Moving Clinical Pharmacy From Basement to Bedside

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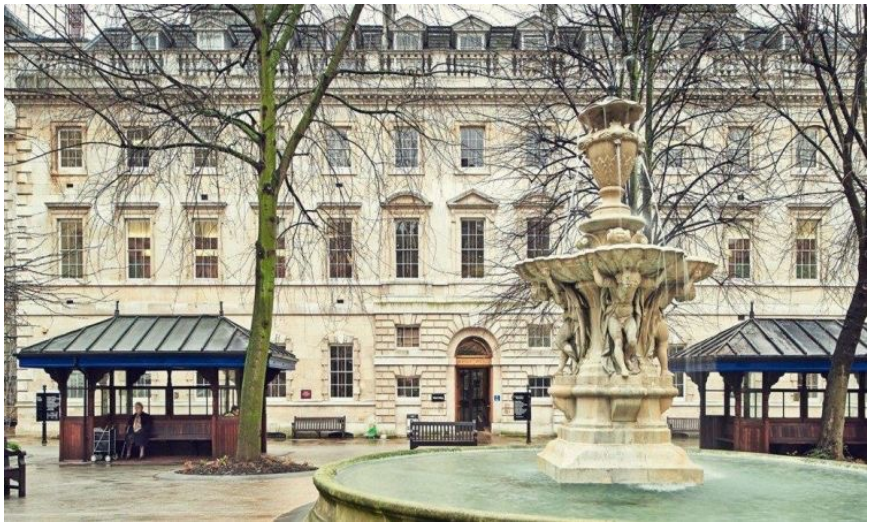
@santon74



Declarations

- Nothing to declare

Self Assessment Questions

- 25% of patients have 3 or more medicines changed during their hospital stay (True/False)
- Pharmacy technicians have no role in supporting clinical pharmacy (True/False)
- Pharmacists should be accountable for discharge medication and write the discharge medicines (Yes/No)

The Challenge

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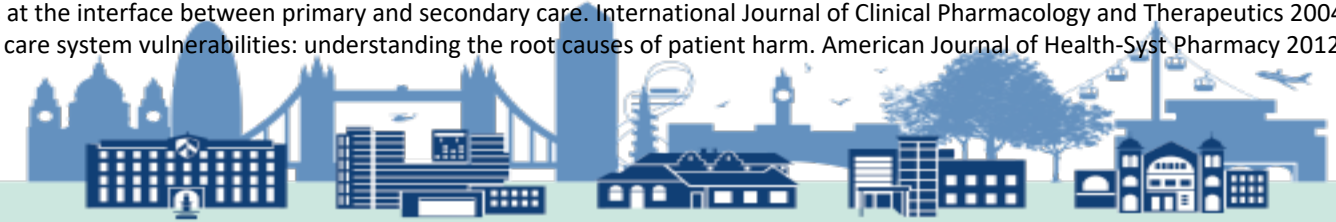
- Around 60 per cent of patients have three or more medicines changed during their hospital stay[4]
- Adverse drug events occur in up to 20 per cent of patients after discharge[4]
- It is estimated that 11 to 22 per cent of hospital admissions for exacerbations of chronic disease are a direct result of non-compliance with medication.[5]

4 Drug changes at the interface between primary and secondary care. International Journal of Clinical Pharmacology and Therapeutics 2004;42:103-9.
5 Health care system vulnerabilities: understanding the root causes of patient harm. American Journal of Health-Syst Pharmacy 2012;69:43-5.



