

The Irish Primary Care Research Network

Dr. Ronan McDonnell

HRB Centre for Primary Care Research



Irish Research Databases



- Primary Care Reimbursement Service (PCRS)
- Hospital In-Patient Enquiry Scheme (HIPE)
- The Longitudinal Study on Aging (TILDA)
- Growing up in Ireland (GUI)
- Registers – National Cancer Registry
- Specific – methadone users



Irish Research Databases

Shortcomings



- PCRS – no indication/morbidity code link to prescribing
- HIPE – In-Patient Data only – no out-patient, ED data
- Need access to practice level data



The IPCRN



- Irish Primary Care Research Network
- National network of GP practices
- Clinical research AND facilitate audit/professional development
- Access to anonymised, practice level data
- Morbidity, prescribing and context



Who's involved



Developed in Collaboration By



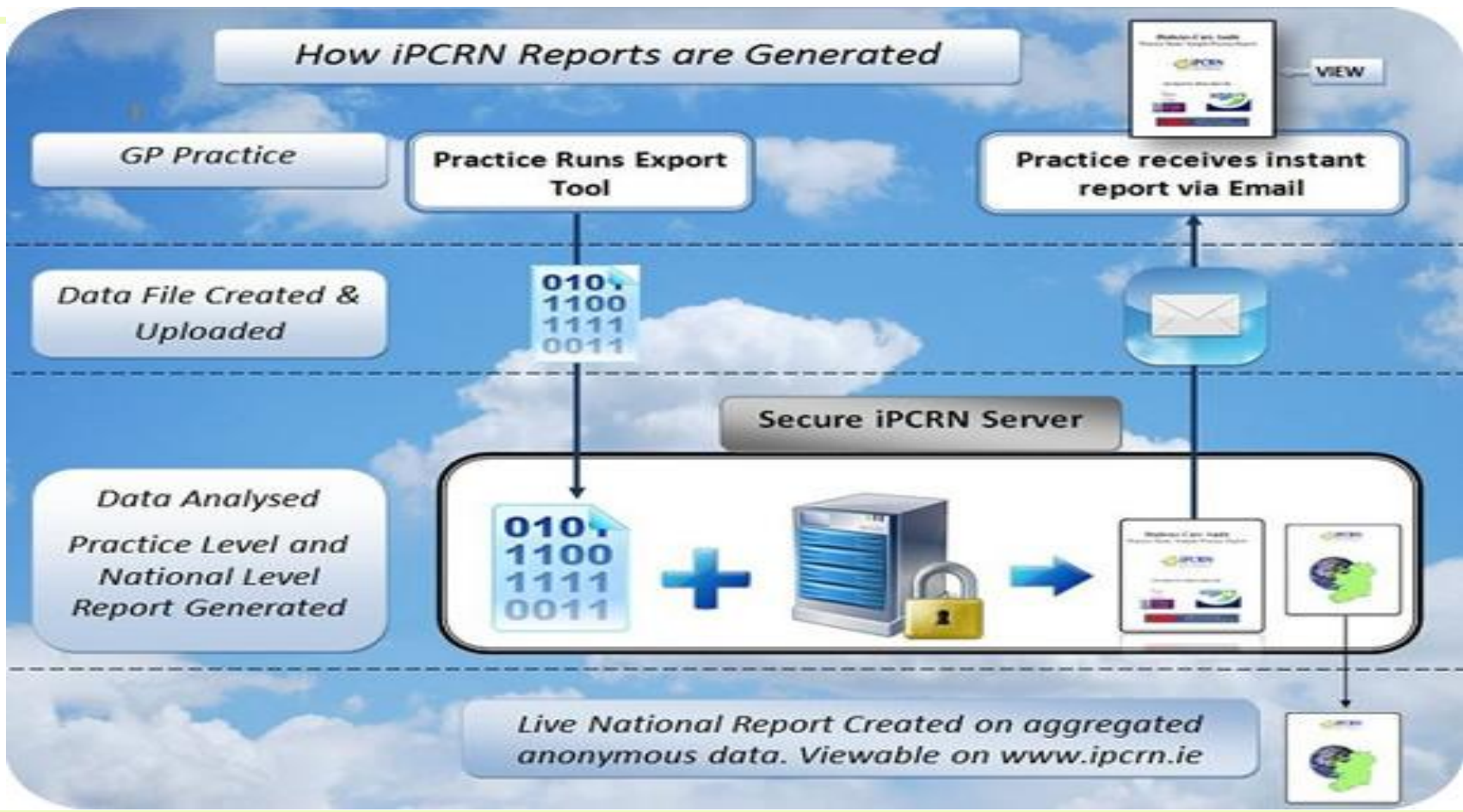
How does it work



- All major Irish GP Software Vendors signed up
- GP can upload securely from practice software
- Data anonymised before upload in practice software
- GP receives practice level report
- Anonymised data used for national reports
- Approved by Data Protection Commissioner



