

Reconfiguration to Single-Bedded Wards

Quantification of the Time Impact on the Ward-Based Clinical Pharmacy Service



Kieran M, Meegan C.

Mater Misericordiae University Hospital (MMUH), Dublin, Ireland

mkieran@mater.ie



1 INTRODUCTION

The ward visit and patient drug chart review are primary roles of the MMUH Clinical Pharmacist. In 2014, the MMUH relocated clinical areas such as theatres, radiology and selected wards to the state of the art Whitty Building. Relocation of wards involved a reconfiguration of the ward layout from a combination of multiple bedded rooms with some single bed rooms to an entirely single bedded configuration. Patient bed numbers changed on some wards. While the reconfiguration improves clinical efficiency, patient satisfaction and infection control, there had been little focus on resource utilisation. Whitty building wards occupy approximately twice the surface area of existing hospital wards. From a Pharmacy perspective, drug storage rooms and drug delivery locations increased on some wards, coupled with an increased surface area to walk.

2 AIMS & OBJECTIVES

To quantify the time impact of moving to a single bed ward configuration on the Clinical Pharmacist ward-based service.



Fig 1: A Whitty Building Ward

3 METHODOLOGY

- Clinical Pharmacist ward visits were timed over a two week period on wards pre- and post- relocation to the Whitty Building.
- The results were analysed.
- Qualitative feedback from the clinical pharmacists on ward visit time differences were reviewed.

4 RESULTS

6 wards relocated to a single bed configuration with 5 wards included in the analysis.

The average time to complete a Clinical Pharmacist ward visit on these wards increased by a total of 1 hour and 13 minutes per day, an average of 12 minutes per ward per day.

Table 1: Time to Complete Clinical Pharmacist Ward Visit

Ward	Pre-Move (hrs : mins)	Post-Move (hrs : mins)	Difference (hrs : mins)
ICU	02:12	02:36	00:24
HDU	01:07	01:18	00:11
Cardiothoracic HDU	00:59	01:08	00:09
Heart Lung Transplant Ward	00:53	01:17	00:24
Cardiothoracics Ward	01:40	01:46	00:06

4 RESULTS continued

The average time to complete a Clinical Pharmacist ward visit per patient increased with the relocation to single bedded wards on 4 out of the 5 wards (Fig. 2)

Overall, the average time to complete a ward visit per patient increased by 1 minute.

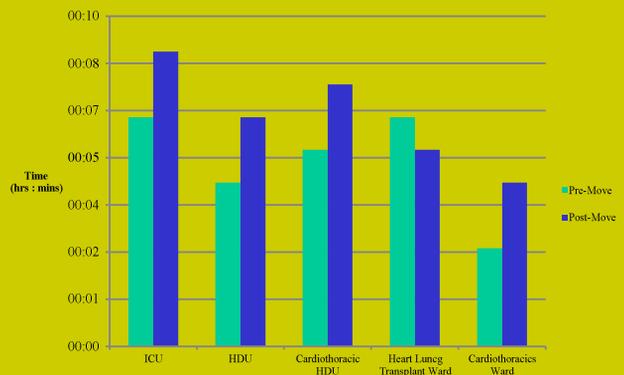


Fig 2: Average time to complete a Clinical Pharmacist ward visit per patient bed

Reasons for an increase in the ward visit time include an increase in the number of drug storage and delivery locations, patient turnover, the physical size of the ward and transition of Clinical Pharmacy staff.

The average visit time per patient bed decreased on one ward only. Causative factors for this decrease include relocation of the out-patient clinic (previously co-located with ward) to a remote area, improved drug storage and amended patient bed configuration.

5 CONCLUSION

Clinical Pharmacist ward visit timings increased with ward relocations to single bedded wards.

Root causes analysis identified causative factors which include the ward surface area, an increase in drug storage locations, patient turnover and amendments to outpatient clinic locations.

REFERENCES:

- Infection Prevention and Control Building Guidelines for Acute Hospitals in Ireland; A Strategy for the Control of Antimicrobial Resistance in Ireland (SARI), 2008. Accessed via www.hspc.ie

DISCLOSURE:

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:

Maríosa Kieran: Nothing to disclose

Ciarán Meegan: Nothing to disclose