

# To improve satisfaction with pharmacy service

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# Background

- Why you chose this project...
- Initial QI project was on “uncollected TTAs” and noticed improvement on TTAs collection
- Observed SUs not happy for waiting time for TTAs
- Misidentification of Pharmacy staff by SUs

## What was the problem?

- Service Users (SUs) do not leave with medication at time of discharge
- Sometimes, SUs wait for a long time for TTAs or come back later.
- Observed dissatisfaction from SUs/their carers/Nursing Staff at times
- Initial project also demonstrated no systematic approach to discharge
- SUs sometimes do not get discharge counselling
- Hence, need to look at overall pharmacy service from admission to discharge
- **Project aim:** To Improve patient satisfaction with pharmacy service.

# Driver diagram

## AIM

To improve satisfaction with pharmacy service (over 90 %) by August 2015

### PRIMARY DRIVERS

Admission

Inpatient stay

Discharge

Post discharge

### SECONDARY DRIVERS

1. Awareness of the pharmacy service for all patients on the acute wards
2. Patients own drugs

1. Ensure patients understanding of their medication improves

1. Constant discussion with MDT on SUs ready for discharge.
2. Pre-discharge meeting with SUs
3. Discharged SUs to leave ward only after TTA has been collected
4. All service users to receive discharge counselling

1. Awareness by service users, carers and staff of discharge process
2. Pre-planned discharge meeting with consultants, pharmacists & nurses
3. All service users to expect discharge counselling

### CHANGE IDEAS

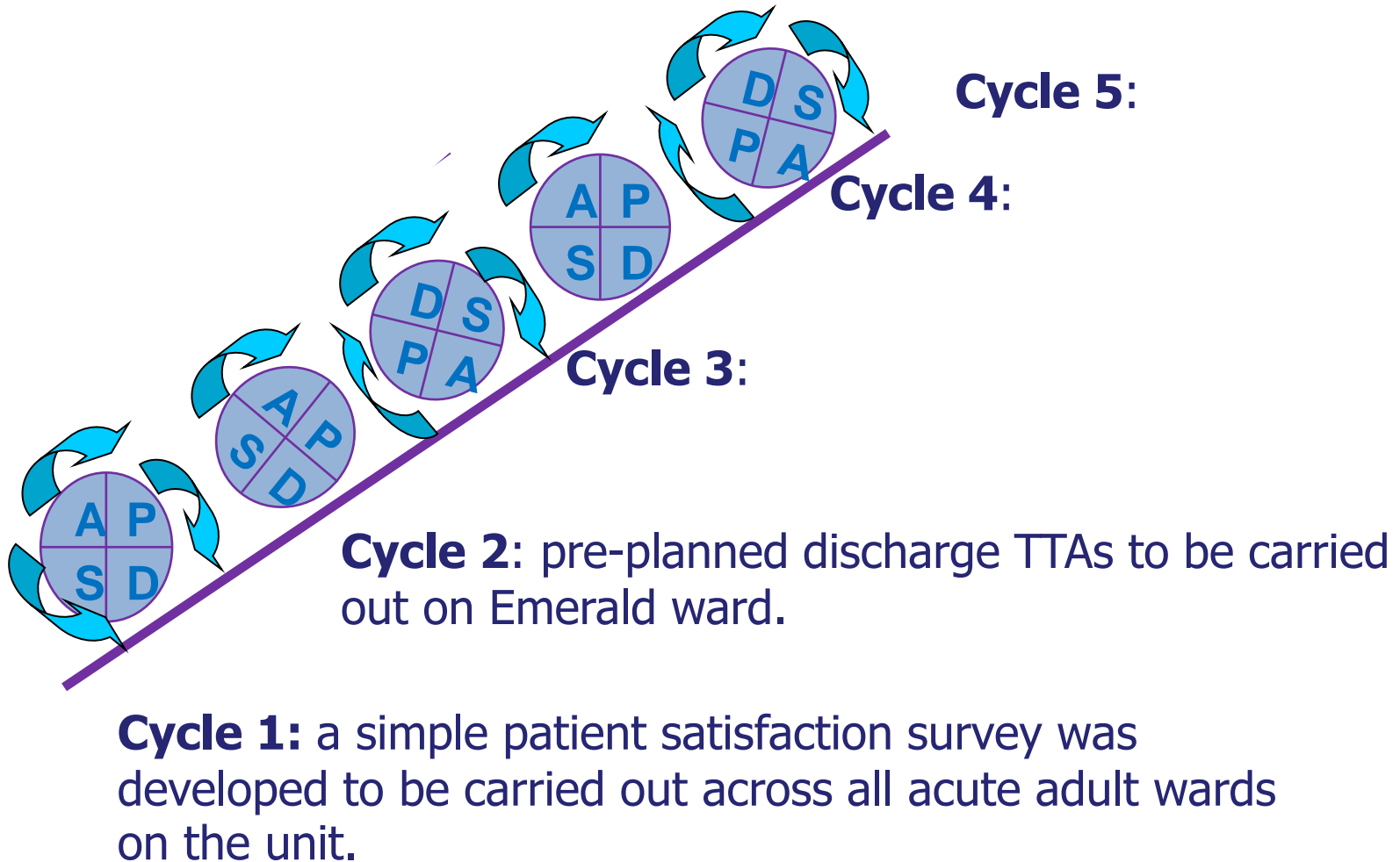
Employ leaflets regarding the pharmacy service. (Sapphire ward)

