Managing Medicines on Discharge for Elderly Patients

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Project Leader: Sabina Kelly, Patient Liaison Sister

Contacts details: sabinakelly@kingedwardviii.co.uk

Summary of the project
This project was triggered by feedback from the wife of a patient who was discharged from a central London independent hospital. Concerns centred on the discharge processes in relation to medication to take out. The aim of the project was to improve the management of medicines for older people on discharge from hospital by engaging with the relatives, staff, patients and wider stakeholders to redesign the To Take Out medications chart. Redesign has been achieved and following staff training, the new chart is currently being piloted. An evaluation is planned using telephone questionnaires to patients post-discharge.

Background
The project was initiated as a result of feedback from a relative following a discharge from an acute independent hospital in central London. The hospital has sixty beds and provides acute surgical and medical interventions.

Mrs X is the wife of a patient who had suffered from chronic renal failure. This meant that he had a complex medication and polypharmacy regime. Mrs X managed all communications regarding his medications with the General Practitioner (GP) and the pharmacies. Her husband underwent surgery as an inpatient at the hospital and during this time his medication was managed by doctors and nursing staff. Discharge plans were discussed between the patient and the Patient Liaison Sister (the project leader). Mrs X and her husband had decided that he would be transferred to a rehabilitation unit in order to optimise his recovery.

Post discharge, the Patient Liaison Sister received a telephone call from Mrs X who stated that she felt the “prescription chart and medications had been confusing” and believed that this view was shared by the nursing staff on the rehabilitation unit. In addition, Mrs X had also had to obtain extra supplies from her GP while her husband was in the rehabilitation unit and found the whole situation stressful. The Patient Liaison Sister invited Mrs X to come to the hospital to further discuss the matter and so that she could listen to her suggestions.

Current practice on discharge from the hospital had been to fax copies of the prescription charts to external health care agencies. The To Take Out medications (TTOs) were then dispensed and packaged by the pharmacist; following which, the contents and management of the medicines would be explained to the patient by the discharging nurse. A pharmacist is available during working hours to answer any concerns that patients may express and to offer advice when required.
Mrs X commented that she “did not want to make a complaint but felt that the system was flawed”. She suggested that her situation would have been more “manageable if the prescription chart had been clearer, especially as her husband had to take so many medicines”. She believed that a prescription chart could be designed that clearly outlined what medications:

- Her husband was currently taking
- Had been stopped or changed whilst an inpatient
- Were prescribed as a TTO

She further suggested that this would give transportability to the prescription chart. In effect, she could have a copy to take to her local GP; a temporary GP if they were away from their local GP; Accident & Emergency and other health care professionals. It could also be used as a personal record for her to refer to quickly and easily. Following this discussion, Mrs X was invited to collaborate in a project to address these issues as a stakeholder and an action plan for the project was drawn up. The Patient Liaison Sister acted as the project leader and an enthusiastic staff nurse agreed to be the co-worker.

An application was submitted to the Patients First Programme at the Foundation of Nursing Studies (FoNS) supported by the Burdett Trust for Nursing. The application was successful and provided the support of an external facilitator, a development programme for the project leader and a small bursary to fund the project activity.

**Supporting evidence**

Evidence demonstrates that medication management for older people can be problematic, especially if polypharmacy and multiple medicines are involved. The Care Quality Commission identified a number of discrepancies which arise in communication about medications between hospitals and GPs following patient discharge including: ‘the omission of medications, failing to provide a rationale for why a medication had been changed and the absence of follow up plans’ (Care Quality Commission, 2009, p 18). They state that the information that is shared between GPs and acute trusts needs to be of a better quality (Care Quality Commission, 2009) as there is the potential for error when patients move from one care setting to another. They identify the importance of good information and robust checking systems when transferring patients in order to minimise risk. The Royal College of Physicians further endorsed this in their report *Why Medicines Matter* (2009, p 5) when they state: ‘It seems that patients are often happy about their medication regime on discharge, but experience doubts around six to seven weeks post discharge’. NICE guidelines on *Medication adherence: involving prescribed medicines and supporting adherence* (National Institute for Health and Clinical Excellence, 2009, p 8) states: ‘Encourage and support patients, families and carers to keep an up to date list of all medicines the patient is taking. The list should include the names and dosages of prescription and non-prescription medicines and herbal and nutritional supplements.’

