The timely and reliable review of the patient and their medicines on admission is integral to the front-line decision making process within the Acute Medicine Unit (AMU) and is recognised to facilitate patient flow and reduce morbidity. Ongoing resource constraints meant less than half of all AMU Consultant ward-rounds were supported by an appropriately skilled pharmacist. As a result, a significant proportion of patients were transferred from the AMU prior to a comprehensive medication review. To compound the challenge, high patient flow within medicine did not allow review of every patient and every prescription chart everyday. To maximise patient benefit and enhance efficiency of current practice, a new clinical pharmacy service was designed and implemented at the start of the patient journey.

**Background**

The timely and reliable review of the patient and their medicines on admission is integral to the front-line decision making process within the Acute Medicine Unit (AMU) and is recognised to facilitate patient flow and reduce morbidity. Ongoing resource constraints meant less than half of all AMU Consultant ward-rounds were supported by an appropriately skilled pharmacist. As a result, a significant proportion of patients were transferred from the AMU prior to a comprehensive medication review. To compound the challenge, high patient flow within medicine did not allow review of every patient and every prescription chart everyday. To maximise patient benefit and enhance efficiency of current practice, a new clinical pharmacy service was designed and implemented at the start of the patient journey.

**Aims**

- To target pharmaceutical care activities to the most appropriate patients following transfer from AMU
- To improve efficiency of clinical pharmacist service within medicine
- To support 80% of AMU Consultant ward rounds and undertake a comprehensive review & assessment of patients and their medicines

**Process**

A Priority Code system was developed to identify high-risk patients and target specialist pharmaceutical care activities. Following the initial review & assessment by a highly skilled clinical pharmacist, in collaboration with dedicated AMU Consultant, a priority code was assigned to each patient (Figure 1).

The priority code indicates frequency of ongoing review following transfer from AMU (Figure 2), according to the patient’s pharmaceutical needs. Implementation of this new model was supported by all senior clinical pharmacists within the medical team with the understanding that time released would be reinvested on AMU to complement existing Acute Medicine pharmacist resource.

**Results**

- Less than 1/4 of patients deemed Priority Code 1 requiring ongoing clinical pharmacist review on a daily basis (Figure 3)
- Majority of patients (51%) deemed Priority Code 2 - ongoing review every 48 hours (Figure 3)
- Equitable spread of high priority patients throughout medicine specialties
- Increase in number of AMU Consultant ward-rounds supported by senior clinical Pharmacist (Figure 4)
- Increase in % of patients undergoing a comprehensive medication review within AMU from approx. 40% to 80%

**Conclusion**

Re-design of clinical pharmacy services to AMU targets pharmaceutical care to the most appropriate high-risk patients and ensures timely review thereby, reducing potential for medicine related harm.

This new model of working has significantly increased the proportion of patients undergoing a comprehensive medication review in collaboration with dedicated AMU Consultant at the start of the patient journey.

Implementation of the Priority Code system utilises existing clinical pharmacist resource more effectively and efficiently and, also, facilitates workload management in downstream wards.