Impact of the integration of a pharmacist into the acute medical clerking team

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Introduction

• Nationally 1 in 10 prescriptions have an error when prescribed in hospital.
• A local audit over 1 month where 1,530 patients were admitted found that 1066 interventions for medications were audited retrospectively, these ranged from levels 1-4 (as defined in the table).
• These varied from omissions to missed interactions.
• This equates to 0.7 errors per patient.
• The get it right first time (GIRFT) agenda was the focus to prevent harm to patients and ensure decisions were made in an appropriate time frame.

Method

• A trial was initiated as a result of gaps in the junior doctor workforce.
• A pharmacist worked alongside the medical clerking team for 8 consecutive weekdays between 5pm-9pm, taking medication histories before clerking when possible, if not reconciling shortly after.
• Prospective audit of interventions of active prescriptions was undertaken.
• We aimed to identify additional benefits from a pharmacy perspective. More specifically to see if extended hours could reduce medication errors on admission and speed up discharges by integrating a pharmacist into the medical clerking team.

Results

• Primary outcomes included completing drug histories and medicines reconciliation within 24 hours.
• Secondary outcomes included supplying discharge TTO’s out of hours and aiding with consultant medication queries.
• No further interventions were needed once active prescriptions were initiated.
• This had the additional benefit for increasing patient safety.
• We were able to prevent an increased length of stay for patients who missed their high risk medications.

<table>
<thead>
<tr>
<th>Task</th>
<th>Median activity per 4 hour session</th>
<th>Median activity per hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug history</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Medicines reconciliation</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>To take out (TTO)</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Consultant medication queries</td>
<td>1</td>
<td>0.25</td>
</tr>
</tbody>
</table>

Conclusion

• The quality of medication prescribing was improved by embedding a pharmacist in the clerking team.
• No further interventions regarding medication omissions were needed once active prescriptions were initiated.
• No datix error reports were completed for missed high risk medications during the extended hours service.
• An extended trial over 1 week will be conducted soon and the activity beyond pharmacy interventions will be recorded.

References