Gloucestershire Safety & Quality Improvement Academy

Gloucestershire Hospitals NHS
NHS Foundation Trust

Improving the Discharge Prescription (TTO) Process for Oncology Inpatients

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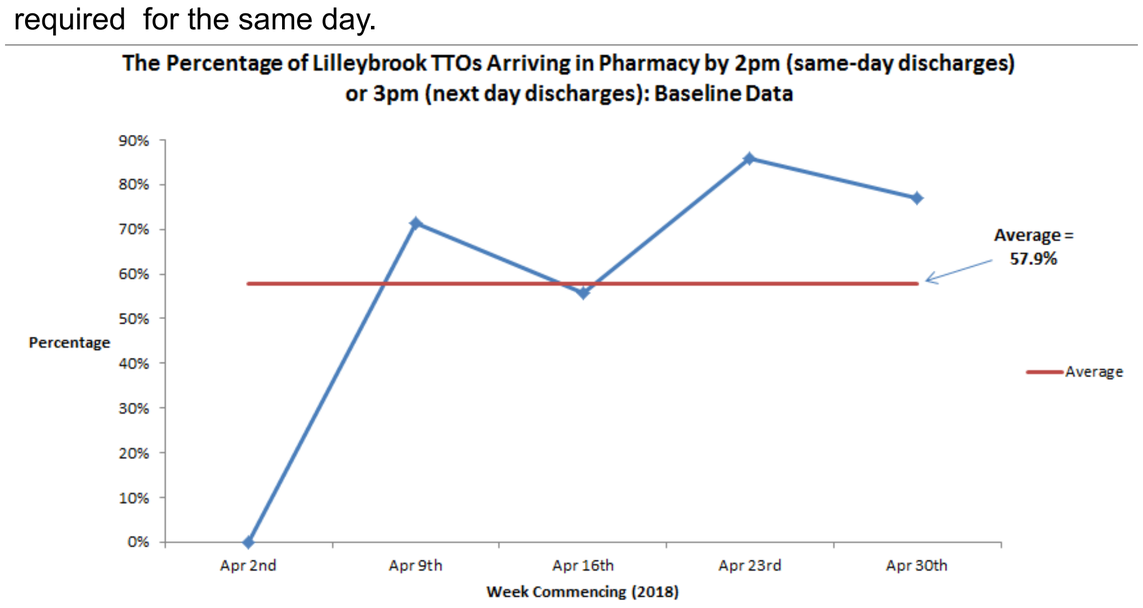
1. Background

- WebTracker (a computer-based prescription tracking programme) has been introduced in pharmacy to track the progress of all prescriptions.
- WebTracker incorporates a traffic-light system to track whether prescriptions are being processed within their agreed target turnaround times.
- To enable the dispensary to achieve these targets, the 'TTO Clock' has been introduced; this states that pharmacy cannot guarantee that medicines will be ready in time for discharge unless TTOs arrive in pharmacy by 2pm (for same-day discharges) and 3pm (for next-day discharges).

2. Context and Baseline Data

- Oncology TTOs are often complicated and include controlled drugs. It has been identified that oncology TTOs frequently arrive in pharmacy after 3pm and are required for the same day.



3. Aim and Driver Diagram

Aim	Primary Drivers	Secondary Drivers
To increase the number of TTOs arriving in pharmacy by 2pm (same-day discharges) or 3pm (next day discharges) from Lilleybrook ward by 10% by 31st August 2018	Improved communication of the decision that a patient is fit for discharge	The time of the communication that the patient is fit for discharge
		The method of communication that the patient is fit for discharge
		The person(s) informed that the patient is fit for discharge
	Early production of the discharge summary and TTO	Early identification of the person(s) responsible for writing the TTO
		Prioritisation of this task over other tasks
		Reduce the length of time taken to write the TTO
	Early screening of the TTO for supplies	The presence of pharmacy staff on the ward at the time the TTO is printed
		The availability of nursing staff at the time the TTO is printed
		The clarity of pharmacy supply annotations on the drug chart
	Early transport of the TTO to pharmacy	The method of transport to pharmacy
		Identification of the person responsible for transporting the TTO to pharmacy

Acknowledgements: Dr Sam Guglani, Sue Watts and Alison Doyle.

