

## Medication safety at hospital discharge – self-assessment tool

This self-assessment tool is designed to be completed by the project team, to help identify potential areas for improvement. It is based on a scale of 1–5 and the lower the score, the greater potential for improvements in that area. Answer the questions based on the specific locations where you want to make improvements in (refer to your aim statement if needed). If you’re intending to make improvements in multiple areas, you may need to complete separate assessments for different areas, as processes and resources can differ. The spider diagram at the end of this document is a useful way to visualise your results (a version to fill out online is available [here](#)).

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<b>Preparation</b>					
Format of discharge summaries and medication lists.	Paper discharge summaries are used.	Electronic discharge summaries are used with subsection. Medication section fulfils some <a href="#">PRSB standards</a> .	Electronic discharge summary format fulfils <a href="#">PRSB standards</a> . Key high-risk areas are mandated fields.	Electronic discharge summaries fulfilling <a href="#">PRSB standards</a> are used. Completion of required information is audited regularly with PRSB standards achieved >75%.	Electronic discharge summaries fulfilling <a href="#">PRSB standards</a> are used. Completion of required information is audited regularly and >90% is regularly attained. Extra clinically relevant information, including once only or short courses given in hospital, is included where needed.
Prioritising patients at high risk from medication-related harm for enhanced support.	No process in place to identify patients at high risk from medication-related harm.	Processes are in place to help clinicians to identify patients who are at high risk from medicines-related harm.	Processes are in place to help clinicians to identify patients who are at high risk of medication-related harm and pharmacy professionals are consistently involved in their care.	Those at high risk of medication-related harm are identified and prioritised for enhanced medication support, eg medication reviews.	Those at high risk of medication-related harm are identified and always receive enhanced medication support with medication reviews in hospital and following discharge.

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Ward round processes	Discharge medicines are not discussed during ward rounds.	Discharge medicines are discussed and reviewed during ward round only on the day of discharge.	Discharge medicines are discussed and reviewed during ward rounds, within 48 hours of discharge.	Discharge medication planning starts at admission and is reviewed and discussed daily by a doctor and a pharmacist once the patient is medically optimised for discharge. Discharge ward rounds are multidisciplinary and always include pharmacy professionals.	Discharge medication planning starts at admission and is reviewed and discussed daily by the whole team, once patient is medically optimised for discharge. Discharge ward rounds are multidisciplinary and always include pharmacy professionals.
Education and training for staff	No education and training on medications at discharge processes is available for staff.	Formal and standardised training on discharge medications processes is provided to all healthcare professionals involved but attendance is not audited.	Formal and standardised training on discharge medications processes is provided to all healthcare professionals involved, with >75% of relevant staff attending.	Formal and standardised training on discharge medications processes is provided to all healthcare professionals involved, with >75% of relevant staff attending. Feedback is received on training sessions and is consistently positive.	Formal and standardised training on discharge medications processes is provided to all healthcare professionals involved, with 100% of relevant staff attending. Feedback received is consistently positive and sessions are updated based on this feedback.
Communication					
Provision of medication-related information to patients and/or carers.	Patients do not receive any medication information.	Patients consistently receive manufacturers' patient information leaflets and a list of their medicines on their discharge summary.	Patients consistently receive manufacturers' patient information leaflets and a list of their medicines on their discharge summary. The information provided is tailored to the individual patient's needs and	The information provided may include both written and verbal and is tailored to the individual patient's needs. Information is provided to the patient throughout their stay, allowing them to digest information and think of	Discussions about medicines are always possible, appropriately timed and allow for questions and time to make decisions. Carers are always involved where needed. Written information is always provided to patients about



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			followed up with a verbal discussion where needed.	questions. Patients are always provided with the opportunity to ask questions.	their medicines in an accessible format, including platform, language, layout etc. Information is provided to the patient throughout their stay, providing opportunity to digest information and think of questions.
Post-discharge communication with patients and healthcare practitioners	No processes in place for communication with the hospital post-discharge.	We have consistent processes for post-hospital communication for patients and other healthcare practitioners, including a contact number for any medication-related queries post-discharge, which is included on the discharge summary.	Dedicated channels of communication between patients, the hospital and other healthcare sectors are easily accessible to all parties and feedback on hospital discharge is received via this mechanism.	Dedicated channels of communication between patients, the hospital and other healthcare sectors are easily accessible to all parties. Feedback on hospital discharge is received via these channels are used to identify errors and areas for improvement.	Dedicated channels of communication between patients, the hospital and other healthcare sectors are easily accessible to all parties. Feedback on hospital discharge is received via these channels are used to identify errors and areas for improvement, which then feed into improvement processes.
Cross-sector working and medication safety	Our main method of communicating with other health and social care sectors is via the discharge summary.	We have a named contact in each of the health and social care sectors who we can discuss discharge medication-related issues with.	Contact details for individuals or organisations in other health and social care sectors are accessible to all relevant staff. Safe medicines on discharge is part of ongoing cross sector improvement programmes.	Contact details for individuals or organisations in other health and social care sectors are accessible to all relevant staff. Medication safety improvements consistently involve input from other relevant health and social care sectors and their ideas are used to develop improvement initiatives.	Communication and collaboration with other health and social care sectors is common practice in many areas of work eg cross-sector placements and meetings, as well as medication safety. Feedback on cross-sector collaboration and communication is received and contributes to improvement initiatives.




