On Time, Every Time

The Homerton Parkinson's Project

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Introduction

Parkinson's Disease (PD) medications are ***time critical***. A delay of 30 minutes or more can cause worsening of symptoms, risk of complications (e.g. falls, aspiration), increase length of stay, and in the most serious cases can be fatal (Parkinsonism Hyperpyrexia Syndrome).

Despite this, the Parkinson's UK *Every Minute Counts* report (2023) shows that over half of people with Parkinson's do **not** receive their medications on time (≤30 minutes) in hospital.

At Homerton, the baseline inpatient performance reflected national findings with on-time PD medication administrations at 50%.

Aim

- To ensure that PD medication is administered **on time** (within ≤30 minutes of prescribed time) for >80% of doses prescribed.
- To improve the inpatient experience for people with Parkinson's.

Staff Involvement

Pilot data from nurses (n=25) on the Elderly Care Unit (ECU) were asked to identify barriers and suggest interventions to improve timely administration of PD medications. The top suggestions were:

1. Wearable alarm clock
2. Electronic Patient Record (EPR) alert when a medication is due
3. Signage around the bedspace

56% reported that people with Parkinson's and PD time critical medicines were not highlighted at handover.

These suggestions were rolled out hospital wide from 1 December 2025.

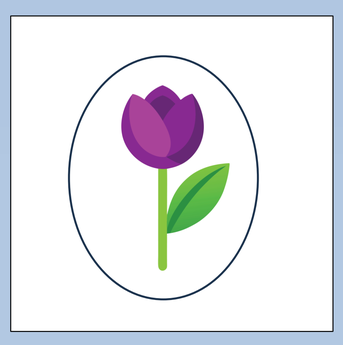


Figure 1. Tulip poster in A5 size



Figure 2. Alarm clock

Methods and Materials

From 1 December 2025, the following interventions were implemented on wards:

1. Discrete **Purple Tulip** bedside posters (Figure 1) placed above beds of identified PD patients, as visual reminders to all staff

2. **Programmable alarm devices** (Figure 2) issued to nurses when a patient with Parkinson's was in their care (to alert them when a PD dose was due)

3. People with Parkinson's and their time critical medicine regimes highlighted at **nursing handover and safety huddles.**

Results

Audit data of PD medication administration were collected across 17 hospital wards over a nine-month period. Medication doses were defined as administered ***on time*** if give within ±30 minutes of prescribed time (Table 1).

The monthly percentages were:

- August: 44%
- September: 63%
- October: 46%
- November: 55%
- **December: 66%**
- January: 57%
- February: 60%
- March: 65%
- **April: 69%**

Following the introduction of targeted interventions in December, the mean proportion of PD medication doses administered on time increased to 65%, averaged across December and January (Chart 1).

Month	No. of PD medicines given	No. given on time	% given on time
Aug-2025	326	144	44
Sep-2025	400	252	63
Oct-2025	368	170	46
Nov-2025	571	315	55
Dec-2025	635	418	66
Jan-2026	791	452	57
Feb-2026	496	301	60
Mar-2026	781	504	65
Apr-2026	518	358	69

Table 1. Nine months audit data of PD medicines administered

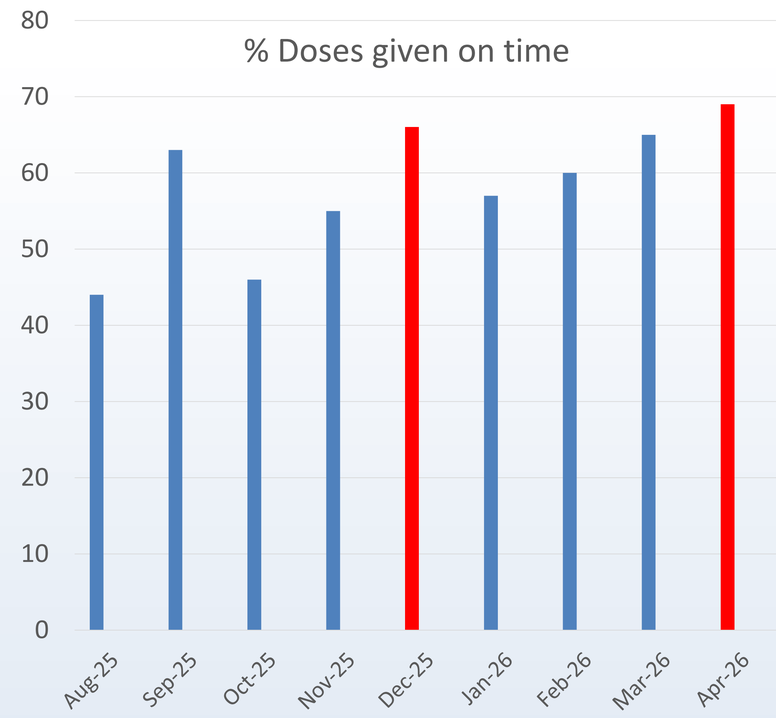


Chart 1. Percentage of doses given on time

Discussion

These findings are promising: Relatively simple, low-cost interventions can improve timely inpatient PD medication administration. The increase to **69%** on time administration in April suggests that targeted measures can reduce delays and move practice close to best practice standards (>80) with likely benefits for patient safety and symptom control.

Limitations include the short post-intervention period and potential confounders such as staffing levels and seasonal variation.

Ongoing monthly monitoring has been established to assess sustainability. Additional gains may be achieved through further system-level interventions, including recommendations from ***Every Minute Counts*** report (2023) and the introduction of electronic patient record alerts, which were strongly supported by nursing staff.

Conclusions

The hospital-wide roll-out of implementing use of alarms, a bedside visual reminder (Tulip posters) and highlighting PD medications at handover resulted in an overall improvement in number of PD medications given on time.

Staff engagement is critical to success.

Overall, this work supports the view that low-cost interventions can reduce harm and improve inpatient care for people with Parkinson's.

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