

Discharge Medication Optimisation

What is Stupid? Why is it Stupid?

- The routine discharge workflow automatically resupplied chronic medications, regardless of patients' existing supplies at home.
 - Patients on chronic medications typically collect sufficient supply at SOC appointments until their next visit.
- This resulted in:
- Waste, increased costs and a risk of double dosing due to oversupply.
 - According to patient feedback, 43% of patients requested the removal of chronic medications from their discharge supply.



Patient verbatim:
"Waste of money."

What was Implemented?

Multidisciplinary change to the discharge medication default: discontinuing chronic medication resupply when dosages remain unchanged.

Before

- Chronic medications are automatically resupplied during discharge
- Patients often discard duplicates or unused supplies
- Pilot: AMU, C8/C9



Now

- From 07 July 2026, chronic medications are no longer supplied when there is no change in dosage
- Doctors and nurses engage patients and provide education before discharge
- Pharmacists monitor and identify non-compliance to support adoption of the new process



Impact

- 83% of patients were not supplied with chronic medications when there was no change in dosage**
 - Only 4% of patients requested a full supply; no patient complaints were received
 - Items per patient were reduced from 8.71 to 5.18 — resulting in a 40% reduction**
- Reduced preparation time, fewer medication returns and shorter discharge waiting times
- ~\$3M annual medication cost avoidance**, with a 49% reduction in the average medication bill per patient
- ~\$188K annual manpower cost avoidance**

#1153 NTFGH AMU/ C8/ C9

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Discharge Medication Optimisation team



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