Releasing Time to Care

The Productive Community Hospital™

Managing Drug Administration (MIU)

Version 1

This document is for clinical leaders and department managers

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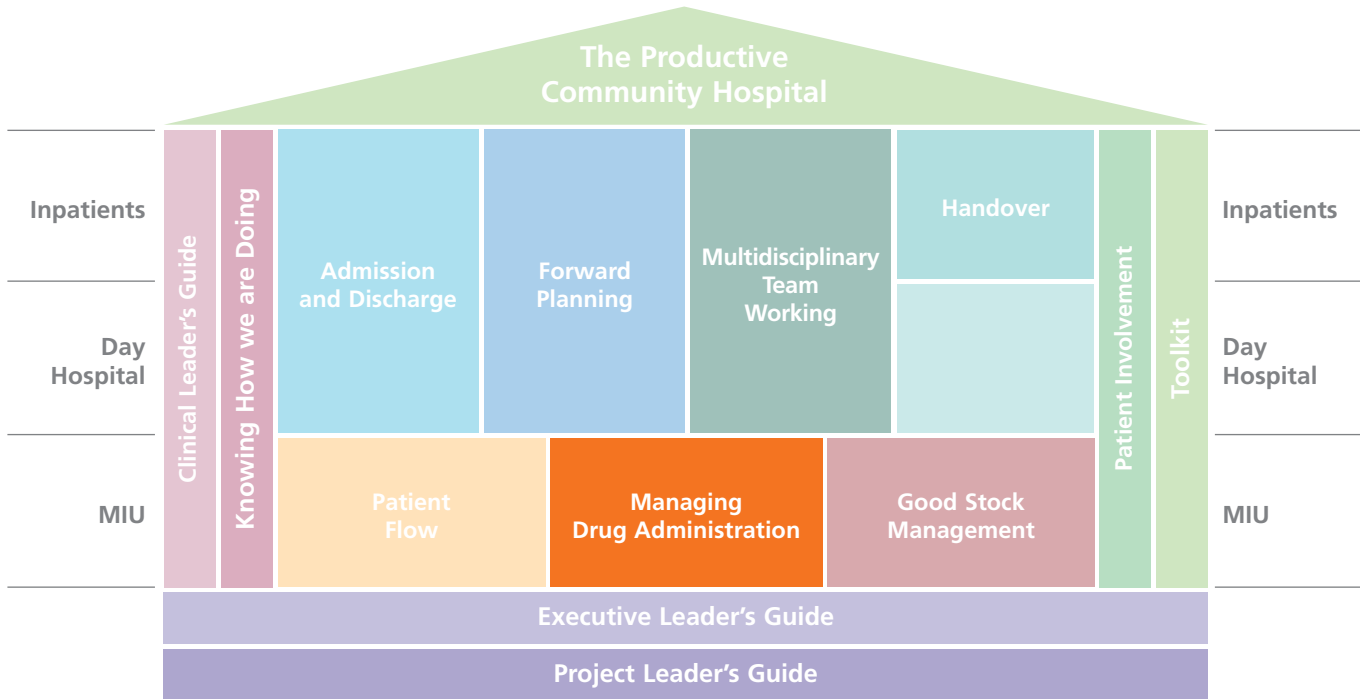
Managing Drug Administration

What is it?

This can be a practical way to ensure that your department can prescribe the right treatment without referral to another healthcare setting by increasing patient group directions (PGDs) coverage and supporting staff to access and use them. PGDs are an accepted way to enable nurses who are not prescribers to administer and/or supply medicines within national policy.

Why do it?

Minor Injuries Units (MIUs) dispense a range of non-controlled drugs and appliances. There are two methods for providing this service:
1. Using patient group directions (PGDs).
2. Using qualified nurse prescribers.

It is not uncommon for MIUs to continue the use of PGDs whilst also employing nurse prescribers. It is possible to create a core list of PGDs which will enable MIUs to function effectively without the need to invest further in developing nurse prescribers.

This can potentially improve the patient experience by reducing referral to other professionals and enable the department to be more efficient and cost effective.

