

The use of the “My Medication Passport” in Special Schools – A Proof of Principle Study

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1. INTRODUCTION

My Medication Passport (MMP) is a passport sized communication tool about medicines, developed by patients and healthcare professionals in partnership; with support from the NIHR Collaboration for Leadership in Applied Health Research and Care for Northwest London (CLAHRC) in 2013 [1].

Improving safety at the transfer of care from one setting to another is a World Health Organisation (WHO) priority, because errors with medicines can occur during transitions between care settings[2]. MMP is one output that may help with these transitions.

A case study [3] demonstrated that MMP, used with a disabled child, revealed the following benefits:

- A single complete medication list that can be verified and discussed with clinicians
- Reduce the strain of repeating information at frequent appointments
- Facilitating dialogue about medicines administration, which is often challenging in such children



Changes to my medicines*			
Date	Medicine name and change	Reason for change	Explained to patient and by whom
xx/xx/2013	Name of medicine, decreased dose to 10mg	Side effects	Dr. M Passport

This study investigated whether these benefits would be replicated for families with children at two special schools in London (Queensmill and Dysart Schools); and whether transition of care issues are identified when MMP is used in this setting.

Aims:

→ To Investigate whether the MMP identifies gaps in the school’s knowledge of medicines taken at home and methods of medicines administration at home

→ To Investigate the potential utility of the MMP in highlighting medicines-related challenges faced by parents/carers of a child with special needs

Figure 1: The MMP and one of the sections within it

2. METHODS

1. Nursing and family support staff from Queensmill and Dysart schools were interviewed about medicines-related issues and their views on MMP using a pre-study questionnaire (A)
2. Staff recruited families to trial the MMP by entering their child’s information and sending it to school for reconciliation with school records, and encouraging its use at medical appointments
3. A post-trial questionnaire for both staff (B) and families (C) was delivered
4. Data was analysed from the verbatim and thematic analysis was conducted



A – 3 Participants, 12 questions assessing the views of the staff trialling the MMP



B – 2 Participants, 6 questions determining medicines management before and after the MMP and assessing the use of the MMP over a month



C- 4 Participants, 12 questions determining medicines management before and after the MMP and assessing the use of the MMP over a month

4. CONCLUSIONS AND RECOMMENDATIONS

We believe that this is the first study of its kind, partly because carer recruitment is challenging given their difficult circumstances. Our results suggest that a handheld record such as MMP may facilitate communication about medicines between home and school and reduce transfer of care-related risks. MMP may provide school staff with a more complete medication list, and how medicines are actually taken at home. Moving forward, a longer study involving larger numbers of schools and families would enable an evaluation of how useful MMP was at medical appointments. Post study feedback from one family suggests that the MMP continues to be valuable.

MMP is not the only handheld medication tool, but could be highlighted as available for families to choose. Future work includes repeating this study in a larger cohort and adaptation of the MMP should be considered. Separate pages specifically for medicines administration could be added. The MMP could also adopt a more child-friendly design, to include the likes and dislikes of the child.

3. RESULTS AND DISCUSSION

1. Pre-Study Interview with staff:

The schools are reliant on families for information about medication and this can sometimes be challenging to obtain. Some information is relayed via teachers and/or may be via word of mouth. Schools sometimes receive different information from different sources. Families by nature live complex lives and need support. Recalling and relaying information frequently can be tiring and stressful.

Figure 2: Themes and quotes

Theme	Quotes from the Interviews
Indirect Data Collection Of Medicines Information	"There’s not an exact protocol its fluid and is just dependent on who the parent is comfortable with telling."
Practicality of the MMP	"Especially when there’s various consultants it’s good to have"
Problems with the transfer of care	"It depends on who tells who first"
Repetition	"Parents have a lot to deal with and they have so many professionals in their life so relaying all of this information can be tiring and stressful"

2. Reconciliation of family record of medicines with school records:

- MMP provided the opportunity to update the school medical records
- MMP typically provided a more complete record as school records may only include emergency medicines and those medicines that are actually taken at school

3. Post-trial Questionnaire for Staff

- MMP was found to be particularly helpful in “nonverbal” students as it provides families’ own information to keep the school updated about medicines
- “Having MMP would give more medical information” e.g. if going to A&E
- Suggestions: make MMP “visually child friendly” and include pages “to include relevant information on the child’s disability”

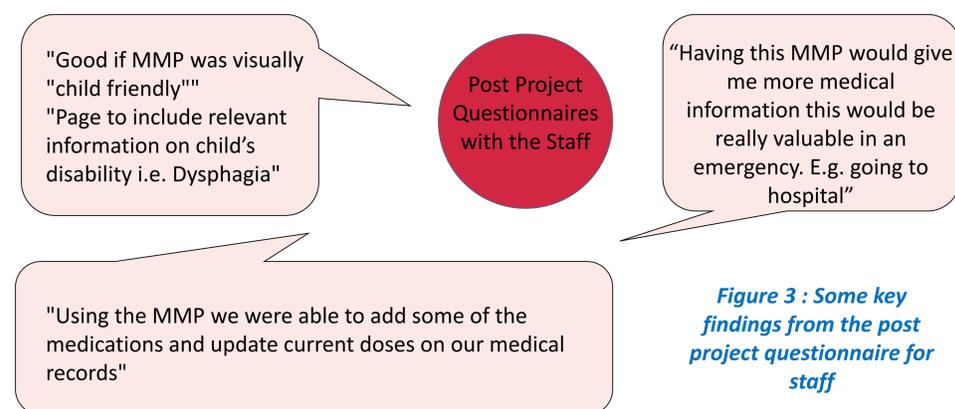


Figure 3: Some key findings from the post project questionnaire for staff

4. Post-trial Questionnaire for families

- MMP was seen as compact and convenient
- A good memory aid
- Some families have created their own records
- It could be seen as ‘yet another document’ to carry around
- It highlighted medicines administration challenges, e.g. difficulty in administering an eye ointment, a child spitting out medicines and sitting still to give inhalers

Theme	Quotes from the Questionnaires
Compact Design of the MMP	"It offered a snapshot overview of various health issues and treatments"
Repetitiveness of the MMP	"But still have to tell doctors about medicines"

Figure 4: Themes and quotes