Reducing misplaced medicines – adding accountability to the manual medicine delivery process

Hospital Name: Waitemata District Health Board

HRT 1713 'B14 - Medication Improvement'

21 & 22 June 2017

Brisbane

Key Problem

- Delivered medicine missing on ward → omitted medication
  - E.g. Antibiotic for critically ill not administered
- 95% of meds contained in Pyxis
  - 5% of medicines transported by orderlies, pharmacy technicians, via Lamson tubes or provided after hours by the Duty Nurse Managers
- No standardised process to receipt medicines arriving in ward
- Downstream implications on:
  - PHARMACY: multiple phone calls to check whether medication dispensed, duplicate dispensing, waste
  - NURSING: needing to phone pharmacy

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Aim of this innovation

- **To increase the number of non-Pyxis medicines that follow a standardised delivery and receipt process to 95% by January 2017**

  - multidisciplinary improvement project team
  - improve accountability of medicine delivery and receipt
  - nurse who receives delivery would inform nurse looking after patient that medicine has arrived
  - close some gaps in complex process
  - better care for patients

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Baseline Data

- Medicine returns from wards were reviewed for duplicate dispensing – insignificant findings
- Phone calls by clinical staff unable to find dispensed medicines were manually recorded by pharmacy staff – labour intensive process
- We knew:
  - Pharmacy had a robust dispatch system
  - No established traceability and accountability process between medicine leaving Pharmacy and receipting on ward
- Issues and ideas were discussed and tested using Plan-Do-Study-Act cycles

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Key Changes Implemented

- Pilot accountability process - nurse receiving non-Pyxis medicine delivery (via Orderly and Lamson) would:

  1) Sign the medicine into a green folder (provided by Pharmacy)

  2) Inform the nurse looking after patient that medicine has arrived

- Process was tweaked with input from project team, senior nursing leadership and pharmacy and rolled out

- Effects of changes:

  - Raised profile of the medicine supply system at Waitemata DHB

  - Focussed attention on accountability once medicine leaves Pharmacy

  - Developed an audit of compliance to be undertaken quarterly

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Outcomes so far

- Post pilot audit - aim of 95% compliance was not achieved
- 75% compliance - orderly deliveries Waitakere and North Shore Hospitals
- 37% compliance - Lamson delivery at North Shore Hospital

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Lessons Learnt

- Medicine receipt is an integral often overlooked part of the medicine supply process

- Complex and involves:
  - commitment and accountability
  - co-ordinated team approach that is supported DHB wide
- This project has enabled more medicines to be delivered and receipted safely

- Recommendations:
  - multidisciplinary approach
  - takes time for new process to become business as usual – early results may not be a true reflection
  - establish ongoing audit

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