Partners in Care – case study

Safe, Effective and Efficient Discharge (SEED) team

Context

Transferring patients safely and effectively at transition points is fraught with challenges for both secondary and primary sectors, and the patient. One of the key issues lies in the transfer of medicine information, both to and from patients, and between clinicians at different settings. Our multidisciplinary team, including nurses, doctors, a consumer representative and pharmacists, therefore decided to focus on patient discharge from Palmerston North Hospital. We identified that many people are discharged from hospital, without having their medicines returned to them, and are then uncertain as to where to access medicines information and advice in the community. Furthermore, nurses who are intricately involved in the discharge process do not have access to patient friendly medicine leaflets to provide to these patients.

Aim

We have two main objectives to deliver in an attempt to improve the transfer of medicine information and empower patients to better manage medicines in the community after a hospital stay.

- To explore and identify useful tools and resources that may be offered to independent dwelling elderly patients post discharge, to best manage their medicines.

- To better inform primary care teams about changes in medicine management and care plans during a hospital stay (this includes GP teams and community pharmacists).

Engaging staff

In addition to spending some time ensuring senior leaders did understand the aims of the project and were able to provide some support, we also engaged three main groups of staff. This included nursing staff on a key ward, general practitioners in the community and the house officers at Palmerston North Hospital.

One of the nurses in the group took leadership in engaging the rest of the nursing team on the ward. During some initial conversations with ward nurses, we discovered that one of the challenges they identified was with unreturned medicines (brought into hospital by patients). The nurses remained engaged and helped by continuing to share some of the problems they encounter relating to medicines at the point of discharge. This provided a helpful view from the nursing perspective.

The GP on the team focussed on the discharge summary and posed three simple questions to his peer group.

The house officers were approached by the Chief Pharmacist to find out if there are barriers or difficulties they encounter when discharging patients from hospital.

During the project we felt that the number of staff we could engage was limited because of our availability/time constraints. We mainly relied on our group members to contact their peers in seeking engagement and further feedback. However, the amount of information that came through was rich and insightful and fed into the process of improvement.

Engaging patients

Two hospital pharmacists spent a day talking to patients in the emergency department, medical assessment unit, the planning unit, and ward 25. They explained the project to patients and asked if they would be willing to share their experiences about receiving medicines and medicine information provided to them at the transition of care. Most were willing to engage on the day but chose not to be contacted further for the purpose of this project, as they felt they had been able to provide the comments they wanted to. However, seven patients/carers were more deeply engaged and agreed to share their experiences through in-depth conversations.

Capture

We used a range of methods to capture both staff and patient feedback. These included conversations during tea breaks, peer group verbal survey, filming to capture the patient's experience in finding their way to the hospital pharmacy (which is extremely difficult!), observation, short discussions with patients and in-depth conversations with patients.

Most of the methods were quick to apply and easy to use. The in-depth patient conversations and observations of the discharge process, when the patients were provided with their medicines and information, generated the most in-depth understanding and information for further analysis

We had also been developing a medicines information booklet and distributed this in draft form to five patients who were asked to provide written feedback about "what they think" about the booklet. We have also distributed the same feedback forms to nurses on the medical ward – we wanted to gain feedback from those who were delivering care.

During this phase we learnt and captured some really helpful points including:

- Patients want simple medicine information on discharge for example – *'I would like to know what the medicines are for, EXACTLY how to take/give it, what are the common side effects to look for, when to stop the medicine and how soon could I expect an improvement or expect to see side effects'*

- We also learnt that more work is needed to help patients seek help after they are discharged. One patient said to us '*I never thought of asking community pharmacies for medicine advice. It just never crossed my mind'.*

Understand

We organised the data from the various sources (patients, doctors, nurses) on a map and subsequently arranged the data in themes. We found that discharge was a time of confusion, anxiety and that many patients were unsure of the next steps regarding their medicine journey.

The key themes were:

1. Many people do not know where to access medicines information in the community.

2. Nurses have a lot to do at the time of discharge and patients' medicines are sometimes left behind in the hospital.

3. Patient friendly medicine leaflets are not available on the ward.

We had gathered some feedback from patients before they had access to the information booklet we co-developed with them. We then developed a pictorial word cloud which indicated some of the most common feeling was of frustration and confusion.

Before the booklet

We carried out the same exercise after patients had access to the booklet and the resulting word cloud has a higher proportion of positive words such as useful, good, great and like. This provides an indication of the relevance of the information booklet.

After the booklet

Improve

The main theme from the capture phase pointed to the simple information relating to discharge medicines. The booklet that was created went through a number of redesign phases as we really got to grips with what consumers actually wanted. The need for simplicity was a recurring theme and a decision was made not to provide too much information.

The written information that we were able to capture from patients was in itself simple but really helpful.

We asked people if they would like to provide complimentary feedback, or provide an area of complaint or query and/or provide any suggestions for improvement:

Tell Us The Details

In the follow-up GP section (ask questions) should be in capital letters.

What the hell are INR checks?

having with the faces should be a removable sheet, waste of time having it on this sheet who's going to see it. Both sets of faces.

