“How to” guide:

Evaluation of the safe transfer of patients from an acute care setting to a community IV therapy service

Introduction

A recent multi-centre audit of prescribing and administration of community IV therapy across the East and South East of England, demonstrated that there was often inefficient and unsafe transfer of patients from acute to community services.¹ Most referrals had some important therapy or patient details missing e.g. allergy status was omitted in 20% of referrals and 11% of patients experienced avoidable delays in treatment as a result of problems with supplies. The majority of community IV therapy is prescribed by hospital doctors who therefore take medico-legal responsibility for the treatment that is administered in the community.

Who is this guide for?

This guide is designed to help an acute Trust pharmacist follow up a small cohort of patients who were discharged to receive a course of IV therapy in the community.

Aim

- To prospectively assess the quality of discharge information/prescriptions for patients referred for community IV therapy
- To identify problems with supplies of medicines
- To identify any problems with the process for clinical review of patients, post-discharge
- To provide assurance of the quality of care for these patients and make recommendations for improvements, where appropriate.

It is expected that the pharmacist will liaise with community nursing colleagues by telephone, to obtain the required information, post discharge for these patients. An audit tool and report template are provided (Appendix 1 and 2) to support data collection and presentation of the results to the appropriate governance committee, either to provide assurance of safe transfer of care and/or to suggest recommendations to improve care.

This audit would be a suitable project to contribute to the attainment of a diploma or similar accreditation and could be used as evidence of assurance for the Care Quality Commission or the NHS Litigation Authority.

How to get started?

- For background information read the East and South East of England Specialist Pharmacy Services, multi-centre audit report of Prescribing and Administration of Community IV therapy ¹

Action Plan

- An action plan template (Appendix 3) has been included to help you implement the project. If you are doing this under supervision it will help you to discuss implementation with your supervisor and it may need to be revised in conjunction with them, as you make progress.

Gathering background information on relevant policies/procedures that are in place

- Search the Trust Intranet or pharmacy directorate files for copies of medicine policies/SOPs etc. relating to the discharge of patients and administration of community IV therapy.
- Identify if there are specific referral forms and IV care plans used for patients that are discharged for community IV therapy.
Identification of the cohort of patients

- Search the Trust pharmacy dispensing records to identify patients that have IV therapy included on their discharge medication.
- The number of patients you follow-up will depend on the number of specialities/directorates discharging patients for community IV therapy. It is expected that the project will run over a 3-4 week period and you would need a minimum of 5 patients to make the report meaningful. If this is not realistic for your Trust then you will need to agree with your project supervisor what is representative for your organisation’s activity.

Contact community teams to carry out data collection

**TOP TIP:** You can ‘sell’ your project to community health services staff by advising them that this is an opportunity for them to provide feedback to the Trust on any issues with transfer of care to their service and that your report will be presented to an appropriate governance committee with recommendations for improvement. If there are no problems identified with the transfer of care then your project will provide assurance to the governing bodies that there is high quality transfer of care

- Contact the lead nurse or qualified district nurse in the community nursing team(s) that is carrying out the administration of the IV therapy in the community. You may need to arrange a suitable time to talk to them on the phone to collect the data.
- Ask them the questions on the data collection form in Appendix 1. Complete one data collection form for each patient who is discharged home to receive community IV therapy.
- **If you identify significant errors during data collection, then encourage community staff to use the incident reporting system for recording ‘near misses’ or incidents that have actually caused harm, unless they have already done so.**

Collation of results, discussion with stakeholders and report writing

- Collate your data from the data collection forms. You may want to transfer the information from the forms on to an excel spread sheet for analysis and to allow presentation of the data in graphical form. You may find it helpful to refer to the results section of the East and South East of England Specialist Pharmacy Services, multi-centre audit report of Prescribing and Administration of Community IV therapy.¹
- Discuss your results with your line manager and agree the format and audience for your report (Appendix 2).

