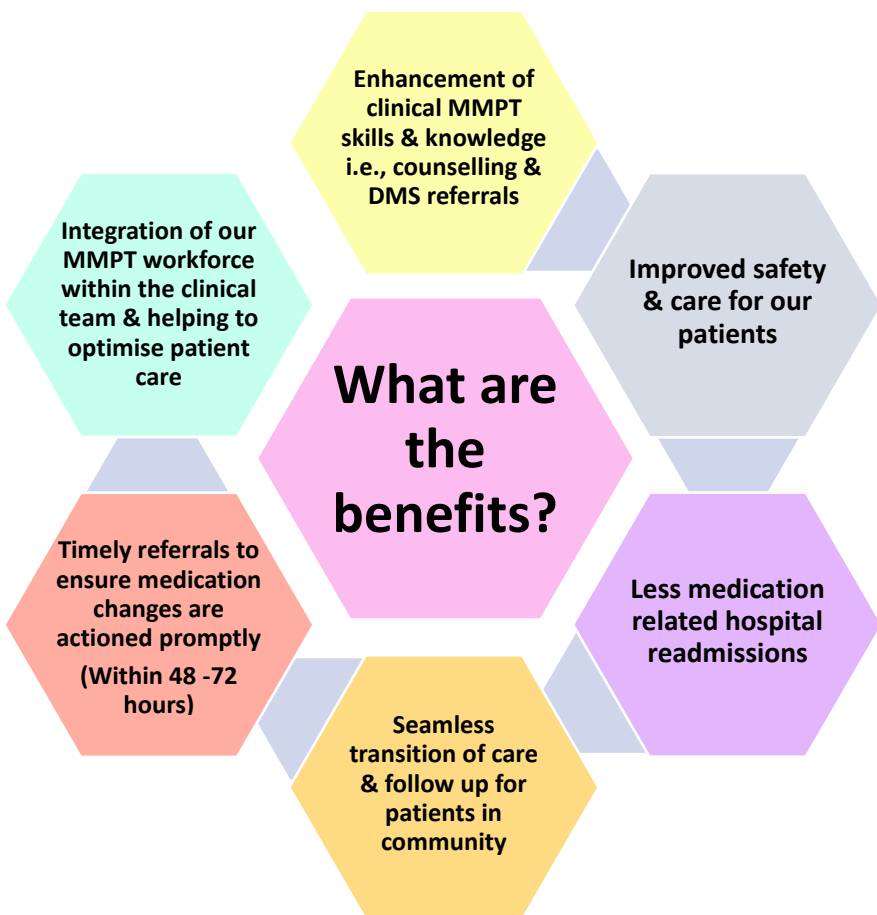


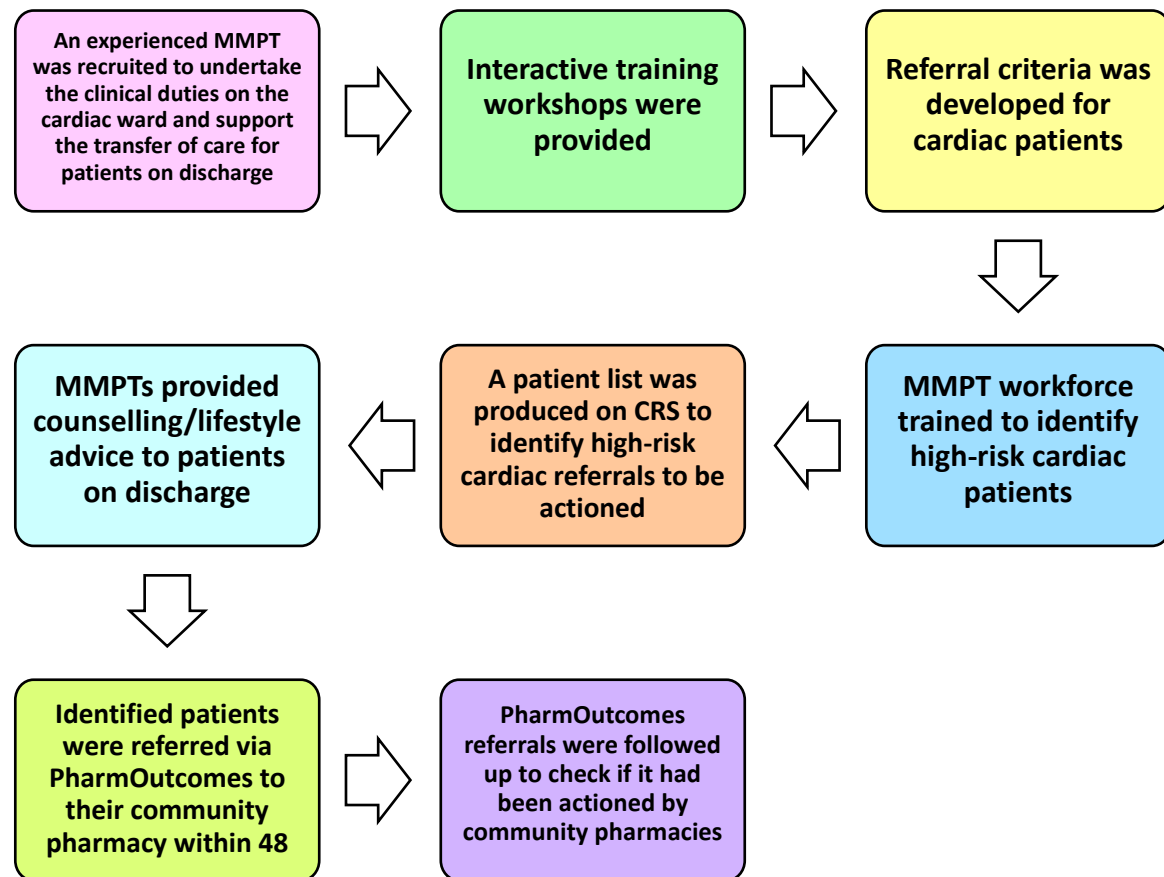
What was our aim?

