Do More With Less:
Team-Based Clinical Pharmacy Service

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Background

Completing a medication reconciliation for patients within 24 hours of admission is a long standing Key Performance Indicator that pharmacy struggled to meet whilst adequately staffed.

Coming into the increased demand of the winter months, as well as having a significant increase in pharmacist vacancy, it was necessary for pharmacy to think smarter and use existing resources more effectively and innovatively to continue to provide best possible patient care.

Aims

1. Increase the proportion of patients receiving medication reconciliation within 24 hours of admission.
2. Improve workload distribution and provide a supportive, collaborative team environment for a more sustainable and consistent service.
3. Improve collaboration and communication between pharmacists and medical officers.

Method

The clinical pharmacy service was restructured from a ward-centric to a medical team-centric service, where each pharmacist is attached to a medical team instead of a ward. This model allows pharmacists to work across ward barriers to more fairly distribute workload.

The medical team-centric model was piloted with the geriatric teams for a trial period, followed by hospital-wide implementation.

A team leader was employed (within existing resources) to improve communication between medical, nursing and pharmacy staff and to coordinate and lead the pharmacy team.

Results

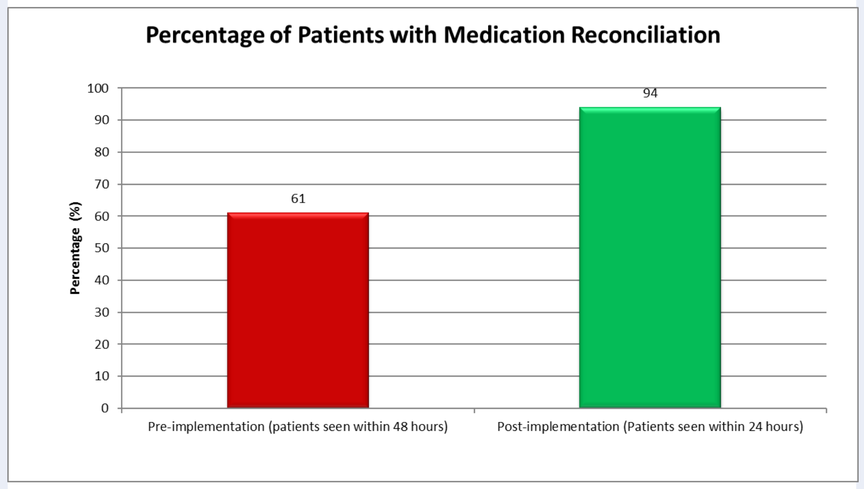

Figure One: Percentage of patients with Medication Reconciliation pre and post implementation (2 months)

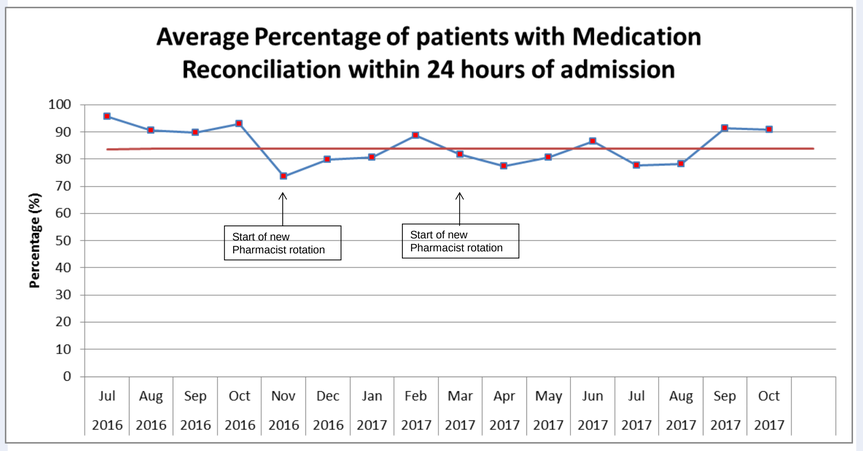

Figure Two: Monthly average percentage of patients with Medication Reconciliation within 24 hours of admission