What it covers

This module will improve your drug administration by demonstrating:
- how you currently manage your drug administration
- who are the key people that should be involved
- what tools you will need to use
- how to evaluate your improved drug administration and make continuous improvements to sustain the progress you have made

What it does not cover

This module will not describe best clinical practice. It will help you identify areas that could benefit from improvement work, understand how they could be improved and help you to make it happen.

Learning objectives

After completing this module, you will:

- understand what good preparation for improvement work is
- develop audit as an activity
- understand your current processes and issues relating to the use of PGDs
- manage the use of PGDs in your department
- develop and implement new PGDs to assist with ways of working

How will you achieve these objectives?
The first three objectives will be achieved through a step-by-step approach to assess the current ways of working and diagnose areas for improvement.

The first step to help you assess the current ways of working and diagnose the problem areas is to perform pre-improvement audits.

These are:
- PGDs in place audit
- PGD coverage audit
- PGD use audit
- PGD Management Audit

By carrying out these audits you will be able to identify what you do well and not so well in drug administration. As you work through this module you will be able to identify what changes you need to make to improve the effectiveness of your drug administration.

By repeating these audits you will be able to measure the differences made to improving the drug administration within your department.

The last two objectives will be met through a step-by-step approach to describe what a good process is and how you can achieve it.

The 6 phase process

All of the modules in the Productive Community Hospital series are based on the standard nursing process of: prepare, assess, diagnose, plan, treat and evaluate.

While illustrated using a patient care cycle, the six phase process is the same as the generic improvement cycle Plan, Do, Study, Act and gives clinical staff a structured approach to improving clinical area processes that is very similar to the care cycle they are familiar with.

It is a cyclical process of continuous improvement. Once you have worked your way through this module, you should return to the assess section and repeat the steps. The results that you capture each time will show how you have improved since the last time.

As you work through the module you will be reminded about the stage of the process that you are working on.

The 6 phase process

- decide who will be involved
- talk to staff
- gather information

- review current drug administration
- assess how well you are working

Prepare

Assess

Diagnose

- identify how drug administration could be improved
- audit the processes and identify changes

Evaluate

Plan

- prioritise what you want to change
- plan new processes

- analyse the information
- embed the new process
- communicate the success

Treat

- determine the test period
- run the new processes

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The tools

In order to know how well you are doing and help you treat any problems that you find with your current drug administration you will need to use the tools listed below.

Tool		Toolkit reference number
Interviews	🔧	Toolkit General Section 2
Process Mapping	🔧	Toolkit General Section 3
PGD Management Audit	🔧	Managing Drug Administration Tool 1
PGD Formulary	🔧	Managing Drug Administration Tool 2

Copy the module checklist on page 51. Completing this will help you monitor your progress throughout the module.

Prepare

Involving the right people

Decide who will be involved
To achieve effective drug administration management you will need to engage with all members of the team.

- establish a core team who will lead and take responsibility for the work in this module. These might include those listed in the box
- widen this group when you require more involvement from other members of the staff and patients

Core module team	
Who?	**What will they do?**
Clinical manager/lead nurse	• ensure the appropriate stakeholders are represented • ensure information requirements are met to understand and solve the issues • ensure operational, financial and contractual issues are resolved appropriately
Emergency nurse practitioner/clinical team	• take the lead for implementing this initiative • communicate the goals and objectives • encourage and support the team throughout the initiative • keep the focus on searching for opportunities for improvement
Reception staff	• be willing participants in the discovery of issues and implementation of new approaches
Patient/carer	• bring a fresh perspective and a unique insight • ensure that improvements are patient focused
Medical staff	• bring expert knowledge • experience of controlling conditions with drugs
Pharmacist	• bring expert knowledge

The 5 step process

1. Talk to staff
Use Toolkit General Section 2
and ask:
- what currently happens?
- what causes problems?
- what they would need from
  improved drug administration?
- how could they resolve issues
  or make improvements

2. Talk to patients
Use Toolkit General Section 2.
To ensure that drug adminsitration
supports patient-centred care, the
views of patients should be sought
as part of your general preparation.

You should seek guidance from
your nursing director/public and
patient involement:
- what is the patients experience
  of drug administration?
- would they like to be
  involved in the planned
  improvement process?