One to one with patients prescribed new medicines (Opal ward)

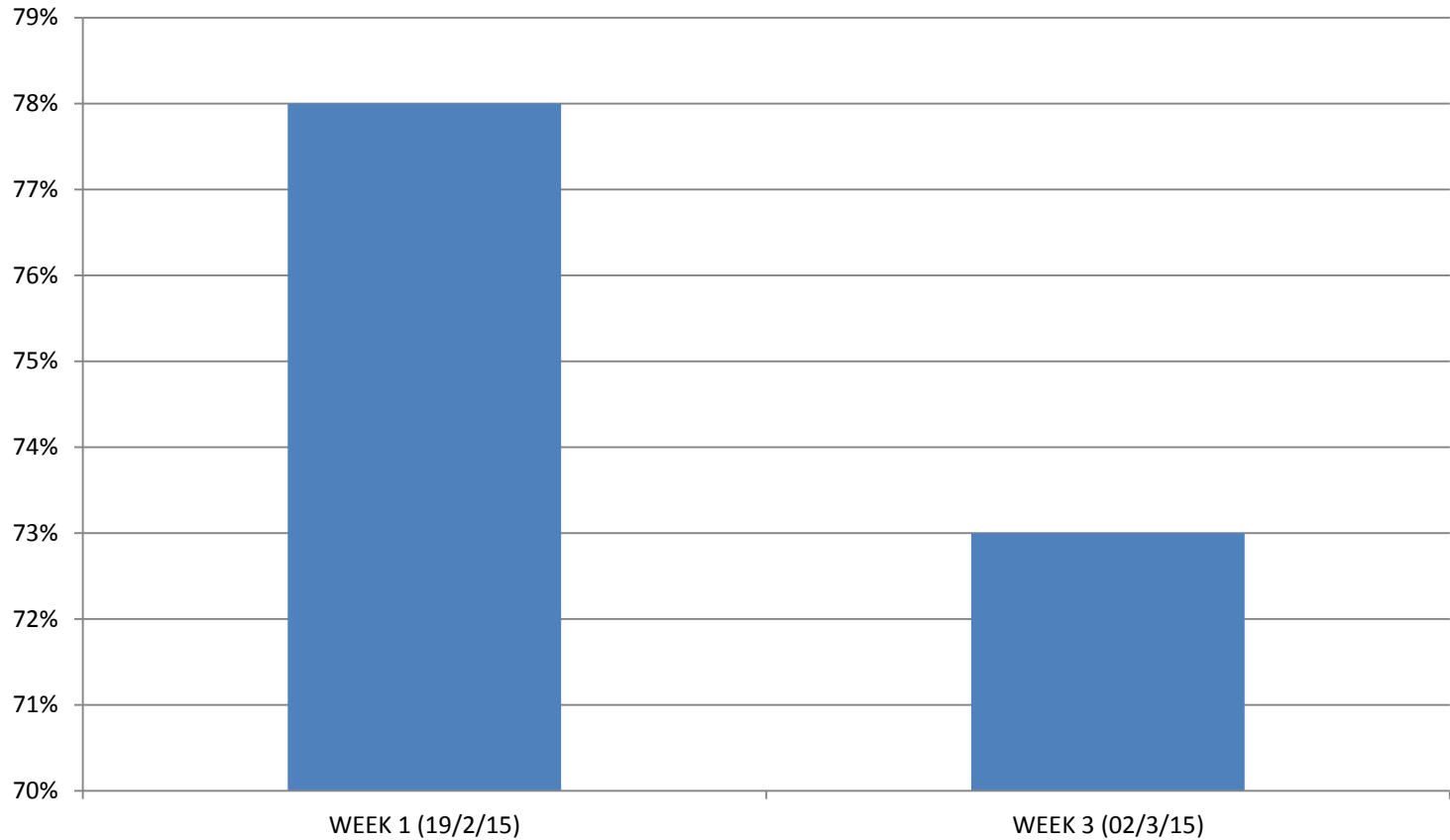
Pre-discharge planning of TTAs (Emerald ward)

To be reviewed

# Sequence of PDSA's – for one change idea or secondary driver



# A simple patient satisfaction survey



# Measures

- Time taken for SUs to leave ward with TTAs/discharge letters after discharge
- Percentage of SUs getting discharge counselling

# Learning

- SUs/carers beginning to appreciate counselling and prompt supply of TTAs
- MDT appreciate prompt availability of beds
- Challenges dealing with different consultants and SHOs in pre-planning discharges



# What next?

- Collecting more data, see progress and spread any improvement to other areas
- Educate others
- Other change ideas for the project concurrently being carried out on different wards