

One-stop dispensing — does one size fit all?

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Following successful pilot studies in various hospitals, one-stop dispensing, together with the use of patients' own drugs (PODs), has been strongly advocated in key policy documents.¹⁻³ The National Service Framework for Older People states that by 2002 all hospitals should have had one-stop dispensing schemes in place.³

One-stop dispensing refers to dispensing of inpatient and discharge medicines as a single supply on admission, already labelled with administration instructions for the patient. This has also been referred to as "dispensing for discharge". Such schemes generally involve the use of PODs, so that following assessment by pharmacy or nursing staff, these can be used during the inpatient stay and at discharge. If all medicines are either available as a POD or dispensed with administration instructions, patients should not have to wait for a separate supply of medicines to be dispensed at discharge.

The reports that advocate the use of one-stop dispensing imply that this is one distinct system, as a clear alternative to the traditional models of medicines supply involving separate inpatient and discharge supplies.¹⁻³ However, in practice we have found that this is not the case and indeed have had significant problems in trying to roll out a standard model of service to all wards.

Instead, we believe that one-stop dispensing consists of five distinct elements of medicines management, each of which can be valuable in its own right.

THE FIVE ELEMENTS OF ONE-STOP DISPENSING

Medication history taking On wards operating one-stop dispensing, pharmacy staff will generally check patients' drug histories shortly after admission, together with any PODs they have brought in with them. The Audit Commission's report "A spoonful of sugar" stresses the importance of this, to ensure that a patient's regular medication is continued during his or her hospital stay.²

The use of patients' own drugs Patients are encouraged to bring supplies of their own medicines into hospital with them, to aid medication history taking and for use during their stay.

The use of lockable bedside medicines cabinets On wards operating one-stop dispensing, individually dispensed and patients' own drugs are stored in individual lockable

bedside medicines cabinets. Master keys are held by nursing staff.

Dispensing inpatient medication with administration instructions Most inpatient medication is dispensed as 28-day supplies or patient packs labelled with administration instructions. Exclusions to this vary, but typically include analgesia administered "when required", antibiotics, antiemetics, laxatives, Controlled Drugs and injectable medicines.

Counselling patients at discharge The Audit Commission stated that a quarter of all hospital readmissions are due to non-adherence with medication and that half of all patients take their medicines incorrectly on discharge.² By increasing a patient's understanding of their medicines, what they are for, how to take them and possible side effects, adherence is likely to be increased. In particular, patients should understand any changes made to their medication during their inpatient stay.

OUR EXPERIENCE

We initially assumed that the introduction of one-stop dispensing would involve applying all five of these elements to all of our wards — we were wrong. We struggled on several wards until we developed the concept of the five individual elements and assessed each ward for the applicability of each. We then found that there are many reasons why not all elements are appropriate for all patient groups.

Medication history taking and discharge counselling are relevant for all wards. However, the use of PODs is not always appropriate. For example, private patients may not wish to use their own supplies of medicines if a flat rate for inpatient medicines is already incorporated into their fees, resulting in them paying twice.

Lockable bedside medicines cabinets are not suitable for some long stay care of the elderly wards, where patients are encouraged to be in day rooms and communal ward areas. Patients on such wards are not at their bedsides for drugs administered during the day. For wards such as these, a drug trolley remains the most appropriate option, perhaps with individual patient compartments to store patients' own and individually dispensed drugs.

On other wards, dispensing inpatient medication, labelled with administration

instructions, to individual patients is not practical. An example is patients admitted for coronary artery bypass grafts, whose post-discharge medication is likely to be different from that taken preoperatively. Similarly, many medical patients will undergo numerous changes to their medication during their hospital stay, as different combinations of drugs are tried and doses titrated. On other wards, such as those for infectious diseases, most patients are prescribed only anti-infective drugs, for which it is rarely appropriate to give a one-month supply. In such cases, it may be a false economy to dispense inpatient medication much before discharge, or until medication is likely to be stable. Similarly, for patients who stay in hospital for more than two weeks, medication is likely to need redispensing before discharge, resulting in increased workload for pharmacy staff.

THE SOLUTION

We have concluded that the most practical way to introduce one-stop dispensing is to decide which elements are likely to be beneficial and practical for each ward.

Medication history taking and discharge counselling are carried out wherever possible, but the other elements are used only where appropriate.

For example, some of our medicine-for-the-elderly wards use drug trolleys instead of bedside cabinets, and on other wards, only non-stock medicines are supplied with administration instructions, to reduce workload when medicines have to be redispensed.

Although operating different systems on different wards is slightly more complex than operating the same system throughout, we believe that where one-stop dispensing is concerned, it is a mistake to try to make one size fit all.

REFERENCES

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