

DESCRIPTION OF THE PRACTICE	
1. Title of the practice	
<i>- 'PHARMACY OF ITÄ-SAVO CENTRAL HOSPITAL' -</i>	
2. Organisation responsible for the practice	
Eastern Savonia Central Hospital, Finland	
3. Contact person(s)	
E-mail	policy@esn-eu.org
4. National/regional/local context of the practice	
<p>In Finland, municipalities are responsible for the provision and funding of health care (by the municipal – or joint municipal – health care centres) and social care. The municipalities can decide how social and health care services are provided: by the municipality itself (alone or in cooperation with other municipalities), or contracted from service providers or by service vouchers.</p> <p>Social and health care services are financed by municipalities that receive money from tax and state subsidies. The state pays a general, not earmarked, subsidy to the municipalities, which averages 25 per cent of costs. The subsidy depends mainly on the age structure and morbidity in a certain municipality. Additional subsidies are given to some remote municipalities. Service users pay co-payments depending on the service.</p> <p>Social care is provided as benefits-in-kind (institutional care, home help services, daycare, sheltered housing and family care) except for support for informal carers, which is a cash benefit. The 'Care Allowance for Pensioners', a cash benefit paid out by the 'Social Security Institution (KELA)', is intended to allow pension recipients with an illness or disability to live at home. The average allowance is around 100 Euros per month.</p> <p>The Act 'Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons' 2012 regulates that municipalities cooperate with other public bodies, companies and non-profit communities to support the well-being, health, functional capacity and independent living of the older population (section 4). It also regulates that services are managed client-oriented, promotes a rehabilitative approach and cooperate with different professional groups (section 21).</p> <p>The 'Health Care Act 2010 has the objectives to strengthen cooperation between health care providers, local authorities and other parties (section 2) and to have quality management in healthcare units in cooperation with social services. Section 32 enhances the cooperation between health care, social services and child day care services; section</p>	

34 the development of health care provision plans that determine procedures for cooperation.

The government is working on the reform of social welfare and health care service structure.

5. Summary of the practice

The initiative is set in the Eastern Savonia area, has around 45,500 inhabitants and comprises several municipalities, and is a cooperation between primary health care and home care. Home care consists of home help services (domestic services) and home nursing. The aim of the initiative is to make sure that older people in home help services get the medication they need and will not suffer from harmful drug interactions or side effects.

There was a pilot project from 2013 to 2014 for service users in-home care. An average service user in the home care pilot was a woman aged 86 receiving 17.7 different medicines. The medication evaluation is also ongoing in primary health care and hospital wards. From 2015, every home care team will use the method. A multi-professional team (nurse, doctor and pharmacist) evaluates the medication of the service user. It is very important that the nurse knows the person well. All team members have access to client/patient data and to their own specialized online databases of each profession.

The nurse collects medical data of the person and checks the actual current medication. The pharmacist checks indications, dosages and times of administration, risk of side effects and interactions. Renal elimination rates are important to know when adjusting dosages. Then all team members evaluate the medication and decide if changes are needed. The doctor makes the prescriptions and changes them in electronic client/patient records and the electronic prescription centre of Finland. In addition, the doctor informs the nurse how to evaluate the effects of medication changes.

The nurse updates the care plan and informs the service user and family members, and practical nurses. The nurse also takes care of the changes in medication at home.

Lessons learnt:

- This model requires staff resources: a nurse must know the service user well, and clinical pharmacists are available everywhere in Finland. Moreover, this process demands finding time suitable for everyone regularly.
- This model requires motivation and strong expertise in your own profession.

6. Staff involved

Multi-professional teams of nurses, doctors and pharmacists

7. Target group

Older people and health care professionals, especially in primary health care and home care.

