



THE 12th INTERNATIONAL SCIENTIFIC CONFERENCE
THE SOCIETY FOR ACUTE MEDICINE

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The Role of Pharmacists in Ambulatory Care

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Overview

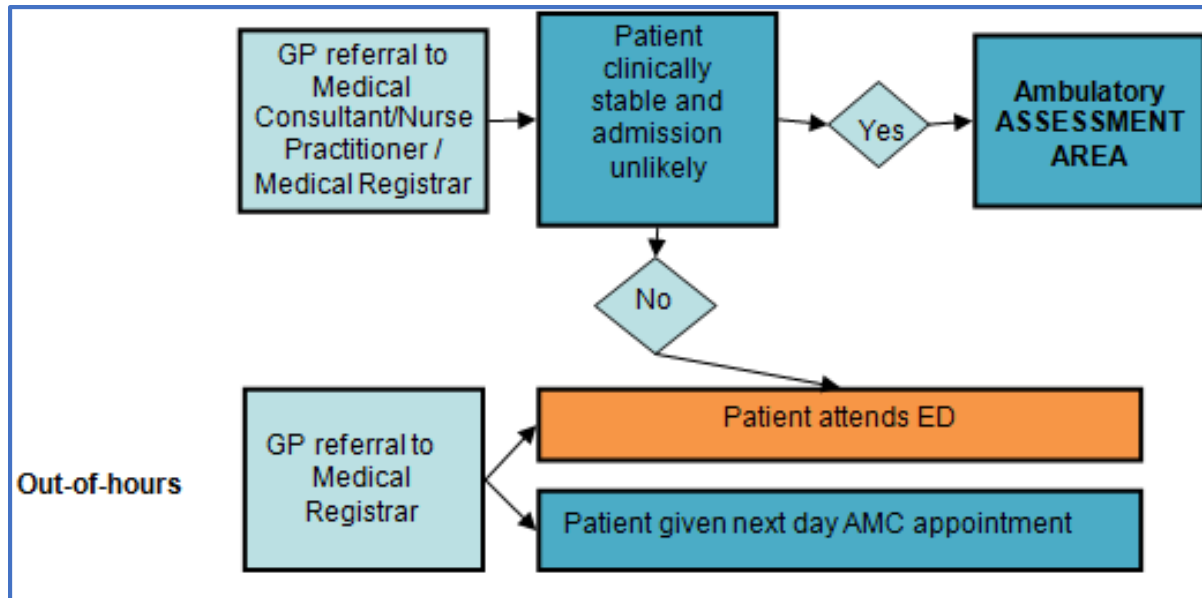
- Ambulatory Assessment Area (AAA) at SGH
- Role of Pharmacists in AAA
- Impact of Pharmacists in AAA
- Pharmacist Trainee Advanced Clinical Practitioners (tACP) at SGH

Ambulatory Assessment Area @ SGH

- Assessment of adult patients referred by:
 - General Practitioners (GPs)
 - Emergency Department
 - Any other speciality for medical review
- The following exclusions apply:
 - Clinically unstable patients and those requiring resuscitation
 - Acute episode of mental illness
 - Patients with >EWS who require an admission to ADU
 - Acute delirium

Ambulatory Assessment Area @ SGH

- Referral Pathway:



Ambulatory Assessment Area @ SGH

- Consists of:

- 8 trolley cubicles
- 1 isolation cubicle
- 6 chair cubicles
- 4 consulting rooms
- Waiting area

- Opening hours:

- Monday – Friday (08:00 – 00:00)
- Saturday – Sunday (10:00 – 00:00)



No new referrals after 20:00

Ambulatory Assessment Area @ SGH

- A 'STAT' document will be completed within 30 minutes of patient arrival by AAA consultant or Medical SpR.
- Initial assessment will include:
 - Focussed history and examination
 - Preliminary diagnostics (bloods and X-rays)
 - Medication
- Following this assessment – ALL patients will be discussed with AAA consultant or SpR.
- Review determines patient outcome:



Ambulatory Assessment Area Clinics

Acute Medical Clinic (AMC)

- To facilitate early discharges from Richmond AMU & Cavell AMU short stay.
- Runs on weekday mornings.
- Reviews patients referred from previous days as admission avoidance from GPs and the ED.

Other clinics:

- Diabetic 'Pit-stop'
- Acute Kidney Injury (AKI)
- Headache
- Frequent Review

Patient Activity

	Month	Admitted from AAA	Discharged from AAA	AAA activity	Total AAA pts per Q	Increase from previous Q	
2017	Apr	25	164	189	661		
	May	31	220	251			
	Jun	32	189	221			
	Jul	21	199	220	722		61
	Aug	36	234	270			
	Sep	29	203	232			
	Oct	27	194	221	687		-35
	Nov	31	225	256			
	Dec	20	190	210			
2018	Jan	23	226	249	943	256	
	Feb	23	179	202			
	Mar	157	335	492	1,461	518	
	Apr	145	339	484			
	May	165	334	499			
	Jun	182	296	478			