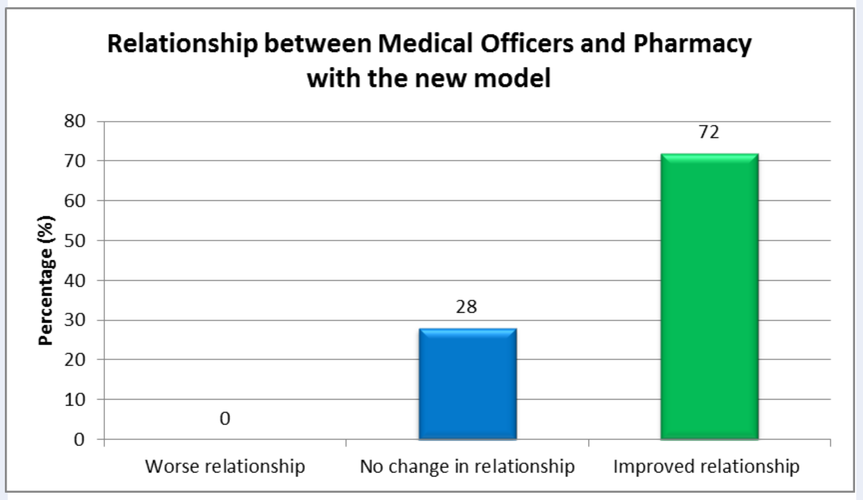

Figure Three: Survey results of the relationship between Medical Officers and Pharmacy after implementation of the new Pharmacy Service Model

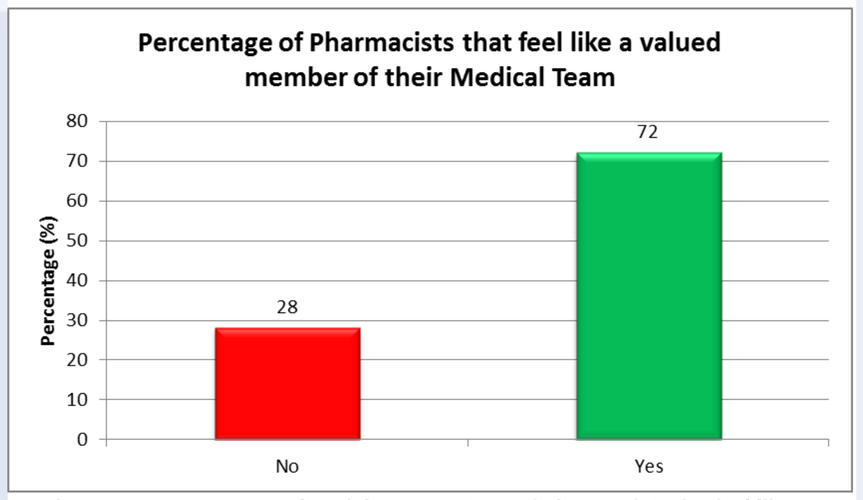

Figure Four: Survey results of the percentage of pharmacist who feel like a valued member of their Medical Team

Results

At two months post-implementation the proportion of medication reconciliation completed within 24-hours of admission was 94%. This was an increase from 61% within 48-hours prior to implementation (see Figure 1). The model has proved sustainable with 85% of patients receiving medication reconciliation within 24-hours of admission twelve months post-implementation (see Figure 2).

The initial geriatric trial showed an increase in long-stay geriatric medication chart reviews of 750% (from 4 to 30 per week) despite no change in pharmacist numbers and an increase in geriatric patient load over this time from 60 to 70 patients per day. This gain has been increased with an average of 60 chart reviews per week being completed.

The team leader position provides overarching coordination of the team to ensure fair workload distribution and a supportive team environment. This position has enabled protected time for staff learning and development to increase skills to provide a more efficient and sustainable service.

The majority of pharmacy and medical staff provided positive feedback about the revised clinical service model during evaluation. The survey showed 72% of doctors experienced improved relationships and communication with pharmacy (see Figure 3). The incidence of pharmacists participating in medical officer rounds has increased. The majority of pharmacists felt like a valued part of both their medical (see Figure 4) and pharmacy team.

Improved relationships with the medical teams has allowed a more efficient approach to discharge planning, thus improving patient flow and the safety of discharges. Similarly, it allows increased opportunities for shared knowledge and decision making, with improved medication decisions reducing medication-related patient harm.

Conclusion

This medical team-centric approach has enabled more patients to be seen earlier in their admission for medication reconciliation with a reduced staffing of pharmacists. Using an innovative and planned approach to service design Wyong Pharmacy Department have been able to do more with less, ensuring optimal care for every patient, every time.

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