

A collaborative approach between pharmacy and general medicine to improve flow and medical staff satisfaction.

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Background

Health services are under increased pressure to discharge patients in a timely manner due to overcrowding in Emergency Departments. This may lead to prescribing errors and medication discrepancies on discharge. Integration of a pharmacist into the general medical team may reduce the incidence of prescribing errors on discharge and improve patient flow and medical staff satisfaction.

Aims

This study evaluated the effect of an integrated pharmacy service provided to the general medical units on patient flow and medical staff satisfaction.

Methods

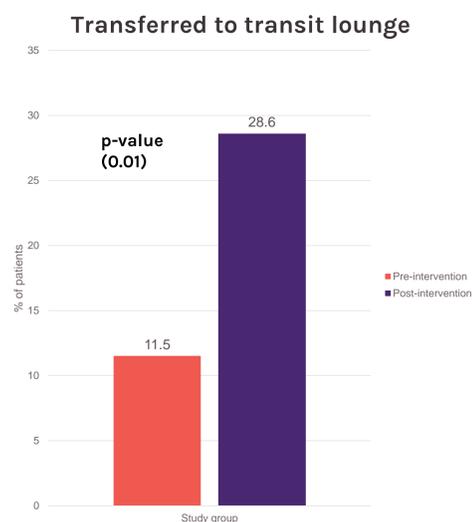
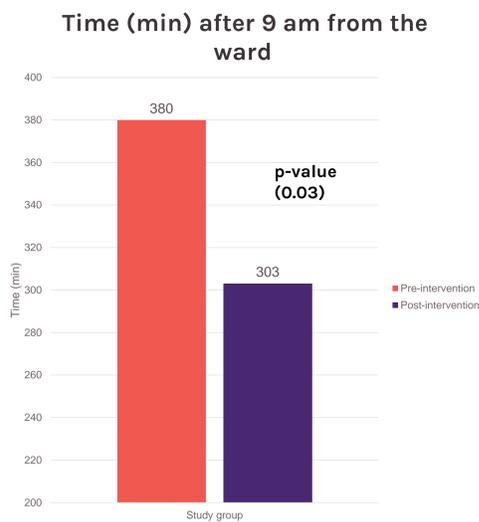
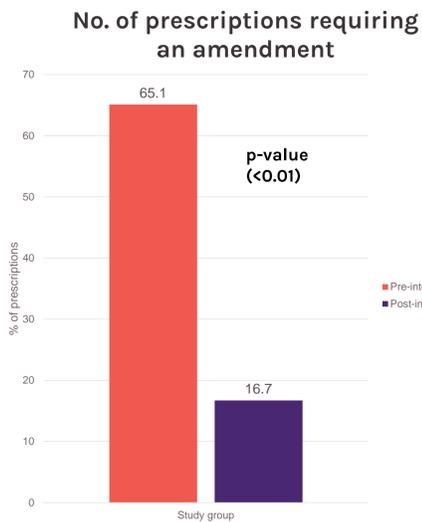
A four week pre- and post intervention study involving the general medical units at a major metropolitan hospital. Integrated clinical pharmacy services involved attending medical ward rounds and assisting with the preparation of discharge prescriptions.

- *Primary endpoint:* median time (min) past 9am that patients were discharged from the ward.
- *Secondary outcomes:* proportion of prescriptions requiring an amendment and medical staff satisfaction with the service.

Results

There were 87 and 84 patients discharged from the medical units pre- and post- intervention. During the intervention period, pharmacists prepared 79% of prescriptions, which reduced the proportion requiring an amendment from 65% to 17% (p < 0.01). Patients were discharged 77 minutes earlier during the post-intervention period (median 380 vs 303 minutes; p = 0.03). Medical staff surveyed (n=10) felt that the integrated clinical pharmacy service improved patient flow and should be incorporated into standard practice. None of the respondents had concerns with pharmacists preparing prescriptions and the majority did not feel that it would de-skill them.

Primary and secondary endpoints



Staff satisfaction

“Workload is far more manageable”
“Reduced intern overtime significantly”



Workload

“Medication charts and discharge medications are more accurate which is safer for the patient”



Patient safety

“Incredibly helpful! Patient discharge process has been greatly streamlined”



Patient flow

“Extremely helpful! Opportunity to learn more from pharmacy”
“Valuable aid to clinical decision making”



Collaboration

Conclusion

An integrated clinical pharmacy service with proactive pharmacist intervention within the general medical units improved patient flow by decreasing the proportion of prescriptions requiring an amendment and reducing the time taken to discharge patients from the ward. Additionally, this study improved medical staff satisfaction and demonstrated that an inter-professional collaboration can provide unique learning opportunities to medical staff.