



### What was our aim?

To improve medication processes on community hospital wards by ensuring the safe use of medicines and by optimising the time spent on these tasks, by December 2020.

### Why is it important to service users and carers?

Within the community hospitals there are a number of nursing staff vacancies, increasing the workload of existing staff and decreasing patient facing time. There is also pressure from the use of bank staff, who are less familiar with our medicines related processes and procedures. The volume and complexity of medicines prescribed to hospital inpatients is also growing. Length of stay of patients in the community hospitals varies, depending on the individual patient's needs. Discharge medications being ready, allow for patients to be discharged quicker.

Pharmacy technicians are experienced with medicines and could take on additional medication related tasks to reduce this pressure. This would release time for other colleagues to focus on the care they give to patients.

### Ideas and tests of change

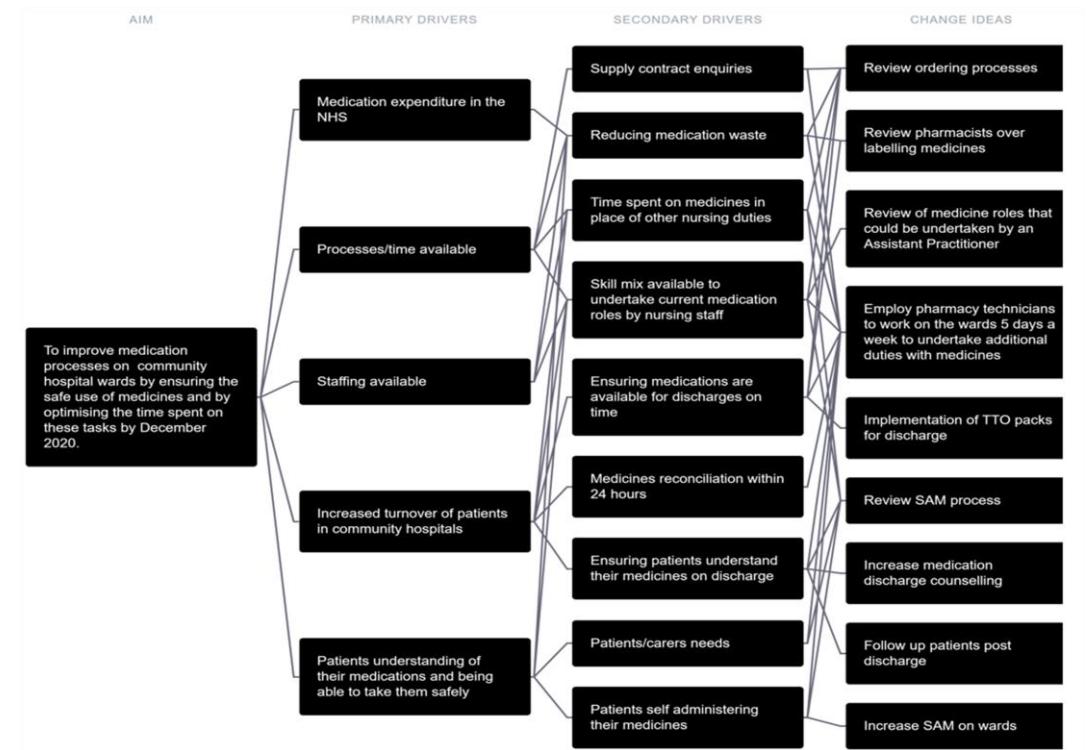
One of the change ideas was to have pharmacy technicians five days a week. Pilot studies took place at Victoria Hospital, Deal and at Faversham Cottage Hospital, between November 2019 and March 2020.

The roles undertaken by the pharmacy technicians included;

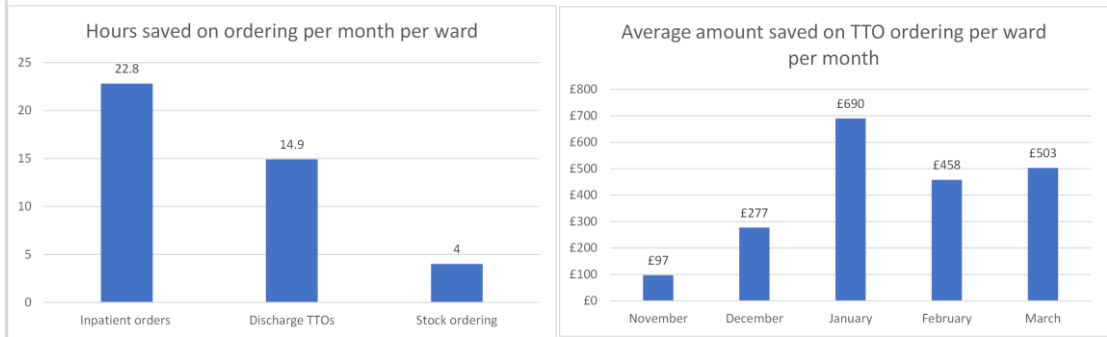
- ordering medication labelled for patients and stock ordering
- checking discharge to take outs (TTOs) (medication which is going home)
- administration rounds and peer checking
- medicines reconciliation
- medicines management assessments (identifying interventions required for discharge)
- discharge planning including preparation of medication record charts (MRC) and medicine administration record (MAR) charts
- liaising with community pharmacies on discharge
- risk assessing patients and flagging high risk patients to a pharmacist for early review
- quality improvement work and support with legal requirements
- patient education
- waste management with the potential for some financial saving.

### The tools we used

We used a driver diagram, process mapping and plan, do, study, act (PDSA) cycles and we made sure all stakeholders were involved. We used staff surveys pre and post pilot. We collected a lot of data before and during the pilot studies.



### Results/How did we do/Anticipated outcome



Return to stock savings	
Hospital	Amount saved
Faversham Cottage Hospital	£833.55
Victoria Hospital, Deal	£524.77

- Feedback from nurses during the pilot:
- "would not be without them"
  - "most definitely want to carry on" (pharmacy technicians on the ward)
  - "improving safety and am reassured with new eyes on drug charts"
  - "massive help with the ordering"
  - "place feels a lot calmer"
  - "more of a team"
  - "managing to cope better on ward"
  - "it's heaven having the techs on the ward"
  - "massive difference to the way that the ward works"

### What we learned and what's next

We have learned:

- we can save nursing time
- we can save money
- we can improve patient discharge
- we can improve patient safety
- we can reduce medication waste.

Lessons learned:

- pharmacy technicians could administer medicines, but we found time and skill wise, this task was more efficient when undertaken by nursing staff.

What's happened since:

- two additional pharmacy technicians have been recruited to the East Kent Adult Services Pharmacy Team
- as the pilots were undertaken in Faversham and Deal hospitals, these are the sites we have decided to go back into, with this enhanced service
- Faversham restarted May 2022 and Deal restarted June 2022.

What's next?

- training our new staff
- re-establishing the role
- review rolling out to other community hospitals.