Optimising pharmacy services at hospital discharge to improve patient flow

Guidance for NHS Wales

November 2022

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Background

The Six Goals for Urgent and Emergency Care policy handbook was published in May as an important early marker in the delivery of Programme for Government. The handbook sets out the expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time, both for physical and mental health. The strategic aim is to prevent unnecessary escalation of care where possible by providing proactive support, and to enable access to the right care, first time for people who have a need for urgent or emergency care.

In June, the Senedd's Health and Social Care Committee published its report "Hospital discharge and its impact on patient flow through hospitals". This followed a short inquiry into all aspects of hospital discharge. The inquiry considered evidence submitted from a range of sources and identified barriers in discharge processes which can cause delays in the time taken between a patient being clinically ready to go home (or transferred to another care setting) and leaving hospital.

The Committee's report included the following recommendation specifically related to pharmacy services:

> *The Welsh Government should issue guidance to health boards to highlight the importance of including pharmacy teams as an integral part of the multi-disciplinary team as a matter of course.*

In August, a task and finish group was established to consider the recommendation and the issues raised in the Committee's report.

This guidance is the product of the group's discussions and is aligned to the key general principles described in the Delivering optimal outcomes and experience for people in hospital which integrates SAFER and the Discharge to Recover then Assess (D2RA) models into a new operating model for NHS Wales (to be published later in 2022). The guidance is intended to highlight the contribution pharmacy services can make to safe and timely hospital patient discharge over this winter when it is expected that NHS Wales hospitals will be under considerable pressure.

The guidance sets out five key recommendations to optimise how pharmacy services can contribute to safe and timely patient discharge from hospital.

This guidance will be updated following the wider review of clinical pharmacy services in NHS Wales hospitals commissioned by the Welsh Government and due to be completed in spring 2023.

Introduction

It is essential that pharmacy teams are properly integrated in multidisciplinary teams (MDTs). Doing so supports efficient patient flow through hospitals, minimises medicines related harm that can occur at transfers of care, and facilitates safe and timely discharge.

The type and availability of clinical pharmacy services that are available in a hospital are critical to the five key recommendations for getting medicines right at discharge.

These services can include but are not limited to:

- Having pharmacist independent prescribers available in admissions units.
- Ensuring pharmacists attend board rounds and wherever possible ensuring those pharmacists are able to prescribe.
- Ensuring the working patterns of pharmacy teams supporting acute units or wards are aligned to the demands and patient flow in and out of those units and wards.
- The availability of “near patient pharmacy discharge teams”.
- Having pharmacy technicians embedded within ward teams offering patient counselling, improving communication between the ward and pharmacy, and facilitating timely supply of medicines.
- The use of pharmacy pre-admission clinics.
- Access to seven-day clinical pharmacy services in high admission/discharge areas to prevent delays at weekends.

There is a substantial body of evidence that shows when patients move between care providers the risk of miscommunication and unintended changes to medicines remain a significant problem[1]. Improving the transfer of information about medicines across all care settings will help to reduce incidents of avoidable harm to patients, improve patient safety, and contribute to a reduction in avoidable medicines related admissions and readmissions to hospital.

1 Royal Pharmaceutical Society. 2012. Keeping patients safe when they transfer between care providers. Available here.

Recommendations

Recommendation One:

Discharge planning should start from the day of admission (or pre-admission for elective care)

- Pharmacy teams should be involved in conversations with the patient and/or their family/carers where appropriate, at the earliest stage to set individual goals and expectations about how patients will manage their medicines at discharge.
- Details of the patient's nominated community pharmacy should be recorded, preferably in the Medicine Transcription and eDischarge (MTeD) system, to ensure each patient's community pharmacy is informed of changes to medicines prescribed at discharge and appropriately reconciled in primary care.

Enabling Actions

- Reconcile medicines and prepare for discharge as soon as possible following admission.
- Utilise pharmacist independent prescribers or local enabling prescribing policies for registered pharmacy professionals to draft discharge prescriptions at admission or in preparation for Estimated Date of Discharge (EDD).
- Ensure pharmacy technicians are embedded within ward teams offering patient counselling, improving communication between the ward and pharmacy, and facilitating timely supply of medicines.
- Supply patients with medicines labelled for discharge from the point of admission (one stop dispensing) so they can familiarise themselves with their medicines during the hospital stay.
- Utilise electronic record sharing solutions such as MTeD to record the patient's nominated community pharmacy.
- Identify and document medicines changes throughout a patient's stay (electronically where available) and be ready to communicate these to relevant care providers (e.g. the patient's GP and community pharmacy) at the point of discharge.
- Standardise post-operative treatments for elective care; have pre-printed prescription stationery or electronic order sets and use over labelled medicines.

Delivering an optimal hospital stay in which people remain in hospital no longer than necessary and are discharged home, or to the most appropriate setting for their needs, at the earliest opportunity when it is safe to do so, improves experience, outcomes and avoids deconditioning through unnecessarily extended hospital stays.

Recommendation Two:

Pharmacy teams can make a significant contribution to prevent deconditioning by assessment, support and promoting patients' functional and cognitive ability during hospital stays.

Functional ability

- Pharmacy teams should support patients to administer their own medicines during their inpatient stay and engage them in understanding any changes made to the medicines.

Cognitive ability

- Patients with changes in cognitive function should have their medication reviewed by a pharmacist for medicines associated with cognitive decline.
- Patients who are delirium positive should have a medical review and a holistic management plan in place including, where non-pharmacological techniques are ineffective, appropriate pharmacological management.