4. Measures

Outcome Measure

The number of Lilleybrook TTOs (%) arriving in pharmacy by 2pm (same-day discharges) or 3pm (next day discharges).

Process Measure

The time at which the decision was made to discharge the patient.

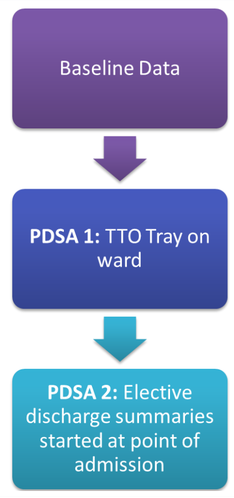
5. PDSA Cycles

PDSA 1: TTO Tray

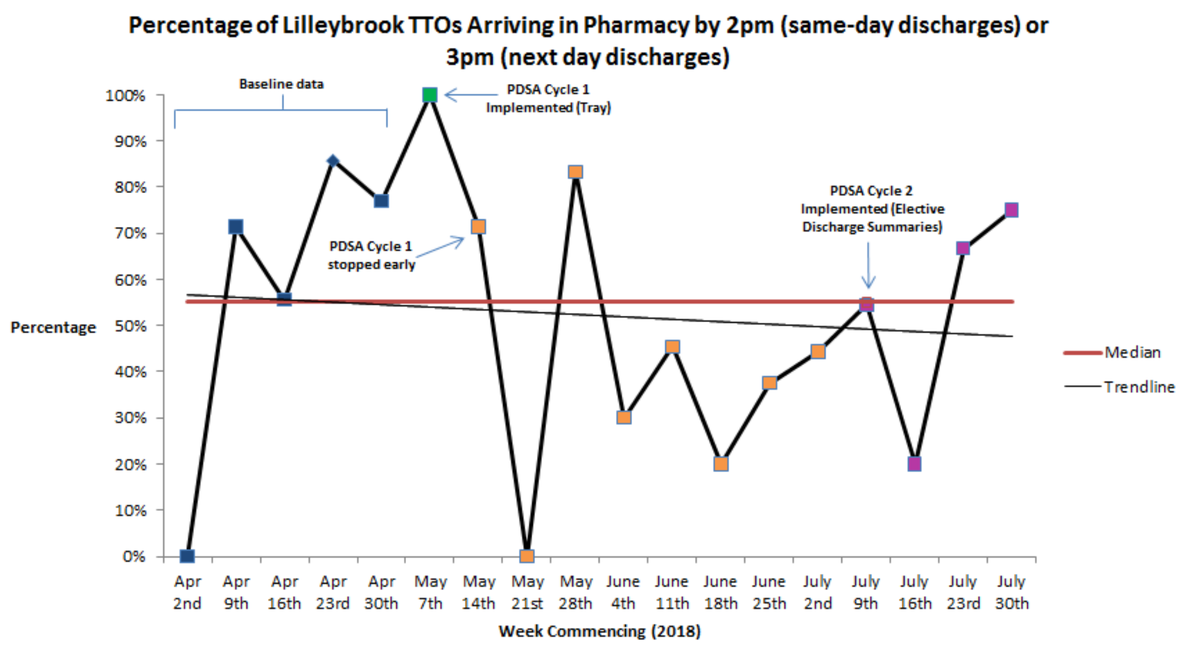
A tray marked "TTOs by 1pm please" put on Lilleybrook ward to introduce a deadline.

PDSA 2: Elective Discharge Summaries

Discharge summaries and TTOs for elective patients started at the point of admission.



6. Results



7. Conclusion

- There was no improvement in the number of TTOs arriving in pharmacy by the target "TTO Clock" times.
- The run chart above actually indicates a potential reduction in the number of TTOs reaching the target: there are two 'shifts'.

8. Limitations

- Collection of process measure data was unsuccessful due to difficulty in pinpointing the exact time at which the decision was made for each patient to be discharged.
- PDSA cycle 1 was stopped early due to lack of staff engagement.
- Lack of pharmacy staff (and therefore time spent on the project) meant that it was difficult to engage ward staff and collect data.

9. Next Steps

- Consider more in depth training on TTO target times with ward prescribers.
- Continue to encourage the writing of all TTOs in advance (starting them on admission) to anticipate discharge.
- Trial the use of a TTO bleep, which one pharmacist will carry until 1pm each day.