**3. Gather information from
patients complaints:**
- look back over the past year
  and identify any complaints
  that relate to drug administration
  that have caused the patient
  or relatives to complain

**4. Gather information
from incident reports:**
- look back over the last
  20 - 50 incident reports
- look for any incidents or
  near misses involving
  drug administration

**5. Obtain your trust policy
or guidelines for medicines
management and documentation:**
- gain information regarding
  the handling and administration
  of drugs
- gain information on trust policy
  for documentation relating to
  drug administration

Prepare - milestone checklist

Move on to *Assess* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Decide who will be involved	
Talk to staff	
Talk to patients	
Gather information from patient complaints	
Gather information from incident reports	
Obtain your trust policy or guidelines for medicines management and documentation	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

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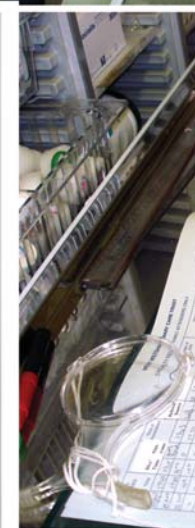
Assess

Assess the current drug administration process

To assess what happens now, develop a description of how you currently administer drugs. You can do this by taking a step by step view. Use the Process Mapping Tool, Toolkit General Section 3 to help you to understand the process.

There is added value in getting everyone involved in understanding drug administration, agreeing on how things currently work and what the future state should look like.

Do this by:
- identifying the key people who are involved in drug administration. These will include yourself as department manager and a representative from each group of staff who administer drugs, for example doctors, pharmacists, advanced nurse practitioners, patients and carers etc.
- describing the current drug administration process
  Focus on:
  - PGD coverage
  - success of existing PGDs in place
- describing what an ideal drug administration process would look like in your teams view. This is your ideal future state

Assess - milestone checklist

Move on to *Diagnose* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Describe current drug administration	
Ensurd that all the staff have been able to view their opinions of the current drug administration process	
Ensure that all stakeholders are represented	
Understand how your department could administer drugs more effectively	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

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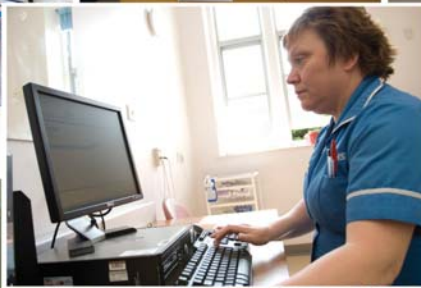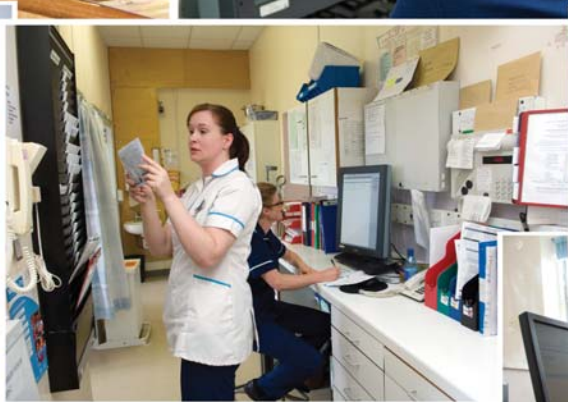
Diagnose

The audit process

Audit is a vital tool to help you accurately diagnose the current status of your drug administration. We recommend you undertake the following pre-improvement audits specific to this module. These are:
• PGDs in place audit
• PGD coverage audit
• PGD use audit
• PGD management audit

• audit nurse prescribing - the number of scripts per 1000 patients to assess if you are using/need nurse prescribing. You may need to know if the nurse prescriber only prescribes or do they normally use PGDs and prescribe on the rare occasions? If this is the case should this be audited to identify if a PGD should be developed?

An explanation of how to carry out these audits is provided on the next pages.

PGDs in Place Audit	PGD Coverage Audit	PGD Use Audit	PGD Management Audit
To identify all PGDs in place in your department	To work out the % of attendances in your department that are covered by a PGD	To identify how extensively existing PGDs are used	To assess the process for managing, storage, administration and recording of PGDs thorough a set of criteria

PGDs in place audit

This audit will help you to identify the types of PGDs in your department.