8. Aims of the practice

The initiative aims to use existing resources better and to improve health for service users. It also aims to enhance patient safety by preventing overmedication at home.					
9. Issues for social services					
Service Integration/ Cooperation across services	X	Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	
ANALYSIS OF THE PRACTICE					
10. Status					
Pilot project (ongoing)					
Pilot project (terminated)					
Project (ongoing)					
Project (terminated)					
Implemented practice (restricted areas)			X		
Widely spread practice/rolled out					
11. Scope of the practice					
Describe the setting of the practice, considering the following criteria:					
<ul style="list-style-type: none"> • <i>Micro-level practice:</i> a practice that involves individuals at the local level • <i>Meso-level practice:</i> a practice that involves organisations or communities • <i>Macro level practice:</i> a practice that involves large population groups 					
Micro level integration					
12. Leadership and management of the practice					
Describe the leadership of the practice, considering the following criteria:					
<ul style="list-style-type: none"> • <i>Collaborative management:</i> shared between large partnerships, often of central, regional and local representation • <i>Organisational management:</i> by one organisation • <i>Professional management:</i> managed by a single person 					
<ul style="list-style-type: none"> • <i>Shared management:</i> shared with no defined leadership 					
Professional management by the hospital pharmacist.					

13. Engaging stakeholders in the practice

Describe the engagement of stakeholders, considering the following criteria:

- *Individual practice:* individuals have sought practice change
- *Network approach:* one or more organisations develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders

Network approach: a Finnish Medical Agency developed a network focusing on the medication of older people, and pharmacists followed this up, engaging the multi-agency team to develop the project. Service user records are shared for medication reviews at the micro level. Healthcare professionals can access electronic service user records and specialised online databases of respective professionals for current medicines review information.

14. Involvement of service users and their families

Describe the involvement of service users, considering the following criteria:

- *Team involvement:* service users and carers were part of the practice team
- *Consultative:* a consultative body of users was set up for ongoing dialogue and feedback
- *Involvement in care:* person-centred approaches to care/support

The service provides outreach to older people by a pharmacist in a multi-professional team.

15. Costs and resources needed for implementation

Describe how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house'
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services
- *Funded project:* external investment

Within existing resources: Resources required for implementation were provided 'in-house'

16. Evaluation approaches

Describe the evaluation method of the practice, considering the following criteria:

- *Multi-method:* use of both a qualitative and a quantitative approach
- *Single method:* a qualitative or quantitative approach
- *Audit:* looks at data sources such as existing medical records and/or other routinely collected service data.
- *Informal:* refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

Formal multi-method approach: Over 1000 medication reviews in the hospital and 50 in-home care were conducted using quantitative data – physical metrics and self-report: blood pressure, pulse, possible side effects of drugs (e.g., dizziness, constipation) and pain, glomerular filtration rate, audit of current medication. Alongside this, team discussions were recorded with patient/relative involvement in complex cases. Clinical feedback from patients and carers was obtained	
17. Measurable effects of the practice and what it has achieved	
Service users	Health improvement and improved independence for service users. Sedative use diminished, with less postural hypotension and better rehabilitation.
Formal caregivers	
Informal carers	
Organisations	Now ongoing research by the University of Eastern Finland.
18. Anticipated or ‘aspirational effects of the practice and what it has achieved <i>This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.</i>	
Service users	
Formal caregivers	
Informal carers	
Organisations	Better use of resources/cost reduction. There is no evaluation on the costs of health care and social care of these clients/patients but professionals say there are clients/patients who can live with less social and health care services, and the amount of medication has been reduced.
19. How has the practice changed the way the service is provided	
In Finland, pharmacists have become more involved in client/patient care in-home care.	
20. Sustainability of the practice <i>Describe if the practice is sustainable, considering the following criteria:</i>	
<ul style="list-style-type: none"> • <i>Potential for sustainability:</i> practice was newly started or is ongoing/not yet mainstreamed. How could the practice be sustained (in terms of resources)? • <i>Organic sustainability:</i> service users have been empowered to take the practice forward 	
<ul style="list-style-type: none"> • <i>Established:</i> the project has been operational for several years 	
Potential for sustainability: The micro-level project states that staff training and cost savings on care packages could support sustainability.	

21. Transferability of the practice

Describe if the practice has been transferred, considering the following criteria:

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Potential for transferability: A clinical trial provided the platform for transferring the initiative, but it is dependent on the availability of the appropriate professionals.