

# Pharmacist prescriber embedded within medical team improves patient care by timely and accurate discharge medication prescribing

CPS12200



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## What was done?

- An independent prescribing pharmacist (PP) was embedded within specialist medical team, to perform prescribing activities in a timely manner. Focus was on facilitation of early patient discharge.
- The PP was additional to standard ward pharmacy establishment, allowing prescribing to be focus of role.

## Why was it done?

- Delayed patient discharge impacts bed availability, preventing new admissions to hospital. Also negatively impacts patient experience.
- Increasing demands on junior doctors means discharge medication prescribing is not started until urgent clinical duties are completed. These late dispensing orders have been identified as a leading cause of delayed discharge.<sup>1</sup> Also, high prescribing error rates by junior doctors<sup>2</sup> cause further delay whilst queries by verifying pharmacist are resolved.
- A different strategy, using a PP to prioritise discharge prescribing, was accepted as required.

## How was it done?

**Baseline** : Data collected for planned same day discharge only.

1. **Time taken** for discharge prescription stages as below,



2. **Time of day** patients discharged,

3. **Accuracy** of discharge prescription (determined by verifying pharmacist).

**Pilot** :

- PP added to medical team.
- Data collection as per baseline.
- Other qualitative benefits of PP also assessed.

..... ensures accuracy of the prescribed medication and discharge information for primary care.

*Transfer of Care Nurse*

...such a positive impact on the ward. It has meant we are able to move patients in an safe and timely manner, to free beds for patients arriving from ED.

