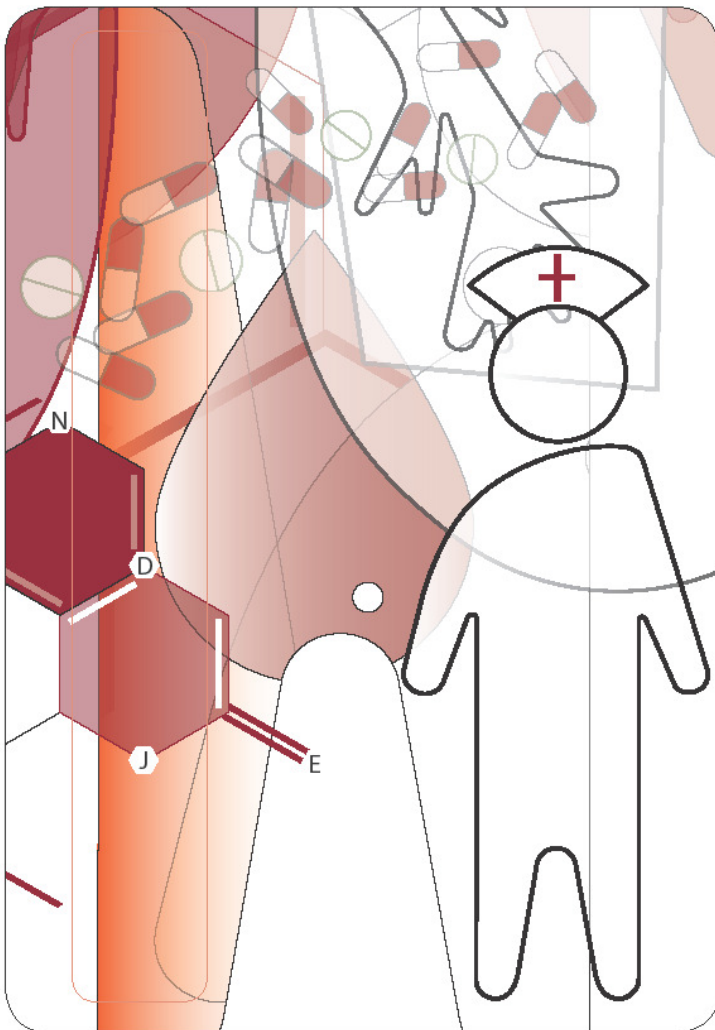


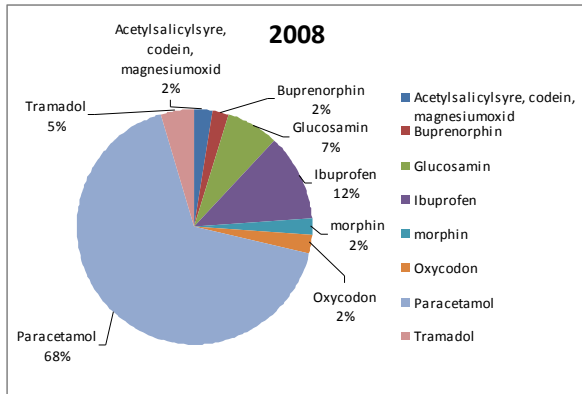
Ekstra bilag

Sundhedstjek rapport
2015

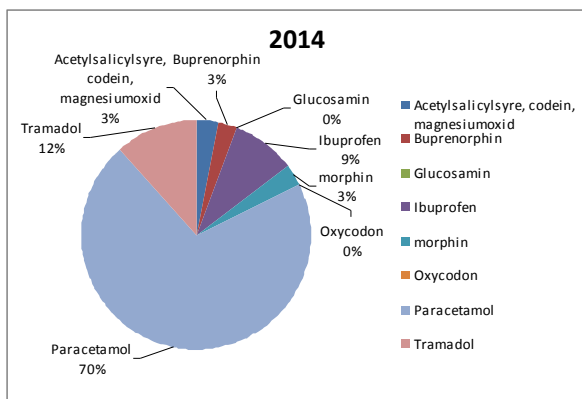


Bomiljø SP

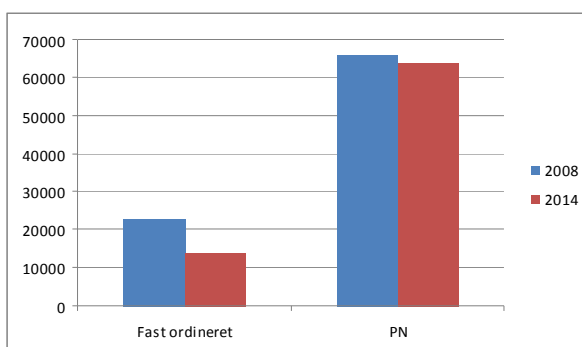
Smertestillende



I 2008 har 29 borgere ordineret smertestillende medicin, dette svarer til 91 % af borgerne i bomiljøet.



