



NSW
Therapeutic
Advisory
Group Inc.

Advancing
quality use
of medicines
in NSW

Group Discussion: Provision of discharge medicines

Date: May 2018

Question:

NSW TAG received an enquiry from a member about what hospitals were currently providing in terms of discharge medication supply as there has been past criticism of the 3 day supply from some medical practitioners.

NSW TAG and TAGNet members were asked to provide the following information about current practices:

- A. For general medicines on discharge, is 3 days, 5 days or other quantity supplied? Is there more supplied around long weekends?
- B. Are Over The Counter (OTC) items included?
- C. Are all items, only newly prescribed or altered doses supplied?
- D. Are certain patient groups receiving more supply? For example, stent patients with 28 day supply of clopidogrel or similar? Patients with immunological conditions?
- E. Does a patient's residential location influence supply?
- F. Any other relevant information?

Responses:

14 responses were received from: Bankstown-Lidcombe Hospital, Blue Mountains District AM Hospitals, Bowral, Far West (FWLHD), Goulburn Base Hospital Mental Health Unit, Liverpool, Maitland Hospital, Northern Beaches Health Service (NBHS), Northern New South Wales (NNSWLHD), Port Macquarie & Kempsey, Royal Prince Alfred Hospital (RPAH), Southern NSW (SNSWLHD), St George Hospital and Tamworth Rural Referral Hospital.

A. For general medicines on discharge, is 3 days, 5 days or other quantity supplied? Is there more supplied around long weekends?

- 5 day supply (FWLHD, St George, Bowral)
- 3 – 5 day supply (Liverpool, RPAH, Blue Mountains District AM, NBHS)
- 7 days (Port Macquarie & Kempsey, NNSWLHD, Maitland, Bankstown-Lidcombe, Tamworth)
- Extra supply for weekends and public holidays
 - Yes (St George, Bowral, Maitland, Blue Mountains District AM, NBHS, Tamworth)
 - 7 days if weekend (FWLHD)
- Other
 - 7 days for Webster pack patients (sent to community pharmacy) (FWLHD)
 - No set rule on quantity: Discharge supply according to patient's needs, transfer of care where relevant, medicines that would be otherwise be difficult to obtain (Goulburn Mental Health Unit)

- SNSWLHD does not routinely dispense medications on discharge, patients are provided with scripts for medications to fill at their community pharmacy.

B. Are Over The Counter (OTC) items included?

- Yes (Port Macquarie & Kempsey, FWLHD, St George, Bankstown-Lidcombe, Blue Mountains District AM, NBHS, Tamworth)
- No (Liverpool, RPAH)
- Other
 - If new then yes (St George).

C. Are all items, only newly prescribed or altered doses supplied?

- No facility responded that they supplied all medicines
- Only new/altered medicines - (Liverpool, RPAH, FWLHD, St George, FWLHD, Bowral, Maitland, Bankstown-Lidcombe)
 - We try to only give new/altered items to prevent confusion with brands, etc. (Bankstown-Lidcombe)
- Other
 - Usually only new or altered medicines, but patient is asked if they have sufficient preadmission meds and if they don't then we supply that too (Port Macquarie & Kempsey, Maitland, NBHS, Tamworth)
 - Depending on circumstance may supply existing meds such as long duration in facility, own medications lost during transfer to/from tertiary site/discharge location) (FWLHD, Blue Mountains District AM)
 - Any single patient use items (i.e. eye drops, inhalers) are labelled with discharge labels and given to patients to take home free of charge (Maitland).

D. Are certain patient groups receiving more supply?

- Yes
 - Full course antibiotics (Port Macquarie & Kempsey, FWLHD, NNSWLHD, Maitland, NBHS)
 - Rifampicin and fusidic acid for MRSA treatment (Liverpool, RPAH,)
 - Special circumstances determined case by case e.g. low socio-economic status or concerns of non-adherence (Liverpool, RPAH, Maitland, NBHS)
 - Short courses enoxaparin (FWLHD)
 - Short course rivaroxaban (Bowral)
 - Prednisolone weaning or other weaning medicines (FWLHD, NNSWLHD, Bowral, Maitland, NBHS)
 - May supply items unlikely to be available at small community pharmacies and/or not PBS listed or SAS or similar (FWLHD, SNSWLHD)

- Indigenous patients usually well serviced by AHS, so rarely need more than a week (FWLHD)
- Specific medicines such as clozapine – exact requested quantity supplied (FWLHD, NBHS)
- Full courses of DVT prophylaxis (greater than 7 days) with co-payment (Maitland)
- Palliative care patients receive what they need for End of Life (Bankstown-Lidcombe)
- Aboriginal patients receive up to a month (Bankstown-Lidcombe)
- Mental health unit patients (Blue Mountains District AM)
- Supply increased if ongoing care would otherwise be compromised (Tamworth)
- No (St George).

E. Does a patient’s residential location influence supply?

- Yes
 - 7 days supply if a weekend/patient is from remote area (FWLHD)
 - May pack Webster with 7 days in-house for tourists (Grey Nomads) admitted while “on the road” to enable them to return to own GP etc. (FWLHD)
 - Longer supply if they are travelling out of area (Blue Mountains District AM)
 - We charge patients who are from a non-Medicare-reciprocal country for discharge supply
- No (St George, Bankstown-Lidcombe, NBHS).

F. Any other relevant information?

- Liverpool & RPAH: there is a lack of continuity of supply, potential for medication errors and re-admissions when a limited supply is provided. Medication reconciliation processes are currently suboptimal in resource-limited hospitals and needs reviewing.
- Port Macquarie & Kempsey: Policy Directive (PD) specifically states no more than 7 days unless approved by hospital - we do seven days of items and we let patients know that they must see their General Practitioner (GP) for continuing supplies by a certain date. We have many difficult areas – mental health in our smaller site is a huge issue – GPs are hard to get into and so 7 days doesn’t give enough stock to see them through to the GP appointment. Patients newly going into a Residential Care Facility (RCF) are also difficult (the doctor who looks after them at the RCF sometimes likes to change everything the hospital put the patient on, so there is a profound amount of waste).
- FWLHD: OTC supply depends on patient need but mostly supplied as they are low cost
- St George: It is increasingly difficult for patients to get GP appointments even within 5 days.

- Bowral: We have found that 3 day supply isn't enough for patients to make an appointment with their GP in a rural setting.
- Blue Mountains District AM: (i) Supply of medication to patients at discharge is part of the Medication Reconciliation/Management process. A lot of errors and omissions are picked up at this stage. In some areas it may take the patient longer to see a GP (ii) Discharge medications provide an avenue for pharmacists to counsel, reconcile and adjust patient medication. (iii) Many of the patients admitted these days have a significant risk of readmission. It would be false economy not to have an adequate discharge process which includes medication, education and support/services.
- Tamworth: PBS dispensing would solve a lot of these issues.

Responses received as at 9th May 2018

Please note that all information and policies are only current at the time the response is sent and individual hospitals should be contacted to ascertain current policies and practices. The responses received are only representative of the hospitals participating in the discussion at the time and do not necessarily indicate a complete picture of current practices. Information sharing occurs on the understanding that due acknowledgement will be given to the original source and that the information will not be quoted or used out of the context of the discussion. Permission should be sought from the original source before any policy, protocol or guideline is used or applied in another setting.