What you need to do:
- compile a list of your current PGDs using a list format shown in the example below. This will allow you to capture the key information about each PGD
- sub-dividing some PGDs such as paracetamol into adult and child preparations may also be helpful

- group the PGDs into medicine categories that will help you catalogue them. For example: antibiotics, antifungals, antiemetics, antihistamines, steroids (oral, inhalers, cream), analgesics, topicals, inhalers, emergency drugs

Example

PGD No	Medical Condition	Patient Type (1)	Medicine	Medicine Type (2)	Dose	Frequency	No of Days
1.1	Allergic reaction	Child & adult	Chlorpheniramine	Anti-histamine		6-8 hourly	3

PGD coverage audit

This audit will identify the percentage of attendances covered by a PGD. This analysis should be performed by a clinical member of staff who will need to interpret the presenting condition and treatment given.

What you need to do:
- audit a week of patients' notes at a time and identify those where the patient was discharged to their GP or were prescribed drugs by a nurse prescriber
- record whether the patient was referred on because the patient required a prescription for medication (ie, no PGD in place)

- collect this activity data for at least six weeks. There may also be variation in presenting conditions, so audit patients' notes from different periods of the year

If you are a 24 hour unit, include patients referred to your out-of-hours GP service as this will capture evening and weekend patients.

To work out a percentage coverage of PGDs for the unit you will need to:

- divide the total number of patients referred to their GP where there is no PGD in place to treat the condition by the total number of attendances audited
- multiply by 100 to provide a % as below

$$\% \text{ PGD Coverage} = \frac{\text{Number of patients referred to GP where no PGD in place}}{\text{Total number of attendances}} \times 100$$

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PGD use audit

This audit identifies the use of existing PGDs and where a PGD is in place that is not being used.

- record the names of all patients where a PGD was used for all attendances in a defined period (at least six weeks)
- obtain the records for these patients at the end of the period and record the PGD that was used
- count the number of instances that each PGD was used
- identify any PGDs that were never or infrequently used

PGD Management Audit

To assess the process for managing, storage, administration and recording of PGDs through a set of criteria you may wish to use the PGD Management Audit Tool, Managing Drug Administration Tool 1. See example on next page.

This tool will help you to understand how effective the current management of PGDs is by taking you through a set of questions linked to ten criteria to assess the following areas:
• PGD Documentation
• measurement against local and national standards
• the storage and safety of medicines management
• recording of administration and supply information
• managing risk to patients
• keeping robust records of receipt and supply of drugs
• keeping minimum records for audit purposes
• reporting adverse incidents
• regular review of PGDs to ensure that they are up to date
• education and training to support the use of PGDs

You will need to access information on local stock ordering and patient records to look at what happened to the patient and how complete the documentation information is. Look at the tool and identify the information you will need access before you start.

Below is a screen shot of the PGD Management Audit Tool described to you on the previous page. This tool will help you understand how well you manage your PGDs. Discuss the results with your team, identifying areas of concern and proposed solutions.

AUDIT OF PATIENT GROUP DIRECTIONS (PGD)
(Please note which sections apply to all or to the administering professional)

NAME & NUMBER OF PGD … …….........

NAME OF AUDITOR …………………….….. .   DATE OF AUDIT …………….

1. Criteria: The PGD documentation is accessible and up to date

| Who applies to	Criteria	Standard set	Number audited	Yes	No
All	Practitioners surveyed confirmed that the PGD is accessible for reference at consultations (min number surveyed 10% of signatories)	100%			
All	Copies of the PGD are located in the areas stated within the PCG	100%			
All	The PGD is effective in the locations as stated within the PGD	100%			

2. Criteria: Local practice meets the standards detailed within the PGD

Who applies to	Criteria	Standard set	Number audited	Yes	No
If administered	Patients treated under the PGD for stated clinical indication only. Number of patient records audited ……….	100%			
If administered	Patients included for treatment under the PGD for stated inclusion criteria only	100%			
If administered	Patients are excluded as per stated exclusion criteria	100%			
If administered	Patients are referred to medical practitioner if they are excluded from treatment	100%			
If administered	Where a patient declines treatment, there is documentation highlighting the reason for referral	100%			
All	The practitioners operating under the PGD are, as stated in the PGD (surveyed 10% of signatories)	100%			