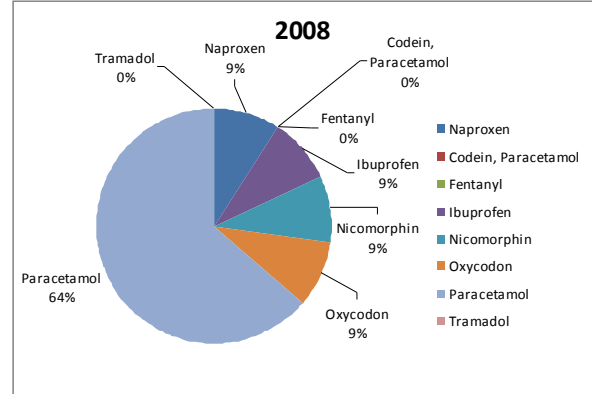
I 2014 har 26 borgere ordineret smertestillende medicin, dette svarer til 87 % af borgerne i bomiljøet



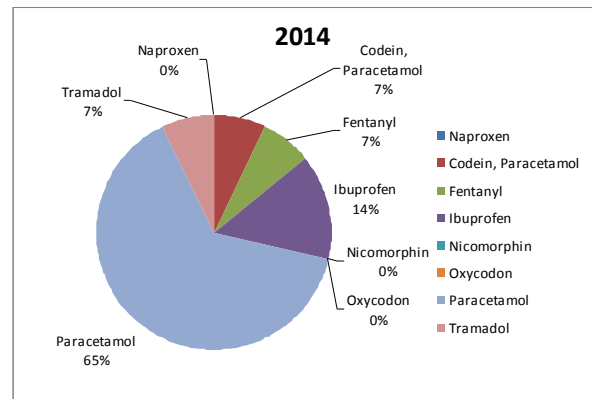
Døgn dosis af fastordineret smertestillende medicin er faldet i 2014. Ligeledes er døgn dosis af smertestillende medicin til pn-udlevering

Bomiljø HS

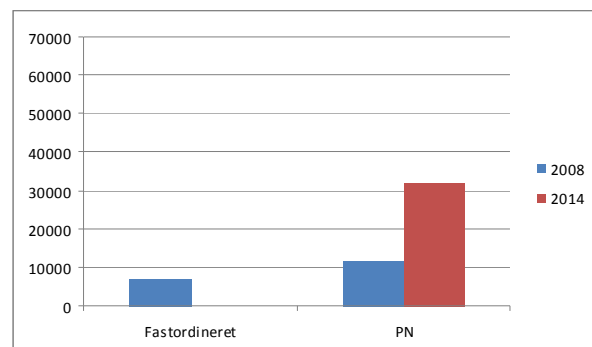
Smertestillende



I 2008 har 7 borgere ordineret smertestillende medicin dette svarer til 78 % af borgerne i bomiljøet



I 2014 har 9 borgere ordineret smertestillende medicin dette svarer til 64 % af borgerne i bomiljøet

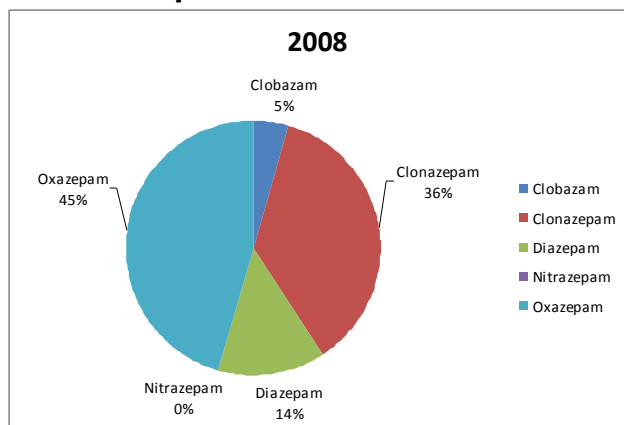


Døgn dosis af fastordineret smertestillende medicin er helt seponeret. Døgn dosis for smertestillende medicin til pn-udlevering er steget.