IPCRN Reports



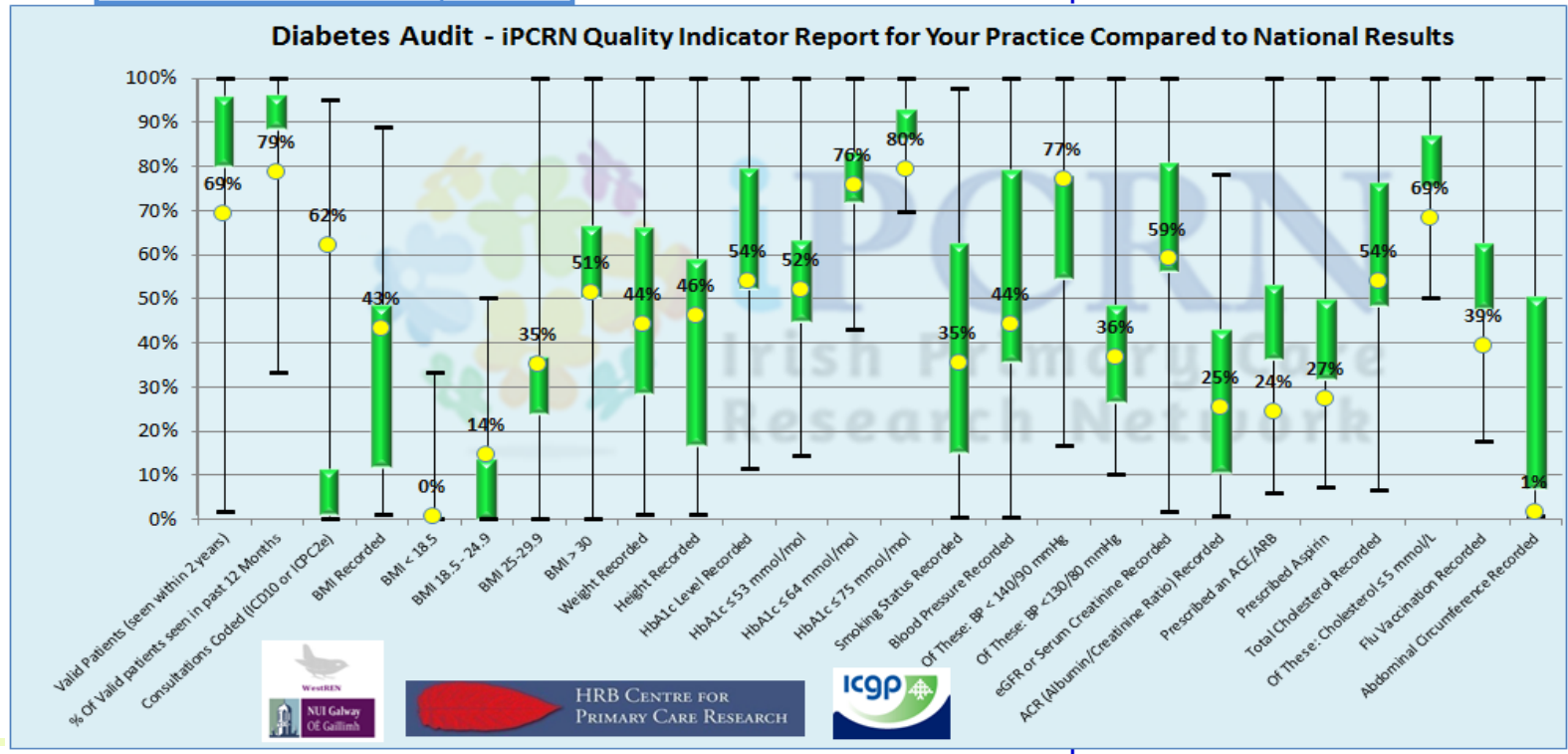
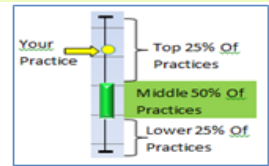
Sample Audit



Total Practices Uploaded	156
Total Number of Practice Uploads	372
Total Number of Patients Uploaded	21,015
Total Number of Valid Patients	17,010

Audit of Diabetes Care

Report Time: 07/06/2013 18:15



IPCRN Tools



iPCRN Tools

Local Tools

We work with vendors to create tools that run locally on your system

Patient Finders

- Type 1 Diabetes
- Flu Finder
- CKD Finder
- Atrial Fibrillation

These help you find patients that haven't yet been 'coded'