Key enablers

- Use patients' own drugs (PODs) including supplies of medicines they have at home.
- Encourage patients and carers to bring PODs into hospital for use during the stay.
- Ensure PODs are transferred with the patient during hospital stay through use of green medicine bags and pharmacy housekeeping/courier roles for example.
- Agree where patients admitted for 48hours or less or those with long-term conditions do not require a prescription for discharge medicines unless there are changes or immediately required medicines e.g. antibiotics or analgesics.
- Avoid supplying medicines a patient was taking prior to admission in new or unfamiliar packaging as it may contribute to confusion.
- Advise patients at pre-op clinic and in pre-op literature to bring a supply of their own medicines to hospital and to have a supply of simple analgesia at home.
- Educate ward teams on how to recognise medicines that may contribute to cognitive decline to allow review of their medicines early in the hospital stay.

Every day a patient is in a hospital bed should add value to their care. All effort must be made to discharge the patient once clinically optimised to avoid pathways of care delay. All patients' hospital stays whether in acute or community hospitals, should have avoidable delays kept to a minimum.

Recommendation Three:

Pharmacy teams should utilise the principles of SAFER and RED to GREEN to deliver safe and timely discharge.

RED: If a patient is due for discharge today and the discharge prescription medications ARE NOT READY (Pathways of Care Delay)

GREEN: The discharge prescription has been written and the medications are READY AT THE PLANNED POINT OF DISCHARGE.

- Pharmacy teams should prioritise patients being discharged today.
- Pharmacists should attend board rounds to review, confirm and where necessary prescribe medicines for discharge.
- Avoid batching pharmacy tasks and creating unnecessary delays in line with SAFER principles.
- Pharmacy teams should identify potential medicines related transfer of care delays (e.g. increased support required to manage medicines at home) and implement solutions to mitigate a delayed discharge.

Key enablers

- Work closely with ward teams and supply required discharge medicines as soon as the decision to discharge is made.
- Use near patient dispensing in high flow/high discharge areas (e.g. using hubs, satellite, pharmacies, trollies).
- Anticipate discharge and encourage medical teams to write discharge prescriptions on the day prior to discharge, supported digitally to prevent batching.
- Set, achieve and maintain standards for discharge medicines to be with the patient within an agreed time frame.
- Do not alter medicines at the point of discharge unless there is an immediate clinical justification for doing so.
- Pharmacy processes must allow early transfer of patients to a discharge lounge where appropriate. Consider pharmacy teams working from the discharge lounge.
- Know every patient's Expected Discharge Date (EDD) and work to this. Challenge situations where patients have no EDD
- Use over-labelled pre-packs for medicines commonly supplied at discharge.
- Ensure medicines stock can be over-labelled at ward level using label printers.
- Ensure wards can consistently and readily contact pharmacy for advice on medicines and discharge.

Re-supplying medicines a patient is prescribed prior to admission at the point of hospital discharge is often unhelpful and usually delays the discharge process unnecessarily. Wherever possible, patients should be supported to bring medicines they have at home into hospital at, or as soon as possible after, the point of admission.

Recommendation Four:

Reduce discharge prescription and medicines processing time including un-necessary top-up supply of patients' routine medicines.

- Pharmacy teams should consider whether medicines supply at discharge is necessary.

Key enablers

- Medicines supply from pharmacy at point of discharge should be seen as the exception.
- Consider developing "Your Hospital Stay and Your Medicines"[2] information to explain the hospital's policy on benefits of patients bringing their own medicines into hospital on admission and make this available in community care settings.
- Agree where patients admitted for 48hours or less, or those with long-term conditions do not require a prescription for discharge medicines unless there are changes or immediately required medicines e.g. antibiotics or analgesics.
- Advise patients at pre-op clinic and in pre-op literature to bring a supply of their own medicines to hospital and to have a supply of simple analgesia at home.
- Consider using community prescriptions (WP10HP) for discharge medicines out of normal pharmacy hours.
- Do not routinely supply over the counter (OTC) medicines for discharge, for elective care provide advice about OTC medicines before admission and always check whether people have OTC medicines at home before discharge.

Clinical pharmacy skills are in high demand within the NHS. This isn't surprising in the context of polypharmacy, suboptimal medicines use, preventable medication related admissions, increasing antimicrobial resistance, and rising therapeutic costs. The knowledge and skills of pharmacy professionals are central to optimising medicines use and achieving better outcomes for patients. When resource planning, pharmacy teams should consider separate streams for urgent work and non-urgent work i.e. discharge medicines and routine work (with contingency plans to respond to increased demand).

2 East and North Hertfordshire NHS Trust. 2014. Patient Information "Your Hospital Stay and Your Medicines". Available here.

Recommendation Five:

Prioritise patient discharge when planning resource utilisation

- Pharmacy services should have dedicated resources to facilitate timely patient discharge.

Key enablers

- Access to seven-day clinical pharmacy services in high admission/discharge areas to prevent delays at weekends.
- Prioritise discharge medicines as urgent work and over other routine activities.
- Set a maximum process time for urgent and non-urgent work.
- Use visual management in pharmacy areas e.g. red trays for urgent work, red bags for completed urgent work.
- Avoid batching and address bottlenecks.
- Work with portering/courier services to ensure discharge medicines are not batched.

Standards and Measures

Standards and measures around optimal hospital patient flow need to be meaningful, measurable and reported regularly to drive improvement. They provide accountability and support recognition of good practice.

Some measures may be mandated and will need to be reported monthly through all Wales monitoring and assurance process. Other measures will be obtained through on-site audits or bespoke data collection.

In addition to mandated measures, health boards should agree standards for the contribution of pharmacy to safe and efficient discharge and regularly measure performance against those standards.

Contributors

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