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<b>Transferring</b>					
Discharge medicines reviews	The hospital does not yet take part in discharge medicine review services.	Patients are referred to community post-discharge medicines services, such as discharge medicines review services, telephone consultations or home visits, but it's not consistent. Referral numbers are not audited.	Patients are referred to community post-discharge medicines services, where required. Guidance on eligibility for this service is available to all staff. Referral numbers are regularly audited and >50% referral of eligible patients is consistently achieved.	Patients are referred to community post-discharge medicines services, where required. Guidance on eligibility for this service is available to all staff. Referral numbers are regularly audited and >75% referral of eligible patients is consistently achieved.	Patients are referred to community post-discharge medicines services, where required. Guidance on eligibility for this service is available to all staff. Referrals are automatically completed prior to discharge and >90% referral of eligible patients is consistently achieved.
Sending information to next care providers  <i>Ensure appropriate patient consent is provided prior to sharing information with other relevant individuals and organisations</i>	Discharge information (ie discharge summaries) are sent by post or fax.	Discharge summaries are sent to GPs electronically. Processes for sending information to other necessary individuals/organisations is variable within our organisation.	All necessary information is sent electronically to relevant individuals/organisations when the patient is discharged, including the GP and other healthcare providers.	Discharge information is sent electronically to all relevant individuals/organisations and feedback on discharge communication is regularly requested.	Discharge information is sent electronically to all relevant individuals/organisations, eg care home manger, and feedback on discharge communication is regularly requested, received and acted upon.
Medication-related follow-up actions, eg medication titrations, GP actions, referrals to other specialties	Communication of medication-related follow-up actions relies on hospital staff knowing and remembering to do so.	Communication of medication-related follow-up actions is automated where possible.	Communication of medication-related follow-up actions is automated where possible and improvements are consistently being made to improve this. Patients are informed of follow-up actions and empowered to raise concerns if these are not fulfilled.	Processes ensure feedback is received from the recipient to confirm actions have been completed. Where this feedback is not obtained, or actions have not been completed, processes ensure these are followed up within an appropriate timeframe.	Processes ensure feedback is received from the addressee to confirm actions have been completed. Where this feedback is not obtained, or actions have not been completed, processes ensure these are followed up within an appropriate timeframe. These processes are audited and improvements are consistently being shown.

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<b>Receiving</b>						
Feedback on discharge summaries	There are no processes in place to identify issues after discharge summaries have been sent, eg where multiple versions are sent.	Identification of issues with discharge summaries relies on addressees actively providing feedback.	Formal feedback procedures are in place relating to discharge summaries, eg contact details or link to an online form are provided.	Processes are in place to identify issues with discharge summaries as they occur, eg automatic identification of multiple versions of discharge summaries being sent to addressees, alongside feedback from addressees.	Formal processes are in place to identify issues with discharge summaries as they occur and these are acted upon as soon as possible by a dedicated person(s) in our organisation. Feedback is received from addressees and used to inform improvement initiatives.	
Medicines management support in the community	No mechanisms are in place for ensuring patients have support with their medicines once they've left hospital.	Processes ensure post-discharge medicines support is in place in some circumstances where it is required but not all.	Processes ensure post-discharge medicines support is in place, where it is needed. Referrals are completed manually.	Processes ensure post-discharge medicines support is in place where it is required. Referral processes are consistent across the Trust and allow for automatic referrals.	Post-discharge medicines support is always organised before the patient leaves hospital. Work is undertaken with community and voluntary services to ensure patients get the support they need and act on feedback to improve our processes.	
<b>The discharge medicines process</b>						
Interprofessional collaboration to optimise discharge medicines processes	Different members of the hospital team work in silos to carry out their own tasks for discharge medicines processes.	Members of the hospital team are aware of each other's roles for discharge medicines processes but they are not formally agreed.	Standard operating procedures are in place, detailing different individuals' roles within discharge medicines processes and all staff are aware of each other's roles.	Standard operating procedures are in place, detailing different individuals' roles within discharge medicines processes. All staff involved in hospital discharge are aware of each other's roles with respect to medicines discharge processes. Professional roles within medicines discharge	There are agreed and understood roles for each professional group. All individuals involved in the wider discharge process are aware of the different professional roles within discharge medicine process and are involved in discharge medicines improvement projects. The	

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				processes are consistent across all departments.	discharge process is optimised to maximise efficiency of hospital resources, eg use of pharmacy resources and discharge lounges.
Patient and carer involvement	Patient and carer input in improving discharge medicines processes is minimal.	Patients and carers are involved in designing and improving some medicines discharge processes but not others.	Patients and carers are consistently involved in designing and improving medicines discharge processes.	Patients and carers are consistently involved in improvement projects relating to medicines discharge processes. Feedback mechanisms are in place to gain patient and carer views and experiences of hospital discharge.	Patients and carers are always involved in medication safety improvements at all transitions of care in our organisation and their views and experiences are constantly sought to identify issues and improvement ideas and put these into practice.
National inpatient survey	Medication-related results are not routinely reviewed.	Medication-related results are reviewed annually and shared among Trust staff.	Medication-related results are reviewed annually and shared among Trust patient groups and staff, who are encouraged to share suggestions for improvements.	Medication-related results are reviewed annually and shared among Trust patient groups and staff, who are encouraged to share suggestions for improvements. Formal improvement programmes related to this feedback are in place.	Medication-related results are reviewed annually and shared among Trust patient groups and staff, who are encouraged to share suggestions for improvements. Formal improvement programmes related to this feedback are in place and showing year-on-year improvement.

**Key**

-  Medicines reconciliation at hospital discharge
-  Partnering between patients, caregivers and healthcare professionals

-  Prioritising patients at high-risk of medication-related harm
-  Implementing collaborative medicines optimisation
-  Quality and availability of medication-related information

# Self-assessment

