“How to” Guide:

**Keeping patient’s medicines with them:**
Optimising the transfer and use of medicines as patients move around organisations and between care settings

**Aim**

This document is designed to help organisations to achieve QIPP objectives through:
- Improving patient safety and hence patient outcomes
- Reducing medicines waste by ensuring the appropriate use of patient’s own medicines from home at each stage of the patient’s journey through the NHS
- Engaging health care professionals and patients to take responsibility for ensuring medicines always transfer with the patient

**Background**

In July 2011 the RPS produced a document entitled ‘Keep patients safe when they transfer between care providers: Getting the medicines right’. This document was endorsed by a number of health care professional bodies. It highlighted the risks to patient safety in terms of unintentional changes to medication when patients move between care settings.

In December 2012 The Department of Health launched an Action Plan document ‘Improving the use of medicines for better outcomes and reduced waste’. The document highlighted four actions for acute trusts around:
1. encouraging patients to bring their own medicines into hospital
2. transferring medicines between clinical areas
3. having plans to actively increase the use of patient’s own medicine’s from home during hospital admission and at discharge and
4. developing systems and processes to maximise the use of patient’s own medicines from home (PODs).

Ensuring patient’s own medicines from home (PODs) are always transferred with the patient supports accurate medicines reconciliation, helps highlight medicines-related problems resulting in admission, reduces delayed and omitted doses when medicines need to be continued, reduces patient confusion through switching between brands and products and reduces medicines waste and unnecessary re-dispensing.

This document is designed to support staff who may not have been involved in any local review of the transfer of medicines within their organisation or between their organisation and other care providers, but who may be asked by team leaders/managers to undertake audits or service evaluations or to improve current working practices as part of a quality improvement programme. Although it is anticipated that pharmacy staff may be asked to lead this process, the methodology could be used by other healthcare professionals.

**How to get started**

- Read the RPS guidance document ‘Keep patients safe when they transfer between care providers: Getting the medicines right’ ([link](#))
- Read the Department of Health action plan document ‘Improving the use of medicines for better outcomes and reduced waste’ ([link](#))
- Identify all policies currently available in your organisation that refer to medicines transfer in and out of the organisation, and between wards/units within the organisation. Are they up to date, properly implemented and followed by staff?
• Identify any policies external to your organisation that impact on transfer of medicines within your trust (e.g. policies on medicines transfer from or to care homes; ambulance team responsibilities etc.)

• Identify any audits carried out on transfer of medicines or use of patient’s own drugs in your organisation and review the data collected. Were problems identified? Were recommendations implemented? For non-pharmacy staff undertaking this review – check if there have been audits carried out by pharmacy.

• If Green Medicines Bags are used by your organisation, find out where they are stored and establish how they are used. Are they supported by policies? Are they easily accessible to all staff whom may need to use them?

• Ask pharmacy, nursing and other ward staff such as receptionists, porters and ambulance staff who are involved in patient transfer to identify issues and barriers to the safe transfer of medicines when patients are moved.

• Look into PODs returned to pharmacy for destruction. Do they come predominantly from particular areas or units? Has there been any work to find out if they could have been used during the patient stay?

• Talk to the staff who handle the returned medicines as well as those who supply medicines and carry out medicines reconciliation on the wards. Are there some pointers as to where waste and inefficiency with respect to POD use is worst?

Next steps

• Discuss your findings with your team leader/manager. Identify what aspect(s) of medicines transfer you consider could be improved and which of these you will address in the first instance. Remember to initially include a quick win to help with fostering engagement for other changes. Agree a time scale for action.

• Identify if data needs to be collected to inform your decision and help persuade others of the benefits of improved medicines transfer, e.g. audit of waste; audit of percentage of patients admitted with PODs; audit of transfer of PODs within the organisation. Audit templates can be found in the “Green Bag Toolkit” – Moving Medicines Safely: Implementing and sustaining a ‘Green Bag’ scheme (link).

• Safe transfer of medicines is a multi-professional issue. Identify who else within and outside your organisation you need to engage with (Read Sections 5 and 6 of the “Green Bag Toolkit” (link) and form a steering group which links you to as many as possible of these stakeholders. If necessary, get higher level support (e.g. your Chief Pharmacist or manager) to engage with staff within the organisation who have the influence to deliver the change you want. Ideally the final work plan should be endorsed at the highest level, e.g. by the Chief Executive or Medical or Nursing Director. This will ensure engagement throughout the organisation.

• With the stakeholder group agree a plan of action with a clear timeline and leads for each aspect of the work. Agree some measures which will demonstrate organisational improvement. Some ideas can be found in the “Green Bag Toolkit” (link).

• Consider Using the Model for Improvement and make small rapid changes and test if they work (use PDSA cycles – Plan, Do, Study, Act) before spreading to another ward or testing another change. Here your measurements could be daily/weekly rather than monthly. Or test out a change or an idea – you only need to review or ask five patients/people – if it doesn’t work don’t pursue it further – or adapt it and test again. The NHS Institute for Innovation and Improvement had a number of useful tools and these can still be found on their legacy website www.institute.nhs.uk. Alternatively NHS Improving Quality at www.nhsiq.nhs.uk has general information on implementing (and sustaining) service changes – particularly on safety grounds.