Local Registers

- Paeds Prescribing
- Maternity

These pull together coded patients into easy to manage registers

Remote Tools

We analyse anonymised data to create Practice level and National reports

- Diabetes
- Maternity
- A Fib
- Heart Failure



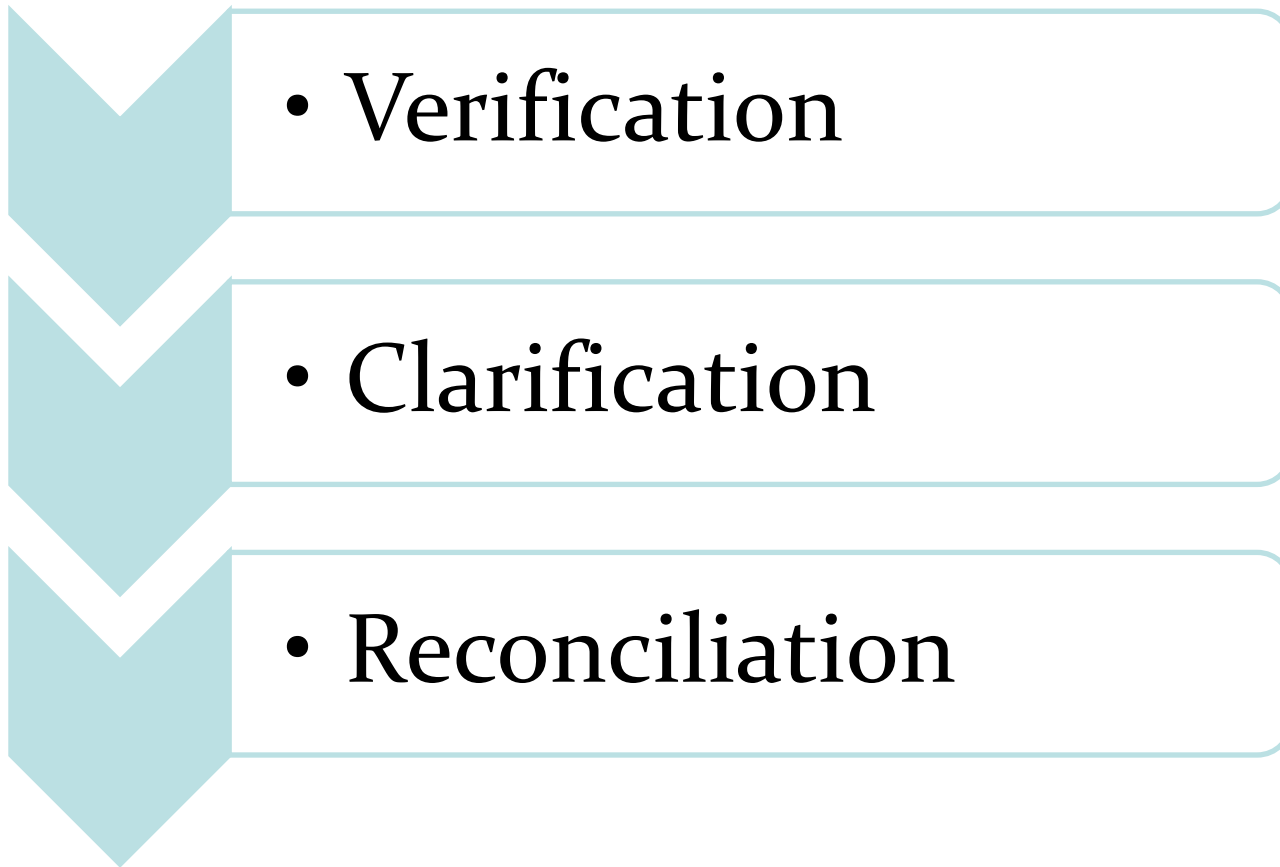
IPCRN – Opportunities in Medication Reconciliation

