Lymington New Forest Hospital-Medication Management Process

What was the problem we were trying to solve?

Pathway:

+ Medication Management process leading to discharge

Concerns:

+ Patients may not be receiving correct medication at discharge

+ Delays in discharge due to medication not being available

+ Lack of timely notification of medication required for discharge

+ Patients receiving incorrect medication(Possible incident)

+ Discharge delayed

+ Impact on other community partners

What was the problem we were trying to solve?

- **Targets:**

+Ensure 100% accuracy of medication on discharge by-

+ levelling the medication discharge process

+ improving information flow

+ improving patient and staff experience

+ reducing duplication of work and waste within the system

Key area of change: Blood Taking

- Nursing staff and Health care support workers to take routine patient bloods

- 7hours of Dr time is able to be utilised on more appropriate tasks

-Dr's are able to have more time to clinically assess patients and make timely decisions about the patients care

-The blood results are ready the afternoon of the day they are taken rather than the next day. This has facilitated more timely decision making for discharge

Key area of change: Improved Board Round

- The initial observations of the board round were:

-Inconsistent membership on each ward

-No input from pharmacy or medical staff

-Nursing staff not being clear about patient journey, due to miss communication with Jr Dr's and Consultants

-Poor communication lead to delayed discharges, patients waiting for care packages, transport and medication

Key area of change: Improved Board Round

- A second observation of the Board round was undertaken 90 days post RPIW, and the improvements were evident

-Consistent membership on each ward- Discharge Coordinator, Ward Nurse, OT, Pharmacy, Jr Dr, Social Services

-A Jr Dr was present for 3 of the 5 wards, and a consultant came to communicate specific information to the board round team

-The nursing staff for each ward lead the board round, updating the patient journey and discussing next steps

Key area of change: Timely completion of TTO medication

- The benefit of pharmacy team attending board round is that they are aware and can plan for patients being discharged earlier in their journey
- Since completing the RPIW the pharmacy team have lost a pharmacist, this has had an impact on their ability to prepare HMR's with medications prior to Dr sign off

Next steps

- Wilverley Dr's to ensure they attend board round, as these patients discharges are planned with notice
- Dr's to cross and date the board when HMR's are completed, this will prevent confusion, and be clear for nursing and pharmacy when TTO's need to be completed
- Review pharmacy capacity, demand and staffing
- Timetable staff grade onto Board round 3x week