Current audit results

You will now be able to **diagnose** whether your department makes best use of PGDs from the audit of current performance that you have completed. Display results on your communication board as described in the Knowing How you are Doing Module.
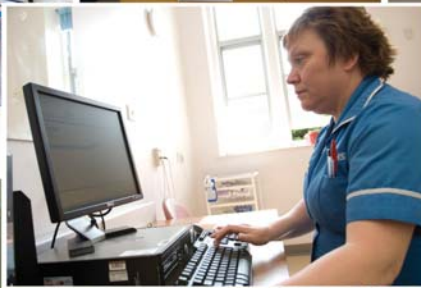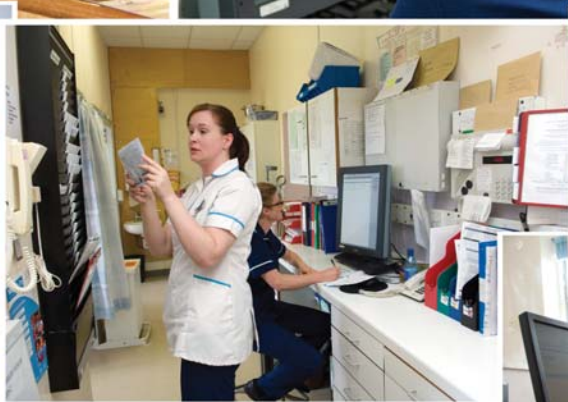
Diagnose - milestone checklist

Move on to *Plan* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Identify all the PGDs in your department	
Identify any conditions where no PGDs exist	
Give staff the opportunity to share how easy PGDs are to access and use	
Identify whether clear management arrangements exist for PGDs	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	
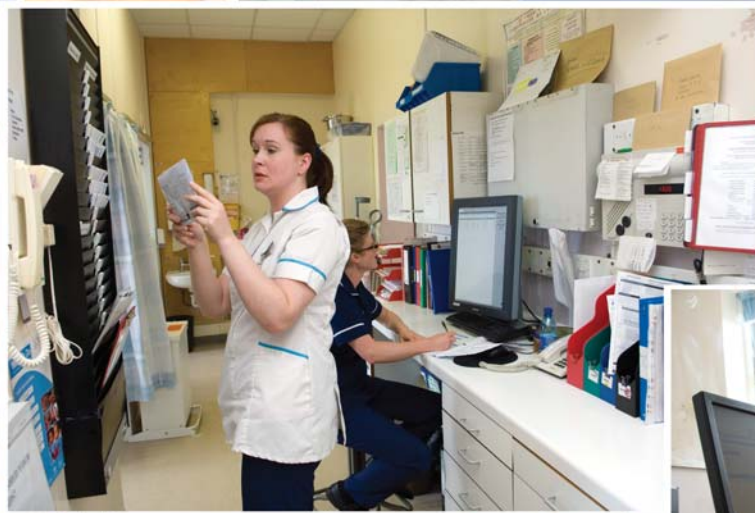
Plan

Planning productive drug administration management

Having diagnosed the current status of your nurse prescribing and PGD processes, this section will take you through the planning steps to help you to review your PGDs and make systems more effective.

This will help to improve the coverage and use of PGDs in your department by helping you to:
• implement new PGDs
• manage the use of PGDs

Implementing new PGDs

After analysing the coverage of your PGDs you may identify a presenting condition that is not covered by a PGD. Patients presenting to your department with this condition will then need to be referred to another healthcare professional in another setting. Adding more steps into the patient pathway means that resources are duplicated and patients treatment is delayed. This results in higher costs and an increased likelihood of dissatisfied patients.

What will implementing new PGDs do?

The objectives for implementing new PGDs are:
- to ensure the PGDs that exist in your department reflect local demand for healthcare
- to ensure the costs of implementing new PGDs do not outweigh benefits to patients
- to ensure that where you introduce a new PGD, the necessary supporting equipment and training is in place to enable you to implement the new PGD

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Before developing and implementing a new PGD, consideration should be taken over whether the presenting condition is frequently seen. If the condition is unlikely to be seen often enough in the future do not develop a PGD.

What you need to do:
1. Identify common conditions that are not covered by a PGD in your department using the results of the PGD coverage audit.