**Aim**

The aim of the project was to improve the management of medicines for older people on discharge from hospital. The main focus of the project was to redesign a To Take Out prescription chart based upon a service user suggestion. The redesigning of the chart was led by the project leader in collaboration with the hospital nurse-led medication committee.
Objectives
The following objectives were identified:

- To engage with members of the medication committee and patients
- To engage with community stakeholders to understand their issues
- To be involved in redesigning and implementing the To Take Out medications chart
- To evaluate the effectiveness of the redesigned chart

Methods and approaches
A number of approaches were used to achieve the aim:

- Informal staff dialogue and reflection
- A shared values poster designed by the project leader and staff feedback on this
- Staff awareness raising and an education event
- Critical analysis and feedback from staff regarding the newly designed Take Out Medication chart

Engagement with members of the medication committee and other stakeholders

Medication Committee
The hospital has a well-established nurse-led medication committee, chaired by a ward manager, of which the project leader is already a member. The committee meets every three months throughout the year and comprises of a member of the senior management team (SMT), a doctor, nursing staff, the hospital pharmacist, a ward manager, the chairperson of the documentation committee and the care pathway coordinator.

At one of these quarterly meetings, the project leader presented the aims and objectives of the project and asked the committee to act as the steering group for the duration of the project. In addition the project leader provided up to date evidence to support the basis of the project. Fortuitously, the committee had previously discussed the fact that the existing prescription chart as a whole needed to be reviewed and updated; therefore it was an opportune time for a newly designed TTO chart to be incorporated.

The committee agreed that the project was viable, realistic and achievable and as the committee consisted of members of the hospital management team and also a member of the SMT, it was agreed that the rationale for the project and the action plan could be disseminated to other members of staff. The following goals were set for the next meeting:
1. Undertaking a critical review of the prescription chart including the TTO chart and considering how the TTO chart could be improved
2. Beginning to design a new TTO chart once feedback was received on the review
3. The project leader arranging an informal meeting with Mrs X (patient’s wife) to elicit her views and assistance
4. The project leader researching additional services available in the community such as community pharmacies and the community matron
5. Maintaining communication with staff in order to maintain the momentum of the project

Pharmacist
It was important to enable the pharmacy manager to have input into the project. The project leader had a meeting with her to discuss ideas about the medication chart. The pharmacy manager was asked her opinion and viewpoints and whether she felt anything could be added. As
a medication reminder also existed, it was agreed that this could be reviewed at a later date, once the project TTO chart had been redesigned.

During the discussion it was mentioned that the font on the medication boxes giving instructions on the chart was very small, however, this was an IT problem and again put aside for future discussion, but it was agreed that the medication reminder font could be enlarged. The pharmacy manager suggested that she could contribute to seeing patients to explain medications if required, prior to discharge. However, time constraints were considered and it was agreed that nurses should identify patients that may require this and that she would be happy to see them.

Whilst it is acknowledged that this meeting highlighted general discussions regarding medication management for elderly patients, important points were raised and points that needed to be considered when designing the medication chart, such as fonts and layout.

**Community Pharmacies**
Informal discussions by the project leader with patients had demonstrated that many patients were unaware of the community pharmacy services and the project leader was keen to understand what was available. She visited three community pharmacies in the local area and discussed the project and gathered information about the services available to share with patients and staff alike. Many of the pharmacists were eager to help and gave leaflets. She also interviewed a pharmacist at a major supermarket.