Traditional Model

- Dispensary focus
- Weekday morning visit
  - 2hrs
  - Discharge prescription validation
  - ? Focus on high risk medicines

Clinical Pharmacy (90's onwards)

- Intervention monitoring
- Medicines reconciliation
- Ward based pharmacy
  - Use of patients own drugs
- Directorate pharmacists
  - Financial reporting
- Consultant Pharmacists

Pharmacy Technician development

- Pharmacy Technician led dispensaries
- Spoonful of Sugar - role for ward based technicians
- Accreditation, and registered professionals

Continuing the evolution of services

- How do we move clinical pharmacy from basement to bedside
- How do we continue to meet the needs of patients and service?
- The path we followed

Background to the change Management process

- Heart Centre Merger May 2015
  - To deliver a ‘world class pharmacy service’
  - Review the need for 7 day service
  - Review the right role for the right person

Background

- 3 sites - varying service
- Role of pharmacist and Pharmacy Technician
- Different ways of working

Site	Working Hours
The Heart Hospital	Weekday: 08:00-18:30 (Ward cover 08:00 - 09:00 and 17:30 - 18:30 undertaken through rota/bleep service)
	Saturday: 10:00 - 14:00
	Sunday – closed, advice/ supply via UCLH general pharmacy on call service.
London Chest Hospital	Weekday: 09:00 - 17:30
	Saturday: 09:00 - 14:00
	Sunday: 09:00 - 14:00
St Barts	Weekday: 09:00 - 17:30
	Saturday: 09:00 - 14:00 (pick-up only)
	Sunday: Closed

Considerations

- What service could we deliver on existing workforce or what variance on WTE did we require?
- What would rota of shift pattern look like?
- What impact would this have on staff?
- How could we influence new mergered services?

Considerations Cont....

- How could we replicate and continue to grow the ‘good’ from existing set up?
- What needs to be done for safe and effective service?
- How do we ensure - sustainable & maintainable?
- What is the right role for the right person?

Right Role
Right Person

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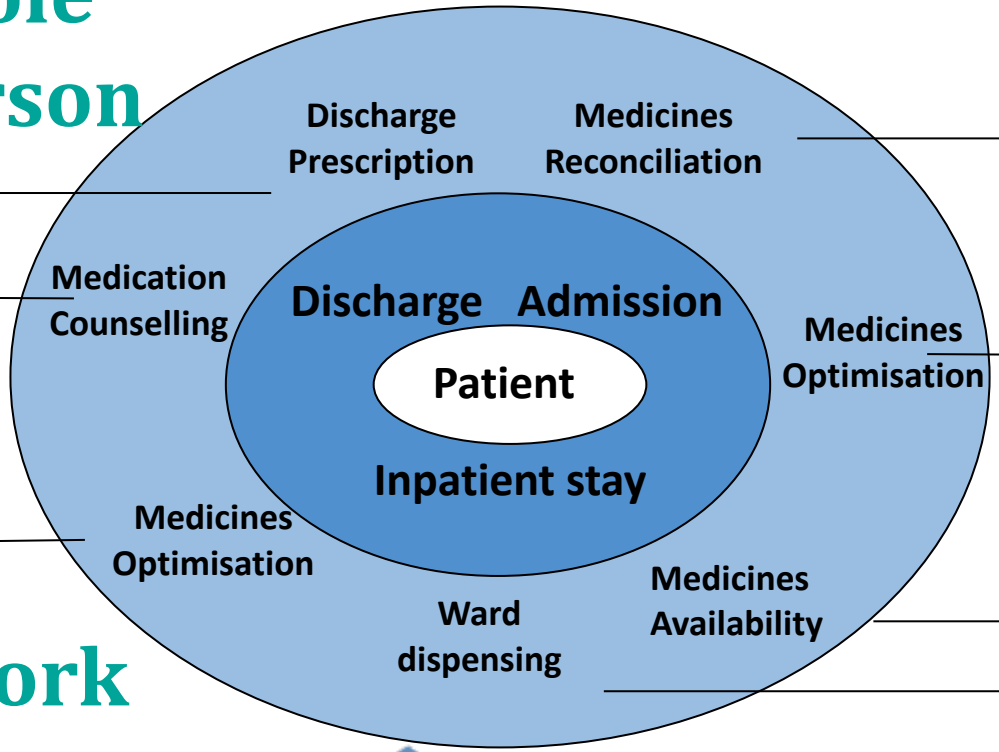

