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Acute Medical Unit
To Take Out Medications Project

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Background

National Inpatient Survey 2015

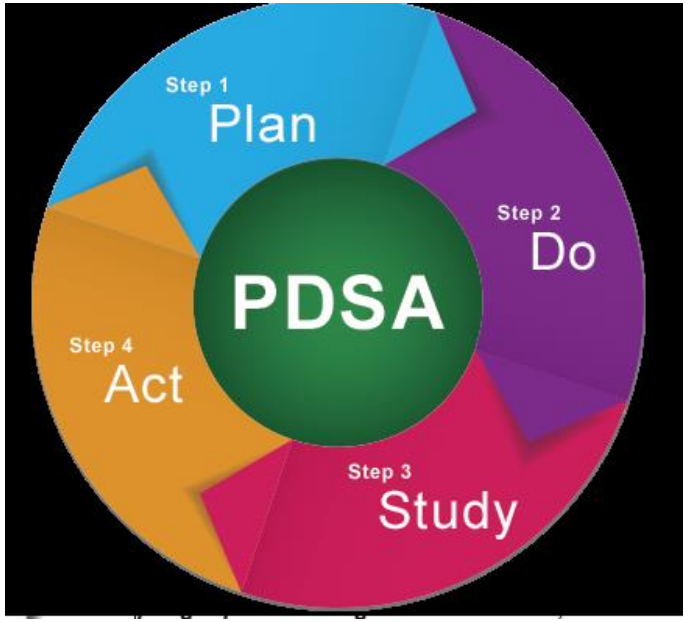
National Inpatient Survey 2016

Issues with discharge delays trust wide were identified through patient and public involvement initiatives.

The National Inpatient Survey 2015 had highlighted patient concerns around the lengthy delays when waiting for discharge medication following discharge from inpatient hospital stays.

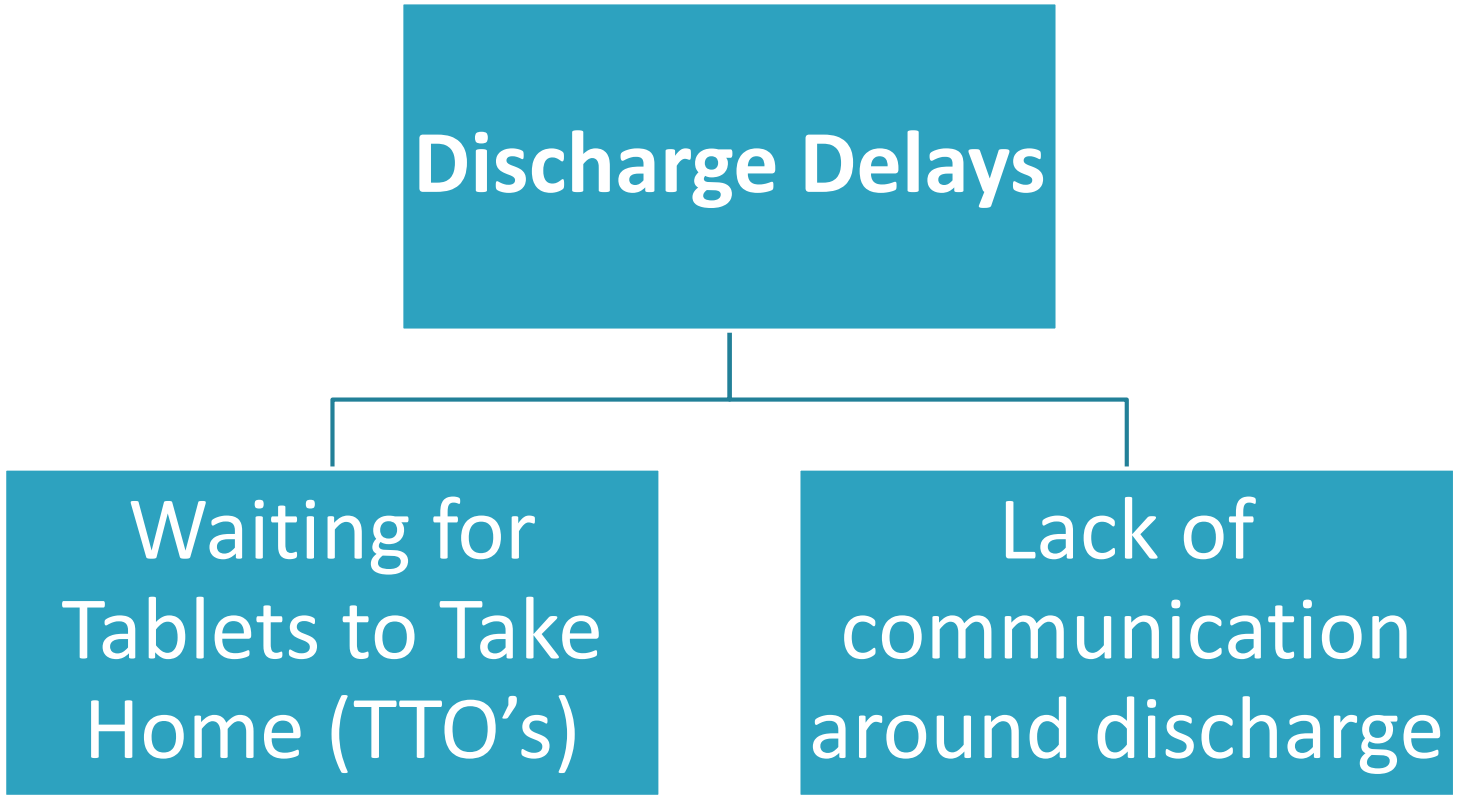
Patient Comments National Inpatient Survey 2016
“Discharge procedure could be improved”