**General Practitioners (GPs)**
The project leader took the opportunity whilst discussing patients’ discharge plans with GPs as part of her role, to also informally discuss her proposals for the new TTO chart, in order to elicit their opinions. As these calls were primarily to discuss the patient, the number of discussions was not formally recorded however it was a useful way of eliciting GP opinions. Some of the comments made were as follows:
- The handwriting on the discharge summaries which included the To Take Out medication and documented by nursing staff was often illegible or difficult to read
- The discharge summaries were often late or practice staff had not brought them to the GP’s attention in a timely manner, post discharge
- There was surprise that the hospital faxed the summaries as opposed to sending them electronically
- There was a suggestion that a medication review prompt could be inserted and that would be really helpful to them
- It was proposed that the new TTO medication chart had all medication information documented on one sheet would be useful so that the GP’s could instantly review what changes in medication had been implemented whilst their patient was in hospital

The feedback from GPs was very positive and this was fed back to members of the medication and documentation committees.

**Community Matron**
The project leader also initiated a meeting with an Inner London community matron in order to ascertain the views of community healthcare professionals. Again, the feedback on the proposed new TTO medication chart was extremely positive. She explained that the Primary Care Trust that
she worked for had incurred severe financial constraints in social care, this in turn had impacted on community nursing staff. She explained that “social services carers were no longer able to administer any form of medication as their training budget had been drastically reduced”. This meant that community nurses would have to supervise medication administration to vulnerable older adults which could entail four visits a day from community nurses. This impacted greatly on their staffing levels. Therefore she found the proposed new simplified chart “enormously helpful as a communication tool”.

**Healthcare professionals in the hospital**

The project leader believed that there was a need to raise the profile of and awareness about medication management for older patients amongst healthcare professionals in the hospital. Most importantly this entailed ongoing communication, in order to drive the project forward and maintain momentum. *First Steps Towards Quality Improvement: A Simple Guide to Improving Services* states (NHS Improvement, 2011, p 22): ‘communication not only keeps everyone up to date on the project progress, but raises the profile of your project and facilitates engagement and ownership of the vision and service changes’ and goes on to suggest that the project team ‘will need to adopt different approaches and styles for different audiences and stakeholders’.

Whilst the project leader, co-worker and the medication committee were enthusiastic and proactive, it was acknowledged that not all healthcare professionals may have the same enthusiasm about the project. ‘For change to happen, it has to be worthwhile. The people who are being asked to change need to understand or be experiencing the inconvenience of problems generated by the current way of doing things’ (NHS Improvement, 2011, p 36). In this context, the project leader considered that the issues for the nursing staff created by the old TTO chart were:

- Different handwriting by consultants and doctors when writing up the TTOs
- Prescription charts were made of card, therefore, they had to be photocopied prior to faxing them to other healthcare professionals
- Patients had their TTO medications explained to them by nursing staff but did not receive a copy

The project leader recognised that adapting to a new prescription and TTO chart could be challenging for all nursing staff, because the new document was in the form of a booklet and was much lengthier than the existing chart.

In order to discuss how awareness of the project could be raised, the project leader and co-worker met to discuss their ideas. These included:

- Sending regular emails to update staff on the progress of the project. These would be in the form of bulletins that would resemble a newsletter, especially as the time spans in between medication committee meetings were lengthy
- Holding a profiling event to publicise the aims of the project
- Continuing with reflective dialogue with staff, especially at daily nursing handovers when older patients would be admitted with multiple medications. As a medication reminder also existed, it was agreed that this could be reviewed at a later date and once the design of the TTO chart was completed
- Holding teaching sessions to introduce the TTO chart and provide the opportunity to discuss the implications of polypharmacy
Informal discussions between the project leader and nursing staff were used to consider whether nursing staff were adequately preparing and informing patients and carers about their medications thereby enabling safe management of multiple medications for older patients. The general feeling amongst staff was that time constraints were a major problem, especially as patient discharge is often a stressful time. Not only are patients concerned about the actual process of going home, but often there are many other different types of discharge information being given. The TTO medications are prescribed by the consultants or resident doctors and dispensed and packaged by the pharmacists in advance of patient discharge, however often the discharge date may be a sudden decision and there is limited time for nursing staff to explain TTO medication in depth. These views reflected the experiences of the project leader in her role as Patient Liaison Sister.

