient... the relevance of the drugs. And you can’t counsel them on this.” [P11u-hospice]

What is the problem?

- People with palliative care needs use prescription medications to achieve symptom control.
- Prescribing and medication use is a complex, multi-step process influenced by context.
- 'Daily hassles' with medications are commonly reported.
- The effort required to achieve effective medication management in palliative care is poorly understood.
- Historically established divisions of labour and normative rules (practice etiquette) shape prescribing and medication use.
- Understanding the mismatches between what is intended to happen and what is experienced is key to improving outcomes.

What are the research questions?

1. What are the experiences of patients, carers and professionals of prescribing and medication use in palliative care, in and during movement across home, hospital and hospice?
2. How does the division of labour and practice etiquette between patients, carers and professionals reinforce or destabilise prescribing and medication use practices and what impact does this have?

What will we achieve?



A theoretically-informed, practice-based model for the multi-step task of prescribing & medication use in palliative care



An extended understanding of disturbances & safety concerns within or when moving across home, hospital & hospice



A multi-perspective understanding of problematic ‘hot’ (lots of attention) & ‘cold’ (lack of attention) spots in processes for getting medication management right



Prioritised targets for innovation & improvement with a focus on reducing unnecessary work for everyone, including patients and carers

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We would love to hear your feedback.

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