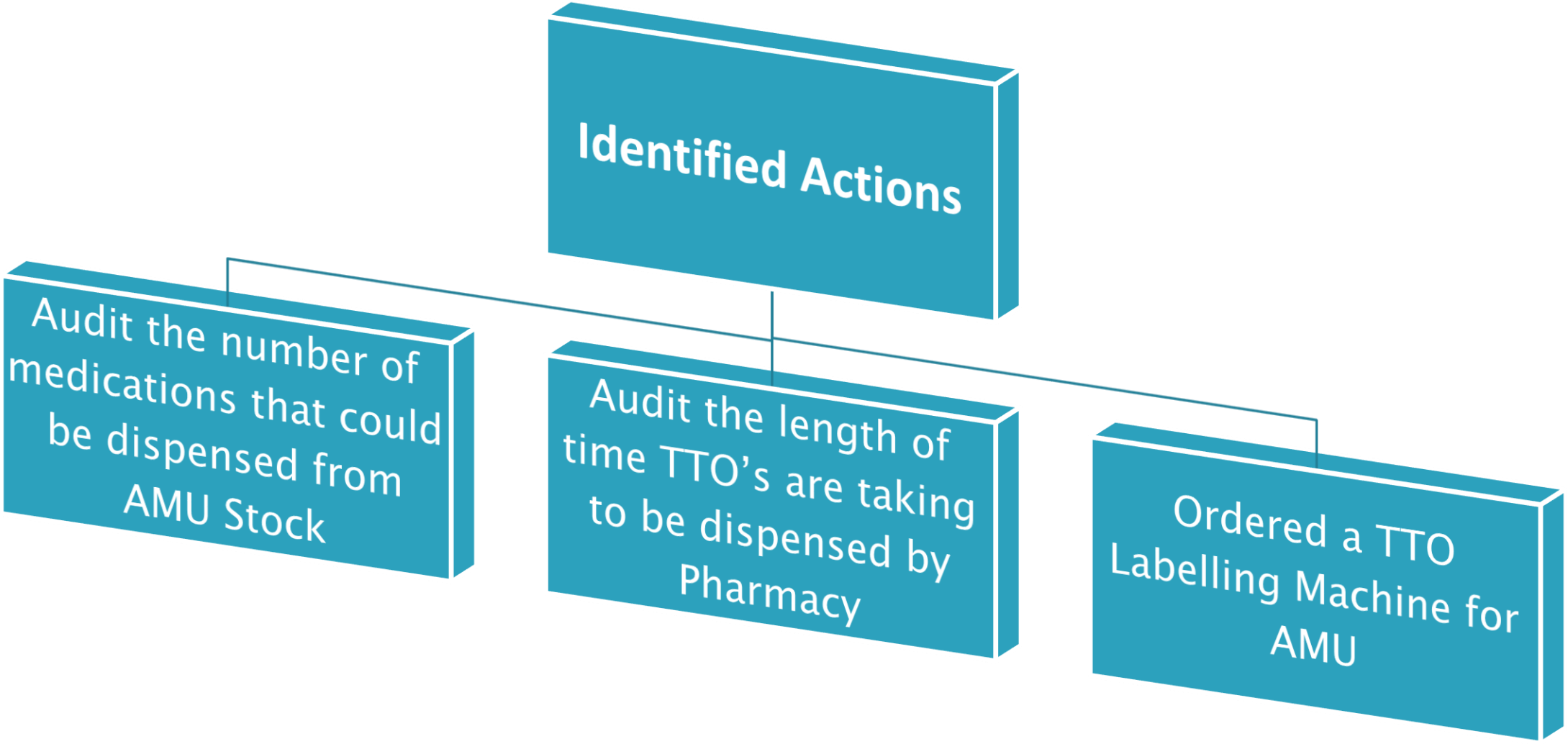
What can we do at ward level to reduce discharge delays for patients?