Dr. Patrick Redmond

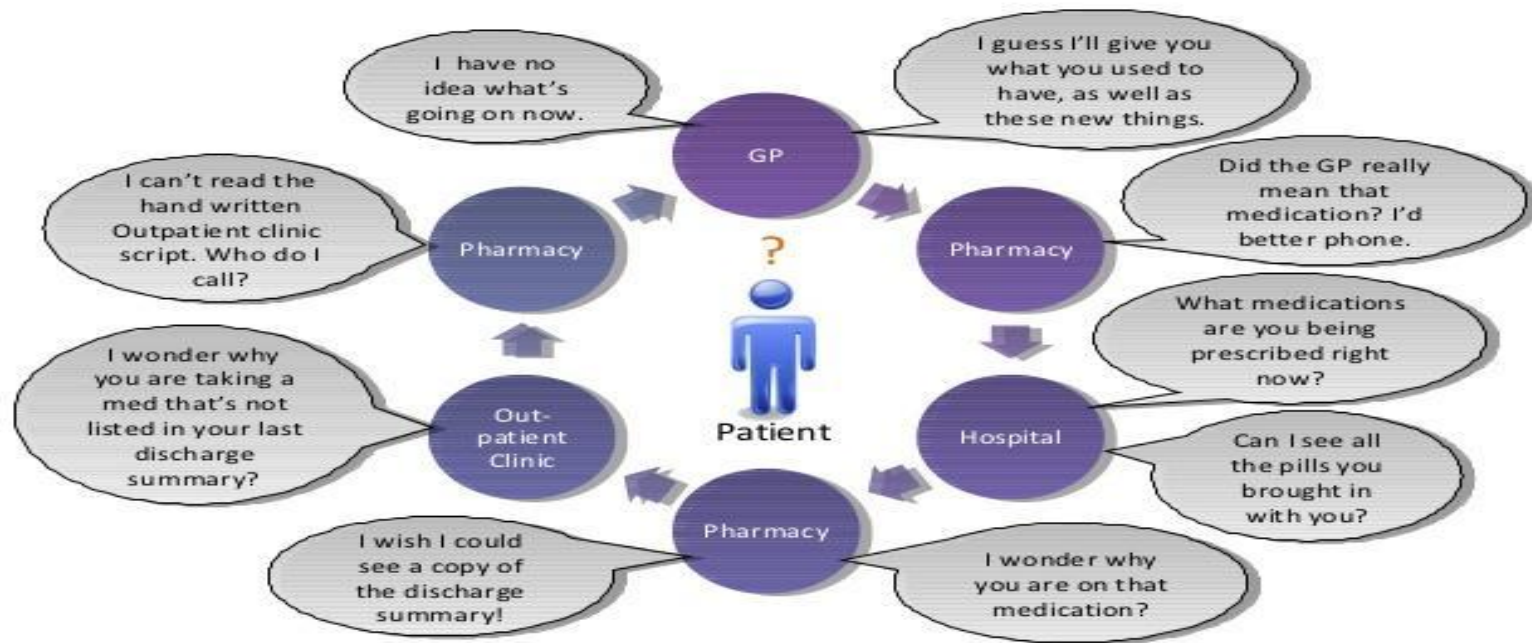
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Medication Reconciliation



The Problem



Failures in Medication Reconciliation (from <http://tinyurl.com/bunq4r6>)



