STANDARD 3.0 INTEGRATED TRANSFER OF CARE

Patients experience an uninterrupted supply of medicines when they move care settings and the healthcare team taking over their care receives accurate and timely information about the patient's medicines.

3.1 PATIENT NEEDS

Patients (and/or carers) are given information about their medicines and have their expressed needs for information met.

Examples of evidence/measures
• Patient information; ▪ Patients are provided with a copy of the electronic discharge letter sent to their GP with information about future treatment included. ▪ National booklets are supplied for relevant conditions (for example anticoagulation packs, insulin passports etc).
• Skill Mix; ▪ pharmacy technicians at ward level trained in patient counselling on discharge ▪ nurse training
• Targeted additional care on discharge; ▪ pharmacy team work with high risk patients to give support during and after discharge

Example of Practice (see Appendix 2 for more examples)

The MyMeds service is an end-to-end service; patients are encouraged to bring in their own medicines; following a medicines reconciliation review, they use their own medicines during the hospital stay. On discharge, a copy of the discharge prescription, with a letter explaining any changes is sent to the patient's GP and regular community pharmacist. Pharmacists and GPs are able to contact the MyMeds team if required. This system aims to encourage appropriate medicines use and reduce medicines wastage. New Victoria Hospital

3.2 PROFESSIONAL RESPONSIBILITIES

Accurate information about the patient's medicines is transferred to the healthcare professional(s) taking over care of the patient at the time of transfer. Arrangements are in place to ensure a supply of medicines for the patient.

Examples of evidence/measures
▪ Professional liaison. The patient's community pharmacy is faxed if the patient has specific pharmaceutical requirements, e.g. monitored dosage systems, specials/unlicensed medicines are required.
▪ Targets. CQUIN (England only) used to improve quality of discharge letter (including information about medicines).

Example of Practice(see Appendix 2 for more examples)

The Safely HERE Safely HOME scheme aims to ensure that information about medicines is accurate - during admission, on discharge and/or transfer of care. During admission, consultants and nurses use a ward round checklist; this captures any changes to medication on the prescription chart and 'forces' clinicians to record the rationale behind these changes. Discharge planning is initiated following admission, so that all medicines and information regarding them is accurately communicated, via letter, to all care providers for the patient e.g. GP, community nurses etc. Matrons audit the Safely HERE Safely HOME scheme for compliance with its standards and this includes checking a random sample of charts for changes to medication and whether the rationale has been captured. The scheme aims to demonstrate national leadership in this field and has been adopted across different departments in the Trust as a driver for quality services. East Lancashire Hospital Trust

Examples of how some sites are achieving delivery of standard 3.0 integrated transfer of care:

- Audits to establish whether changes to medication and the rational for those changes have been captured and communicated on discharge. In line with the RPS good practice guidance on transfer of care.
- Targeted audits in older people of readmissions to establish whether medicines were the cause of readmission.

Examples of areas for development identified for standard 3.0 integrated transfer of care:

- Need to establish support post-discharge for patients identified as high risk.
- Audit the timeliness and quality of discharge information.
- Need an agreed system for communication with community pharmacists
- Need to map all the systems currently used to counsel patients across the trust.
- Need to routinely inform patients who they need to contact if they need more information about their medicines, who will prescribe further treatment and how to access ongoing supplies.