2. Identify a list of conditions for which you wish to introduce PGDs.

3. Collect evidence to support the introduction for each PGD on the list including:
   • the number of patients it is projected to cover over the duration of one year
   • the costs of implementing new drugs and instruments for the MIU vs. the cost to the wider health community eg. extra GP appointments
   • the cost and manageability of the training needed to implement the PGD

4. Agree the introduction of any new PGDs with your authoritative body (medicines management/clinical governance).

5. Undertake research to identify whether other organisations have introduced a PGD to cover these conditions. This can be done by:
   - looking at the core list of PGDs in the Toolkit, Managing Drug Administration Tool 2
   - looking at best practice on PGD coverage as set out on http://www.portal.nelm.nhs.uk/PGD/default.aspx

A Patient Group Directions 'Formulary'			
This list is common to two or more of the MIUs in our study and provided them with 100% coverage of drug requirements for their patients	This list is not intended to be the definitive description of the PGD as you will need to agree the administration details of amount and frequency within your medicines management forum		
The drop-down box to the right of each column heading allows a quick search by either condition or PGD name			
Use this list to plan the development of your own PGDs. best practice in this area is well set-out at: http://www.portal.nelm.nhs.uk/PGD/default.aspx			
Condition	**PGD**	**Dose**	**Frequency**
Acute Sinusitis	Amoxicillin	250mg	TDS
Analgesia	Co- codamol	30/500 or 8/500	
Analgesia	Diclofenac	50mg tab	ixTDS
Analgesia	Diclofenac	100 mg supp	stat
Analgesia	Ibuprofen	200mg	TDS xi-ii
Analgesia	Paracetamol	500mg	4-6 hrly
Anaphylactic shock	Adrenaline injection 1mg		
Anaphylactic shock	Glucagon Injection		

6. Ensure that you have the facilities and equipment to manage a PGD before it is introduced.
7. Train staff on their content and use.
8. Regularly review the content of the PGD.
9. Review compliance with the PGD.

Managing the use of PGDs

PGDs are mainly used to support clinical decisions taken during a consultation with a patient. They need to be easily accessible, in a format that supports timely and robust decision-making ensuring full compliance.

The patient wants the application of the PGD to be timely and appropriate. The PGD process is one part of three elements to provide safe, effective clinical care:

1. Good clinical decision making skills of staff, i.e. the decision to introduce the PGD is the right one.
2. Good PGD management processes, ie. the PGD is up-to-date, explicit and supports the clinician's decision.
3. Safe prescribing processes, ie, the act of dispensing is robust and safe with dosage, transcription and other errors minimised or eliminated.

What will managing the use of PGDs do?
The objectives of managing the use of PGDs are to:
• standardise the format of PGDs
• improve the accessibility of PGDs
• monitor adherence to the PGDs

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Areas to consider to improve your process:

- identify who is responsible for the management of PGDs - this might be a nurse prescriber. Ensure that they keep PGDs up to date and that they regularly update staff on any changes or issues
- use the national standard format to develop a standard template for all PGDs
- create an online PGD system that can be accessed from the treatment areas of your department. You may need to work with your IT department to develop this. It should allow for regular updates by the clinical leaders of the MIU and be easy to use, for example, having the PGDs organised by drug, by condition and by age-group
- review how you communicate new PGDs and consider how this could be improved. Place the latest version of PGDs on your intranet with a searchable front-end that allows clinicians to find them by condition or drug name
- develop training plans for staff that are focused on increasing their competence and confidence in applying PGDs

Remember to amend your policies/protocols as required.

Further published guidance

The most comprehensive and up-to-date website on PGD policy contains many PGD policies and procedures: www.portal.nelm.nhs.uk/PGD/default.aspx

The National Prescribing Centre's site on non-medical prescribing: www.npc.co.uk/non_medical.htm

The National Prescribing Centre's comprehensive guidance document on PGD adoption and use: www.npc.co.uk/publications/pgd/pgd.pdf

Plan - milestone checklist

Move on to *Treat* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Develop new PGDs	
Consider results of the *Assess* section	
Identify any equipment and facilities required	
Identify staff training needs	
Engage with all staff and patients (where appropriate)	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

Treat

Treat

During the treat phase you will be testing the agreed changes.