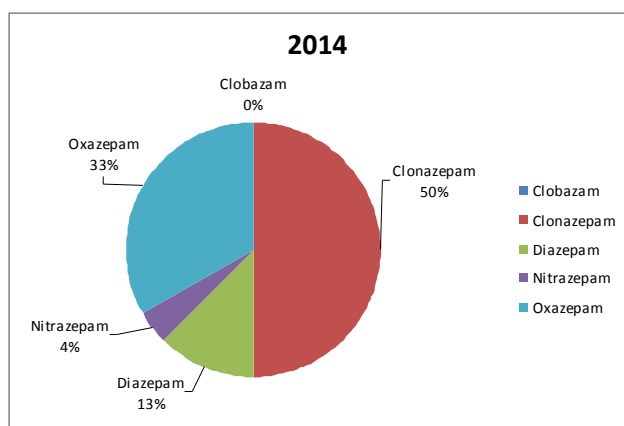
Bomiljø SP

Bomiljø HS

Benzodiazepiner

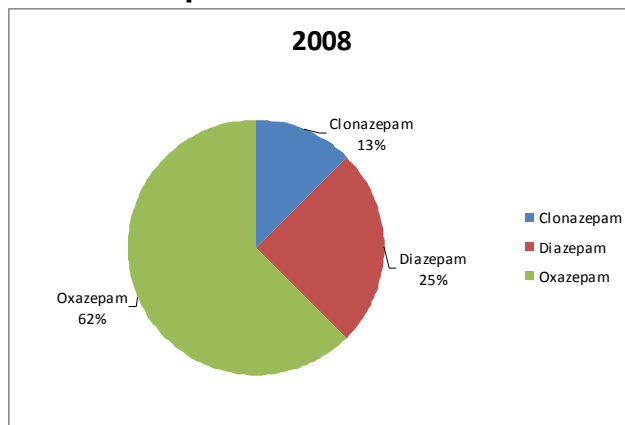


I 2008 har 18 borgere i Bomiljø SP ordineret Benzodiazepiner. Dette svarer til 56 % af borgerne i bomiljøet.

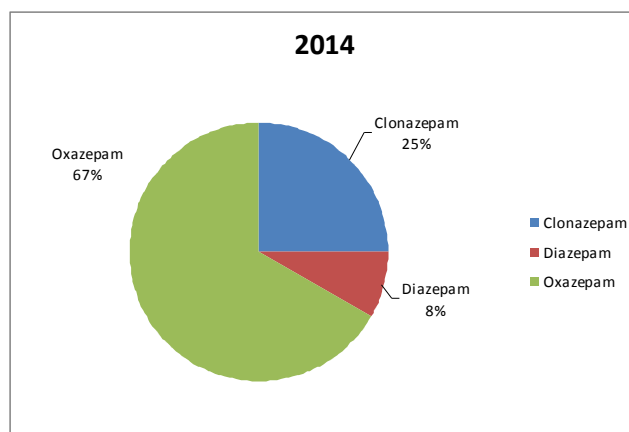


I 2014 har 19 borgere i Bomiljø SP ordineret Benzodiazepiner. Dette svarer til 63 % af borgerne i bomiljøet.

Benzodiazepiner



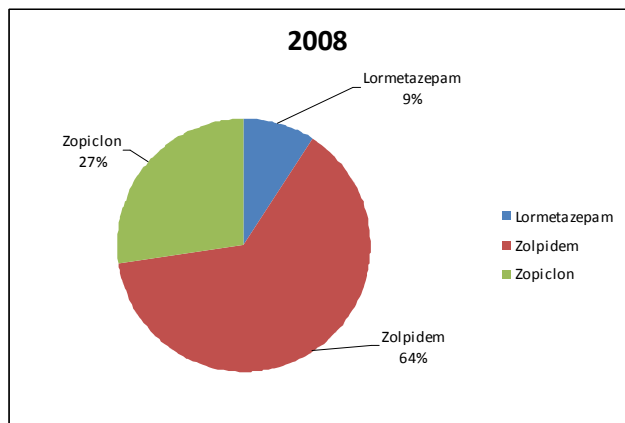
I 2008 har 7 borgere ordineret Benzodiazepiner dette svarer til 78 % af borgerne i bomiljøet



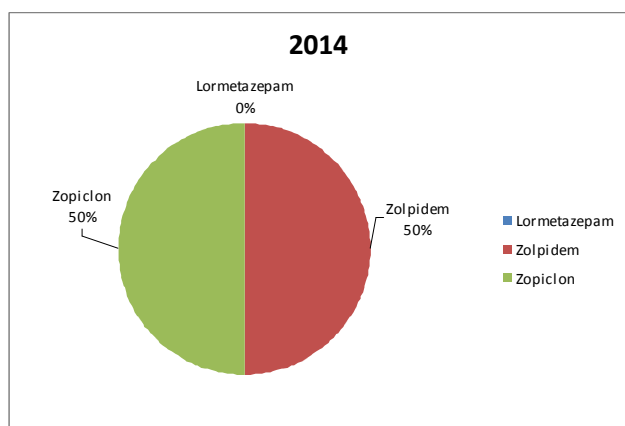
I 2014 har 10 borgere ordineret Benzodiazepiner dette svarer til 71 % af borgerne i bomiljøet

Bomiljø SP

Sovemedicin



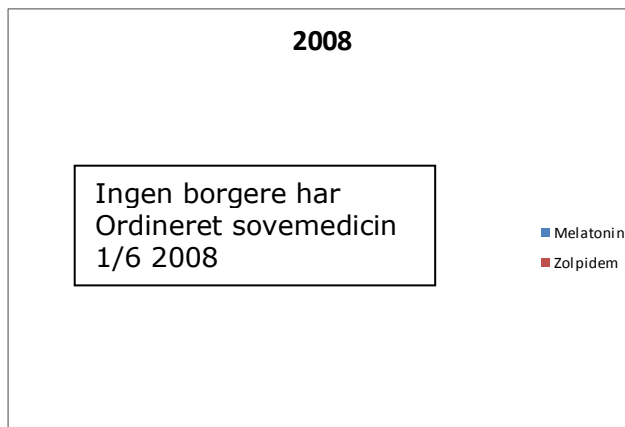
I 2008 havde 11 borgere ordineret sovemedicin, dette svarer til 35 % af borgerne i bomiljøet.