References

### DATA COLLECTION FORM
Community Intravenous Therapy

Please complete this form once for: ACUTE PHARMACIST TO COMPLETE
THIS BOX

PATIENT IDENTIFIER: ________________________________ DATE OF DISCHARGE: __________________________

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**SECTION 1: PRESCRIPTION DETAILS** COMMUNITY STAFF TO COMPLETE THE REST OF THE FORM

Please state Name of Drug(s) to be administered:
____________________________________________

Are the following included on the prescription (e.g. referral form or other written authorisation)? (Please answer each question)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient allergy status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full name of the drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose of drug to be administered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Route of administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of times a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please give number of times a day (if known)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The time(s) at which dose is to be given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over how long the drug should be administered e.g. 30min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finish date or maximum number of doses to be given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Further dilution for infusion (Please tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the drug need to be diluted further for infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, is the name of the diluent specified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, has the volume been specified on the prescription? E.g. 100ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How was the diluent prescribed/authorised? (Please tick one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By the initial prescriber</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGD</td>
<td></td>
<td>Not Known</td>
</tr>
<tr>
<td>Local protocol</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**SECTION 2: FLUSHING SOLUTION**
Complete this section if a flushing solution is required after the drug or on its own

What is to be administered? (Please tick one)

- Sodium chloride 0.9%
- Heparin sodium
- Other (please specify)

How was the flush prescribed/authorised? (Please tick one)

- By the initial prescriber
- Local protocol
- PGD
- Not Known
- Other (please specify)

Who has supplied the flushing solution? (Please tick one)

- Hospital pharmacy
- Community pharmacy
- Community unit
- Not known
- Other please specify

If there were any other problems with the prescription please give details (e.g. not available when first dose in the community was due to be administered, incorrect dose prescribed):

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SECTION 3: SUPPLIES OF MEDICINE AND EQUIPMENT

<table>
<thead>
<tr>
<th>Who has supplied the drug? (Please tick one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital pharmacy ◯ Community pharmacy ◯ Community unit</td>
<td></td>
</tr>
<tr>
<td>◯ Not known ◯ Other please specify</td>
<td></td>
</tr>
</tbody>
</table>

Has lack of supplies of any of the following delayed the administration of the first dose in the community? (Please answer each question) Tick N/A for diluent if not required

<table>
<thead>
<tr>
<th>Drug</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diluents</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Flushing solution</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Needles/giving sets</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Other consumable materials such as alcohol wipes, gloves</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Sharps bin for disposal of waste</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

If there were any other supply problems then please give details (e.g. IV therapy was changed following review and quantities of drugs were wasted, ):

SECTION 4: REVIEW, CONTACTS FOR ADVICE

<table>
<thead>
<tr>
<th>Has a date been set for reviewing the therapy?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>

Who is going to be involved in the review?

<table>
<thead>
<tr>
<th>Hospital doctor</th>
<th>GP</th>
<th>Specialist in infections (e.g. cons. microbiologist)</th>
<th>Specialist in infections (e.g. cons. microbiologist)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV specialist nurse</td>
<td>Community nurse</td>
<td>Pharmacist</td>
<td>Other please specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How will the review take place? e.g. the patient is seen in outpatients, the review is virtual with monitoring provided by the community team</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is there a contact for further advice during normal working hours?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a contact for further advice ‘out of hours’?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Please describe any other issues or problems you anticipate with intravenous therapy administration for this patient

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Appendix 2: Report Template

There may be an organisational corporate format for committee papers. Speak to the secretary of the committee and review previous papers presented to the committee. You may have to complete a ‘front sheet’ to summarise your key findings and recommendations. Your line manager will also be able to advise you.

Introduction

Explain the local care pathway for community IV therapy and any local policies, guidelines and procedures. Summarise the National standards as above. Explain the local Antimicrobial stewardship arrangements.

