

Reducing the number of TTOs sent to pharmacy for clinical screening in the afternoons

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1. The TTO Process

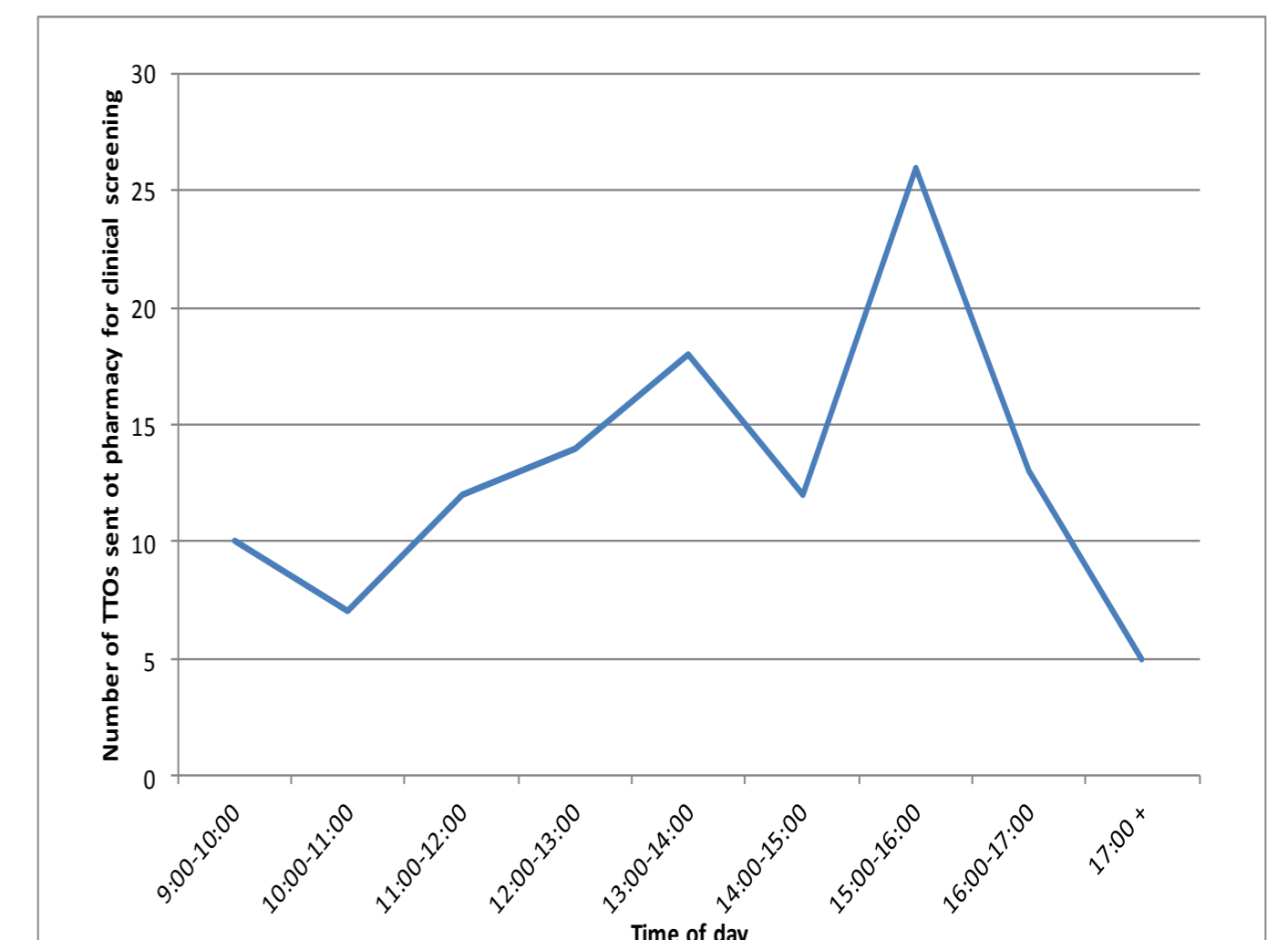
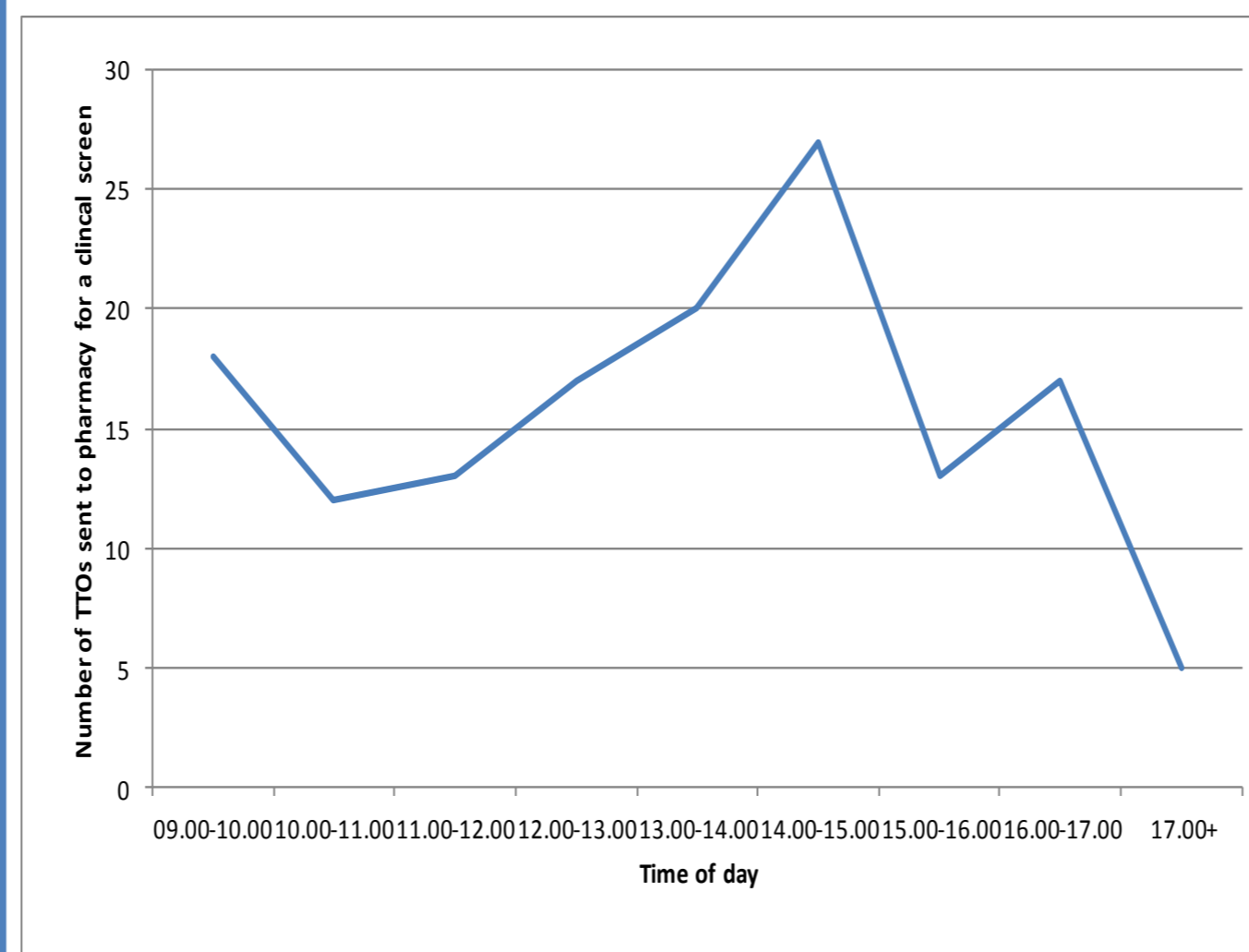
When a patient is ready for discharge doctors write the discharge summary (TTO), then if the patient has all their medications nurses can send them home. However if the patient still needs medications then the ward pharmacist or technician need to arrange supply or the chart needs to be sent to pharmacy to be clinically screened by the dispensary pharmacist. Once screened the TTO can be released for dispensing.