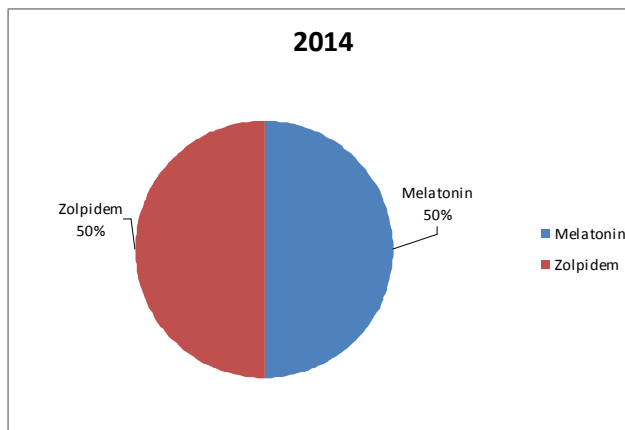
I 2014 har 2 borgere ordineret sovemedicin, dette svarer til 7% af borgerne i bomiljøet.

Bomiljø HS

Sovemedicin



I 2008 har ingen borgere ordineret sovemedicin

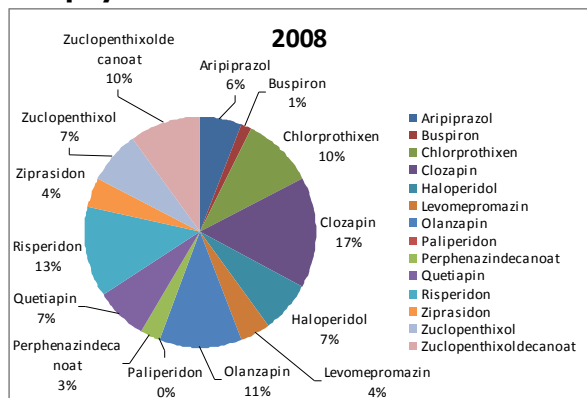


I 2014 har 2 borgere ordineret sovemedicin, dette svarer til 14 % af borgerne i bomiljøet

Bomiljø SP

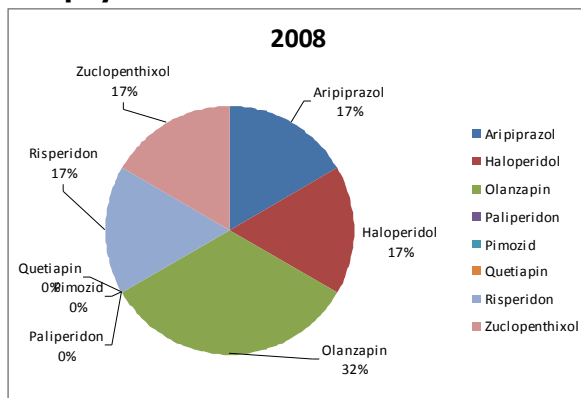
Bomiljø HS

Antipsykotika

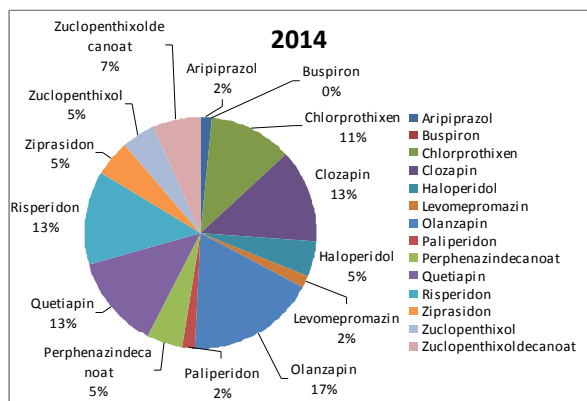


I 2008 har 32 borgere ordineret antipsykotika, dette svarer til 100 % af borgerne i bomiljøet.

