CHI Learning & Development (CHILD) System



Project Title

Service to Improve Post-discharge Medication Compliance & Make it Accessible

Project Lead and Members

Project lead: Ms Tan Lay Keuan

Project members: Mr Koh Chang Chern, Mr San Lwin Oo, Ms Rajaiah Beulah, Ms Mariz

Joy Sanidad

Organisation(s) Involved

Ren Ci Hospital

Healthcare Family Group Involved in this Project

Allied Health, Nursing, Medical, Ancillary Care, Healthcare Administration

Applicable Specialty or Discipline

Pharmacy

Aims

The project aimed to implement a seamless and accessible service to help discharging patients buy medications not available in the hospital (NA MED).

Background

See poster appended/below

Methods

See poster appended/below

Results

See poster appended/ below



CHI Learning & Development (CHILD) System

Lessons Learnt

See poster appended/ below

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Access to Care, Value Based Care, Safe Care, Adherence Rate

Keywords

Medication Compliance, Post Discharge

Name and Email of Project Contact Person(s)

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Service to improve Post-Discharge Medication Compliance & make it Accessible

INTRODUCTION

Ren Ci is a community hospital which keeps a limited range of medications. Patients are referred from acute hospitals for rehabilitative service with their own medications for inpatient use. Upon discharge, patients' medications which are available in Ren Ci will be topped up to the next consultation. For medications not available in Ren Ci(NA MED), patients were to purchase elsewhere. Ren Ci may help to purchase if patients were to request in advance.

TEAM LEADER & MEMBERS

Name	Designation	Project Role
Dr David Ng	Clinical Director	Sponsor
Tan Lay Keuan	Head Pharmacy	Lead
Koh Chang Chern	Sn Pharmacist	Member
San Lwin Oo	Sn Staff Nurse	Member
Rajaiah Beulah	Sn Staff Nurse	Member
Mariz Joy Sanidad	Sn Staff Nurse	Member

EVIDENCE OF PROBLEM WORTH SOLVING

Some patients were not aware of the service; did not request in time; requests miscommunicated or not followed through. Though the patients would be given prescriptions to purchase on their own, some may face challenges as in the below table. This would result in post discharge medication non-compliance which may worsen the health condition and even lead to re-hospitalization.

POTENTIAL CHALLENGES		
Do not know how to buy	No Financial means	
Do not know where to buy	Loss of Prescription	
No time to buy	Forget to buy	

OBJECTIVES

To provide a seamless service which is well co-ordinated among the stakeholders and follow-through at each step and the service accessible to ≥ 80% of patients with NA MED.

METHODOLOGY-Plan-DO-Study-Act

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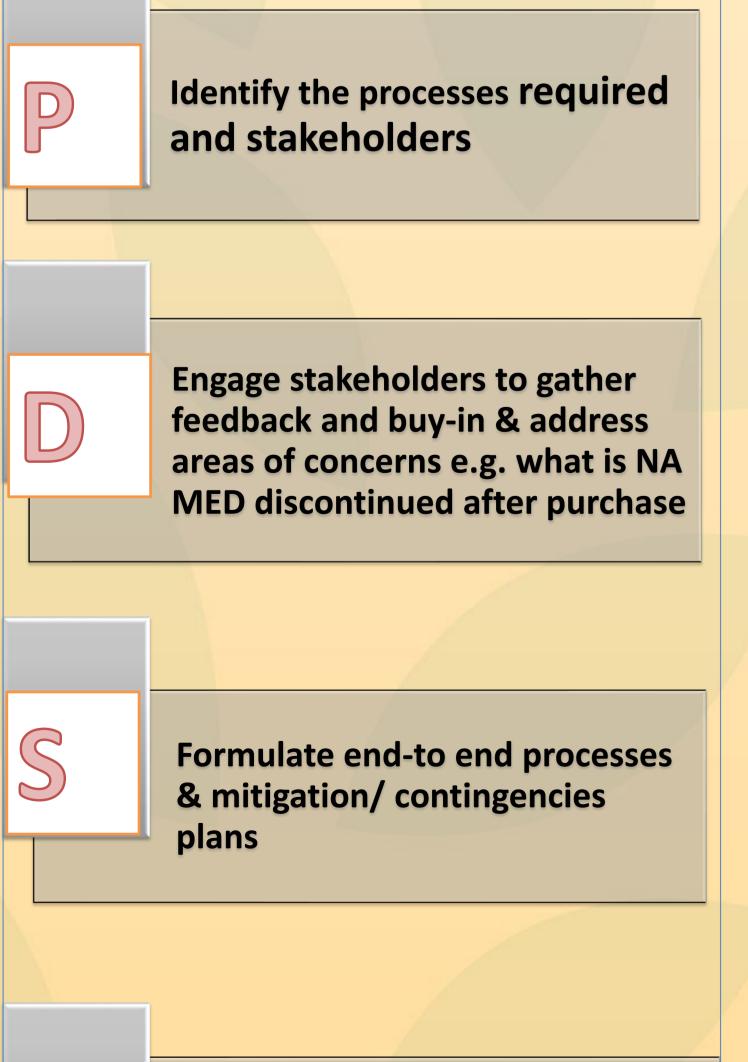
How to provide a seamless service