A project group was established. It was important that the project group was agile with the ability to make rapid decisions regarding the project and therefore the group included the ward manager, house keeper, ward pharmacist and pharmacy technician. The group met weekly so changes could be made quickly, to ensure total success of the project.

Actions Identified from scores and patients comments




Identified Actions
Audit the number of medications that could be dispensed from AMU Stock
Audit the length of time TTO's are taking to be dispensed by Pharmacy
Ordered a TTO Labelling Machine for AMU

The TTO Process

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Doctor writes the discharge prescription which is submitted to the Pharmacist for authorisation.

Pharmacist authorises the TTO which is sent down to Pharmacy for dispensing.

Pharmacy it joins the 'queue' of TTO's waiting to be dispensed and checked, along with other items for dispensing such as outpatient prescriptions and inpatient orders.

The dispensary aims to achieve a two-hour turnaround time on all TTOs. However, this can be delayed depending on the volume of prescriptions they receive and pharmacy staffing levels.

Medications dispensed and sent to ward to give to patient.

- The aim of this initiative was to bypass the dispensary completely and dispense the TTOs on the ward using available ward stock medications. This was made possible as there is a regular ward Pharmacist and Pharmacy technician on AMU who are able to dispense and check TTOs once the TTO has been authorised.

Phase 1 – Baseline data collection.

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A comprehensive baseline data collection was undertaken to understand the discharge process in relation to TTO dispensing. Every step was timed so that any inefficiency could be identified, reviewed and improved without compromising safety.

Phase 2 – Introduction of a pharmacy TTO labelling dispenser and data collection.

The comprehensive data collection tool was subsequently used to establish the efficiency of the printer. The data collected included the time it took to process a TTO on the ward vs the time it took to process a TTO when it was sent down to Pharmacy.

The timings that were measured included:

- The time difference between booking in and booking out of Pharmacy.
- The time difference between authorisation and booking in.