*Consultant*

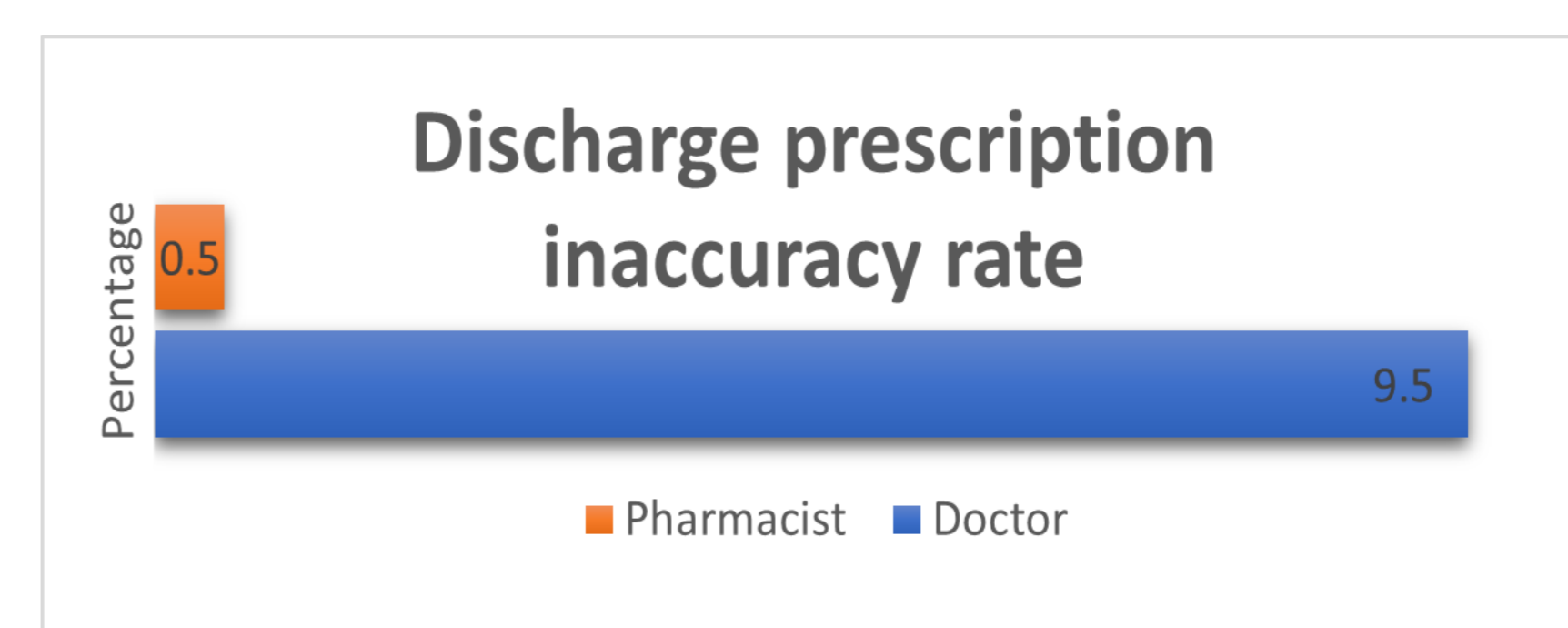
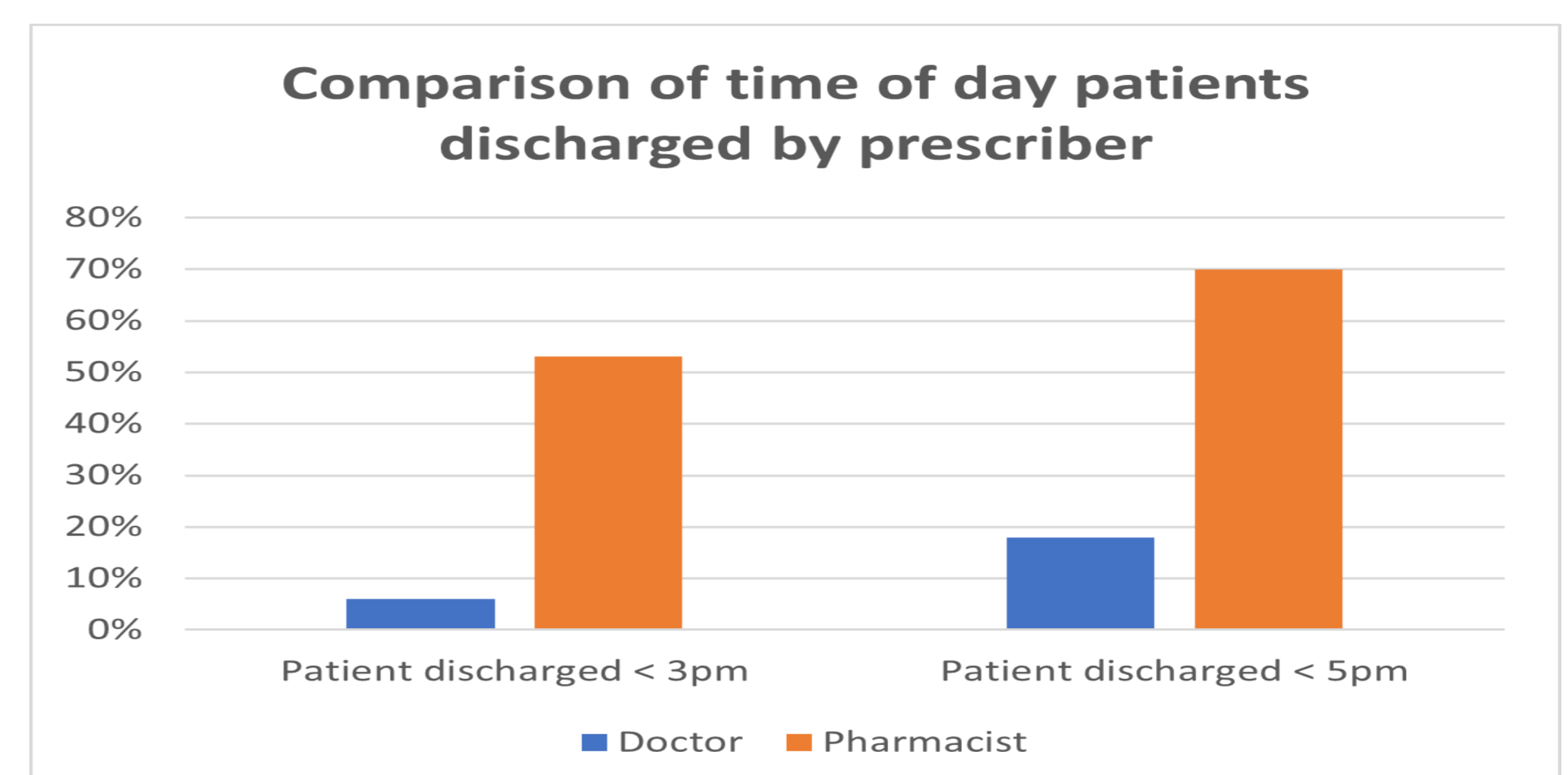
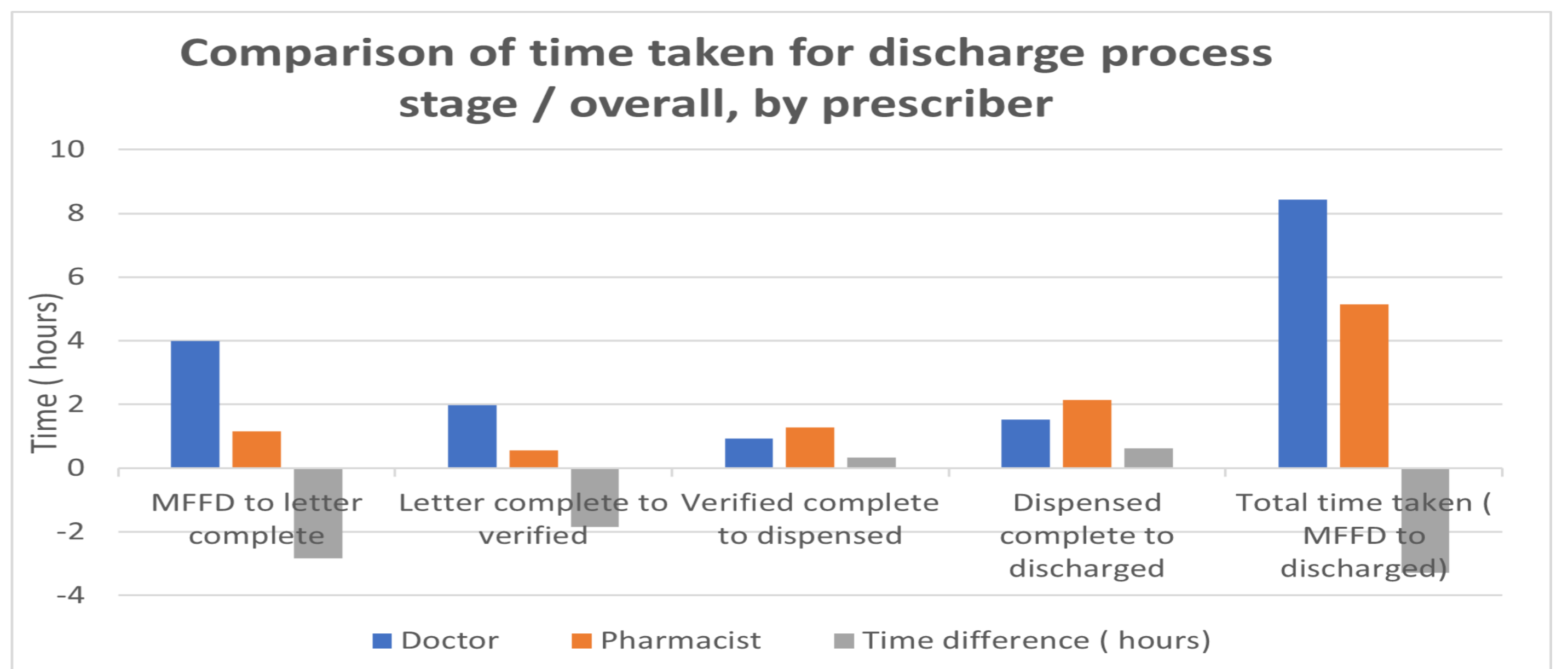
...eases the work load on doctors and helps ensure that medicines are optimised during patient stay which avoids delays when it comes to discharge.

*Ward Sister*

Was really helpful that a pharmacist attended the consultant ward round so prescribing issues could be addressed straight away

*Junior doctor*

## What has been achieved?



**Additional benefits:** medicines optimisation and clinical interventions during consultant ward rounds, timely in-patient prescribing and facilitation of supply, junior doctor education, patient counselling.

## What next?

The "Embedded Prescribing Pharmacist" role is now permanent within the 2 pilot specialities, with service extension under consideration. New systems of referral to widen scope have been implemented.

## References

- 1) Dornan, T., Ashcroft, D., Heathfield, H., Lewis, P., Miles, J., Taylor, D., Tully, M. and Wass, V. (2009) An in depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education. GMC Report.
- 2) Mustafa, A., and Mahgoub, S. (2016) Understanding and overcoming barriers to timely discharge from the pediatric units. BMJ Quality Improvement Reports.



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