

# DISCHARGE MEDICATION

## MENU OF IMPROVEMENT IDEAS

### IMPROVING ACCURACY OF DISCHARGE MEDICATION

#### CHALLENGES

1

#### COLLECTING AN ACCURATE MED LIST ON ADMISSION.

- Some patients cannot provide a home med list.
- Labor intensive to collect data from PCP and pharmacies.

2

#### KEEPING MEDICATION LIST UP TO DATE FOR PATIENTS ON MULTIPLE MEDICATIONS AND KNOWING WHICH MED CHANGES ARE TEMPORARY AND WHICH ARE PERMANENT.

3

#### LACK OF CLARITY ON WHO DOES WHAT AND WHEN. PHARMACISTS NOT ALWAYS AVAILABLE TO COMPLETE MED REC, FALLS ON NURSING.

4

#### PHYSICIAN AVAILABILITY TO COMPLETE TIMELY DISCHARGE MEDICATION RECONCILIATION.

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#### IMPROVEMENT IDEAS

##### READY: ADMISSION PLANNING WITH THE PATIENT AND FAMILY



- Expand the discussion of current medications to include additional practices and supplements.
- Enhance the discussion about drug allergies to include sensitivities.
- Discuss potential hurdles in managing medications in the hospital.
- Discuss changes in medications that will be necessary in the hospitalized environment.
- Develop a medication template.

##### SET: BEDSIDE ROUNDING WITH THE PATIENT AND FAMILY



- Provide opportunities for patients to update information.
- Include family caregiver.
- Find out what is covered by insurance.
- Review medications every day
- Share medication details.

##### PRIMARY CARE BASED

- Discharge call by PCP RN within 48 hrs. to verify discharge medications.

##### PHARMACY BASED (tasks completed by nursing when pharmacy not available which is a barrier)

- For situations when pharmacy cannot perform med rec, limit nursing med rec tasks to those required to administer a scheduled medication when pharmacy is not present.
- Transitions Of Care Pharmacist assists with complex med rec and patient education.
- Pharmacy staff provides education and med rec at discharge with the patient.
- Pharmacy staff completes admission and discharge med rec.
- Pharmacy staff calls the patient's pharmacy or the nursing home where they reside to gather information if the patient cannot respond.



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## MENU OF IMPROVEMENT IDEAS

### IMPROVING ACCESS TO DISCHARGE MEDICATIONS

#### CHALLENGES

1

**NO OUTPATIENT PHARMACY**

2

**COMMUNITY PHARMACY HAS LIMITED HOURS.**

3

**PATIENTS WHO UTILIZE TAXI VOUCHER CANNOT STOP AT PHARMACY.**

4

**FUNDING AND ACCESS FOR NEWLY PRESCRIBED MEDICATIONS.**

5

**FUNDING AND ACCESS POST 30-DAY HOSPITAL FILLED PRESCRIPTIONS.**



# DISCHARGE MEDICATION

## MENU OF IMPROVEMENT IDEAS

### IMPROVING ACCESS TO DISCHARGE MEDICATIONS

#### IMPROVEMENT IDEAS

##### GO: DISCHARGE PROCESS IS SENSITIVE TO PATIENTS NEEDS. MEDICATIONS ADDRESSED DAILY.



- Send patients home, not to the pharmacy.
- Discuss changes and explain value of medications.
- Ask the patients understanding.
- Confirm insurance coverage.
- Provide contact information.

##### MED TO BEDS

- Pharmacist completed discharge med rec, delivers the meds, provides patient education.
- Outpatient pharmacy offers bedside delivery.

##### CARE COORDINATION: PREVENT PRESCRIPTION ABANDONMENT.

- Obtain scripts 1 day prior to discharge. Review new med cost and availability by a case manager.
- Hospitals with a 340-B program may provide patients with a 30-day supply at discharge. Be sure to address obtaining and paying for medications after that.
- Schedule a brief huddle to review discharges (hospitalists, case manager, nurse, rehab, pharmacy, central scheduling) Discuss discharge medications.
- Make accommodations for patients being discharged by taxi voucher. (Taxi may not stop at pharmacy if paid by voucher)
- Confirm the patient's preferred pharmacy is open at the time of discharge. Arrange to provide a 3-day supply from the hospital outpatient or inpatient pharmacy if their pharmacy is not available.

##### WORKING TOWARDS BIGGER CHANGE IDEAS:

- Medication Reconciliation Techs complete admission home med list and is signed off by a pharmacist (100 – 175 beds)
- Pharmacy tech embedded in ED (51-100 bed)
- Transitions of Care Pharmacist assists with challenges with meds at discharge and assists with patient family education (> 176 bed)
- Electronic software to pull medications from local pharmacies.

