

# Pharmacist charting:

## Ready for Discharge on Admission on an Elective Short Stay Surgical Unit

### Background

The traditional clinical pharmacy service on a Short Stay Surgical Unit (SSU) is reactive and involves medication reconciliation being completed once the patient arrives on the ward. Timely medication prescribing is problematic resulting in a poor standard of charting, medication administration delays and increased workload for healthcare workers.

### Description

It was hypothesised that timely pharmacist charting on a medication chart (MR21) prior to admission would provide elective patients with significantly better pharmaceutical care, reduce workload for prescribers and enable consumer engagement from the comfort of their own home.

### Action

Clinical redesign and translational research methodology were applied to define a problem statement and identify the root cause. Baseline data and brainstorming was conducted by creating collaborative engagement from all stakeholders across the numerous silos. The proposed resolution of an accredited pharmacist charting on the day prior to surgery through patient and local pharmacy contact would enable access to an accurate MR21 on admission to the Short Stay Surgical Unit.

The points of difference from pre-admission clinics are that it is not feasible to see all patients admitted to a Short Stay Surgical Unit pre-admission, there is no time delay to administer regular medications, and patients are consulted prior to admission from the comfort of their own home.



### Evaluation

Pre and post intervention data collection on clinical impact and satisfaction.

Baseline data collected:

- 68 MR21's audited for accuracy showed 37% rate (n=25) for charting errors.
- 102 MR21s tracked for waiting time to prescribe regular medications showed an average delay of 3 hours 25 minutes (ranging from 5 minutes, or up to 17 hours).
- 32 patients were surveyed, of which 29 were on regular medications. 78% (n=22) were administered regular medications greater than 3 hours later than usual dosing times.

### Implications

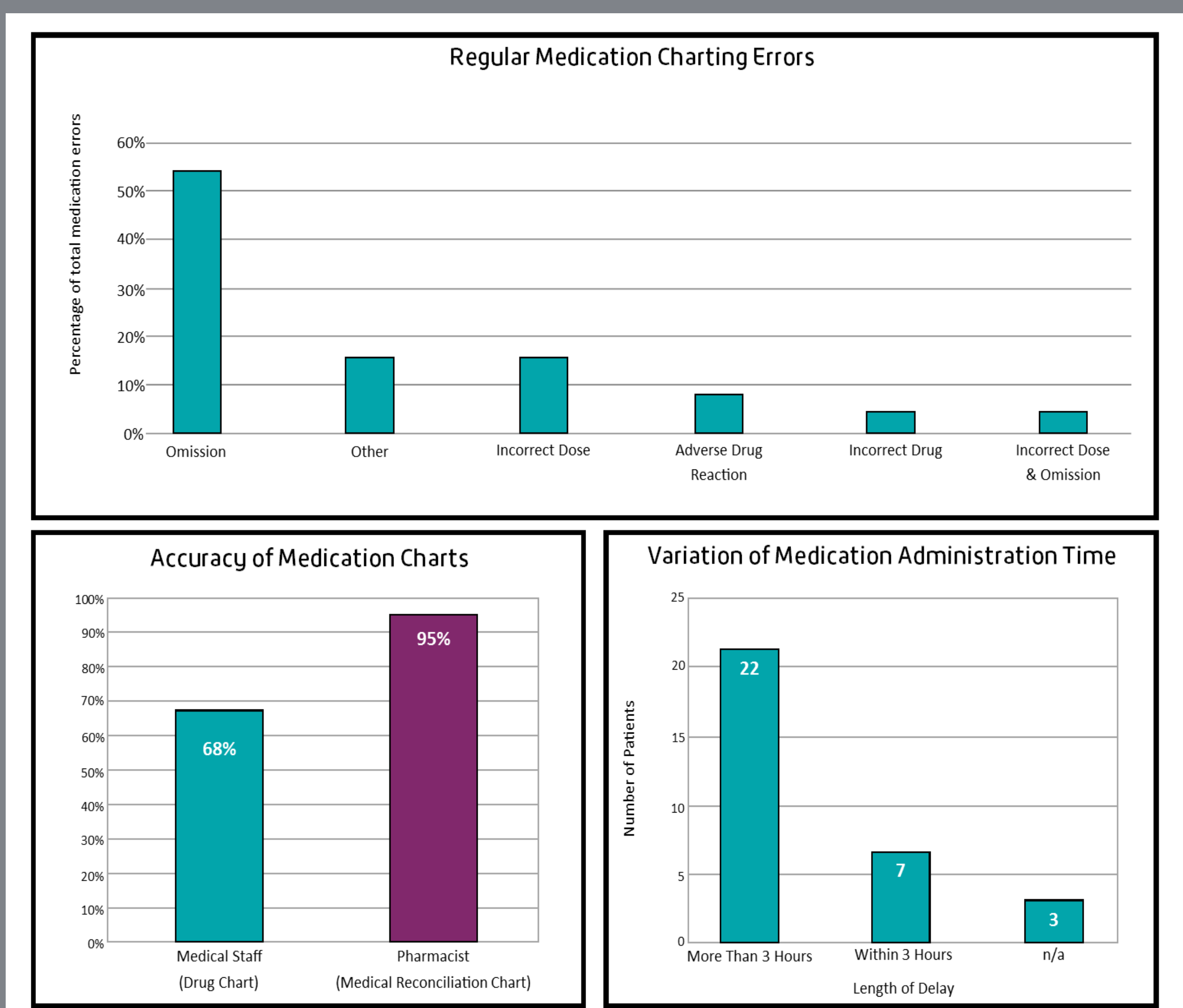
The methodology establishing pro-active pharmacist charting in a Short Stay Surgical Unit can be extended to other surgical wards in a multi-disciplinary team work approach to improve medication optimisation and patient flow.

### Introduction of Practice

The proposal has been discussed and well received by members of the Surgical and Anaesthetic teams.

**Pharmacist Charting on a Short Stay Surgical Unit has now been implemented as a result of this study.**

Further measures will include patient satisfaction surveys and an evaluation of time savings by junior medical staff as a result of this service.



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