These informal discussions stimulated critical reflection on the challenges that are faced by patients during the discharge process. The following points were discussed and considered by nursing colleagues:

- How much discharge information was actually understood and absorbed by the patient and carers, in particular medication management?
- How much was the patient involved in self-management of their medication regime?
- What impact did medication management have on the patient/carer’s quality of life, especially older patients?
- What challenges did the patient/carer experience with medication management?
- Was the patient/carer confused by medication regimes and uncomfortable in asking questions?
- Were time constraints a factor to consider and did they impact on the ability of nursing staff to give effective communication and education about medication?
- How often were regular medications reviewed by the GP?
- Were communication tools effective and clear between patients and Primary Care Trusts?
- Were nursing staff aware of the possible challenges that may impact on the quality of life for older patients regarding medication management, and were the physical challenges, such as impaired sight/hearing and physiological issues such as short term memory loss taken into account?

After discussions between the Patient Liaison Sister and colleagues, it was agreed that service delivery of medication management for older patients could be improved. The key issues to consider related to:

- Raising awareness with nursing staff about the confusion that polypharmacy can create for patients
- Addressing time management issues to ensure that patients could receive a detailed explanation of medication management
- Considering the ways in which other healthcare professionals can help e.g. pharmacy staff
- Considering the approaches that can be used to enable medicines management for patients

**Developing the new To Take Out medication chart**

Building on the learning to date, a new To Take Out (TTO) medication chart was drafted on the computer by a doctor from the medication committee with the help of the project leader and informed by ongoing discussion with the committee.
The chart was developed on thinner paper so that it could be faxed without copying and was laid out in landscape format to give more room to document medications.

At the top of the chart a space was created for **Anticipated date of discharge**. The rationale for this was to have the TTOs written up as early as possible, prior to discharge so that they could be prepared for the patient in a timely manner. In theory, this should allow nurses more time to explain any new To Take Out medication with the patient when ward routines were not so busy. Underneath this is a space for **Actual date of discharge** which would provide a measurement tool for auditing purposes and to identify if there were delays between the writing up of the TTOs and the dispensing.

The pharmacist and resident doctor agreed to transcribe the medication that the patient brought in on admission and sign for the history taking. This was done under a heading of **Medication on admission**. It was agreed by the medication committee that fifteen rows should be allowed for patients who had complex polypharmacy. **Route and Frequency** were also documented.

In the next box there was a heading **Drugs stopped**. This was completed whilst the patient was in hospital and a simple Y/N for Yes or No, that could be circled. This would enable the GP, patient and other healthcare professionals to see at a glance what medication had been stopped by the consultants.

This was followed by **Medication on discharge** with spaces underneath for the new medication to be written up including name, dose, route, frequency and pharmacy check, which was required to be signed.

The second half of the page was concerned with **TTOs** which included spaces for the date, name of medication, dose, route, frequency, consultant/doctor signature, how many drugs were issued and the date of supply. It was agreed with the medication committee that only ten spaces would be needed as the TTOs should be less than the medication brought in on admission.

Once completed, a draft of the medication chart was sent to Mrs X. to enable her to provide comments and feedback, the following explanations were also provided for her:

- That the in house doctor had designed the template on the computer and that it had been reviewed by the documentation committee who decided that it was fit for purpose
- That profiling sessions had taken place to raise awareness of the aims of the project and comment sheets had been distributed throughout the hospital to enable feedback. It was also explained that the whole prescription chart had been redesigned and it was an opportunity to familiarise staff with it, but in order to keep on track with the project, a separate sheet was distributed for the TTO chart
- That the hospital pharmacist had designed a template for documenting medication of patients on admission, which the hospital pharmacist would personally transcribe. It was also explained that this was independent of the project, however it was opportune; in effect, it linked up with the medication chart as it would provide more clarity and legibility when staff were transcribing medication onto the TTO chart
- That several meetings had taken place between the pharmacy manager and the project leader and the communication pathways between the various committees
The project leader was able to discuss this further with Mrs X over the telephone. Mrs X was “delighted” with the new chart based on her ideas and felt it “was extremely good”. Her concerns were that “nursing staff may not want to fill out the form as it appeared lengthy”, however it was explained that it would not only be nursing staff who would be filling it out, but also doctors and consultants. It was also explained that it was a far simpler system than the existing one, whereby medication documentation was previously often duplicated.