National Institute for Health and Clinical Excellence



World Health Organization



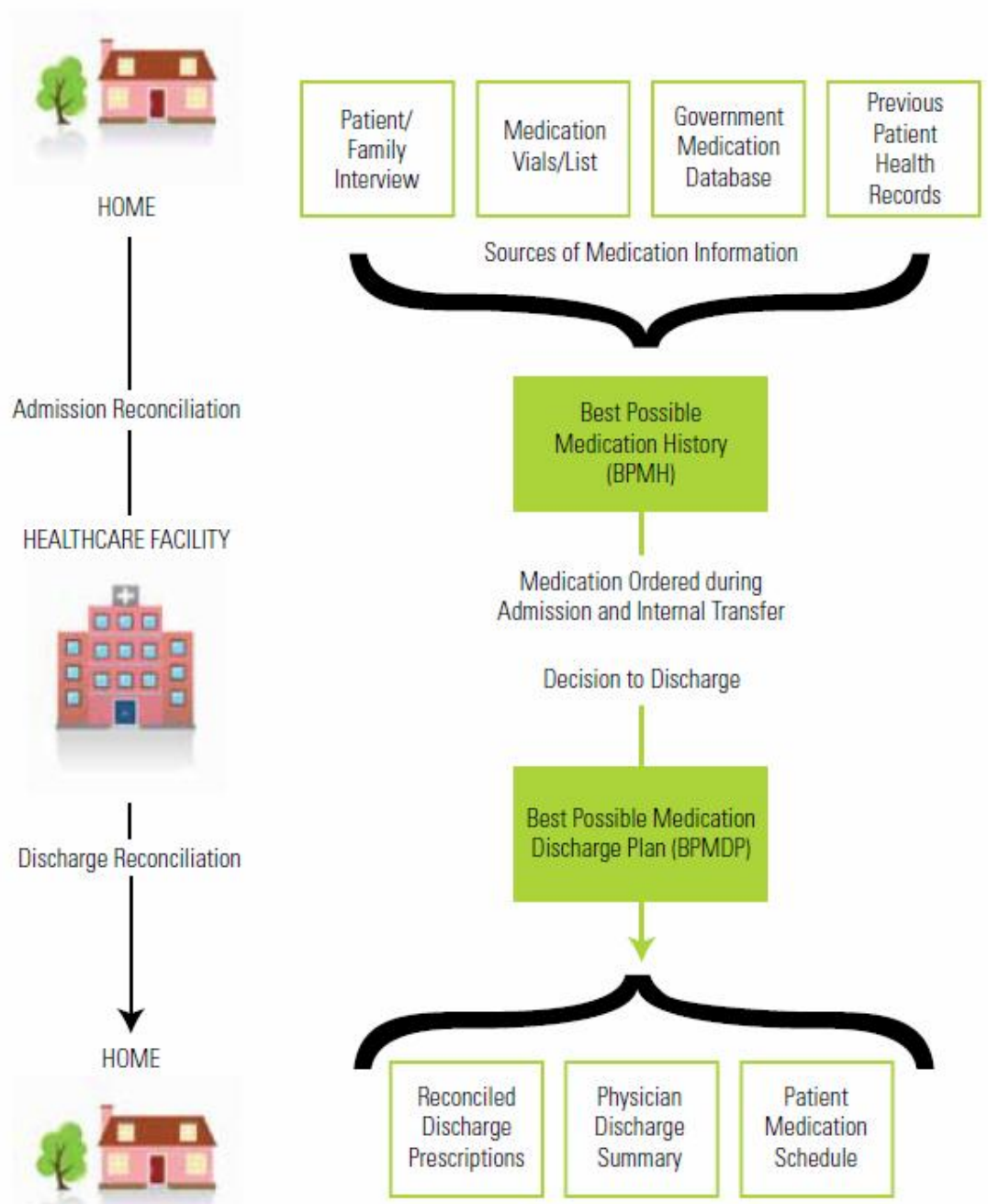
INSTITUTE FOR HEALTHCARE IMPROVEMENT



Canadian Patient Safety Institute / Institut canadien pour la sécurité des patients



Overview of medication reconciliation - what, where, when and how



Interventions for improving medication reconciliation across transitions of care (Protocol)

Redmond P, Grimes TC, McDonnell R, Boland F, Hughes C, Fahey T



RCSI

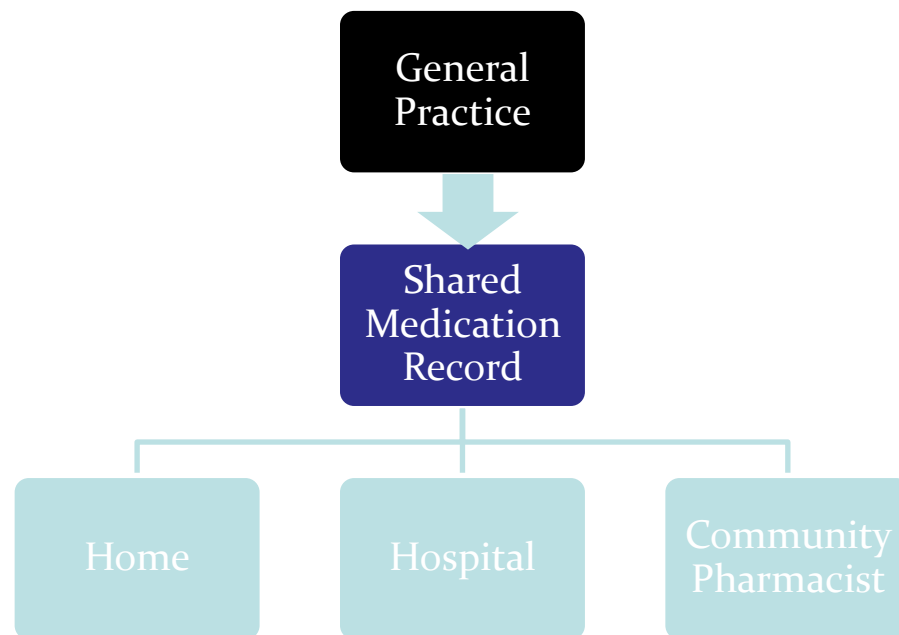
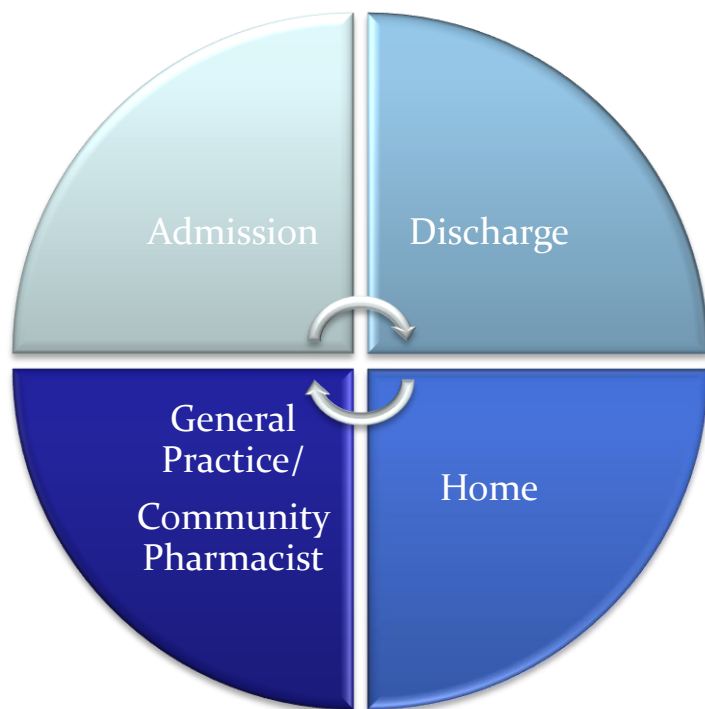


