

# Over the counter : Utilising Operational Pharmacists to Provide Transit Lounge Pharmacy Services to Facilitate Discharge



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## Introduction

Victorian hospitals continue to experience significant increases in emergency department presentations, creating enormous challenges to bed availability and patient flow.

The use of a Transit Lounge (TL) is an effective way of facilitating earlier ward discharges, thereby enabling improved bed access and patient flow. Historically, this has been severely underutilised at The Royal Melbourne Hospital (RMH). In response, the RMH TL space and service were redesigned with the aim of providing an interim waiting area, staffed by nursing and support staff, for patients who are ready for discharge and awaiting transport. Often, the TL is used to provide patients with a comfortable, supervised setting while they await discharge medicines to be dispensed; last doses of IV medicines to be given; and/or means of transport to arrive.

It was identified that a three-hour funded TL pharmacy service was insufficient to meet demand and that allocation of a full-time trained operational pharmacist, Monday to Friday, from 8am to 7pm, may help maximise the utility of TL and assist to ease bed access issues.

## Aim

To determine if a full-time operational pharmacist resource within TL, Monday to Friday between 8am to 7pm enhances TL utilisation from wards on discharge; improves hospital flow by allowing for more timely discharge of patients; and increases TL pharmacist facilitated discharge.

## Outcomes

- Number of inpatient discharges to TL
- Percentage of inpatient discharges to TL before 10am
- Number of inpatients seen by TL pharmacist

## Methods

A full-time operational pharmacist was introduced to the TL using Victorian Department of Health seed funding for 8 weeks from June 2023.

TL pharmacist data was collected through a daily self-auditing worksheet completed by the TL pharmacist which tracked inpatient discharge waiting time and collated information from ward pharmacist handovers. Bed access data was measured using electronic medical record reports.

Data inclusion criteria consisted of inpatients discharged via TL two months prior and post-implementation of a full-time TL pharmacist.