She felt that patient/carers/family having a copy was “excellent” alongside other healthcare agencies, however, she expressed her concern that it may be too complicated for a “frailer elderly patient”. It was explained that if this was the scenario, the chart would enable carers/family to understand the medication management more easily, in order to support the patient. As all healthcare professionals would also have a copy there was a minimisation of the risk of medication error. Again, it would alert the GP via a designated area on the chart if there was a change to medication as all the information was on one chart it was easier to fax.

She suggested that the chart would be a “vital link in medication management for an elderly patient and all concerned”. She enquired whether the chart could be electronically completed and sent. It was explained that this method had been explored and would be the next step in the project but that there had been challenges in this. It was also explained that resources were limited such as the availability of computer terminals on the wards and a whole new computer package would have to be designed. After a meeting with the Quality and Risk Manager, it was agreed that this would be feasible if the supporting technology could be installed.

She concluded by consenting to her comments being used in the report and said she was “thrilled that she had been listened to and that her suggestions had been acted upon…there was evidence that a problem existed but you understood 360 degrees of the problem…It is a seamless concept that is a self-perpetuating working model as long as all the participants are diligent”. It was agreed that the final draft would be sent to her for comments.

The draft of the TTO chart was presented to the medication committee by the project leader and following discussions, the following amendments were made:

- All the fonts were made bolder and larger, especially the main title of Admissions/discharge medication which was underlined and Drugs to take out (TTO). Both titles were underlined
- The Anticipated discharge date was removed as it was felt that discharge dates may keep changing due to a patient’s recovery level, therefore only a title of Discharge date remained
- Underneath this was added Medication review by GP required Yes/No. This would be circled as appropriate. It was discussed by the project leader and ward manager that this would be more visible as a prompt for GPs at the top of the page rather than at the bottom of the chart
- A title of Drug history recorded by: was added in order to identify clearly whether the pharmacist or resident doctor had recorded the medication history
- Usual chemist was inserted in order to give details of the patient’s chemist
- Source of chemist: There was a tickbox beside Patient, Carer, Patient’s own drugs, G.P. Other, that could be ticked as appropriate. This would give a clearer description of where
the patient obtained their medication and could indicate if there were any difficulties the patient/carer may have in obtaining their medication and ascertain if the source was the most appropriate

- Instructions were added on the chart that **Medication on admission** and **Medication on discharge** were to be written in block capitals
- The spaces for medication on admission was lengthened to 20 spaces

A final copy of the draft was sent to Mrs X and it was agreed that it could be trialled on the wards for three months prior to final copies being printed.

The pharmacy department have decided that all the medications brought in by patients on admission will be logged by pharmacy staff and if required, discussed with the patient. This reduces the risk of medication error and effects safe and robust documentation of medicines, especially in cases of polypharmacy and also minimises the risk of error through illegibility. This was a good outcome and decided independently by the pharmacy department.

**Supporting implementation**

It was acknowledged that the nursing staff would require support in using the whole new prescription charts and TTO chart. The project leader and a ward manager jointly organised small informal teaching groups in the staff restaurant. In total the sessions were held three times a day for five days. These included 8.00am meetings, in order to include the night staff. Funding from the Foundation of Nursing Studies was used to provide tea, coffee and cakes. Staff commented that they were “really pleased with the informal style of teaching and small group work”. The feedback was positive regarding the TTO chart and they agreed it was a simpler and easier system of medication management, especially during discharge. They understood that the chart was to be used collaboratively and did not find it too lengthy. It was deemed that the TTO chart was “excellent” and the rationale for redesigning such a chart was justified.

The new TTO medication and prescription charts are now being trialled on the wards.

**Evaluating the effectiveness of the redesigned TTO chart**

In order to evaluate the newly designed TTO chart, it will be important to obtain patient feedback. To achieve this, questions pertaining to the chart will be incorporated in the questionnaire that is currently being used to follow up patients after discharge by the Patient Liaison Sister. The questionnaire is administered via a telephone call. The function of these telephone calls is to ascertain if post discharge services are in place, monitor the efficacy of TTOs, monitor infection, monitor patient experience and offer advice, reassurance and intervention if required. As the telephone call system is well established, it was not difficult to incorporate the questions pertinent to the project. Consent is obtained from all patients prior to the telephone call. The questions designed for patient feedback are as follows:

1. Was the TTO chart that was given to you on discharge clear and easy to understand?
2. Did you find the medication instructions given to you clear?
3. Was the accompanying medication planner given to you helpful?
4. Are you experiencing any difficulties with your medication?
5. Have you visited your GP to discuss your medications?

