

# To optimise governance processes for To Take Away (TTA) pre-packed medicines within the Adult Emergency Department

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## Abstract

- This poster demonstrates a structured approach to process improvement and change management, starting with the identification of risk through Datix incident reporting and analysis of Emergency Department (ED) demand and workflow pressures. These insights highlighted gaps in paper-based documentation and informed the need for a safer, more reliable system.
- A targeted intervention was implemented through optimisation of Omnicell, including mandatory hospital number entry and automated electronic transaction records to improve traceability and accountability. Change was supported through stakeholder engagement, staff training, and alignment with clinical workflows to ensure adoption in a high-throughput environment.
- Post-implementation review demonstrated significant improvement in compliance with Trust policy, with enhanced documentation standards, improved governance oversight, and reduced risk of medication errors. Ongoing monitoring and audit to ensure sustained compliance and continuous quality improvement.

## Introduction

The ED stocks 51 TTA pre-pack medicines, with almost 16,000 TTA transactions per year, approximately 50% of Trust-wide usage.

The paper-based log was impractical in this high-turnover environment, leading to fragmented records, poor retention and disjointed documentation. This caused numerous incidents relating to TTA pre-pack supply and created a governance risk.



This project aims to improve compliance with TTA pre-pack documentation in the ED by improving documentation processes using existing Omnicell workflow.

Accurate documentation of TTA medicines supports safe medicines management, clear audit trails, and reduces the risk of medication errors. Consistent recording of TTA supplies demonstrates good governance and assurance that patients receive the correct medicines at discharge, improving traceability and auditability.

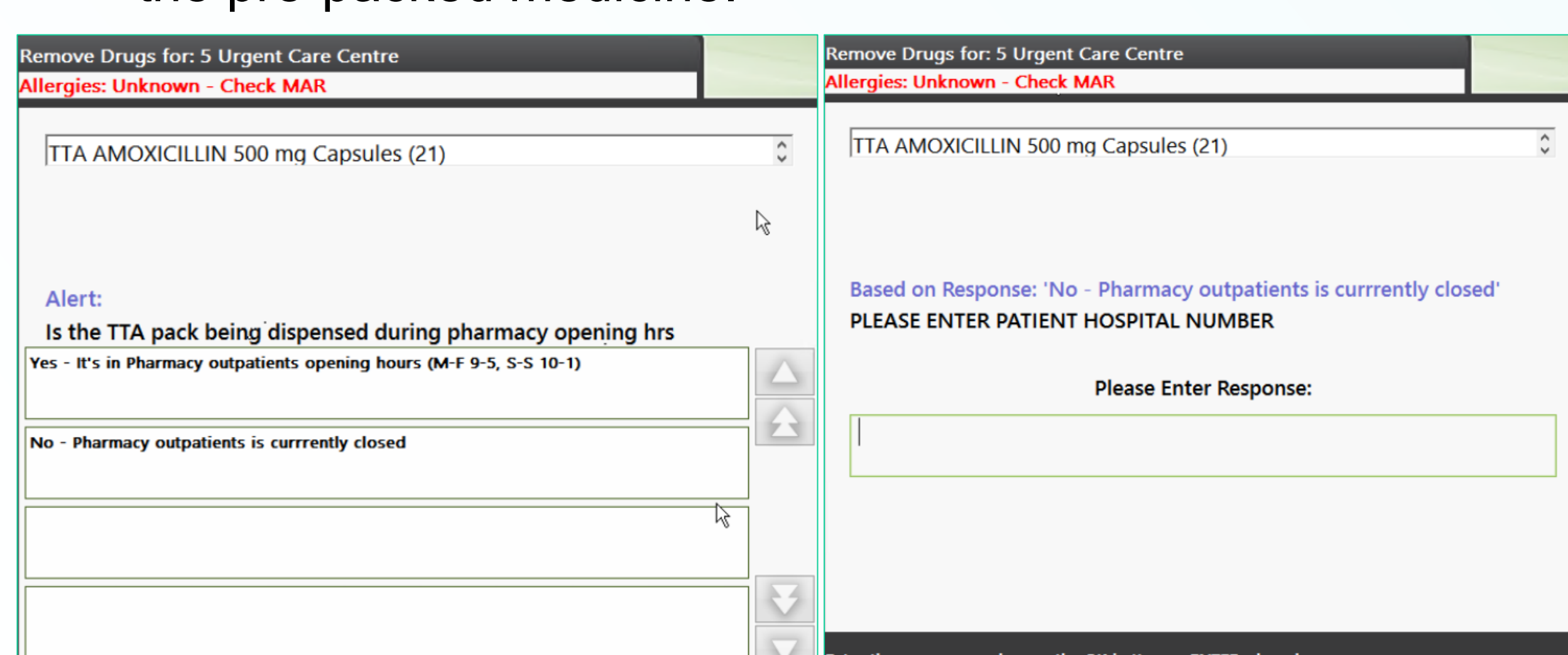
## What did we do ?