Aims

- To assess the quality of discharge information/prescription for patients referred for community IV therapy
- Identify problems with supplies of medicines and the process for review of patients, post-discharge
- Provide assurance of the quality of care for these patients and make recommendations for improvements, where appropriate.

Method

Explain how the patients were identified, which wards departments were involved and how the data collection was completed. If you are working with a small cohort of patients, then acknowledge this.

Results

Explain your findings under the following headings:

1. Patient profiles – briefly explain the conditions and therapies use. You may want to comment on choice of antimicrobial e.g. antimicrobial with once or twice daily dosing may not be 1st line in the acute setting but are more convenient for community nurses to administer.
2. Discharge prescription – were there any omissions, error, and areas of particular concern or good practice to note?
3. Supplies (medicines and equipment) – were there any delays or interruptions to treatment due to problems with supplies?
4. Review – did a review take place and describe how that took place, multidisciplinary review, etc.?
5. Other - if there was anything else reported that affected patient care e.g. problems with competencies to cannulate in the community

Recommendations

You will need to discuss these with your line manager and the senior colleagues in the community team. They may include:

- Development of standard proforma for discharge prescriptions for Community IV therapy or better implementation of an existing one e.g. raising awareness with ward staff, discharging teams, etc.
- Pharmacy support for checking quality of discharge information
- Maintenance of joint care records between community and acute teams for community IV therapy
- Review of supplies for community teams e.g. consider nursing teams keeping a stock of consumables or pharmacy drug supplies to include supply of consumables along with the medicines
- Point of contact for community teams to access support and information in a timely way
- Development of an OPAT service to provide support for patient discharge and multidisciplinary review of patients (could use the CQUIN framework to pump-prime this service) Link www.sps.nhs.uk
- Inclusion of community IV patients in antimicrobial stewardship programmes

You will also need to consider the cost, if any, of your recommendations and what the benefit/outcome would be for the Trust or the Community Health Services Organisation.

Conclusion

Ask for committee to approve the recommendations
Appendix 3: Action Plan for Assessment of Community IV therapy

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert date:</td>
</tr>
<tr>
<td>1. Background reading</td>
</tr>
<tr>
<td>2. Relevant policies/procedures that are in place</td>
</tr>
<tr>
<td>3. Identification of cohort of patients</td>
</tr>
<tr>
<td>4. Data collection</td>
</tr>
<tr>
<td>5. Collation of results and report writing - including obtaining comments from stakeholders on recommendations</td>
</tr>
<tr>
<td>6. Presentation of report at relevant governance groups</td>
</tr>
</tbody>
</table>

Please note: If there are a low number of referrals for community IV therapy, from your organisation then you need to get to Stage 4 as quickly as possible to ensure you collect data on a minimum of 5 patients within the timescale of your project.
Appendix 4: Additional notes for Project Supervisor/Senior Manager

Introduction

The administration of IV therapy in the community, following discharge from an acute Trust is frequently a complex process because of the physical separation between the prescriber (often a doctor in an acute Trust), the person administering the therapy (often in the patient’s own home) and the pharmacy supplying the medicine (often the acute Trust pharmacy). Although the patient has left the hospital, the hospital doctor that has prescribed the medication is still responsible for the care of that patient whilst they complete the course of prescribed treatment in the community. Pharmacy departments dispensing intravenous drugs to be administered outside of the organisation should be assured that appropriate support is in place for their safe administration.

It is important that there are robust mechanisms for communication between all healthcare professionals involved in the patient’s care, to minimise the risk to patients. However, a recent multi-centre audit highlighted that there was often inefficient and unsafe transfer of patients to community IV therapy. The aim of this guide is to audit the quality of the transfer of care for patients discharged to a community IV therapy service; to obtain assurance about their on-going care or identify areas requiring improvement, whilst they are receiving their prescribed IV therapy in the community (in the patients home or in a community clinic).