Processes that are already in place to speed up discharge and avoid TTOs needing to come into pharmacy are:

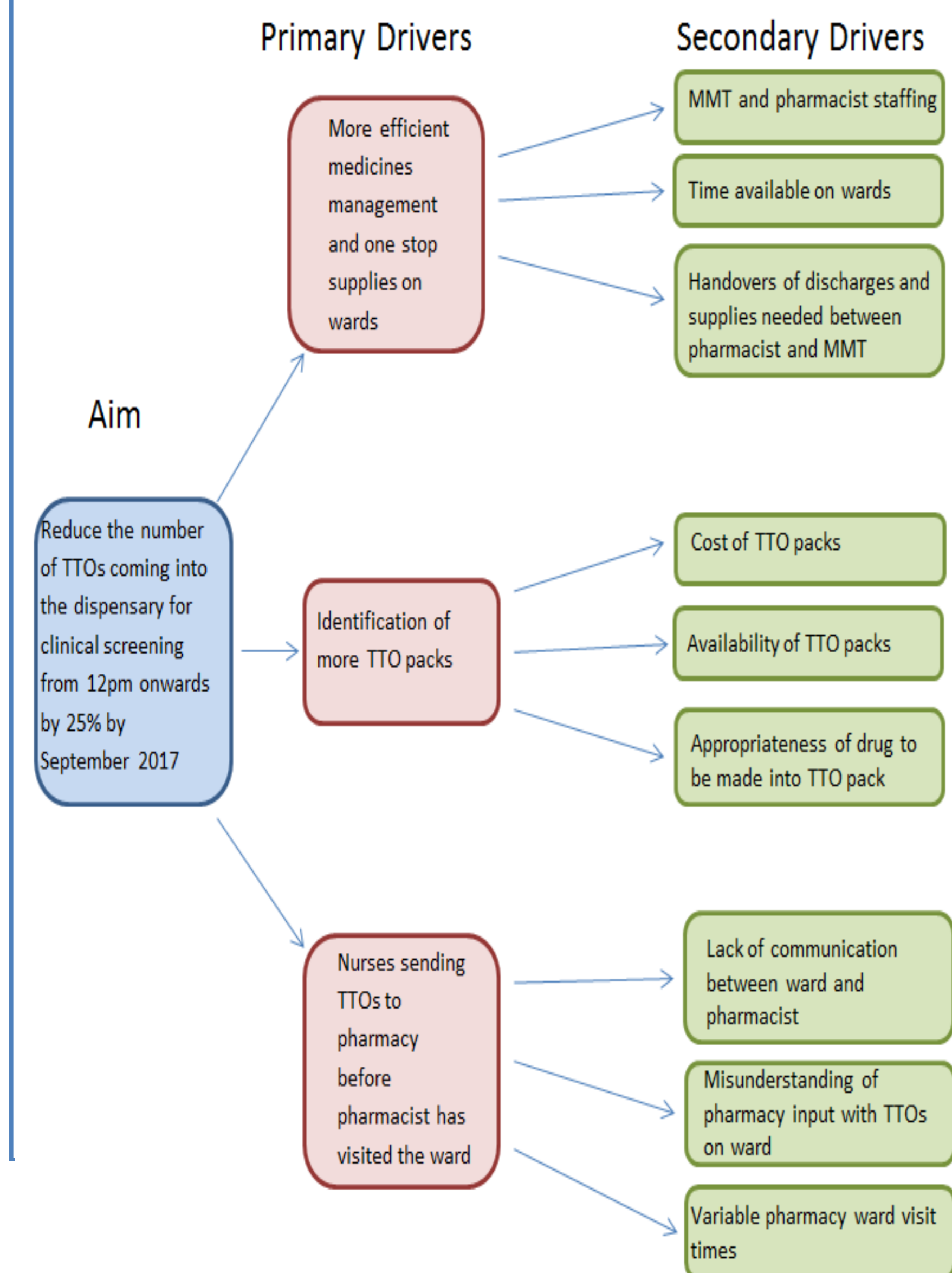
- TTO packs
- One stop dispensing
- Pharmacists screening TTOs on ward

2. Increased numbers of TTOs sent to pharmacy for clinical screen in the afternoons

Audit data found evidence to show that the dispensary receives large volumes of TTOs in the afternoons, the audits undertaken in January and March 2017. This is a problem as failure to get these TTOs screened in a timely manner means that the whole process get delayed potentially resulting in delayed discharges.