### 1. Developed an ED-specific improvement project focused on pre-packed TTA documentation.

- ✓ Stakeholder engagement with Lead Pharmacist in Emergency & Integrated Medicines, ED Pharmacist, ED Matrons, ED Nurse Educators and Pharmacy EPMA team.
- ✓ Quantified impact nursing time and resources saved with the proposed change, assuming 1 additional minute for recording and 40 transactions recorded per sheet:

 265.5 hours of Band 5 nursing time saved (~£4,548)  
400+ sheets of paper eliminated 

- ✓ Review TTA packs related patient safety incidents over a 12-month period.
- 2. Embedded documentation into the existing workflow rather than adding an extra step involving a separate logbook.**
- ✓ Optimised the Omnicell system when retrieving TTA pre-pack medicines
- ✓ Introduced mandatory entry of hospital number upon selecting the pre-packed medicine.



Remove Drugs for: 5 Urgent Care Centre  
Allergies: Unknown - Check MAR

TTA AMOXICILLIN 500 mg Capsules (21)

Alert:  
Is the TTA pack being dispensed during pharmacy opening hrs  
Yes - It's in Pharmacy outpatients opening hours (04-F 9-5, S-S 10-11)  
No - Pharmacy outpatients is currently closed

Based on Response: 'No - Pharmacy outpatients is currently closed'  
PLEASE ENTER PATIENT HOSPITAL NUMBER

Please Enter Response:

Enter the response and press the OK button or ENTER when done.

### 3. Reviewed compliance 6 months post implementation

- ✓ Set up and run report via Omnicell server.
- ✓ Review of 200 transactions in the Omnicell reports across a 4 month to check compliance.
- ✓ Review 100 outpatient prescriptions to check accuracy and completeness of handwriting annotation.

## What have we achieved ?

**Overall compliance improved significantly from 0% to 86%.** This compliance is exclusive to Adult ED only. The outcome was short of 100% target due to human errors and workarounds during extreme operation pressure.

Audit Standard	Compliant n (%)	Non-Compliant n (%)
1. Hospital number recorded	190 (95%)	10 (5%)
2. Hospital number accurate	184 (92%)	16 (8%)
2.1 Valid electronic prescription present	171 (93%)	13 (7%)
2.2 Medicine supplied matches prescription	170 (99%)	1 (1%)
3. Supplied outside pharmacy opening hours	199 (99.5%)	1 (0.5%)
4. Second witness documented for Sch.5 CDs	60 (100%)	0 (0%)
<b>Overall compliance</b>	<b>171 (86%)</b>	<b>29 (14%)</b>

- 200 transactions reviewed: 95% recorded with hospital number, at 92% accuracy.
- 184 transactions analysed: 93% electronically prescribed and in which 99% of transactions matches with the prescriptions. 1 discrepancy: chloramphenicol eye ointment supplied instead of eye drops, due to TTA packs availability.
- Overall, nurses supplied TTA packs against a valid prescription for the named patients.
- Work-arounds had been observed relating to missing or inaccurate hospital number and 7% of transactions were without electronic prescriptions, highlight focused training opportunities, strengthening governance, sustainability, and patient safety in a high-demand environment.
- Since implementation, 1 incident reported relating to an incorrect TTA pre-pack size supplied.

## Limitations

- Manual sampling may introduce unintentional selection bias.
- Sample size of 200 may not fully represent all TTA supplies.
- This workflow is specific to adult ED and not comparable Trust-wide, as Omnicell system is not implemented in other areas.
- Non-compliance were based on documentation review and focused on governance compliance. Staff feedback was not obtained.
- Clinical appropriateness was not assessed in this project.

## Conclusion

✓ **The intervention aligned governance requirements with day-to-day clinical practice, supporting safer and more consistent TTA supply without adding workload or delaying treatment.**

✓ **Embedding TTA documentation into the Omnicell workflow resulted in improved compliance to 86% and removed reliance on paper-based system in the ED.**

✓ **Omnicell transaction reports provides robust data for annual audit.**

✓ **A second biometric as witness signature supports 100% compliance for high-risk/controlled medicines.**

✓ **Training materials have been developed and embedded into ED nursing onboarding to ensure sustainability and avoid workarounds.**

✓ **Findings will inform future Trust TTA Policy**



## References

- 1) Whittington Health NHS Trust. To Take Away (TTA) Pre-Pack Medication Policy version 3. Sept 2024. [last access 03/03/26]
- 2) Care Quality Commission. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 – safe care and treatment and 17 – good governance. Available via <https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers> [last access 03/03/26]
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