Background

The Department of Health guidance on Antimicrobial Stewardship stipulates that all antibiotic prescriptions should include an expected duration of therapy or a review date. Regular review of intravenous therapy allows the rapid switch to oral therapy, when appropriate. There should be a multidisciplinary approach to the review with contribution from an infection specialist, IV specialist and a pharmacist.

The British Society for Antimicrobial Chemotherapy Good Practice Recommendations for outpatient parenteral antimicrobial therapy (OPAT) provide good practice recommendations and guidance for delivery of community IV therapy. The NPSA Patient Safety Alert 20 on Promoting safer use of injectable medicines sets out the safety standards for administration of intravenous therapy. The national standards documents:

- The British Society for Antimicrobial Chemotherapy Good Practice Recommendations for outpatient parenteral antimicrobial therapy (OPAT).
- The NPSA Patient Safety Alert 20 on Promoting safer use of injectable medicines sets out the safety standards for administration of intravenous therapy.

Identify stakeholders and patient pathways

It will be useful support for the junior pharmacist if you can describe the common patient pathways that involve Community IV therapy. The following steps may help you, particularly if you are not familiar with Community Health Services:

- Find out which organisation provides community health services to the majority of patients discharged from your Trust. (You may work for an organisation that provides both acute and community health services to the local population i.e. an integrated Trust. There may be a separate local Community Health Services (CHS) organisation e.g. a CHS Trust or social enterprise. If you work for a tertiary acute centre then your patients are likely to be discharged to many different community health service organisations)
- Community IV therapy may be delivered by the District Nursing team, a Virtual Ward team, Rapid Response team or a specialist IV team working in the community. This varies depending on how services are commissioned in each area.
- If your Trust has an Outpatient Parenteral Antimicrobial Therapy (OPAT) service or if there is one based within the local community health services then the service specification will be useful to describe how the service is configured.
- Discuss the project with the relevant clinical directorate and ward pharmacists (and the Outpatient Parenteral Antibiotic Therapy (OPAT) lead pharmacist if there is one) who will be able to give you details of patients that are discharged on IVs; what team are they under and what conditions are being treated?
- Ask the senior ward nurses what happens when patients are discharged home on IV therapy. Are there any medicines and/or consumables provided from ward stock?
Cohort of patients

- From the above information the junior pharmacist should be able to identify the cohort of patients for their project.
- The number of patients they follow-up will be dependent on the number of specialities/directorates discharging patients for community IV therapy. Ideally, you would want a minimum of 5 patients to make the report meaningful. If this is not realistic in the timeframe (3-4 week period), it will still be worth following up a smaller number of patients, if this is representative of the activity from your acute Trust.

Data collection

- The project pharmacist will need to work out how they identify and contact the person in the community to complete the data collection. The details of the community team are usually included in the discharge summary or referral documentation.
- You may want to contact the community nursing managers to explain the project and obtain their agreement for the data collection method. The Community Health Services Pharmacist or acute Trust’s discharge co-ordinating team may have information and contacts with the community nursing teams.
- You may want to discuss the transfer of Patient Confidential Data that may need to occur between two organisations in this project, with your organisation’s Information Governance leads to ensure the necessary safeguards are in place.

Results and Report writing

- The outcomes from the data should be discussed with other key stakeholders e.g. Chief Pharmacist, Community Health Services Pharmacist and community and ward nursing staff.
- It is important that some recommendations for quality improvements are included in the report.

Presentation of report at relevant governance groups

- Identify the audience(s) for the data. It should be fed back to:
  - Pharmacy Senior management
  - Community teams and other frontline staff that contributed to your work
  - Clinical Governance/ Medicines Management Committee (both the acute and the community health services organisation)
  - Anti-microbial Stewardship Committee (often a sub-group of the medicine management committee)
  - Audit committee
- Try to push for follow-up actions/recommendations to be agreed as a result of the discussions.
- Consider repeating the audit after implementing your recommendations for improvement.

References