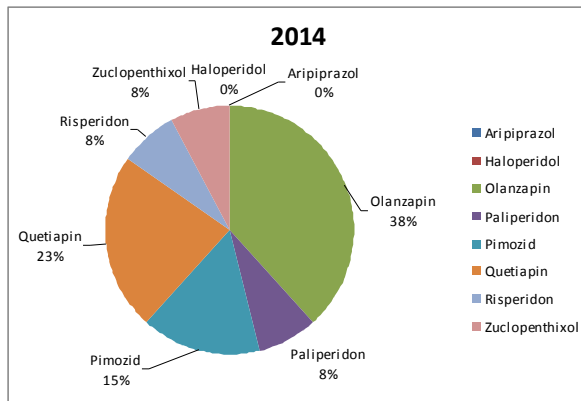
Antipsykotika



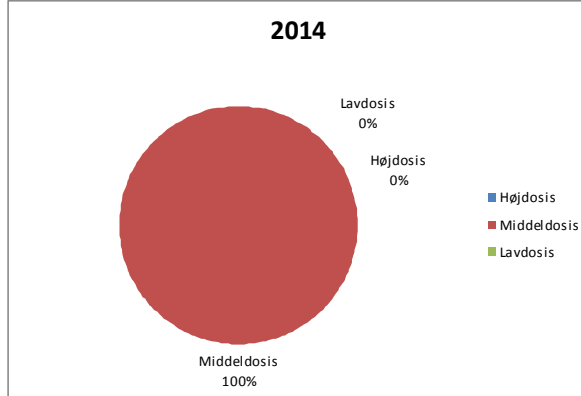
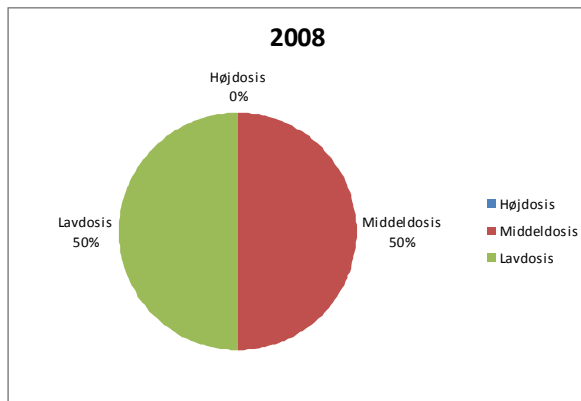
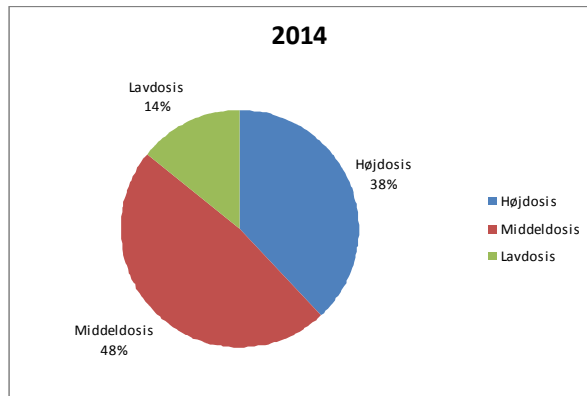
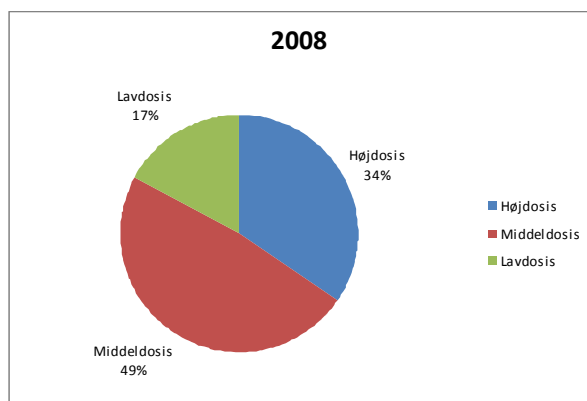
I 2008 har 6 borgere ordineret antipsykotika, dette svarer til 67 % af borgerne i bomiljøet



I 2014 har 28 borgere ordineret antipsykotika, dette svarer til 93 % af borgerne i bomiljøet

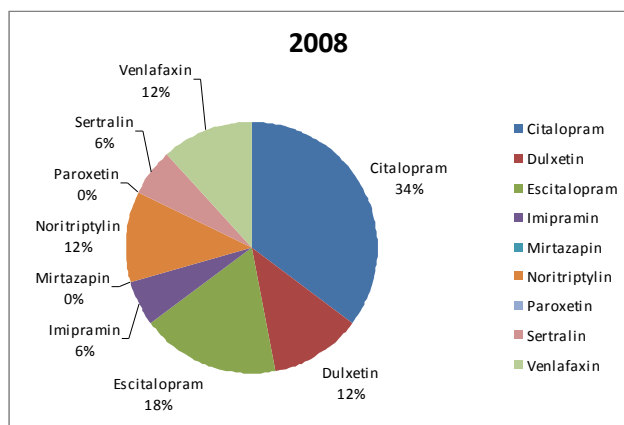


I 2014 har 11 borgere ordineret antipsykotika, dette svarer til 79 % af borgerne i bomiljøet

