Gloucestershire Safety and Quality Improvement Academy

Gloucestershire Hospitals NHS
NHS Foundation Trust

Discharge facilitation – increasing the amount of medication supplied to the ward ready for discharge

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Background

Since 2001 pharmacy has been providing a 'One-Stop' service, where inpatients medication requirements are met by supplying medication labelled ready for discharge during their stay. This is used during admission and the patient takes home the remaining supply, thereby speeding up their discharge. Our aim was to provide 70% of medication supplies in this way.

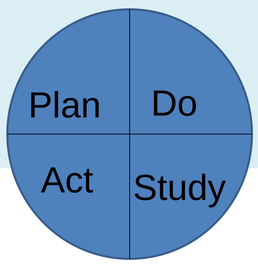
This target is not always met, for varying reasons, for example, the role of the Medicines Management Technician has vastly increased over time but the time allocated to cover the ward has not and the turn over of patients has increased.

Limitations

- Certain things can not be supplied prior to discharge, these include: controlled drugs, IV medications, compliance aids, when required medications, sleeping tablets and last minute changes to medications.
- Variability in patient movement and complexity
- Fluctuating staffing levels and increased workload of Medicines Management Technicians, this is the group of staff that primarily provide the supplies.

Driver diagram

Aim	Primary Drivers	Secondary Drivers	Change Ideas
To increase the amount of one-stop dispensing to the surgical wards at Cheltenham General and reduce the avoidable supplies made at discharge by 10%	To facilitate discharge on surgical wards at CGH	Re-focus pharmacy staff of importance of discharge and ensuring stock available	Pharmacy staff to be aware of discharges and ensure stock available
		Timing of ward visits	Attempt to have ward visits to coincide with consultant rounds
		Prioritisation of workload	Prioritise technician workload to focus on new patients and discharges
	Identify plans for discharge in advance	Ward handover	Attend ward handover post ward round
		Rounds – consultant and board	Link in with the nurse in charge
		Identify patients going home imminently (today/tomorrow)	Laminated cards on drug trollies to identify patient going home/in need of supplies
	Communication with ward staff and patients	Patient education on ordering and changes to medications	Communicate with the patient as supplies are made
		Feedback to ward staff with actions taken	Communicate with nurses regarding actions taken about discharge medication
	Complex discharges – e.g. CDs, compliance aids, change of care settings	Identify complex discharges ahead of time	Compliance aids – contact community pharmacies on admission to ascertain delivery details, are compliance aids available etc.
		Identify community hospital stock holdings	Are stock lists available?



PDSA Cycles

Cycle 1: Pharmacy staff awareness of project and the importance of facilitating discharge.

Cycle 2: Supply courses of oral antibiotics when initially prescribed instead of waiting until discharge.

Cycle 3: Update of pre-labelled TTO packs available to the wards and promotion of them

Cycle 4: Ward moves – medicines management technicians on certain wards were given a bit more time to cover.

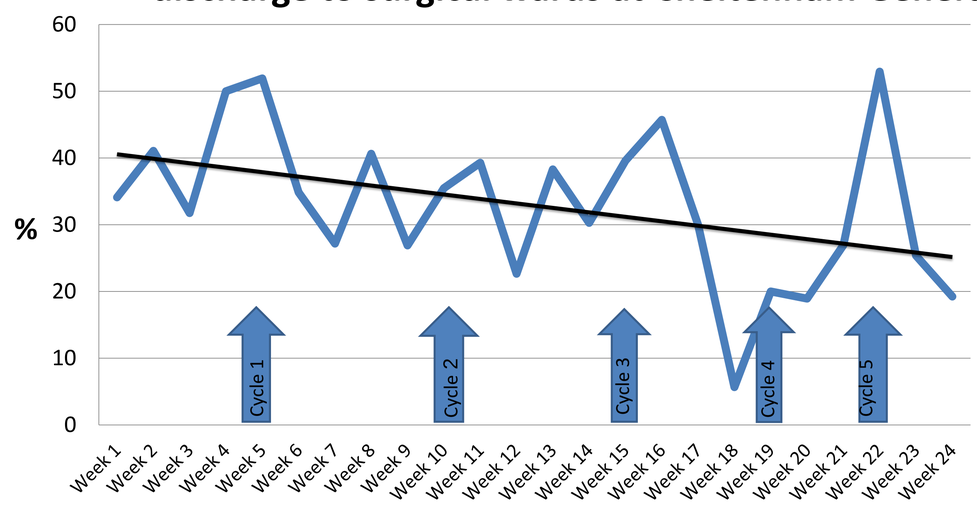
Cycle 5: Dispensary education, avoiding duplicate supplies and unnecessary supplies – i.e. TTO packs.

Results

Avoidable supplies have been reduced by 10%

One-stop supplies have increased between 3% and 20%

% of avoidable supplies made in dispensary at point of discharge to surgical wards at Cheltenham General



Quarterly averages % of One-stop dispensing

Ward	Jan-Mar %	Apr-Jun %	% ↑/↓
Alstone	47	67	20%↑
Bibury	70	67	3%↓
Dixton	66	80	14%↑
Guiting	72	75	3%↑
Prescott	62	71	9%↑

Conclusion and next steps

We have made improvements with facilitating discharge on the Surgical wards and the results have met my original aim, but there is still much that we are doing and can do, this will be on-going to make the process an automatic sustainable change.

The wards which showed the biggest improvements were the elective orthopaedic wards, this is due to these wards having more predictable planning and less changes to medications over the other surgical wards where there is a mixture of elective and emergency patients.

Work has already begun with ward based education and posters regarding use of TTO packs and how staff can assist pharmacy with facilitating discharge, as well as educating the staff in dispensary to avoid making unnecessary supplies or duplicate supplies. There is on going work around re-engineering the clinical pharmacy service which will include focusing more on discharge.