

PHARMACIST-LED DISCHARGE SERVICE AT AN ACUTE GENERAL HOSPITAL

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INTRODUCTION

Transition of care relies on the provision of a supportive patient process, starting at admission and continuing at every transition point. An innovative model of pharmacist intervention was proposed by redesigning the discharge process, to include pharmacist interventions prior to patient discharge from hospital.

AIMS

- To develop a structured, patient centred pharmacist-led discharge service at an acute general hospital.
- To promote direct patient counselling at discharge
- To provide the opportunity for novel pharmaceutical services to expand within the local scenario.

METHOD

- A novel clinical pharmacy service was implemented, whereby patients flagged by healthcare professionals were reviewed by a pharmacist prior to hospital discharge.
- A dedicated pager service was established, allowing healthcare professionals to contact a designated pharmacist. This enabled assistance on any medication-related issues and patient counselling prior to hospital discharge.

- Performed pharmacist activities included:
 - Validation of discharge information prior to patient discharge from hospital by providing a clinical check;
 - Supply of medication at discharge to ensure continuation of care;
 - Customised patient counselling.
- A multidisciplinary standard operating procedure was created. This included the role of a designated pharmacist as part of the team providing a patient discharge service.

RESULTS

- The service was launched on the 20th December 2016. During the working hours of the Pharmacy Department, the pharmacist was paged 190 times and 506 patients were flagged for further intervention.
- Pharmacist activities performed included the validation of discharge information ($n=325$), medication supply ($n=506$) and direct patient counselling ($n=420$).

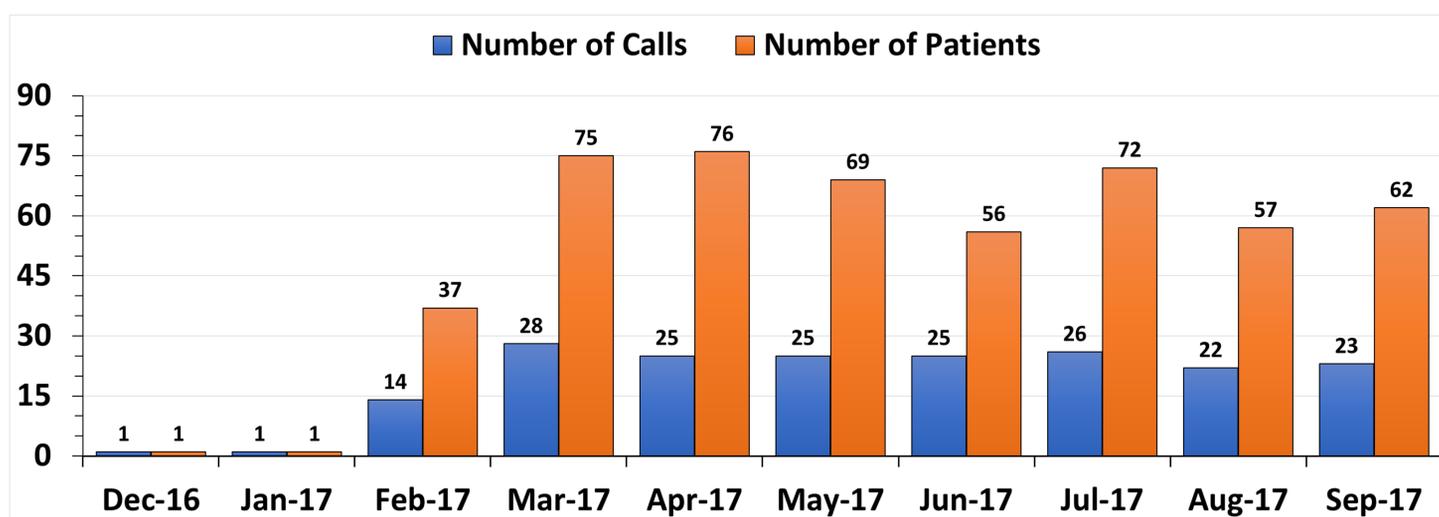


FIGURE 1: Number of calls and number of patients referred to designated pharmacist for intervention per month.

CONCLUSION

An on-demand clinical pharmacy paging service enabled multidisciplinary medication reviews of flagged patients during transition of care. The developed service represented an innovative model of pharmacist intervention in transitional patient care highlighting a ground-breaking service focusing on patient safety.