This is a reprint of a Cochrane protocol, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2013, Issue 10

<http://www.thecochranelibrary.com>



Patient care pathway with reconciliation points



An information source for a shared medication record

Diagnosis (Principal diagnostic to be principal reason for care)		FOR CODING PURPOSES ONLY ICD10 AM DIAGNOSIS CODE
(1)	Vasovagal attacks.	
(2)	Depression.	
(3)	Duodenal ulcer	
(4)	Pliprus	
(5)	previous TIA	
(6)		
Operation (s) / Procedure (s)		ICD10 AM OP CODE
(1)		
(2)	Bloods - @	ADMISSION NQM
(3)	CXR - @	
(4)		
(5)		
Date of Procedure:		Date of Other Procedure:
PRESENTING SYMPTOMS: Collapse.		DRUG THERAPY ON DISCHARGE:
IN-PATIENT DETAILS: INVESTIGATIONS / COMPLICATIONS / TREATMENTS		Zopiclone 75mg Pepain Chron 400mg bid Aspirin 75mg qd Lipitor 200mg qd Serax 500mg qd Calcichew Panbid 1500
ALLERGIES:		
Blood Transfusion (all products) Yes <input type="checkbox"/> No <input type="checkbox"/> Coagulation Factors: Yes <input type="checkbox"/> No <input type="checkbox"/> Type:		
FOLLOW-UP:		
OUT-PATIENTS <input type="checkbox"/>		PUBLIC HEALTH NURSE <input type="checkbox"/>
DAY HOSPITAL <input type="checkbox"/>		MEALS ON WHEELS <input type="checkbox"/>

Discharge Summary

GP: Dr. William Bloggs
Hospital: AMNCH
Generated by: The National Healthlink Project
Received: 15/11/2010 02:02
Healthlink Message Id: 1051
Printed: 15th November 2010 3:37 PM

Patient Demographics:

Patient's Name: Richard Zzlest
Date of Birth: 01/01/1970
Address: Xray Department
 Xray
 Tallaght
Tel No:
Gender: Female
HIS Patient ID: 632844

Report Details:

Date Admitted: 23/02/2008 00:00
Date Discharged: 23/02/2008 00:00
Attending Doctor: Niall Breslin

Discharge Letter:

DIAGNOSES
PRIMARY DIAGNOSIS Addisonian crisis
SECONDARY DIAGNOSIS Asthma, unspecified
SECONDARY DIAGNOSIS Urinary tract infection, site not specified
SECONDARY DIAGNOSIS Benign neoplasm of pituitary gland
SECONDARY DIAGNOSIS Essential (primary) hypertension
SECONDARY DIAGNOSIS Migraine, unspecified
SECONDARY DIAGNOSIS Left bundle-branch block, unspecified

PROCEDURES
CONSULTANT Breslin, Dr. Niall **DATE** 09/02/2010 **DESCRIPTION** Abdominoperineal proctectomy

Cardiovascular Risks
SMOKING HISTORY Past smoker **PACK YEARS** 2
HYPERTENSION Previously diagnosed (Have you ever been told you have high BP before admission) **MEDICATION** Yes
DIABETES No **MEDICATION**
DYSLIPIDAEMIA Unknown **MEDICATION**
PERSONAL HIST CVD No **FAMILY HIST CVD** Unknown **IMMEDIATE RELATIVE CVD** Other
SELF REPORTED ALCOHOL UNITS PER WEEK 1
BLOOD PRESSURE 0/110 **HEART RATE** 0
BMI 0.0 **WAIST CIRC** 0
COMMENTS

MORBIDITIES
 09/02/2010: Fistula, Intestinal

MEDICATION CONTINUED:
 MONTELUKAST 10mg FREQUENCY TARDE ROUTE po REPEATS 3
 THEOPHYLLINE M/R (ZEPHOLIN) 200mg FREQUENCY bd ROUTE po REPEATS 3
 CLOPIDOGREL 75mg FREQUENCY OD ROUTE po REPEATS 3
 ESOMEPRAZOLE 40mg FREQUENCY od ROUTE po REPEATS 3