A sample group will be made up of patient’s trialled on the TTO chart and responses to the questions will be critically analysed by the project leader. This information will be used to further
inform the development of the TTO chart and data will be presented at the medication and audit committee. Other forms of evaluation will be obtained from different stakeholders and feedback will continue to be gathered from GPs, community nurses and other external healthcare agencies.

Discussion
The aim of the project was to improve the management of medicines for older people on discharge from hospital by redesigning the To Take Out prescription chart following feedback from the relative of a patient. The redesigning of the chart was led by the project leader in collaboration with the hospital nurse-led medication committee and has been achieved by engaging with the relative, staff, patients and wider stakeholders to gain multiple perspectives of what was required to enhance medicines management post-discharge.

The initial comments and concerns expressed by Mrs X at the start of the project whereby the “whole system needed improvement” has been addressed and taken forward. Stephenson (2011) reported hospitals have been told to review the design of drug charts in a bid to reduce potentially harmful errors...the RCN Learning and Development facilitator stated “one issue that came up was the fact that nurses and doctors tend to move from organisation to organisation, and one thing that would help improve safety was some consistency in how charts are read and what they looked like”. She continued “local efforts to review and improve charts must be a joint effort between medical, nursing and pharmacy staff”. This project was successful in achieving all these factors. What the report did not state was that not only do healthcare practitioners move between different healthcare organisations, but more importantly patients also move between different healthcare organisations. The project recognised government drives are being made to enhance patient self-management of their medical conditions, in order to remain in their own homes longer, reduce the number of readmissions to hospital due to medication mismanagement, reduce the number of medication errors and offer enhanced pharmacy services. The project incorporated government guidelines and stakeholder input and the new TTO chart was designed specifically to enable a more patient friendly chart which was easier to navigate, facilitated transferability and transportability which effected improved communication between the patient and all healthcare agencies. The project leader is grateful to Mrs X, as it enabled the project to be designed from an actual and current patient experience and enabled the project leader and the co-worker to demonstrate skills of leadership and comprehension of patient experience, in order to improve a service with a patient’s wife as a collaborative partner.

Further information about how successful the new TTO chart has been in improving medicines management for patients will be available once the patient telephone questionnaires are underway.

In addition to the above outcomes, the project has provided the project leader and co-worker with an opportunity to develop new knowledge and skills that she will be able to use in future developments. These include:

- Project management
- Awareness raising
- Effective communication
- Collaborative working (see Appendix 1)
- Information and technology
Whilst the project had many successes, it is important to discuss the challenges that were also encountered along its pathway. One of the major challenges was the lengthy time span that the project took to complete. As previously discussed, the newly designed TTO chart had to be executed in conjunction with the development of a larger newly designed prescription chart. This larger hospital prescription chart proved challenging to nursing staff and the charts had to be re-drafted several times until they could become operational, which severely delayed the project. This in turn has delayed the collection of data on the effectiveness of the TTO chart.

There was also much debate as to who should complete the TTO chart on admission. Whilst there were many possibilities, this is yet to be resolved. However, the processes of raising awareness of medication management for older patients which culminated in the redesigning of the TTO chart, has had an impact on the whole system of medication management on discharge.

Another challenge to the project was the fact that electronic transfer of the TTO chart was impeded due to lack of an information technology infrastructure. However fax machines will be utilised to transfer the charts, but it was a disappointing result when so much progress had been made with patients, using computers. The hospital does not have access to the same resources as the NHS or large corporate groups of hospitals, and this still remains a challenge.