To expand the DMS service for cardiac patients newly started on Acute Coronary Syndrome (ACS) or Heart Failure (HF) medicines and upskill our MMPT workforce. We aim to design and deliver a structured training programme to enhance clinical competencies to optimise care for our patients.

What are the benefits?



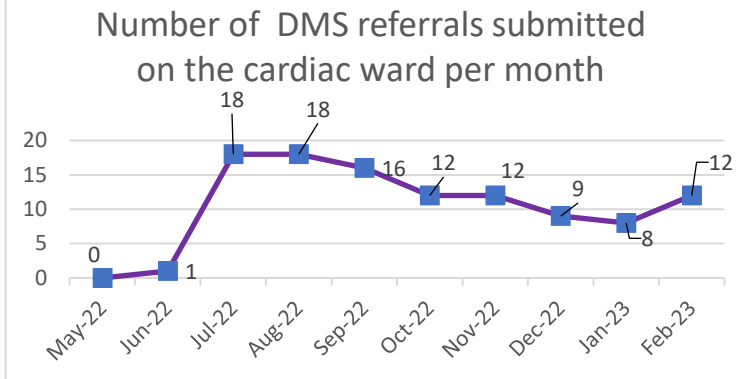
What was our plan?



Results



227 patients were identified throughout the duration of the project, out of these 47% (n=107) had cardiac referrals submitted to community pharmacy of which 30% (n=32) were accepted by the community pharmacy. 41% (n=93) of the 227 patients were counselled on discharge. 72% (n=77) of referrals were submitted within 48 hours. Limitations for our data concluded that many cardiac patients are transferred to other discharge destinations apart from home. A 7-day service is not currently provided. Cover was not provided for the cardiac MMPT during annual leave and absences



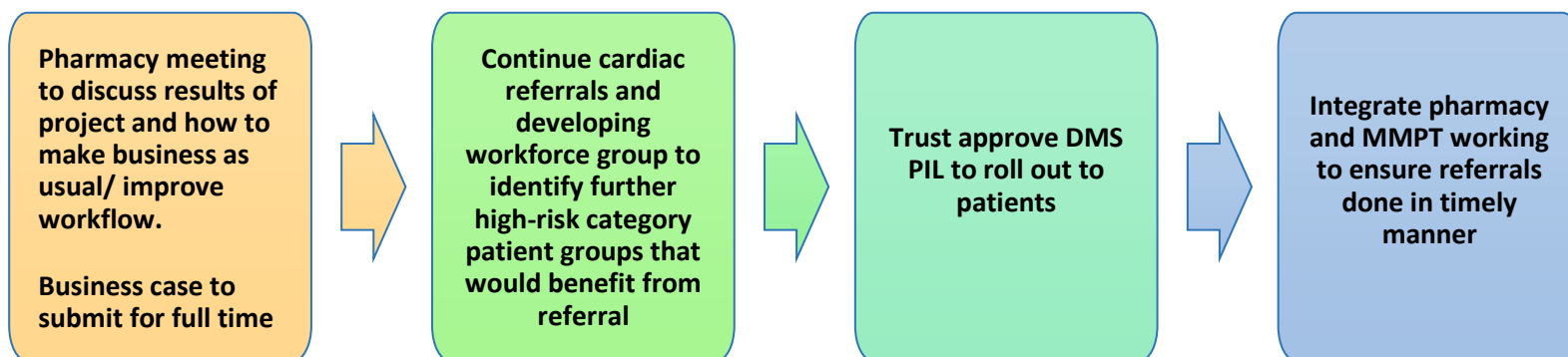
How have we improved patient care?

- Ensured consistent referrals were submitted for cardiac ACS and heart failure patients throughout the project
- Provided specific counselling to cardiac patients
- Improved communication with community pharmacies by highlighting when medication changes have been made



Recommendations

- ✓ To improve the referral and counselling rate, we propose adding the 'DMS' role on the ward rota to state who will take responsibility for cardiac DMS referrals
- ✓ Encourage more integrated pharmacist and MMPT working



Tools and resources we developed

Workshops on:

- High risk cardiac medicines
- Triaging & prioritisation
- Counselling
- Promotion of healthy lifestyle advice
- DMS referrals



MMPT workflow chart

MMPT Training pack, including competency logs

Patient satisfaction survey

DMS patient information leaflet



PharmOutcomes[®]

Next steps