MEDICATION CONTINUED:

MONTELUKAST 10mg FREQUENCY TARDE ROUTE po REPEATS 3
 THEOPHYLLINE M/R (ZEPHOLIN) 200mg FREQUENCY bd ROUTE po REPEATS 3
 CLOPIDOGREL 75mg FREQUENCY OD ROUTE po REPEATS 3
 ESOMEPRAZOLE 40mg FREQUENCY od ROUTE po REPEATS 3

ZOLPIDEM 10mg FREQUENCY NOCTE ROUTE po REPEATS 3

LEVOTHYROXINE 75 microgram FREQUENCY od ROUTE po REPEATS 3

SERETIDE EVOHALER (25/250) 2 PUFFS FREQUENCY BD ROUTE inh REPEATS 3

TIOTROPIUM 18 microgram 1 PUFF FREQUENCY OD ROUTE inh REPEATS 3

HYDROCORTISONE 30mg FREQUENCY bd ROUTE po REPEATS None NOTES Decrease to 20mg bd in 1/52

POTASSIUM CHLORIDE (SLOW-K) 600mg M/R TABLETS 2 tabs FREQUENCY tds ROUTE po None

ATENOLOL 50mg FREQUENCY OD ROUTE po None NOTES Withhold until BP recovers

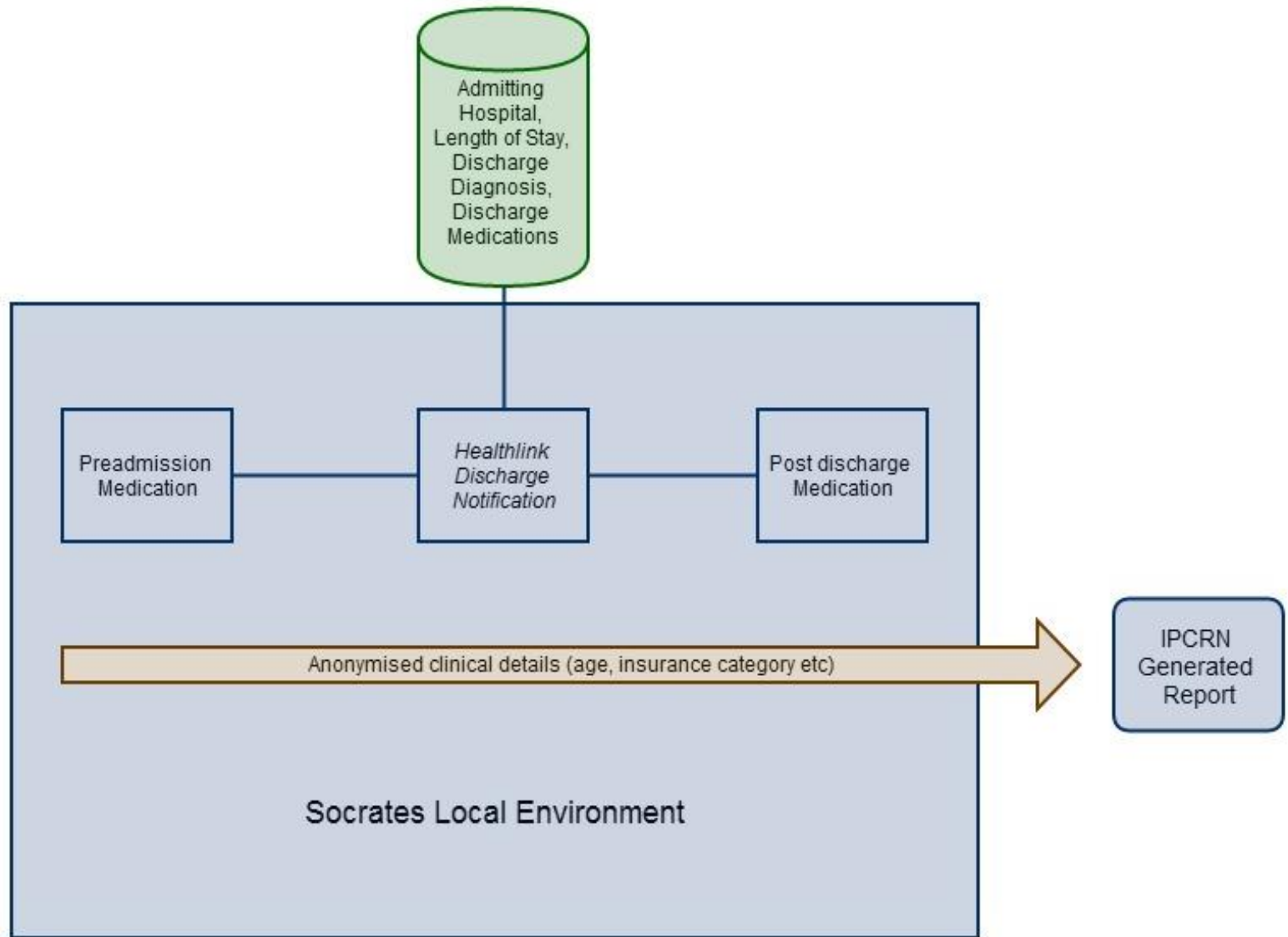