Having identified the challenges, opportunities were also identified that were exciting. Some of these are as follows:

- Redesigning a nurse-led discharge summary
- Production of a patient information leaflet on safe medication management for older patients giving links to trusted websites
- Development of an assessment tool that identifies older patients that have been admitted with falls, in order to ascertain that this was not due to medication mismanagement, that compliance is established and whether a robust medication review is required
- Maintenance and continuation of the project, in order to exchange and network with other healthcare agencies
- Presentation of the project to the hospital’s senior management team with a power point presentation, in order to demonstrate how change can be effected at a more clinical level
- Continued collaborative working with the medication committee, presenting data and benchmarking and improvement of medication management service delivery for older patients on discharge

**Conclusion**

‘There is an opportunity and a need to re-emphasise the importance of ensuring that information about medicines is effectively transferred when care moves from one provider to another. Improving the transfer of information about medicines across all care settings should help reduce incidents of avoidable harm to patients, improving patient safety and contributing to a reduction in avoiding medicines related admissions and re-admissions to hospital’ (Royal Pharmaceutical Society 2012, p 3).

Such an opportunity was identified by a patient’s wife in the service delivery system of medication management on discharge for older patients and chronically ill patients within the hospital. As with many systems of healthcare delivery it is recognised that they work, but there is much room for improvement. This project addressed the concerns of a service user and in collaboration with
stakeholders; an improved system of medication management for older patients on discharge has been introduced to reduce the risks of medication errors and effect more informative communication between healthcare agencies, which in turn promotes best practice. The long term outcome is that older patients and their carers have a simpler, safer system of medication management, enabling patients to remain in their own homes and maximise independence and autonomy in self-management of their illnesses.

The project was not only successful as a service improvement but also opened up opportunities for self-development for the project leader and co-worker. Nurturing the use of patient/carer narrative has demonstrated that the quality of all systems of healthcare delivery can be improved hospital wide by nursing staff using transformational leadership skills.

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References


Appendix 1

To raise awareness in the hospital about the project, the project leader designed a poster that would look at organisational and staff values. It was felt that the poster should reflect the benefits of team working and interactions that could be associated with it. The project leader decided that the theme would be based around the word **TOGETHER** (see Table 1) and drafted a design with the hospital logo in the middle, surrounded by clouds. The hospital title and corporate hospital colours were used and the help of the IT manager was enlisted to produce it. Each initial letter added up to the word TOGETHER and short notes were written in addition to the poster.

Table 1: TOGETHER

| T | Thank you, such important words. An unexpected thank you can turn a bad day into a great one. |
| O | Openness, honest and frank discussions can often diffuse a problem. |
| G | Generosity of spirit, treat one another with kindness, even when we get inpatient. |
| E | Efficiency, how can we plan our time better when it is really busy? What resources can we access? |
| T | Togetherness, support one another, especially when the going gets tough. We can also have fun. |
| H | Heart, put your heart into your work. |
| E | Esteem, be proud of ourselves as skilled professionals. Each one of us is unique and deserves to be valued. |
| R | Regard for each other. We are a small hospital, so it should not be hard to show each other respect. |

These are my own personal values and reflections, however I hope by sharing a part of me provokes thoughts and ideas. I have experienced all of these values from you, my colleagues... so thank you.
The poster was displayed in the staff restaurant. Whilst there was an existing hospital charter, this was a new concept that was nurse led and innovative. The project leader was truly surprised with the response from staff and received thanks via emails, texts and direct conversations. Comments such as “this is just what we need” were made. Copies of the poster were independently displayed on the wards and other departments such as physiotherapy. The project leader felt it raised her own personal awareness and she learnt that in order to have effective team working processes, lessons needed to be learnt on how to value colleagues and their contributions and how changes to practice can be initiated by cohesive collaboration and valued team input. Visions can be shared collectively. In this instance it was also helping to keep the momentum of the project in the public domain at the hospital and congratulatory comments were made by members of the senior management team.

The project leader recognised that creativity had been introduced into leading the project and this in turn had provided opportunities for personal learning and reflection on personal values not only for herself but other members of staff. It had been discussed that implementing change can often be challenging, however the poster enabled collaboration of staff and also created the opportunity for staff to discuss their views, not only on the project, but also other areas of hospital culture.