What are you going to test?
- have we improved the safety and reliability of care for patients?
- have we improved the efficiency for staff?
- have we reduced duplication?
- does everyone in the team understand the new PGDs?
- are we sticking to the new process?

Before the test starts:
- determine what the time period will be for the test, it needs to be:
  - long enough to allow for failures
  - short enough to change and retest
- agree the time collection method and who is going to do it
- agree who will access the data and how it will be presented back to the team
- set the start and end dates and communicate them to everyone!
- update all staff personally on progress, at meetings and across all shifts
- use your communications board as a secondary way of making sure that you communicate with all the staff

During the test:
- get daily feedback from staff and patients (where appropriate) on how they feel the new PGDs are working
- make sure that you ask all staff involved in patient care for their input
- be prepared to try new ideas and test them out
- listen to staff/patients suggestions for improvements
- learn from other areas who may have had similar issues with understanding their capacity and demand needs

Treat - milestone checklist

Move on to *Evaluate* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Test period defined	
All staff informed	
Try out the new PGDs	
Get staff and patients feedback on the new PGDs	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

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Evaluate

Evaluate

1. **Collect information**
   At the end of the agreed test period you will need to repeat:
   • PGD coverage audit
   • PGD use audit
   • PGD management audit

2. **Analyse the information**
   Set up a review meeting to include the original core team for The Productive Community Hospital Programme.

   Use the results from the audits to help you to evaluate the changes made.

3. **Further improvement**
   This information will help you to understand where you need to go back to. Decide where there are still opportunities for improvement and repeat the process until your future state is achieved and sustained.

4. **Communicate success**
   Don't forget to tell people, staff and patients, what you have achieved, verbally and on your communications board.

Evaluate - milestone checklist

When you have completed the checklists below, go to the module checklist on page 51.

Checklist	Tick if complete
Talk to staff, patients and relatives about the new PGDs	
Look at the before and after coverage and adherence	
Communicate success	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

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How to sustain the change?

Monitor and audit continually	• conduct the audits regularly to ensure that the changes that you have made are being continued and are working
Ensure leadership attention	• ensure that senior managers are engaged and informed of what you are doing • give regular feedback about the progress that you are making at meetings which involve key people • ensure that you display and discuss the audit results with department staff regularly to keep up the pace of change
Do not stop improving	• encourage the department staff to continue to find new and better ways of doing things – it is not about doing this once but about improving things continuously • encourage staff to suggest and implement changes themselves

Module checklist

The grid below allows you to measure your performance against the checklists for this module. You should copy this page and shade in the boxes according to your achievement of the measure (green for complete, amber for in progress and red for not started). Your progress will then be clearly visible.

Managing drug administration module checklist	Before	After 2 weeks	After 4 weeks	After 8 weeks
The PGD process is clearly understood by the MIU team				
All new staff understand the use of PGDs				
An agreed record is used to record the use of PGDs which complies with hospital and national guidelines				
PGD documentation is clear concise and produced in a timely way as agreed by the team				
PGDs are recorded in a PGD formulary and easily accessible by staff				
The PGD formulary is updated by the MIU team following regular audits of use of PGDs				
Regular audits are carried out to monitor the use and coverage of PGDs				
Staff feel that they receive and record information that they require to deliver safe and effective care				
Patients are satisfied that they are receiving high quality care				

# *Have we met the learning objectives?*

Five objectives were set at the beginning of this module.

- test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid on the next page. Ask the questions in the second column and make an assessment against the answer in the third column

- if all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met

- note the objectives where the learning has only been partly met and think about the way that you can approach the module next time

Remember, the results of this assessment are for use in implementing this module and are not a reflection on individual performance in any way