MEDICATION STOPPED

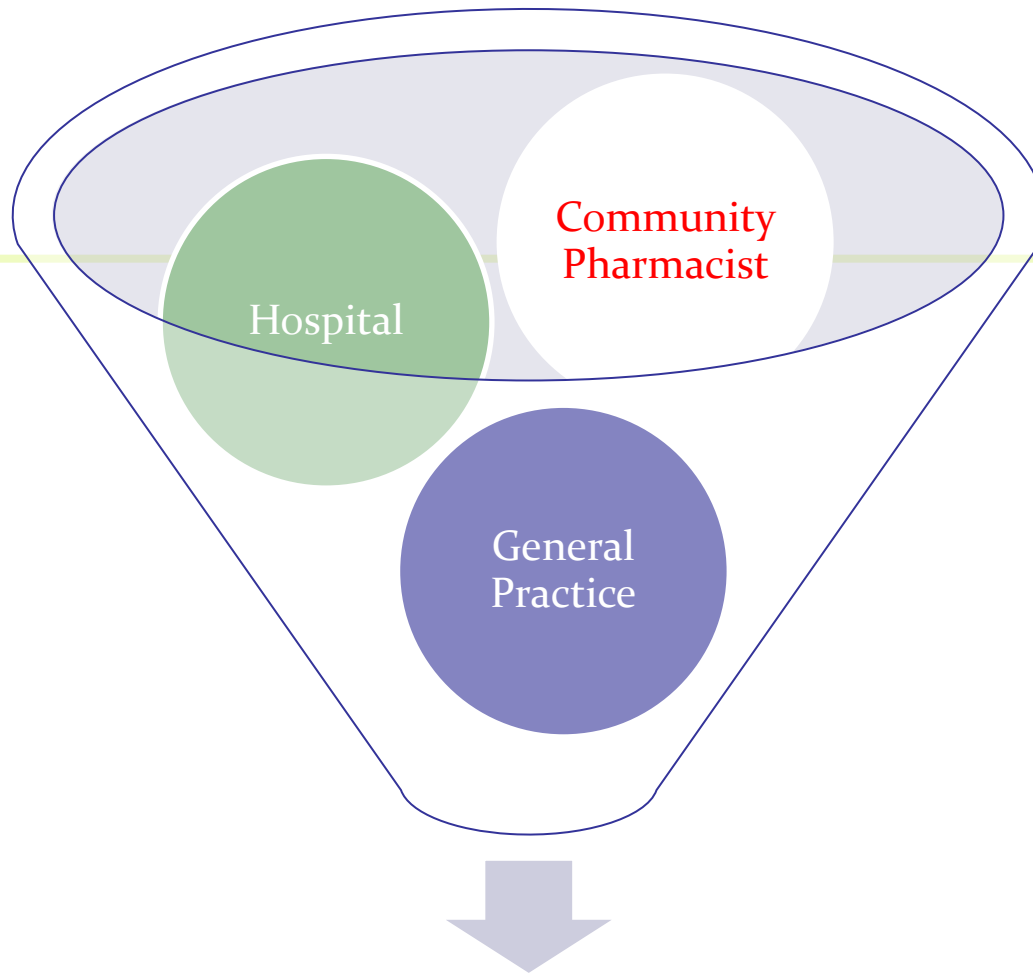
STOPPED DOMPERIDONE DOSE 10mg FREQUENCY TDS ROUTE po STOP REASON No longer clinically indicated (achieved goal)

MEDICATION WITHHELD

MEDICATION WITHHELD: ROSUVASTATIN DOSE 10mg ROUTE po FREQUENCY OD WITHHELD REASON: LFTs elevated, review in 2/52

MEDICATION WITHHELD: OMESAR PLUS 20/12.5 (OLMESARTAN 20mg/HYDROCHLORTHIAZIDE 12.5mg) DOSE 1 tab ROUTE po FREQUENCY od WITHHELD REASON: BP low, monitor post discharge





Shared Medication Record

Project contributors & Acknowledgements



Prof Tom Fahey (RCSI), Prof Carmel Hughes (QUB), Dr Fiona Boland (RCSI), Dr Tamasine Grimes (TCD), Dr Sean Higgins (IPCRN), Mr Colin O'Connor (Socrates Healthcare), and the IPCRN partners.

