

# CLIMATE CONSCIOUS INHALER PRACTICES IN INPATIENT CARE

## Multidose Medications on Discharge: A step-by-step guide



This step-by-step guide was developed by the Critical Air Project, led by Dr. Valeria Stoyanova and Dr. Celia Culley at Island Health in Victoria, British Columbia. The steps in this guide are contextualized by the worked examples and recommendations from the Critical Air Project team.

Use the Notes section to brainstorm who to engage, ideas for action, and to check off completed steps!

1

Assess current practice in handling multidose medications at discharge

Context

The team worked with a pharmacy student to survey nurses on current practice and identified significant heterogeneity, with only 20% of nurses saying they “always” send patients home with inhalers.

Notes

2

Identify existing policies and procedures on labelling of multidose products and/or providing medications to patients on discharge

Context

The team reviewed pharmacy, physician, and nursing policy (via organization’s intranet) and spoke to pharmacy leadership.

- Policy C.36 addresses “safe handling, labelling and storage processes to prevent cross-contamination” of products dispensed from automated dispensing cabinets.
- Policy C.16 supports the provision of small quantities of regularly scheduled medications when patients require a temporary leave from hospital (e.g. “day pass”) to avoid disruption in treatment.
- Policy C.42 supports the provision of small quantities of medications to be taken home from the emergency department to minimize harm until the patient can obtain the required medication from a community pharmacy.
- No policy addressed the provision of already dispensed multidose-medication products on hospital discharge.

Notes

3

If no policies exist or are supportive, identify the pathway to creating new or revised policy or procedure

Context

The team identified a Policy Framework and Development Guide. Through the Health Authority’s Policies & Procedures website. For Island Health, each procedure needs to be anchored to an associated policy in order to be implemented. The team set out to create a policy and a procedure to incorporate best available evidence on providing multidose-medication products on discharge, drawing on a “[Policy versus Procedure Chart](#)”.

Notes

4

Consider whether a needs assessment is required

Context

The team was required to conduct a needs assessment as a critical early step using a specific form obtained from their Policies & Procedures website, outlining the rationale, urgency, desired outcome, stakeholders, risks of not having a policy, and feasibility.

Notes

5

Identify key roles for the document development, including leadership and quality councils

Context

The roles within the team included:

- Development Leads: Val Stoyanova & Celia Culley
- Sponsor: Director of Pharmacy for Procedure (Executive Director for Policy)
- Approval and Issuing Authority: Medication Systems & Therapeutics Quality Council

The document was submitted to the Policy Stewardship Office for review and feedback was incorporated.

Notes

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6 Improve content by incorporating multiple rounds of stakeholder feedback, such as issues relating to professional practice and medication safety

Context

The team received important feedback they had not anticipated, related to:

- The scope of practice of nurses, particularly relating to dispensing from wardstock, including labelling of medications that could potentially be self-administered by patients while in hospital and after discharge.
- Outpatient medication information systems, and how we could optimize the occurrences of these medications being manually added to their provincial system (Pharmanet) to improve communication to community pharmacists, primary care providers, and even back to the hospital, should a patient be readmitted.
- The team included a section in the procedure specifically addressing environmental stewardship to provide this context to the readers.

Notes

7 Implement the Policy Document Review Process & Final Approvals specific to the organization

Context

Examples include presenting the document to governance bodies relevant for approval.

Notes

8 Prepare for roll out and change in practice

Context

The team anticipated the following implementation steps:

- Identification of barriers to implementation and working with the issuing authority to determine what resources will be needed to support implementation, specific to the organization.
- Considerations for implementation including communication of new policy, change management strategies, interprofessional educators, and practice consultations.
- Engagement with nurses, pharmacists, and pharmacy technicians about the procedure, and communication to prescribers so they are aware patients could be sent home with hospital dispensed inhalers under certain circumstances outlined in the procedure.

Notes

9 Evaluate the new document

Context

The team anticipated that a preliminary review should be done within 6-12 months to observe whether practice had changed compared to the baseline survey results.

Notes

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Resource produced in May 2023.



This project was undertaken with the financial support of the Government of Canada.

Ce projet a été réalisé avec l'appui financier du gouvernement du Canada.