4. Aim and Driver diagram



5. PDSA Cycles and results

PDSA cycle 1: Educational poster

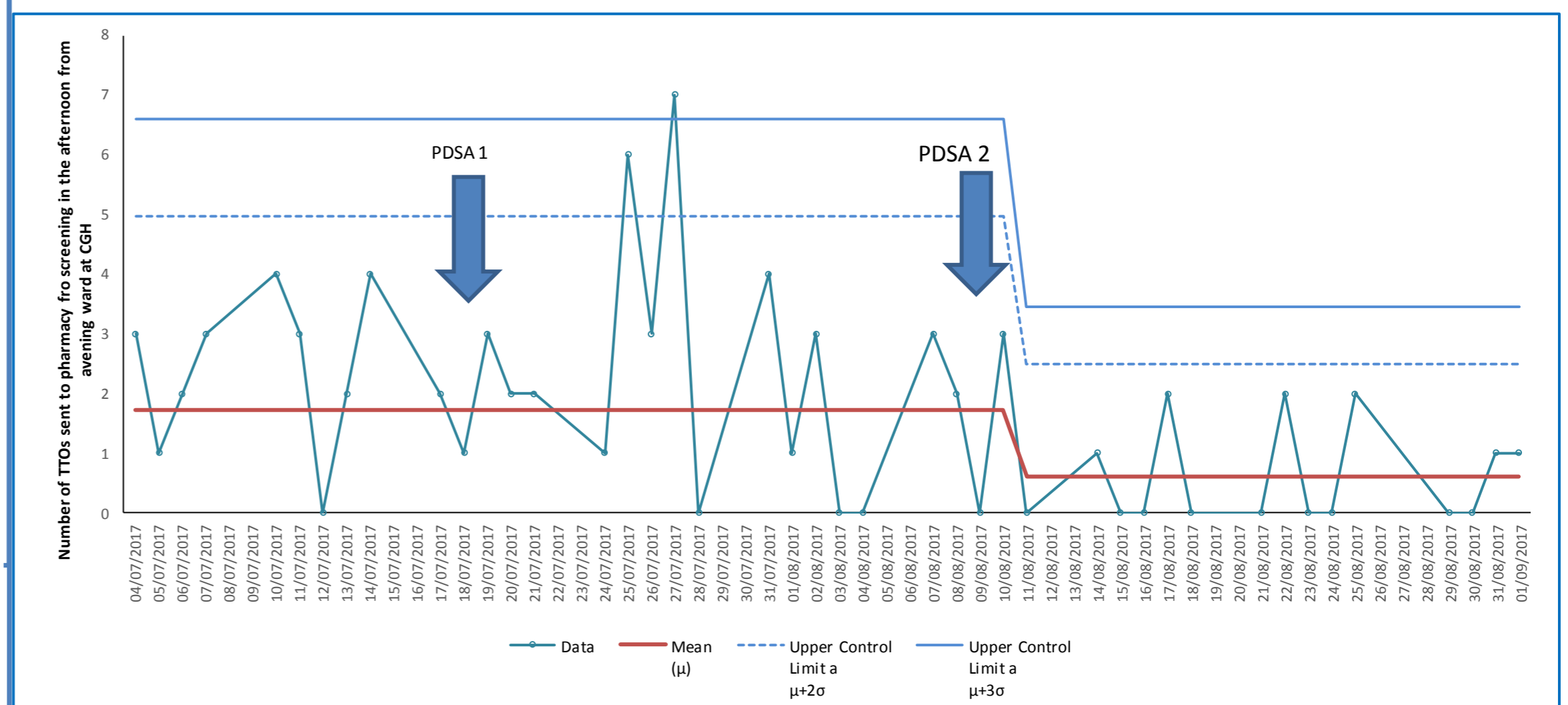
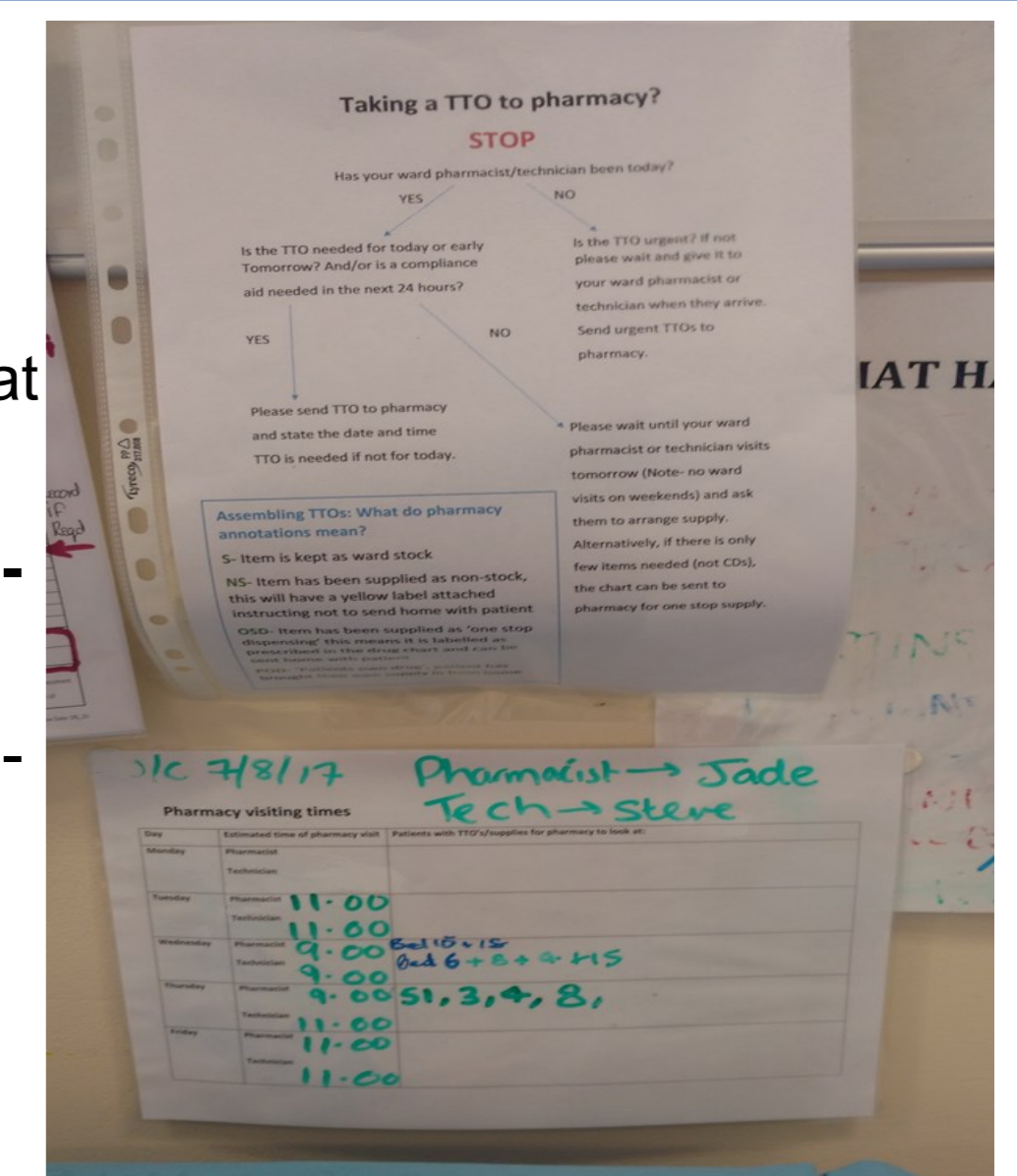
A poster was designed to guide nurses through the steps of what to do with a TTO that needs supplies

PDSA cycle 2: pharmacy-ward communication sheet

A laminated grid was designed where pharmacy were able to update their visiting times to ward each day and nurses could annotate what patients were being discharged that day and need supplies

Results:

PDSA cycle one made no change in the mean, however cycle 2 reduced the mean by ~65% on Avening ward (SPC below) and by ~34% on Knightsbridge



6. Discussion

Overall a decrease was seen on both wards when PDSA cycle 2 was initiated showing that enhancing communication between nurses and pharmacy is an effective strategy to increase ward based discharge preparation.

Future work could look into measuring results against number of discharges from the ward to enhance validity. Hopefully this model can be rolled out on more wards to improve dispensary work flow and speed up discharges.