

The Impact Of A Ward Satellite Pharmacy On Clinical Pharmacy Services And Potential Cost Benefit

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BACKGROUND

The Carter report recommended that about 80% of hospital pharmacist time should be spent on the wards to provide clinical pharmacy services. However, in our hospital's surgical specialty at the time of this report, it was found that only 33% of pharmacist's time was spent on clinical pharmacy services. This resulted in:

- Delayed discharges
- High rate of medication errors and near misses
- Delayed medication reconciliation
- Delayed supply of critical medicines

To overcome these issues we proposed a business case to the Trust executives to establish a Surgical Satellite Pharmacy serving all 4 surgical wards (97 beds). The proposal was to set up a dispensing satellite pharmacy and to recruit a dedicated clinical pharmacist along with a Medicines Management Technician (MMT) to ensure the safe and effective running of the satellite pharmacy.

AIMS & OBJECTIVES

- Introduce new Clinical Pharmacy team by establishing a satellite pharmacy on a surgical ward
- Enable pharmacy staff to participate in productive ward rounds
- Improving patient safety and quality of clinical pharmacy services
- Reducing medication error and incidents
- Reducing length of stay and improving discharge processes
- Enable MMT to improve medication reconciliation, counselling and communication on the wards
- Potential Cost benefit

METHOD

The business case was presented to the Trust executive management group and approved for funding.

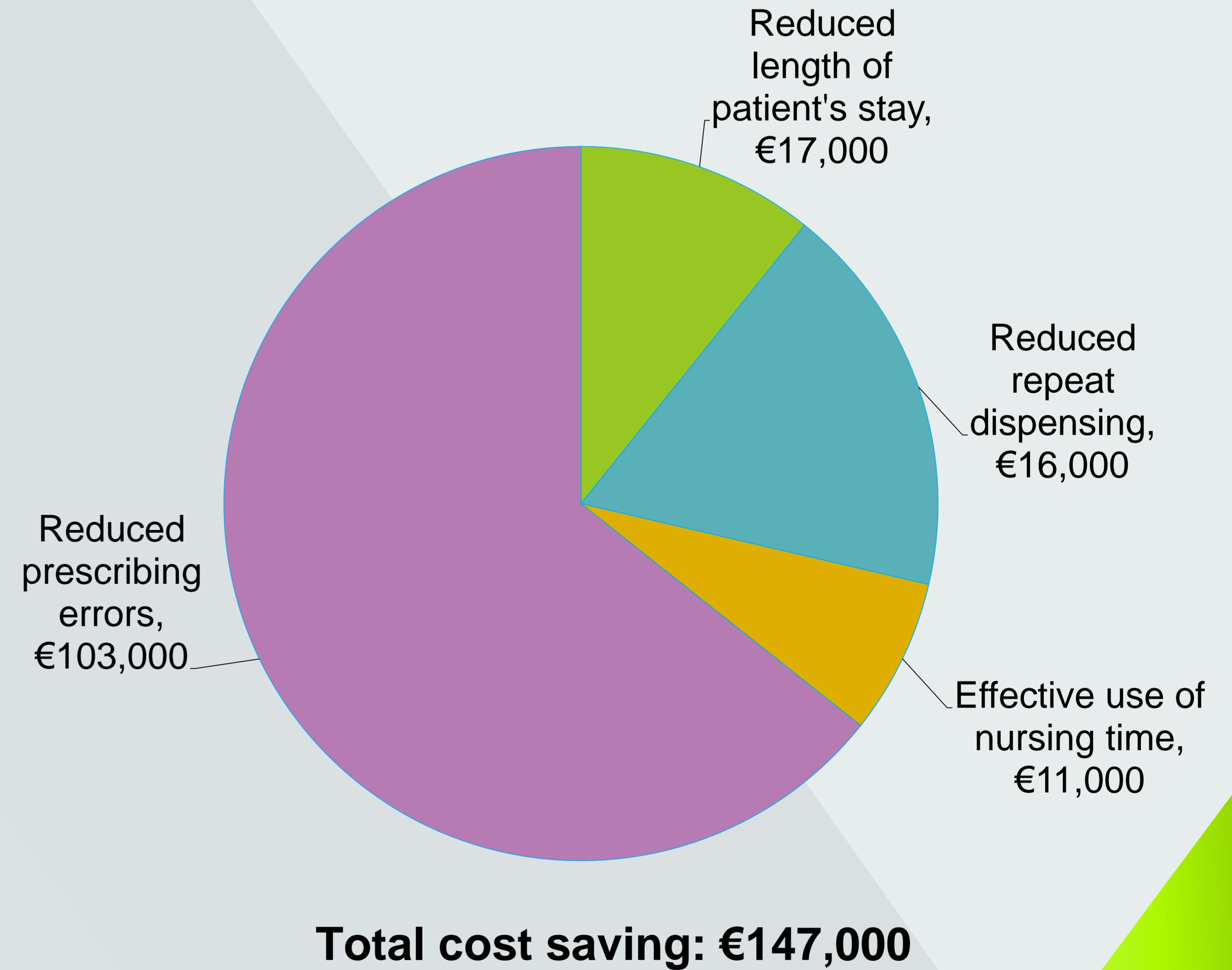
RESULTS

We achieved 60-90% improvement in the objectives set in the business Case as illustrated in Table 1 and Graph 1. The pharmacy team won the annual quality improvement award for 2018.

Table 1. Clinical Pharmacy Service improvement

Clinical pharmacy services	Service rate pre-satellite pharmacy	Service rate post-satellite pharmacy	% of service improvement
medication errors	16/month	6/month	63% decrease
Pharmacist interventions	20/month	80/month	75% increase
Pharmacist participation in ward round	6/month	50/month	88% increase
Time to dispense discharge summaries	90 minutes/discharge summary	20 minutes/discharge summary	77% decrease
Number of Patients counselled	15/month	75/month	80% increase
pharmacist available in the ward	1.5hrs/day	7.5hrs/day	80% increase
Time taken to supply critical medicines	1 hour	5 minutes	91% decrease

Graph 1. Potential cost saving per year by establishing Surgical satellite Pharmacy



CONCLUSION

The establishment of a Surgical Satellite pharmacy allows pharmacists to make an impact in improving clinical pharmacy services and meet the aims and objectives set out in our business case. We aim to expand the services over the weekend. These service improvements can be transferred to acute medical units and downstream medical wards to ensure patient safety is maintained at all levels.

REFERENCES

Lord Carter of Coles. 'Operational productivity and performance in English NHS acute hospitals: Unwarranted variations'. An independent report for the Department of Health. February 2016

