Improvement of medicines management in hospitals

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Northumbria Healthcare NHS Trust submitted a successful bid to be one of 10 trusts involved in the first wave of the hospital medicines management collaborative. This article discusses the concept of medicines management and highlights the advantages of having a nurse as the project facilitator.

Medicines management is a term that encapsulates all the steps involved in administering a drug. The Audit Commission (2001) describes these steps as:
- Selection;
- Procurement;
- Delivery;
- Prescription;
- Administration;
- Review.

All of the above steps are important to optimise the contribution that medicines make to producing informed and desired outcomes of patient care (Audit Commission, 2001). The improvement in medicines management services in hospitals is of great interest to a number of agencies at present. Medicines management is central to the quality of health care. Nearly all patients are given medication as a result of a visit to hospital and nearly 7,000 doses are administered daily in a typical hospital (Audit Commission, 2001).

As early as 2000 initiatives for the improvement of medicines management were stated in the document Pharmacy in the Future (DoH, 2000). Further work on medicines management, including looking specifically at reducing waste and improving systems, has been documented in the National Service Framework for Older People (DoH, 2001), Vision for Pharmacy (DoH, 2003) and Making a Difference (DoH, 1999).

The hospital medicines management collaborative

The collaborative is an 18-month programme that is coordinated by the medicines management services team based at the National Prescribing Centre in Liverpool. Prior to the launch of the hospital medicines management collaborative 146 primary care trusts participated in a similar programme that has helped to improve medicines management services in primary care.

Collaborative working is not new to the health service. Previously successful programmes have

### BOX 1. AIMS OF THE HOSPITAL MEDICINES MANAGEMENT COLLABORATIVE

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<th>The five supporting aims of the programme</th>
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REFERENCES

London: Audit Commission.

London: DoH.


London: DoH.


This article has been double-blind peer-reviewed.

For related articles on this subject and links to relevant websites see www.nursingtimes.net
The 10 measures to be collected monthly

1. The number of patients answering ‘Yes’ when asked if they had any problems with their medicines during their stay
2. The number of prescriptions referred back for clarification prior to dispensing
3. The number of patient discharges delayed as a result of a problem with medicines
4. The number of times a medicine is unavailable for the next dose. Information regarding why a medicine is unavailable will be useful when looking for improvement
5. The number of acute medical admissions without a documented medication history review within 24 hours of admission
6. Time taken from a request being made for an essential new drug to it being available for use
7. The number of wards not operating approved policies for:
   - The use of patients’ own medicines
   - Patients to self-medicate, where appropriate
   - Dispensing for discharge
8. Total number of non-formulary items
9. Number of prescriptions that have not had a clinical review by a pharmacist at the point of dispensing
10. The number of discharges where any changes made to a patient’s medication during a hospital stay (and the reasons for such changes), are not fully documented on the discharge summary

included the National Cancer Network and the Emergency Services Collaborative (National Prescribing Centre, 2004).

A key focus of collaborative working is the sharing of innovative and acknowledged good practice between organisations. Process mapping identifies areas of concern or ‘bottlenecks’ then small changes are tested and defined outcomes are measured prior to the implementation of sustainable major system modifications.

Another key focus is teamwork within organisations. The aim is for staff directly caring for patients to identify local priorities and to progress work in their own clinical environments, promoting a ‘bottom-up’ approach. This ensures ownership of the project throughout the trust.

The overall goal for the hospital medicines management collaborative programme is “to optimise medicines management systems within the hospital service to ensure safe and informed outcomes of patient care” (National Prescribing Centre, 2004). It is hoped that this will be achieved by working towards the five supporting aims (Box 1, p35).

The aims will encourage the trust to utilise a wide range of staff members and involve patients in testing out new ways of working with medicines. The medicines management services core team has set 10 measures to be collected monthly (Box 2). The measures have been chosen to help trusts identify areas where improvement is needed and will help teams to demonstrate success throughout the programme. Although teams work together to show improvements in medicines management month on month, targets have not been set by either the medicines management services core team or local trusts, as the programme is not a target-driven initiative.

Potential achievements

Geographically Northumbria NHS Trust is one of the largest trusts in the country. It has three general and seven community hospitals providing health care to more than half a million people in Northumberland and North Tyneside. This area ranges from North Tyneside to Berwick in the north and Hexham in the west.

Not all wards in the trust are involved in the collaborative. Five wards were chosen to be part of the project and their representatives then act as change champions, disseminating the aims of the
programme to patients and staff, implementing changes and sharing successes with their colleagues so improvements can be initiated on non-collaborative wards.

As part of the team, senior managers share the work of the collaborative at trust management level and help the team to align its work to the trust’s objectives.

By holding regular action meetings the team has generated ideas and has established priorities. These include:

- Raising the profile and understanding of medicines management and the work of the collaborative among staff, patients and carers;
- Improving patient care and reducing risk;
- Examining the admission/discharge process;
- Highlighting the need for improvement in the management of adverse drug reactions/events;
- Developing methods of drug administration.

**Key areas for change**

It was agreed that initial work should focus on the following:

- Improving waste management on a medical assessment unit;
- Developing patient information leaflets to assist in the understanding of preventative treatment for osteoporosis;
- Redesigning documentation for the dispensing of the morning-after pill;
- Promoting nurse education and developing a care plan to improve patient concordance;

This work has helped to form bonds and has provided a sense of purpose for the ward staff.

The next step for the team is to establish subgroups to work towards these priorities. Subgroup members will include other trust staff and people from outside the trust, including areas such as primary care, ambulance services and social care as appropriate.

**Facilitating the project**

The local project facilitator is essential to the success of the hospital medicines management collaborative. The role of this post is to ensure that the goals of the programme are being met and to facilitate the local action team to identify and implement changes. Some trusts have employed pharmacy staff in this position while others have chosen project managers – not necessarily with an NHS background.

Northumbria Healthcare NHS Trust and two other trusts have appointed a nurse to the post. Having a nurse as the project facilitator benefits both the collaborative and the pharmacy department. A nursing perspective encourages understanding of the practicalities involved in medicines management at ward level.

In this role nurses can use their access to networks such as other nurses, doctors, radiology and portering staff. They have the advantage of being a familiar face when talking about the collaborative.

The role of project facilitator provides an opportunity to learn more about medicines management while also promoting the concept within the trust. There is a considerable crossover between the skills needed to be a facilitator and the skills developed through nursing.

However, the project facilitator role also requires the development of other skills, many of which will be transferable back into nursing.

The work is based primarily on the pharmacy department on one of the acute sites. Understanding how the pharmacy department works has been a steep learning curve. But this has also been a great benefit allowing appreciation of some of the steps involved in medicines management that nurses do not usually see such as procurement, storage and dispensing.

Working alongside the pharmacy team also benefits its members. Nurses can bring a nursing perspective to their discussions, service development plans and current practices.

**Conclusion**

Medicines management is vital in health care. The collaborative is assisting in raising its profile and encouraging staff members within the trust to address issues within their departments and involve patients and carers.

As project facilitator a nurse can assist in generating achievements in clinical areas that will benefit the patients, staff and hospital trust.

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**BOX 3. PROJECT FACILITATOR SKILLS**

**Transferable nursing skills:**

- Excellent communication;
- Organisational ability;
- Negotiation skills;
- Ability to motivate teams;
- A patient-focused approach.

**New facilitator skills:**

- Ability to present to both small and large groups;
- Organising and chairing meetings;
- Conducting audits;
- Implementing changes;
- Working both locally and nationally.