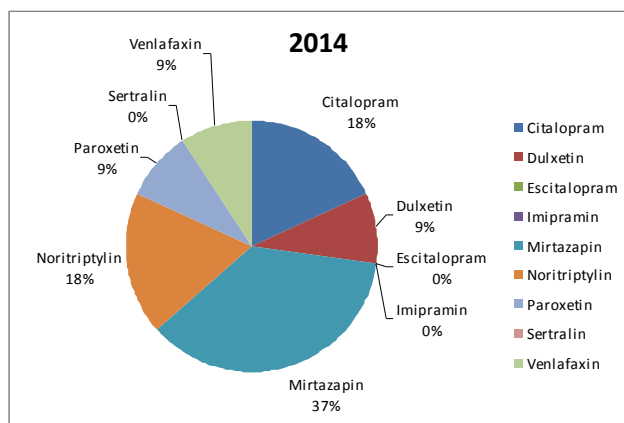


Bomiljø SP

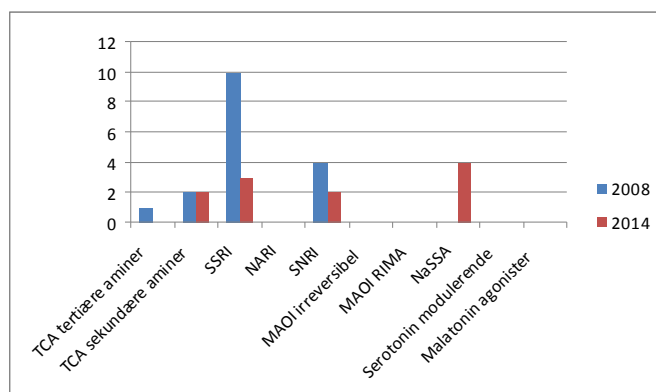
Antidepressiva



I 2008 har 17 borgere ordineret antidepressiva, dette svarer til 53 % af borgerne i bomiljøet



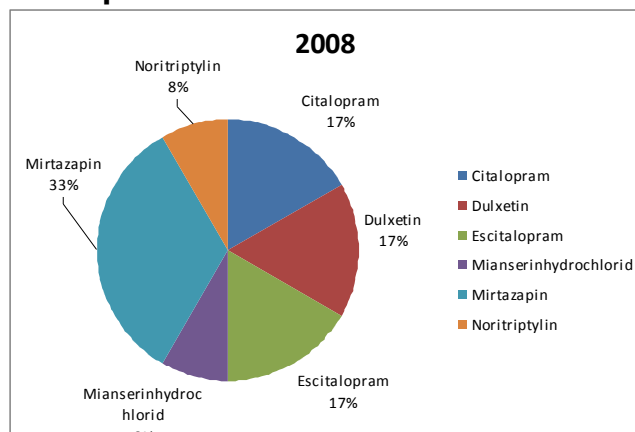
I 2014 har 10 borgere ordineret antidepressiva, dette svarer til 33 % af borgerne i bomiljøet.



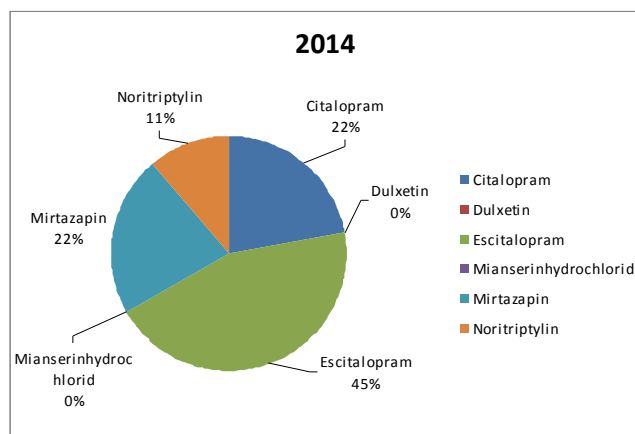
Ordinationer opdelt i lægemiddelgrupper

Bomiljø HS

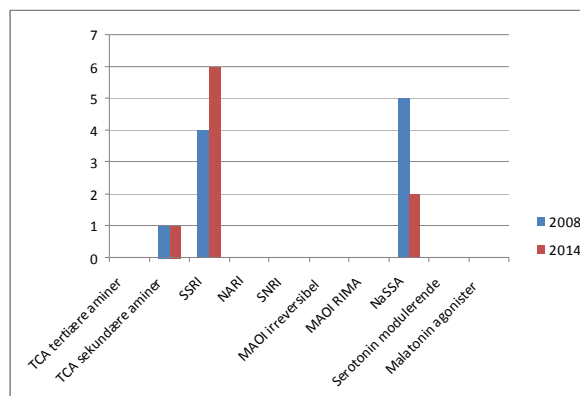
Antidepressiva



I 2008 har 7 borgere ordineret antidepressiva, dette svarer til 78 % af borgerne i bomiljøet



I 2014 har 8 borgere ordineret antidepressiva, dette svarer til 57 % af borgerne i bomiljøet



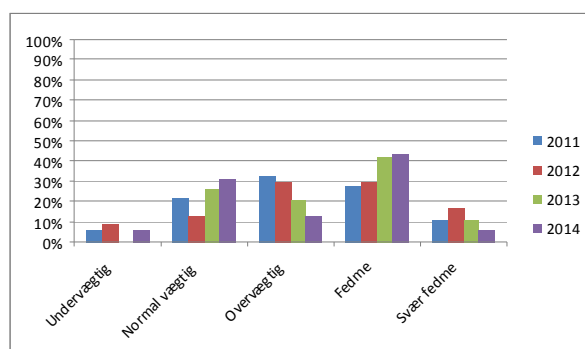
Ordinationer opdelt i lægemiddelgrupper

Bomiljø SP

Bivirkningsmedicin uddybes ikke, da denne type medicin udelukkende har været ordineret til borgere i Bomiljø SP. Og dermed er data ikke mulig at uddybe yderligere i forhold til specialer.