Activity has increased by over 100% since opening of the new unit

Pharmacy Services on AMU & AAA

	2010	2017	2018
Capacity	2 x 28 bed wards	1 purpose built unit including: <ul style="list-style-type: none"> • 58 beds (inc 8 ADU beds) • AAA (6 trolley beds, 4 chairs) • AMC – 2 rooms 23 bed short stay ward	1 purpose built unit including: <ul style="list-style-type: none"> • 58 beds (inc 8 ADU beds) • AAA (8 trolley beds, 6 chairs, 1 isolation bed) • AMC – 4 rooms 28 bed short stay ward
Staffing	1 lead pharmacist 2 senior pharmacists 2 junior pharmacists 1 MM technician	1 lead pharmacist (independent prescriber) 4 senior pharmacists 3 junior pharmacists 2 MM technicians 1 pharmacy assistant	1 highly specialist pharmacist 1 lead pharmacist (independent prescriber) 5 senior pharmacists 4 junior pharmacists 2 MM technicians 2 pharmacy assistant 3 senior tACPs (not exclusive to AMU)
PTWR participation	Senior AMU pharmacist on morning PTWR (interim implementation of covering evening PTWR with senior pharmacist)	Senior AMU pharmacist on PNWR and Take WR	Senior AMU pharmacist on PNWR and Take/ AAA WR
Discharge Rx supply	All completed via the Trust pharmacy No time for completion specified	≥ 70% completed on the unit ≥ 70% completed within 30 minutes	≥ 70% completed on the unit ≥ 70% completed within 30 minutes ≥ 90% for AAA completed on the unit within 15 minutes
Weekend service	Saturday → 8am – 1pm Sunday → 8am – 12pm	Saturday & Sunday → 8am – 3pm	Saturday & Sunday → 8am – 6.15pm

Role of Pharmacy Services on AAA

Role	Shift Pattern	Duties
Band 8a or 7 prescribing/ transcribing pharmacist	11:40 – 20:00	<ul style="list-style-type: none"> ➤ Attends MDT board rounds at 12.30pm & 5pm (30 mins) – triage decisions ➤ Consultant-led clinical ward rounds (Take patients) ➤ Outreach of patients from ED & CDU ➤ Medication histories & reconciliation ➤ Medicines optimisation ➤ Outpatient and inpatient supply of medication ➤ Medication counselling ➤ Clinical pathways input ➤ Clinical interventions ➤ Provision of clinical information and advice ➤ Ad hoc education & training
Band 6 pharmacist	10:15 – 18.35	<ul style="list-style-type: none"> ➤ Medication histories & reconciliation ➤ Outpatient and inpatient supply of medication ➤ Medication counselling ➤ Clinical interventions ➤ Provision of clinical information and advice
Band 3 Pharmacy Assistant	10:15 – 18:35	<ul style="list-style-type: none"> ➤ Dispensing of outpatient and inpatient medication ➤ Stock control

Role of Pharmacy Services on AAA

Clinical Pathways:

- DVT

- All patients presenting to the ED with DVT symptoms are referred directly to AAA
- Pharmacists involved with the treatment of either suspected or confirmed DVT:
 - Supply of rivaroxaban or dalteparin
 - Patient counselling

Development of Nurse-Led Supply on AAA

- Allows trained personnel to supply selected pre-packed medication (over labelled) against a valid prescription
- Designed to support patient experience and flow within the hospital

- Cellulitis

- Patients with limb cellulitis requiring intravenous (IV) antibiotics
- Treated with ceftriaxone (IV) 2g once daily

Impact of Pharmacy Services on AAA

Patients Reviewed:

Month	AAA Activity	*No. of patients reviewed by pharmacy	%
March	492	336	68
April	484	369	76
May	499	402	81
June	478	341	71

*Data not collected Monday-Friday 8am – 10.15 am and 8pm-9.30pm – work completed by AMU staff/ resident pharmacist.

- Review includes all pharmacy related tasks (e.g. medication histories/ reconciliation, medication supply, discharges, safety checks, enquiries & advice).
- Not all patients required pharmacy intervention.

Impact of Pharmacy Services on AAA

Dispensing Data:

Month (2018)	Total No. of TTOs	Median processing time (mins)	Total number of items dispensed	Median number of items per TTO	% completed within 15 minutes
March	163	3	240	1	98%
April	188	5	289	1	97%
May	186	6	247	1	94%
June	175	6	251	1	95%
July	310	6	420	1	98%
August	250	6	328	1	96%

96% have been completed within 15 minutes

Pharmacist Trainee Advanced Clinical Practitioners

- Background
 - Health Education England – commissioned a national pilot in March 2015
 - Exploring the impact of pharmacists working in Emergency & Acute Departments
 - Investigated the potential of an enhanced clinical role for pharmacists
 - As part of (not alongside) the multi disciplinary team working with advanced nurse practitioners and physicians associates
 - Concluded – with additional advanced practice training, IP pharmacists could manage up to 36% of ED attendees

NOT CLINICAL PHARMACY AS YOU MAY KNOW IT!!!

Pharmacist Advanced Clinical Practitioner in AMU = FUTURE

- At SGH – pharmacists could potentially have a role in the following areas as an ACP:
 - AAA – triaging patients
 - AMC – reviewing patients discharged from AMU
 - Frequent review clinic
 - Other clinics running from AMU e.g. AKI, diabetes & pit stop, DVT & cellulitis

THE SKY IS THE LIMIT!

HEE & SGUH Urgent and Emergency Care Pilot

- Three Pharmacist ACP posts – fully funded by HEE for 18 months
- Begun 23rd July 2018
- Urgent Care Centre & Ambulatory Assessment Area
- In line with recommendations from Five Year Forward View
- MSc Advanced Clinical Practice – 12 months
- Clinical & educational supervision

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