Pre-Label Printer Data

52%- Could have been dispensed on the unit

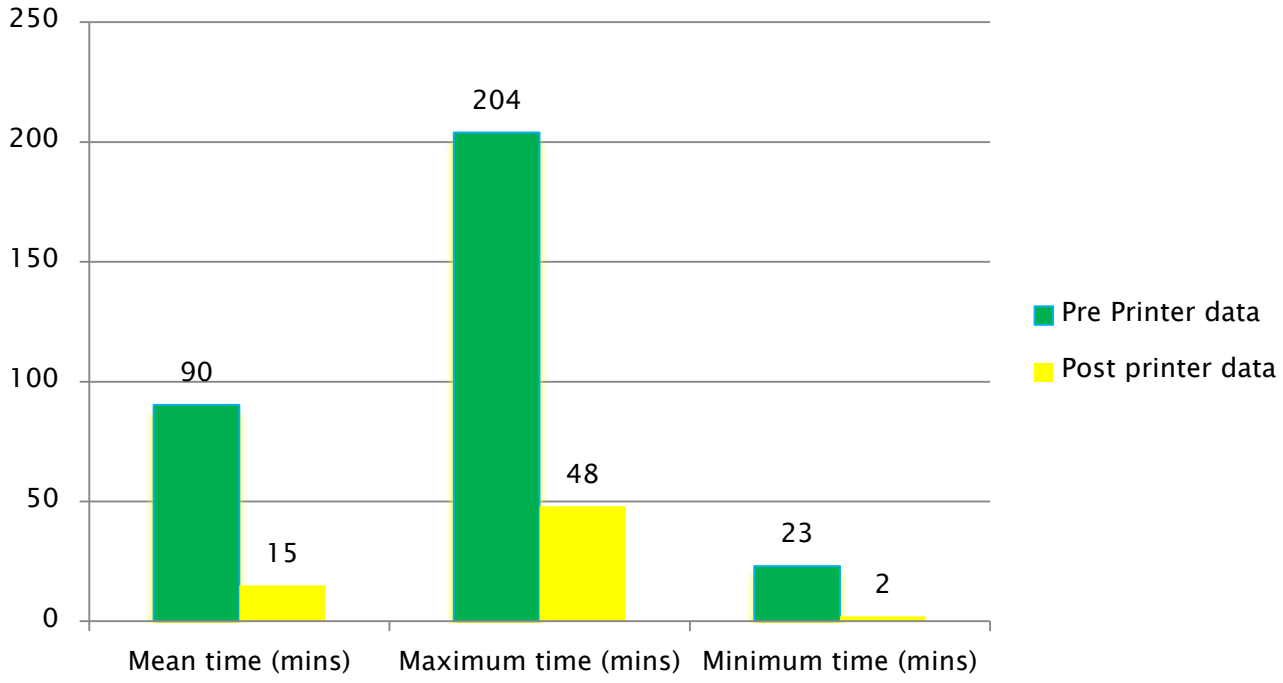
- **Total time taken to process discharge medications**

Mean – **90**

Maximum – **204 minutes**

Minimum – **23 minutes**

Audit Results



A comprehensive baseline data collection was undertaken to understand the discharge process in relation to TTO dispensing. Every step was timed so that any inefficiency could be identified, reviewed and improved without compromising safety.

- Prior to the TTO being
- After the TTO printer was established on AMU

The results indicated that the introduction of the TTO printer on AMU has significantly reduced waiting times associated with discharge medications for patients reducing the mean waiting time from 90 minutes to 15 minutes

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Phase 3

Review of the collected data and hurdles faced

The TTO data was reviewed by the AMU pharmacist on a regular basis, specifically whether there were TTOs that had been sent to the dispensary because they could not be processed on the ward. The main reasons as to why some TTOs had to be sent down to dispensary:

- Items on the TTO were not stocked on the ward
- Not enough stock on the ward to fulfil the prescription
- No technician or Pharmacist on the ward (due to dispensary commitments) as two members of pharmacy are needed to process the TTO (to dispense and accuracy check)
- Dispensing computer unavailable as being used by another staff member

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Sharing of Results

Phase 4 – Sharing of the results

- Results have been presented at various forums within the trust, highlighting the benefits to both the ward and patients.

- The number of concerns raised via the customer care team regarding medication generally from AMU has reduced since 2015.

- This data in conjunction with the audit data shows a significant improvement in the discharge and pharmacy dispensing process on AMU.

Years to date	2015/2016	2016/2017	2017/2018
Number of concerns raised through the customer care team in relation to medications on AMU	15	10	1 to date

There are plans to roll out similar initiatives in other areas across the organisation, and this is currently being piloted on a surgical ward and plans to run a similar initiative on the children's assessment unit

Key Learning Points

- Importance of good communication within the project team and commitment to weekly meetings in the initial stages of the project
- Presence of at least two pharmacists to authorise and a Pharmacy technician to accuracy check and/or dispense TTO's
- Using PDSA cycle fostered ownership of change by the team and ward staff which led to full engagement
- Measurement of data key to success of project as staff could see measureable improvements

Project Benefits

- Patients will have a reduction in their waiting time for TTO's to be dispensed
- Main Pharmacy will receive less requests for TTO's
- This process reduced the patients length of stay resulting in improved patient flow
- Reduce the number of complaints around waiting times for TTO's

Any questions?