Objectives	Question (ask the team member)	Answers for outcome achieved
Understand what good preparation for improvement work is	Describe the things that you need to do in the prepare stage of the module	• establish a core team • talk to staff and patients • find information relating to complaints • obtain policies on documentation
Understand your current processes and issues relating to the use of PGDs	Explain the idea behind describing the current process for the use of PGDs	• understand how using PGDs currently works • identify the good/bad things about the current process. ie. what are the issues with the process
Manage the use of PGDs in your department	Why use PGDs and how do they work?	• to ensure that patients receive the appropriate care at he right time • describe the process for administering drugs via a PGD
Develop audit as an activity	Where do the audits fit into the MIU module and how do they work?	• they are part of the diagnosis • they give a measure of the current situation
Develop and implement new PGDs to assist with ways of working	What does a good PGD process look like to you?	• good performance which we can measure and show improvement • all the team know who can use PGDs and how and when they should be used
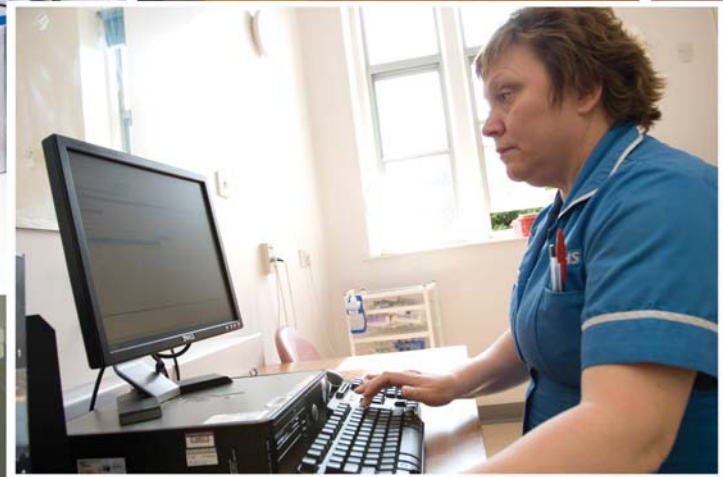
Case studies

Grindon Lane MIU - PGD coverage

The hypothesis
Staff felt that the current PGD formulary was resulting in patients having to be referred on to another health care provider for treatment.

Their objective
To identify any conditions for which there was no PGD so that they could improve their PGD coverage.

Rationale for development
Improving the coverage of PGDs reduces duplication and improves the patient experience.

Their findings
Grindon Lane MIU staff investigated their patient administration system and identified all of the patients who were referred to a GP over a two-week period. The diagnoses of these patients were then reviewed (a total of 1960 patient records). They used a nurse prescriber to perform the review as there was a great deal of clinical knowledge needed.

Their results
The review showed PGD coverage was 99.9% with two patients referred on because there was no PGD for labyrinthitis. They intend to repeat this audit quarterly and will include the referrals to their out-of-hours service in the future.

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Chippenham MIU - PGD coverage

The hypothesis
Staff at Chippenham MIU believed that several PGDs existed that were rarely used.

Their objective
Their objective was to identify any PGDs that were no longer used.

Rationale for development
There are two main reasons:
1. Continuing to train staff to use PGDs that are no longer used is a waste of resources.
2. Some PGDs may not be used if staff don't feel confident in the training that they have received.

Their results
Chippenham MIU identified a number of PGDs that were rarely or never used. These were subsequently withdrawn.

"We found we were maintaining a PGD for Glycerol Suppositories and had never used it!"
Clinical Administrator, Chippenham MIU

Grindon Lane MIU - Managing the use of PGDs

The hypothesis
Staff felt that even though PGDs existed for certain conditions there were still instances of over or under prescribing.

Their objective
To identify whether additional training and guidance were required to develop high quality clinical decision-making skills to support whether or not to prescribe under a PGD.

Rationale for development
PGDs need to be adhered to to be of value.

Their findings
They found that there was a need to provide extra processes that ensured the management of PGDs in a robust way.

Their results
Grindon Lane MIU has put in place processes to ensure that the management of PGDs is applied in a rigorous and consistent manner. These processes include:
• an ongoing review of best practice guidance which is systematically reflected in the PGDs and disseminated to staff
• an ongoing assessment of their PGD coverage to ensure that the current PGDs match patient demand
• a process to implement new PGDs quickly and accurately when needed

They have also worked with their local IT department to ensure that the up-to-date list of PGDs is available and easy to find on their intranet.

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Acknowledgements

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Website: For more information please visit www.institute.nhs.uk/productivecommunityhospital

Contact the Productive Community Hospital team: productivecommunityhospital@institute.nhs.uk