BMI

BMI	2011	2012	2013	2014
Undervægtig	6%	9%	0%	6%
Normal vægtig	22%	13%	26%	31%
Overvægtig	33%	30%	21%	13%
Fedme	28%	30%	42%	44%
Svær fedme	11%	17%	11%	6%

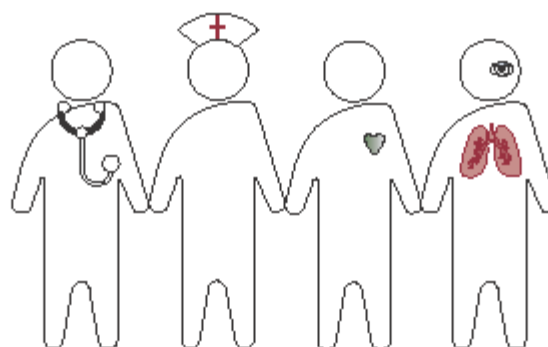
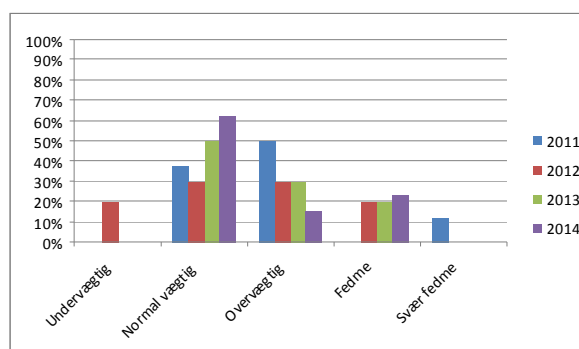


Bomiljø HS

Bivirkningsmedicin - ingen borgere i specialet Huntingtons Sygdom er ordineret bivirkningsmedicin, henholdsvis 1/6-08 og 25/11-14.

BMI

BMI	2011	2012	2013	2014
Undervægtig	0%	20%	0%	0%
Normal vægtig	38%	30%	50%	62%
Overvægtig	50%	30%	30%	15%
Fedme	0%	20%	20%	23%
Svær fedme	12%	0%	0%	0%



GAF skala¹

Ingen eller minimale symptomer F.eks. mild eksamens angst	90	Gode funktioner på alle områder, interesser og engagement i et bredt spekter af sociale aktiviteter. Er social effektiv og er stort set tilfreds med livet. Kun dagligdags problemer og bekymringer. Kontrolleret markering af uenighed med andre
Forventede og forbigående reaktioner på psykosociale stressfaktorer. F.eks. koncentrationsvanskeligheder efter et skænderi	81	Ubetydeligt, midlertidig og situationsbetinget nedsat social, erhvervmæssig eller skolemæssig funktion. F.eks. midlertidigt at komme bagud med opgaver
	80	
Nogle lette symptomer. F.eks. lettere nedstemthed, moderate indsovningsvanskeligheder	71	Nogle vanskeligheder med social, erhvervmæssig eller skolemæssig funktion. F.eks. sporadisk skulkning eller tyveri fra hjemmet eller fra nærmeste
	70	
Moderate symptomer. F.eks. afladede følelser, omstændeligt sprog, et panikanfald af og til	61	Moderate vanskeligheder i social, arbejdsmæssig eller skolemæssig funktion. F.eks. få venner, konflikter med kolleger eller bekendte
	60	
Alvorlige symptomer. F.eks. selvmordstanker, alvorlige tvangsritualer	51	Alvorlig forstyrrelse i social, arbejdsmæssig eller skolemæssig funktion. F.eks. ingen venner, kan ikke klare at holde fast på et job
	50	
En del forstyrrelse i realitetstestning eller kommunikation, dømmekraft, tænkning eller stemningsleje. F.eks. er talen af og til ulogisk, uforståelig eller irrelevant	41	Større funktionssvigt på flere områder, så som arbejde, skole eller familieforhold. F.eks. undgår venner, forsømmer familie, ude af stand til at arbejde
	40	
Adfærden er i betydelig grad påvirket af vrangforestillinger eller hallucinationer. Eller: Alvorlig forstyrrelse i kommunikationen eller dømmekraft. F.eks. af og til usamlet, opfører sig meget upassende, til stadighed optaget af selvmord	31	Manglende funktionsevne på næsten alle områder. F.eks. forbliver i sengen hele dagen, intet job, hjem eller venner
	30	
Fare for at kunne skade sig selv eller andre. F.eks. selvmordsforsøg uden klar forventning om at dø, er ofte voldelig, manisk, ELLER: Alvorlig kommunikationsforstyrrelse. F.eks. snakker stort set sammenhængende eller er stum	21	Af og til svigt i at sørge for et minimum af personlig hygiejne. F.eks. omfattende urenlige afføring
	20	
Vedvarende fare for at skade sig selv eller andre alvorligt. F.eks. gentagne voldshandlinger. ELLER: Alvorlige suicidale handlinger med klar forventning om at dø	11	Vedvarende svigt i at sørge for et minimum af personlig hygiejne
	10	
	1	

