

POSTER ABSTRACT

The Impact of a Pharmacist Independent Prescriber on the Discharge Processes at the Weekend in an Acute Hospital

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Introduction: Clinical Pharmacists within the Northern Health and Social Care Trust are responsible for completing the medication section of the discharge letter on weekdays. This releases medical doctor time to complete other tasks. This is in place in all medical wards in Antrim Area Hospital during weekdays and was shown by to decrease the time taken for completion of the discharge process 1. In addition, the process results in a more accurate discharge prescription, therefore reducing the risk of errors². Walker et al. investigated having a pharmacist involved in the entire discharge process and found that on discharge the control group (no pharmacist input) had 218 discrepancies on discharge prescriptions compared to 120 discrepancies in the group that had pharmacist intervention.²

Short Description: The introduction of a pharmacist prescriber to complete the medication section of the discharge was time neutral compared to the medical doctor at the weekend but freed up the time for the medical doctor to review other sick patients. It also reduced the number of errors leading to a more accurate discharge letter.

Aim and Theory of Change: Delays in discharge at weekends are often due to the lack of availability of medical staff to complete the discharge letters. The introduction of a pharmacist prescriber to complete the medication sections released medical staff and allowed the medications to be prepared in anticipation of the clinical narrative section of the discharge letter. If the clinical narrative was pre-prepared it removed the need for medical staff for discharge and increased time to discharge.

Targeted Population and Stakeholders: All patients who were over 18 and inpatients in medical wards at Antrim Area Hospital were included.

Stakeholders included: patients, pharmacy staff, junior medical staff and ward nursing staff.

Timeline: This work was completed between October 2015 and December 2015

Highlights: The time for a medical doctor to prepare the medications on a discharge letter and a clinical pharmacist to review it was the same as the time for the pharmacist prescriber to prepare the medications on the letter, thereby maximising use of skill mix.

Comments on sustainability: There was no increase in pharmacist numbers at the weekend. Just a change in working pattern so no additional resource needed.

Comments on transferability: This could be transferred to any hospital with clinical pharmacists who have completed their independent prescribing course and is competent in the required areas.

Conclusions: Overall the time taken to complete a discharge when written by a prescribing pharmacist compared to a clinical check by a pharmacist is the same. The benefit is the release of medical staff time to review other patients.

Discussions: The overall time to complete a discharge prescription from start to finish when a medical doctor has prepared the discharge letter including medications was 38 minutes. The time to complete the discharge medications when a prescribing pharmacist has written the medication section of the letter was 42 minutes. This was evaluated and found not to be statistically significant. ($p = 0.269$) The time difference was the exact time that was previously found to be saved on medical staff time by having a prescribing pharmacist complete the medication section

Lessons learned: Only medical patients were audited. There is a need to audit in other populations for example cardiology and surgery

References:

- 1- Scott, M. G. & Clarke, C. Integrated medicines management breaks new ground in N. Ireland. The Pharmaceutical Journal 2002;3:13–14.
- 2- Walker, P.C., Bernstein, S.J., Tucker Jones, J.N. and Piersma, J. Impact of a Pharmacist-Facilitated Hospital Discharge Program. Archives of Internal Medicine 2009;169(21)

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