Aim:
• Increase the number of discharge prescriptions dispensed at ward level.
• Use an electronic ordering system for medicines.

The project was performed to improve prioritisation of workload, high-risk patients and discharges; increase availability of the pharmacist and the number of prescriptions dispensed on the ward; accelerate the supply of medicines; build rapport with the medical team and improve communication with nursing staff.

Methods:
Adjustment of pharmacy ward cover allowed a senior pharmacist to attend the morning ward round, which allows identification of discharges and high-priority patients. Additional pharmacy cover was provided to allow the safe and rapid dispensing of discharge medicines at ward level. At least one pharmacist was present at the ward throughout the whole day, which was reassuring for nursing and medical staff.

Paper records were withdrawn from practice, which saved time and allowed pharmacists and technicians to arrive on the ward earlier. The pharmacy team were equipped with laptops and used an electronic ordering system, replacing a paper based system for medicine supply requests from pharmacy.

Outcomes:

Measurable indicators of performance were:
• Comparison of the number of discharge letters dispensed in the pharmacy and on the ward in September 2017 and October 2017.
• Comparison of the number of medicines dispensed: before 1pm, between 1pm-4pm, after 4pm in September 2017 and October 2017.

All statistical data had normal distribution and Student T Test for homogenous variances was performed. The analysis of the data demonstrated:
• Statistically significant decrease (P<0.05) between the number of discharge letters processed in the pharmacy compared to the ward (over 12%).
• Statistically significant increase (P<0.05) in the number of medicines dispensed before 1pm (over 15%).

Conclusions:
This pharmacy team promotes the 2020 Vision by:
• Counselling patients on their use of medicines.
• Medicines reconciliation at discharge to reduce errors.
• Quick discharge turnaround time reduces patient flow delays.
• Identifying problems that need conveyed to the primary and community care teams.
• Confirm which medicines patients already have a supply of at home (reduction in waste and tablet burden).

The project enables our team to provide an effective service with a focus on patients safety, quality of care, efficient discharge process, minimalization of waste, use of overlabelled packs, development of an electronic dispensing system and paperless medicine reconciliation.

References:
Microsoft® Office Excel® 2016, Microsoft® Office PowerPoint® 2016, Survey Monkey® UK 2017, Electronic Management System Ascribe, EMIS, 6 Essential Actions to Improving Unscheduled Care (Health Improvement Scotland)