Discharge Medication

Menu of Improvement Ideas

Improving Accuracy of Discharge Medication

Challenges

- Collecting an accurate med list on admission.
  - Some patients cannot provide a home med list.
  - Labor intensive to collect data from PCP and pharmacies.
- Keeping medication list up to date for patients on multiple medications and knowing which med changes are temporary and which are permanent.
- Lack of clarity on who does what and when. Pharmacists not always available to complete med rec, falls on nursing.
- Physician availability to complete timely discharge medication reconciliation

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)

- 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.

Improving Access to Discharge Medications

Challenges

- No outpatient pharmacy
- Community pharmacy has limited hours.
- Patients who utilize taxi voucher cannot stop at pharmacy.
- Funding and access for newly prescribed medications
- Funding and access post 30-day hospital filled prescriptions.

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.