Teamwork

Ward Based Dispensing

- Aim - to minimise impact on existing in-patient pharmacy of increased dispensing workload
- To mirror standards of prompt discharge

- ⇩ the time of medicines available for patients - from basement to bedside

Site Wide Ward Based Dispensing

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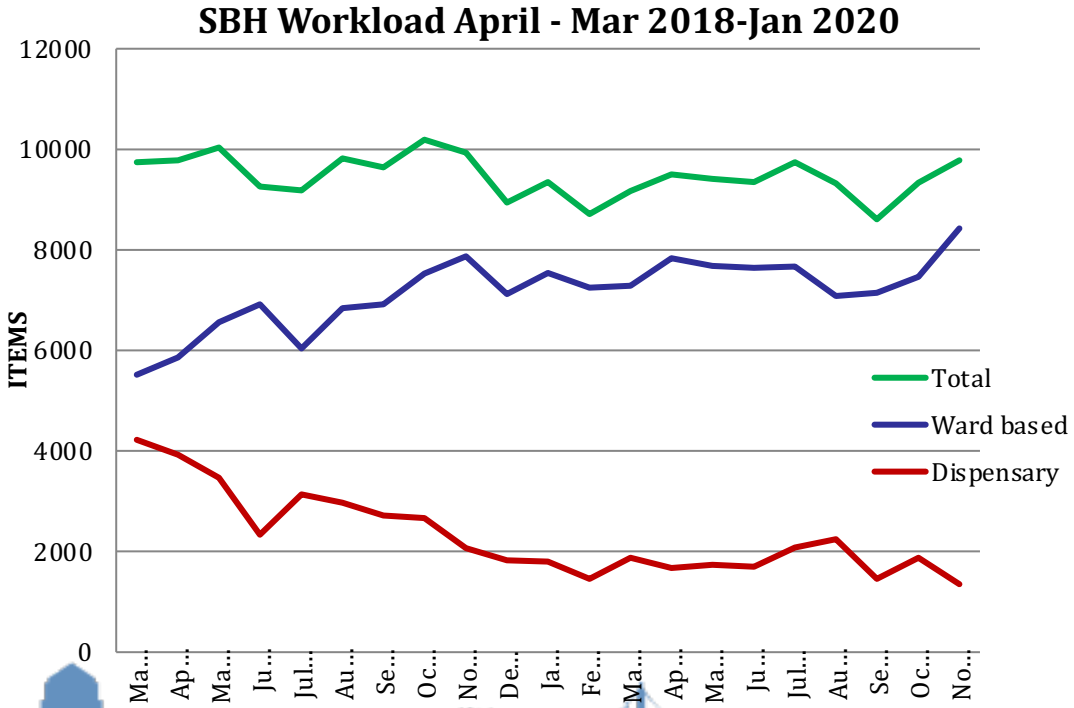
Over 8000 items/month
>80% total dispensing

More patient facing
↓ missed doses
Greater queries
↑ integration amongst MDT



Clinical Pharmacy Service

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- Ward round attendance
- Contribution data….
- Medicines Reconcilitation on discharge (MROD)

SITE	SBH	Target	Q1			Q2			Q3		
MGB Governance			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Medication Incidents	Total number of medication incidents	TBC	94	123	119	134	106	81	144	110	113
	Total number of medication incidents graded no harm		92	122	115	131	104	80	141	108	112
	% medication incidents graded harm	<4%	2	1	3	2	2	1	2	2	1
	Site - Number of medication risks scored over 15		0	0	0	0	0	0	0	0	0

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%)

Implications

Ward round attendance
Medicines safety culture
Medicines reconciliation on discharge (MROD)

TTA – To Take Away

- Pharmacy service is integral
  - Medicines administration most common intervention
  - Utilise the whole team – Right role for right person
  - Accountability

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Questions?