Townsville Hospital and Health Service

Transition of Care Pharmacy Project (ToCPP)
Service for patients discharging to Residential Aged Care Facilities

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Background

During a transition of care episode, patients discharging to Residential Aged Care Facilities (RACF) require complete medication summaries to reduce medication misadventure. However, this communication relies on medication charts, discharge summaries and medication lists, which may not include all medication changes during admission [1,2].

Most patients discharging from the wards at Townsville University Hospital (TUH) to a RACF receive a short stay National Inpatient Medication Chart (NIMC), medical summary and often a supply of medications. The NIMC acts as a proxy medication document in lieu of a Discharge Medication Record (DMR).

Following admission to a RACF, the NIMC is transcribed by a General Practitioner (GP). The transcription and medical review may be delayed, creating a domino effect on medication supply.

The Transition of Care Pharmacy Project (ToCPP) was commenced at TUH in March 2022 with 1 FTE Pharmacist and 0.5 FTE Pharmacy Clinical Assistant in August 2022. In October 2022, the TUH site project expanded to include discharges to RACFs.

Objectives

1. Compare three models of care
2. Obtain stakeholder feedback
3. Increase CA related activities
4. Map and analyse stakeholder relationships

Action (Method)

The newly established TOCPP RACF model of care was compared to the statewide and TUH model of care. Over 90 RACF discharges received the ToCPP model of care.

Evaluation

The time from discharge to medication chart transcription at the RACF ranged from 2 days to 21 days. A 7 day supply of medication is insufficient in most cases. Patients who run out of medication before GP review are often referred to TUH 'in-reach' services to arrange resupply of charts and medications.

Models of care

Queensland Health (QH) lacks a standardised procedure or guideline for transition of care from hospital to RACFs.

TUH has a local procedure, however pharmacy staff and DMRs are not mentioned. The procedure states patients should receive 7 days supply of medications.

The ToCPP model of care included normal care plus a DMR and medication reconciliation 7-14 days post-discharge.

Feedback

A QH Nurse Practitioner explained that in general, DMRs are not considered the 'source of truth'. Multiple documents are referenced to understand the full medication list.

Role of the Clinical Assistant

RACF DMRs were prepared by the CA, along with transcribing authorised medication histories. Other activities included creation of operating procedures, initiating quality improvement activities, scheduling patient review appointments, project data entry and identifying patients suitable for inclusion in the project.

Stakeholder relationships

The ToCPP team liaised with a new RACF-embedded Pharmacist and a GP-clinic based Pharmacist, GPs, RACF Nurse Managers and 'in-reach' Nurse Practitioners.

Discussion

The importance of implementing Statewide or local guidelines based on best practice is growing as the projected demand for RACF services increases. Undersupplying medications contributes to hospital reliance and increases patient financial burden. Providing a DMR and an adequate supply of discharge medications, is recognised as best practice according to Australian Commission on Safety and Quality in Health Care (ACSQHC).

Anecdotal evidence from Nurse Practitioner points to the need for DMRs to be prepared for inclusion in the medical discharge summary within a single medical discharge summary.

Despite several challenges, the CA role grew steadily. ToCPP enabled the CA to engage in a range of activities which are within the scope of Pharmacy Technicians under supervision [3].

From the ToCPP experience, collaboration with a range of health professionals drives patient centred collaboration and clinical innovation.

The time from discharge to medication chart transcription at the RACF ranged from 2 days to 21 days.

7 days supply of medication is insufficient in most cases.

Patients who run out of medication before GP review are likely to be referred to TUH 'in-reach Services.

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