

IMPLEMENTATION OF A PHARMACIST-LED TRANSITIONAL CARE SERVICE AT AN ACUTE GENERAL HOSPITAL

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INTRODUCTION

The provision of a pharmacist-led transitional care service enhances the safe transition of patients across various health settings^{1,2}. A novel pharmaceutical service was developed within a general acute hospital in Malta, Europe, to expand patient accessibility to pharmacist services during the discharge phase. This was performed by allocating a transitional care pharmacist to increase direct patient contact and active pharmacist participation as part of the multidisciplinary clinical team.

AIM

- To devise and implement a patient-centred pharmacist-led discharge service within the acute general hospital of Malta
- To pilot a novel medication reconciliation based service at discharge

METHOD

Phase I — Observational Phase

- Ten hours of direct observational visits per week for 8 weeks were carried out within the study setting.
- A reflective journal method with field case notes was employed.
- Workflow processes were mapped areas of fragmentation of care were identified and addressed.

Phase II — Pharmacist-Led Discharge Service

- The pharmacist-led discharge service was devised and implemented during December 2016—January 2018.
- A dedicated pharmacist was allocated for this transitional care role and a pager system linking the pharmacist to other professionals was established.
- Healthcare professionals flagged patients to the pharmacist who could benefit from pharmacist intervention at discharge.
- The pharmacist performed tailored and bundled pharmaceutical interventions, including the generation of the best possible medication discharge list and medication reconciliation.

RESULTS

Phase I—Observational Phase

Fragmentation of care was noted in the key areas of continuity of care, medication counselling, operational issues and logistical issues :

- Storage of pharmaceutical items and emergency drugs were addressed by holding key stakeholder meetings .
- A standardised operation procedure was developed governing the functions of the service as part of the institution's quality management system.

Phase II — Pharmacist-Led Discharge Service

- Implementation of the discharge service.
- A total of 3,551 patients were discharged from the study setting during the research period.
- Twenty two percent (n=791) of patients were flagged for pharmacist intervention (Figure 1):



Figure 1: Number of specific pharmacist interventions performed as part of the developed discharge service (n=2,482)

CONCLUSION

An innovative patient-centred pharmaceutical service was devised for patients who are transitioning from an acute general hospital to other clinical areas or home setting. This patient-specific service targeted a previously unexplored niche in Malta and focused on patients during the transitional phase of hospital discharge. The proposed method of service delivery has increased the accessibility of pharmacists to patients through the inception of a transitional care pharmacist role. This service model can be replicated by other institutions globally by engaging pharmacists as transitional care champions promoting patient safety.

REFERENCES

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