

# IMPROVING PATIENT FLOW: NOVEL APPROACH TO COMPLETING DISCHARGE SUMMARIES BY PHARMACIST PRESCRIBERS

## European Statement:

- Clinical Pharmacy Services

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## What was done?:

The novel approach to completing full discharge summaries by independent pharmacist prescribers (PP) was implemented in a busy admissions unit at a large district general hospital in the east of England. PP writing discharge summaries are recommended in the ECIP, Carter and hospital transformation plans.<sup>1 2</sup> We introduced the completion of a full discharge summary by PP instead of a medication-only list currently carried out by other NHS Trusts. The aim was to reduce prescribing errors, improve patient flow through AAU and to reduce pressure on the emergency department.

## Why was it done?:

The time taken from decision to discharge to discharge summary written on average was 2.5 hours prior to the new service as the clinicians completed the ward rounds before starting on completing the discharge summaries. Prior to implementation of this service the prescribing error rate was 24% and the accuracy of information (medicines started, discontinued and altered during admission) transferred to general practitioners (GPs) was 44%.

## How was it done?:

A pharmacist prescribing a discharge service from 9am to 3pm was proposed for patients who have been admitted for < 48 hours. The medical team bleeped the PP when a patient was being discharged to alert the PP. The primary aim of the service was to increase the number of discharge summaries completed before 3pm, reduce the prescribing error rate and to improve the accuracy of information transferred to GPs. The time of 3pm was chosen to allow the clinicians to complete urgent jobs after the ward round.

## What has been achieved?:

The data showed that after the implementation of the pharmacist prescribing service, 34% of discharge summaries were completed by PP compared to 0% prior to implementation. This released junior doctors time from completed discharge summaries to concentrate on urgent clinical duties. This also meant discharge summaries were received by the pharmacy in a timelier manner and patients were ready for discharge earlier in the day. The prescribing error rate was reduced to 0.9% and the accuracy of information to GPs was increased to 98% on discharges summaries completed by PP compared to junior doctors' discharge.

## What next?:

This new service has made a positive impact on the discharge flow from AAU. Patients are receiving their discharge medications earlier so improving patient flow and patient experience through the department. The service has received positive feedback from patients, the lead consultant, doctors and nursing staff. It is hoped in the future this service could be extended until 5pm and rolled out to other areas in the hospital.

## Keywords:

- Clinical pharmacy›Discharge prescription
- Clinical pharmacy›Patient discharge
- Drug prescribing and dosing›Prescribing errors

Conflict of interest:

I have no potential conflict of interest to disclose