Poster number VIE15-0178
2016

An audit to determine the impact of pharmacist medication reconciliation on discharge (MROD)

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Introduction

Waiting for medication at discharge is often quoted as a key factor for delaying patients leaving hospital[1]. The rate limiting step in provision of medication at discharge is often preparation of a medication list (TTA), from which pharmacy provide a supply. Junior medical staff are responsible for writing up TTAs; often completed after they have fulfilled numerous clinical tasks, ultimately delaying discharge. Work done at Kings hospital demonstrated benefits of pharmacist-written discharge medication lists[2].

Aim

To determine whether suitably trained, accredited pharmacists will improve the discharge process, both in timing and accuracy, by reconciling TTA medication in order to facilitate the discharge process.

Standards

- 100% of TTAs reconciled by pharmacists will contain no discrepancies
- 70% of discharge prescriptions written at least a day in advance of patient's discharge
- 70% of discharge prescriptions will not be altered after MROD completed

Method

Baseline data was collected prospectively for 2 weeks in July 2015 across all cardiac wards prior to implementation of medicines reconciliation on discharge MROD policy. The audit was repeated over a 2 week period in September 2015; however accredited pharmacists reconciled discharge medication on 2 pilot wards. Results were compared to those at baseline to determine the safety and efficacy of pharmacist MROD. Ethics approval was not required.

Results

Table 1. Clinical impact of pharmacist reconciling TTAs

	Baseline	MROD
Number of patients	233	**39**
Number of TTAs with at least one discrepancy	185 (79%)	**0 (0%)**
Total number of discrepancies	469	**0**
Severe	56 (12%)	**0**
Moderate	61 (13%)	**0**
Low	269 (57%)	**0**
Trivial	83 (18%)	**0**
TTAs written at least 24 hours prior to discharge	57 (24%)	**28 (72%)**
Average time taken for completion of TTA	12 minutes	**7 minutes**
Average time taken to write TTA / MROD from when patient notified of discharge	182 min	**55min**
Number of TTAs unaltered after MROD complete	-	**28 (72%)**

Discussion

- MROD by pharmacists lead to a significant reduction in discrepancies, and therefore potential patient harm.
- Increased accuracy of TTAs reduced the average time taken for pharmacists to clinically validate and complete TTAs, the majority of which (72%) requiring no alterations after completion.
- A significant improvement in percentage of TTAs written at least 24 hours prior to discharge was observed. Of those not done in advance, MROD was completed within an hour from when patients were notified of discharge to facilitate timely discharge.

Conclusion

A clinical pharmacist-led MROD is both safer and more effective than conventional discharge process. Service is currently limited to pilot wards; a review is underway to consider staffing requirements to implement this across all cardiac wards 7 days a week.

References

1. Gross, Z. How pharmacists help speed up the discharge process to release beds. The Pharmaceutical Journal. 2001. http://www.pharmaceutical-journal.com/news-and-analysis/feature/how-pharmacists-help-speed-up-the-discharge-process-to-release-beds/20005441.article
2. R. Onatade, S. Al-Azeib, S. Gore, S. Sawieres, L. Smith, A. Veck. (2014) Description and evaluation of the quality of pharmacist-written discharge medication lists. *International Journal of Pharmacy Practice.* 22 **(Supplement S2)**:23–106