• Specific information on targeting particular sectors, e.g. ambulance services community pharmacy, care homes, can be found in the “Green Bag Toolkit” (link).
Tips for success

This is a multi-professional issue. Make sure you engage with all stakeholders on this topic. Pharmacy, nursing and medical staff will be particularly key, but ward clerks, porters and A&E receptionists may be even more valuable. Identify some local champions.

Think how you can engage patients to take responsibility for their medicines - they can remind staff about their medicines when they are moved!

An advertising campaign will probably be needed to keep the issue high on everyone’s agenda until the new way of working is ‘embedded’ as usual practice. Sharing improvement data (see below) such as run charts should spur people on. Think how you could make the project more attractive to busy staff; would promoting competition between wards help? Consider offering a prize for the most memorable slogan (then use it!)

Presenting improvement data

To sustain and motivate continued improvement it is essential that progress is documented and fed back regularly to all concerned in implementing the change as well as to organisational leaders

- Identify the audience(s) for the data. Data should ideally be fed back to:
  - Frontline staff who have contributed to the work
  - Pharmacy senior management
  - Trust Clinical Governance/Medicines Management/Quality Improvement Committees/QIPP leads, as agreed with the senior management team
  - Directorate/Divisional clinical and management teams
  - Trust audit department (for audits only)
- Discuss with your line manager/senior team if one report will meet all needs or whether reports should be customised to particular audiences. You may find it useful to present short monthly updates to a key committee
- Agree the format for the data presentation, e.g., graphical presentations may be appropriate. Data in Excel can be manipulated graphically - seek out help if needed
- Ensure the data collected are compared to, or benchmarked against, any previously collected data, for example, weekly or monthly data collection could be expressed as a run chart.
- See if you can make it fun – run a competition to reduce missed transfers, translate ward cost savings into something more eye-catching e.g. staff time, reduced adverse events

Share your success

Making changes and improvements is always challenging especially when multiple factors and people are involved. Share your successes however small both within in your organisation and more widely. Further examples of good practice can always be included in the Green Bag Toolkit. If you have something that could be included contact jane.hough4@nhs.net
**Appendix**  Calculating the value (cost avoidance) associated with improved use of PODs during hospital admission across one Strategic Health Authority

**Background**

Green Bag Leads from seven acute trusts in South Central agreed to undertake a collaborative audit. The aims were to determine the number of Green Bags and patient’s own medicines from home (PODs) coming into acute trusts for Care of the Elderly, General Medical and General Surgical patients; and to cost out an average value by care area of medicines brought in from home and used during the patients stay. Data was collected on one day in May 2011 as a point prevalence audit.

It was agreed that a “value” of the PODs would be calculated centrally and be used to estimate potential cost avoidance for individual organisations and across the SHA. One of the electronic prescribing sites routinely records the details of all patient’s own medicines from home (PODs) brought in. Data from the 68 elderly (494 medicines); 82 medical (627 medicines) and 52 surgical (404 medicines) patients at that trust on 17th May 2011 was used to calculate reference costs. The costs are based on hospital prices.

**Costings and assumptions:**

The calculations were repeated for each of the three care areas. For single (oral and nebulised) dosage forms the total number of doses potentially taken for one week were costed and then divided by 7 to give a daily value. The seven days took account of dosage regimens which would be taken less than once daily. For “when required” medicines, a single daily dose was assumed. Original packs of inhalers, creams, insulin and other preparations which are not split were costed at unit price and then divided by 7 or 14 depending on average length of stay to give a daily value. The values for all medicines in each care area were totalled then divided by the relevant number of patients to give an average value per patient. Values were also calculated for average lengths of stay.

**Results**

For the SHA as a whole of medicines brought into hospital from home

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Number of patients audited</th>
<th>Number of patients not taking meds at home</th>
<th>Number of patients on MDS</th>
<th>Number of patients bringing in medicines</th>
<th>Percentage of items used on the wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>1346</td>
<td>54 (4.0%)</td>
<td>88 (6.5%)</td>
<td>571 (42%)</td>
<td>66.7%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>991</td>
<td>111 (11.0%)</td>
<td>33 (3.3%)</td>
<td>470 (47%)</td>
<td>74.0%</td>
</tr>
<tr>
<td>Elderly Care</td>
<td>585</td>
<td>22 (3.7%)</td>
<td>50 (8.5%)</td>
<td>262 (45%)</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

Average values by speciality from electronic prescribing data

<table>
<thead>
<tr>
<th></th>
<th>General Medicine</th>
<th>General Surgery</th>
<th>Elderly Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value per patient per day</td>
<td>£2.01</td>
<td>£2.51</td>
<td>£1.55</td>
</tr>
<tr>
<td>Average length of stay value per patient</td>
<td>£14.27</td>
<td>£10.29</td>
<td>£16.29</td>
</tr>
</tbody>
</table>

These figures were fed into a data base of the returns from individual trusts of patients bringing in their medicines from home and how many of these were used for administration to or by the patient. Cost avoidance values were calculated by trust and care areas.

**Summary**

South Central SHA had approximately 900,000 admissions a year. If the 40% plus of patients continue to bring their own medicines from home into hospital and two thirds to three quarters of these medicines are used on the ward during the patients admission, cost avoidance in excess of £3m pa could easily be achieved. This work did not look at use of PODs at discharge.

Further information on the calculations and their use in practice is available from ed.england@scas.nhs.uk or jane.hough4@nhs.net