? How to make it accessible

Roadshows to highlight success

stories and the appreciation

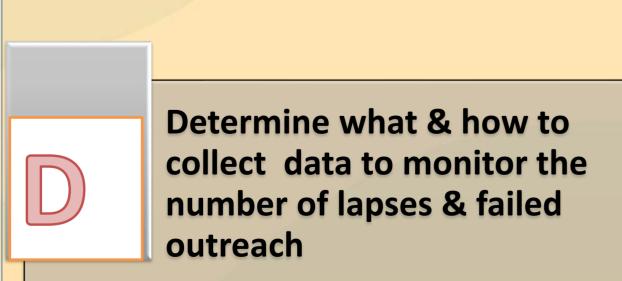
from patients/caregivers

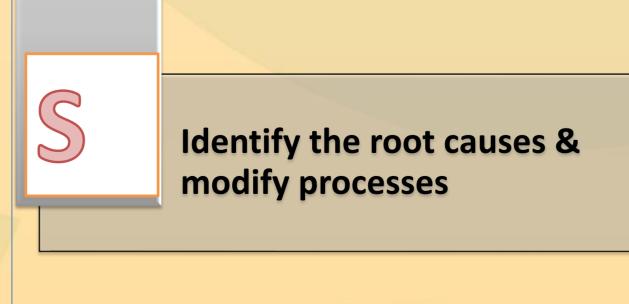


Pilot in a ward in Mar 2021 to

operationalize and finetune

processes

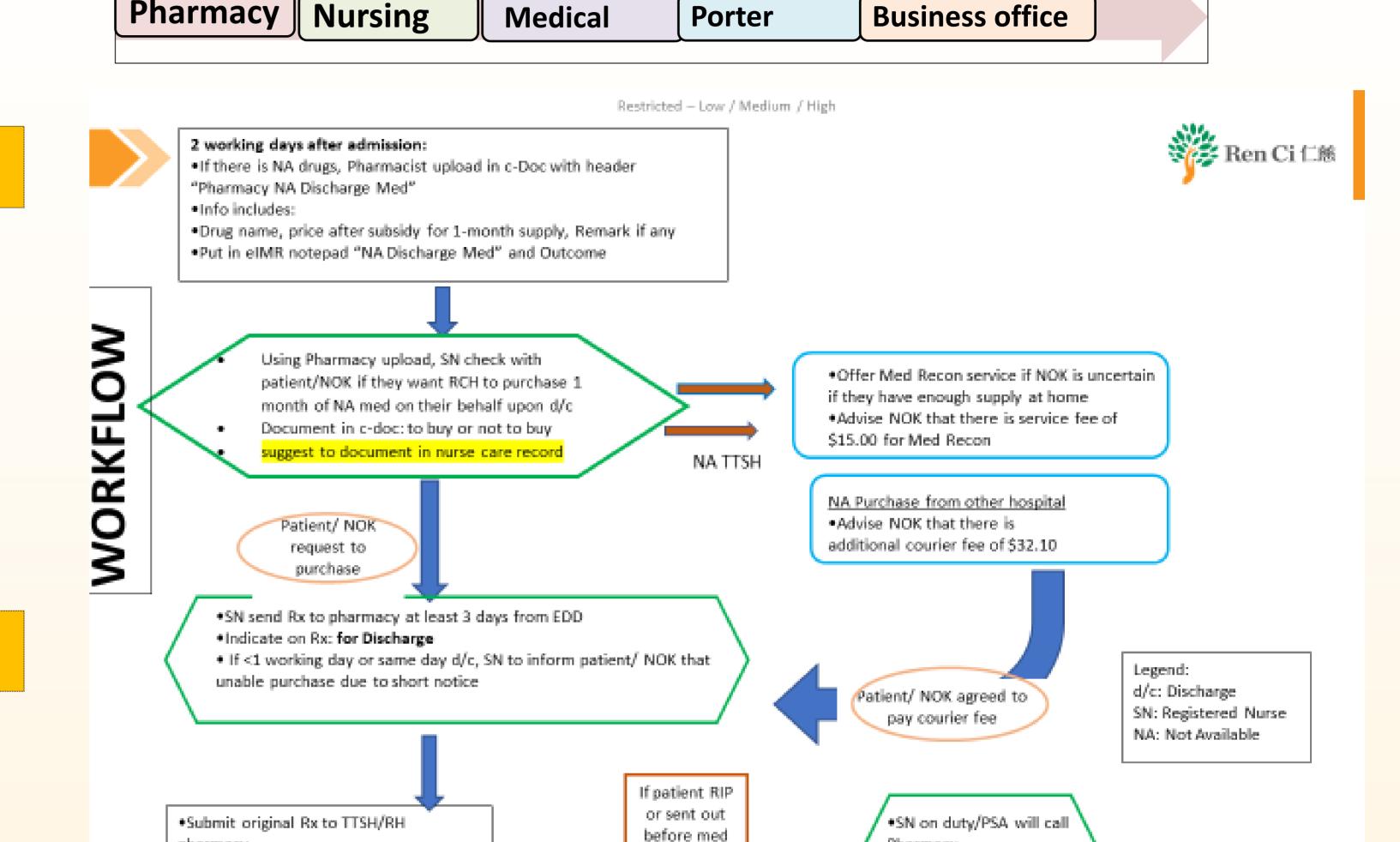






RESULTS

Processes & stakeholders engaged to provide the service



is collected

Accessibility of service: 84% of patients with NA MED

Events in pilot ward	Number
Total Discharge (16th Mar 21 to 14th Aug 21)	92
Patients with NA MED	43
Patients offered the service	36
Patients who took up the service	23

Pharmacy.

purchase

Pharmacy staff will inform.

TTSH Pharmacy to cancel

CHALLENGES ENCOUNTERED

Covid 19 Pandemic

pharmacy.

Collect on next working day.

Medication is dispatched to ward.

Indicate "bill as discharge" on original.

invoice and dispatch to PSA for billing

The project coincided with early days of pandemic when non-Covid 19 issues had to be deprioritized. The pandemic also made it difficult to meet up. Fortunately the team quickly learnt how to use virtual meeting platforms for communication. The conviction that the service would improve patients' care in community gave the team the resilience to push forwards the project.

Transition to New Generation Electronic Medication Record

The team was cognizant that the processes planned had to be compatible with the new electronic medication platform implementing in a year's time. The foresight enabled the sustainability of the service when hospital migrated to the new system in end July 2022.

SPREAD

The service was rolled out to all wards in Feb 2022.

80% of patients NA MED in all wards had access to the service as below. The success in spreading was the result of close to 1 year of fine-tuning of processes in the pilot ward. The migration to the new medication record system in July did not affect the sustainability of the service .

Events in all wards	Number
Total Discharge (14 th Feb 22 to 24 th Apr 22)	157
Patients with NA MED	64
Patients offered the service	51
Patients who took up the service	31

EFFECT OF CHANGE

A seamless and accessible way of providing the service ensures clarity among the stakeholders of their roles thus reducing lapses. It also assures stakeholders that discharged patients have adequate supply till the next consultations, thus minimizing post-discharge non-compliance which may worsen the health condition.