GAF skalaen bruges til at vurdere borgerens funktioner. Man skønner over de samlede psykologiske, sociale og arbejdsmæssige funktioner på en hypotetisk skala, der strækker sig mellem fuldstændig psykisk velbefindende = 100 og yderst omfattende sygdomskonsekvenser = 1.

Skalaen læses oppefra og nedefter. Når man finder noget, der passer for borgeren, så stopper man og lader det

Ti-tal-niveau man er på, være bestemmende for det første ciffer i ens vurdering.

Man vurderer derefter det næste ciffer ud fra et skøn over de samlede oplysninger om borgeren

Jo højere score, jo bedre funktionsniveau

¹ Relationsbehandling i psykiatrien. Bind V. Håndbog for relationsbehandling. Jens Egon Hansen, Ejner Rønnow, Mestringsstrategi-gruppen i Herning og Lars Thorgaard (red.). Hertervig Forlag, 2006

Clinical pharmacist coordinate cross-sector healthcare team in a psychiatric hostel

T B Axelsen¹, T Mathiesen²
 1 Hospital Pharmacy Central Denmark Region
 2 Local Psychiatry, Djursland, Region Psychiatry

Background:

A study at a Social Psychiatric Residential Institution (hostel) showed a lack of coordination of the patients' medication lists at the institution, in the hospital patient health records and medication administration systems. This is problematic because the patients are treated by physicians in both primary and secondary care. Therefore, a clinical pharmacist was included to coordinate the medication treatment in the intersectional health care team.

Objective:

To evaluate whether implementation of a clinical pharmacist in a psychiatric intersectional health care team may increase patient medication safety within the drug treatment.

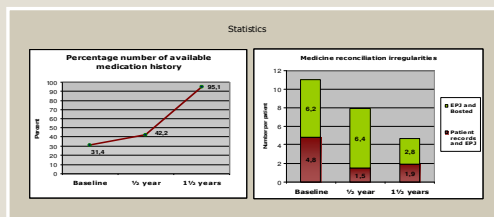
Setting and Method

The intersectional healthcare team included:
Primary care: General practitioner and care staff.
 Medication documentation: Medication administration lists.
Secondary care: Psychiatrist, district nurse and clinical pharmacist.
 Medication documentation: Patient health record: medication history and medication administration lists, respectively.

The tasks of the clinical pharmacist included reconciliation of medication lists and medication review of all residents in the period April-May 2012. Patient medication safety measures included the number of updated, available medication histories and medication reconciliations. There were follow-up after ½ year and after 1½ year.

Results:

Based on 43 observed residents, 35 (81%) were included at baseline. At 17 residents (39.5%) a current medication history was available. In total, 385 (11/residents) discrepancies in relation to medication reconciliation were registered.



At follow-up, the number of present medication history increased to 42.2% and 95.1%, respectively.

The number of medication reconciliation discrepancies decreases to 7.5/residents and 4.2/residents, respectively.

In the intersectional healthcare team, all participants indicate that they are very pleased with the cooperation.

They say:

General practitioner:
 This activity:
 - is a really good input to avoid problems involving complex medication regimes.
 - gives me a better overview so that I can see things that I otherwise would have overlooked.
 - is a necessity that needs to be developed to other areas

Psychiatrist:
 This activity:
 - means safety in drug treatment
 - It makes me focusing on the medication issues
 - filters out possible drug-related problems
 And secondarily:
 - saving time

Department Manager Hospital pharmacy:
 This activity:
 Means that the hospital pharmacy become established as an important stakeholder in increasing the quality of pharmaceutical care and patient safety in relation to:
 - multidisciplinary collaboration
 - Cross-sectoral activities



Clinical Pharmacist:
 This activity:
 - places the clinical pharmacist centrally in the multidisciplinary team
 - makes a difference for mentally ill people with many issues

Quality facilitator/
 This activity:
 - provide the overall picture of the patients' medication
 - gives us good advice that we can use in our daily work practices
 - means that we have all become more aware of medication generally

District nurse:
 This activity:
 - increases the attention on the medical treatment
 - ensures that drug guidelines are followed
 - provides supporting safety for all the patients and for my observation and treatment work.

Area manager:
 This activity:
 - means quality assurance
 - makes good sense for our residents
 - is a good socioeconomic investment
 - leads to collaboration and sharing of knowledge.

Conclusions:

The improvements are likely to reduce the number of potential unintended incidents and contributes to increased patient safety, within the drug treatment of psychiatric patients.