Tell Us The Details

Contact details on front page → who is this aimed at. GP/pharmacy

Instead of "when is your next appointment" do you have an appointment with your GP

Really useful as I can include my medication logbook in this document then my family will know where all my information pertaining to my medications is

Overall useful I like the smiley faces It will make people realise that they need to have information about their medications

This feedback informed the redesign:

Version one
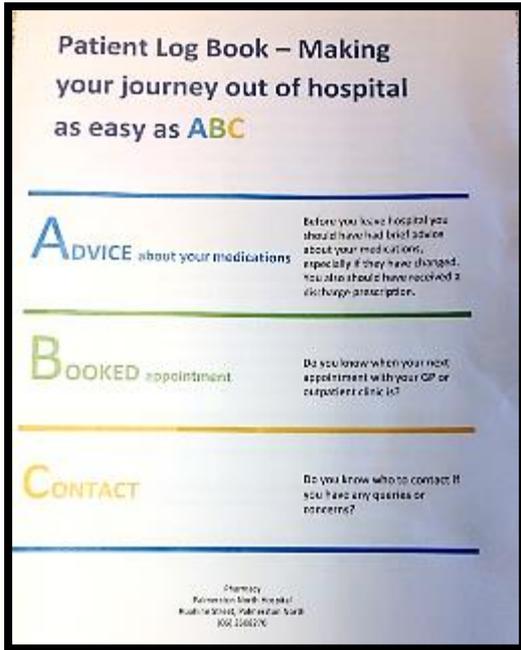
Version two

Version three
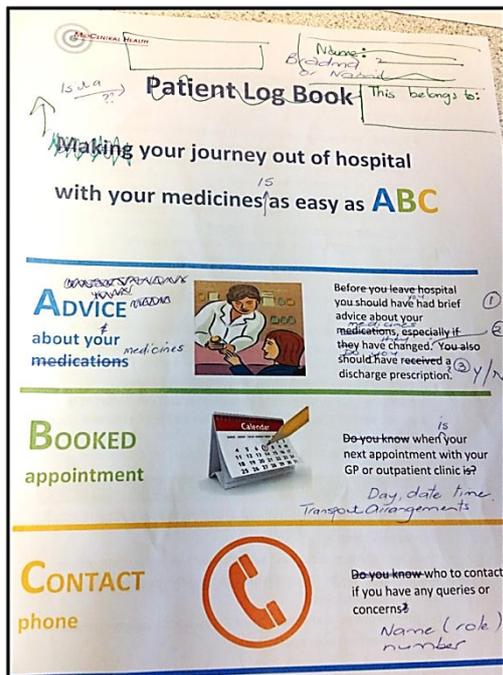
Version four
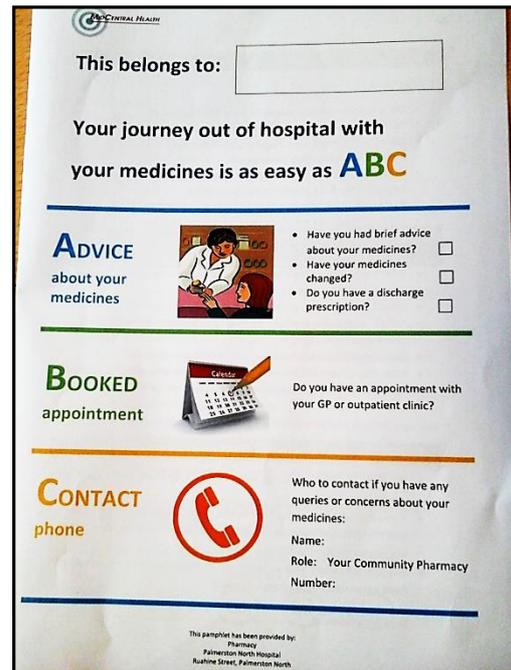
Measure

While we are continuing to develop the information booklet, feedback from patients will form an important part of our measures. For example, this feedback from a patient about the potential of the booklet, was the most poignant for our team:

'I think the "Journey out of Hospital" processes are very important. For example, eight years ago we had a serious motor vehicle accident. I got off lightly but my wife had multiple

fractures which led to weeks in hospital X and later in hospital Y. She was discharged on daily warfarin to prevent blood clots. But on being released she was given no follow up medical plan, although good home assistance from ACC. Within 10 days she developed blood clots in her groin which required re-hospitalisation. We wondered who should have been responsible for the follow up, hospital Y or her own doctor? Congratulations on this initiative.'

Working as a co-design team

The complexity of the processes at discharge overwhelmed us all. It was difficult to decide what to do. Additionally, there are many aspects to the medicine journey, and while this process provided a rich source of information; it also proved to be overwhelming at times. We finally accepted that we cannot 'fix everything' and decided to concentrate on our patients that have little or no knowledge of the medicine process at discharge. Our project consumer was fantastic at grounding us and making sure we remained focused on what we could do. The team acknowledged that more work needs to be done in this area, and that more than one approach will be required to assist patients with their medicine journey.

Names, email addresses, organisation and DHB of team members

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