## Contact

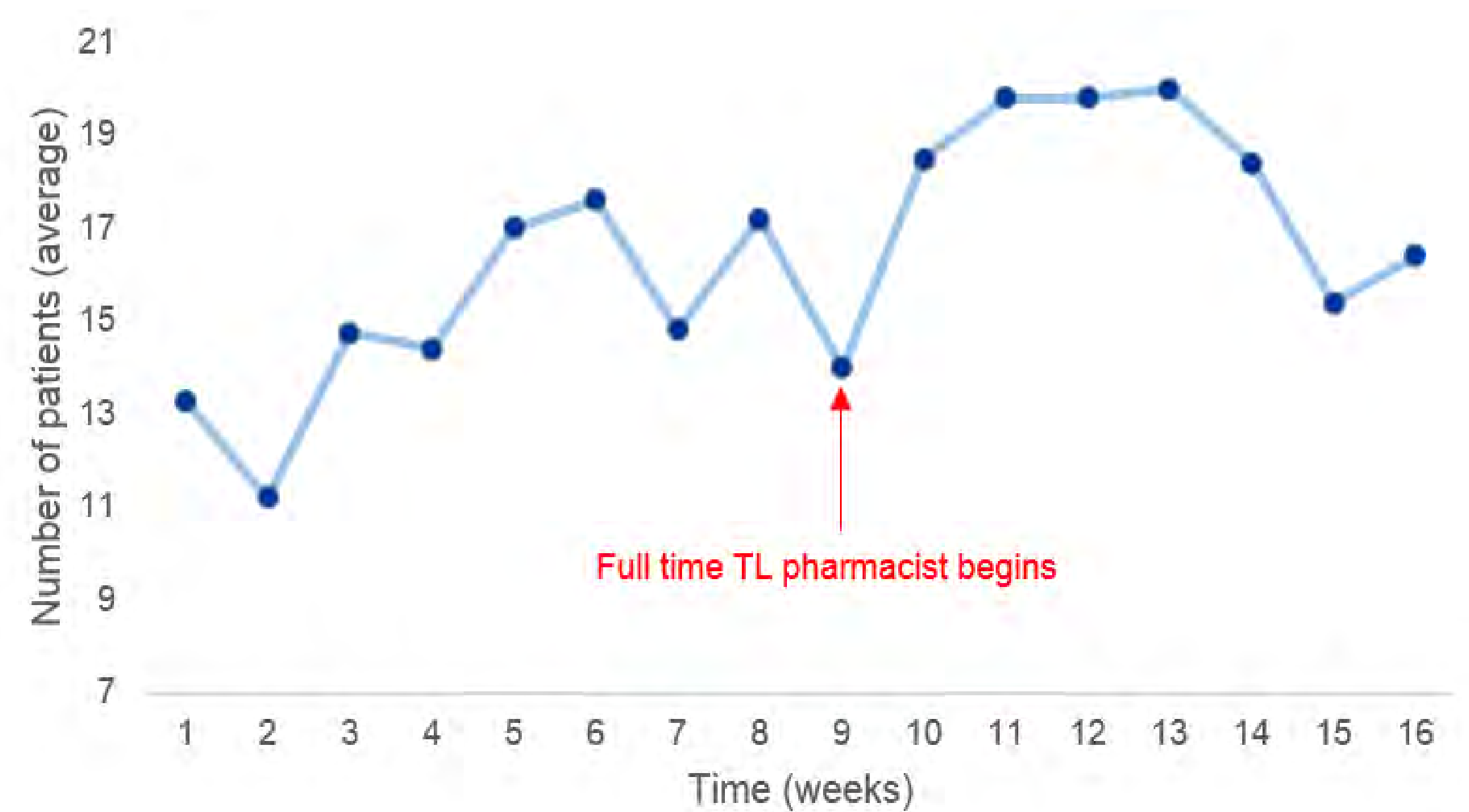


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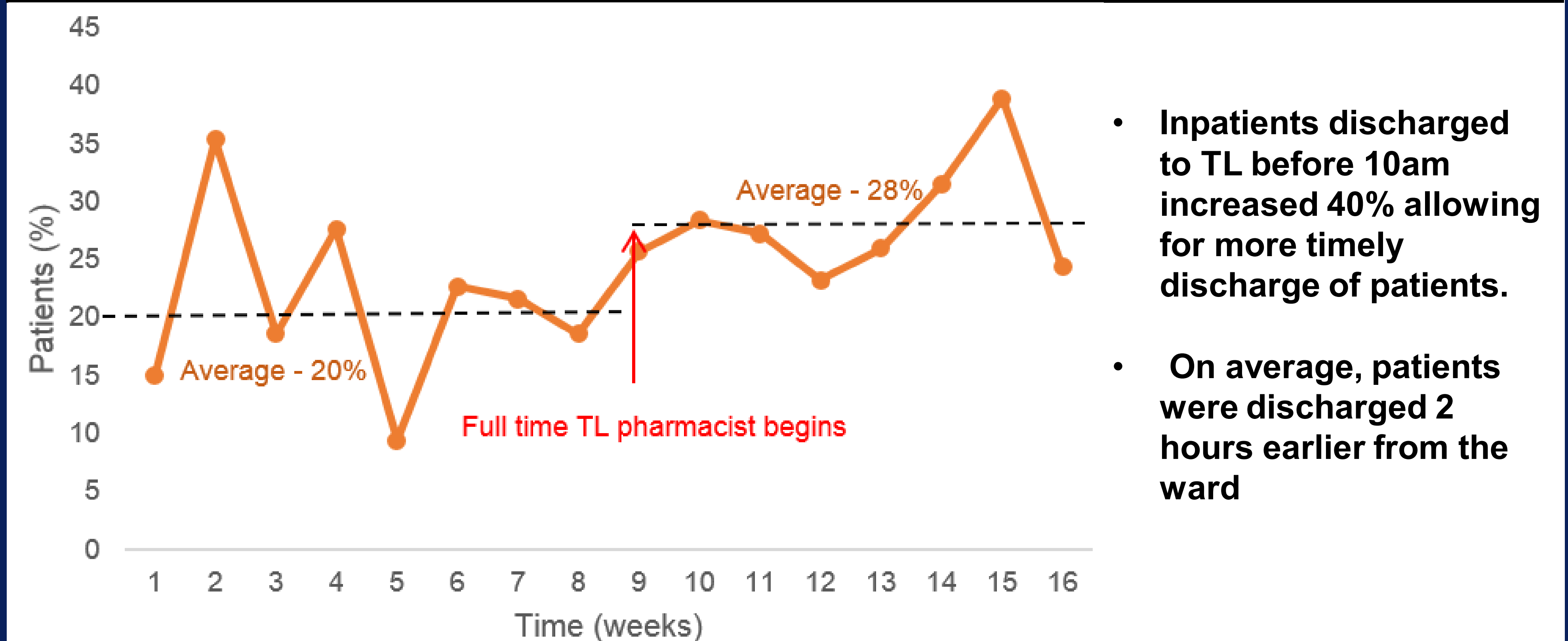
## Results

**Figure 1: The Average Number of Inpatients Discharged via Transit Lounge Per Week**

- Number of inpatients discharged through TL increased 23% following implementation of a full-time pharmacist.
- This accounted for 20% of Hospital-Wide discharges
- Hospital units with largest increase in TL discharge
  - Emergency General Surgery (↑5.4 fold)
  - Cardiothoracic (↑ 3.3 fold)
  - Nephrology (↑ 2.6 fold)

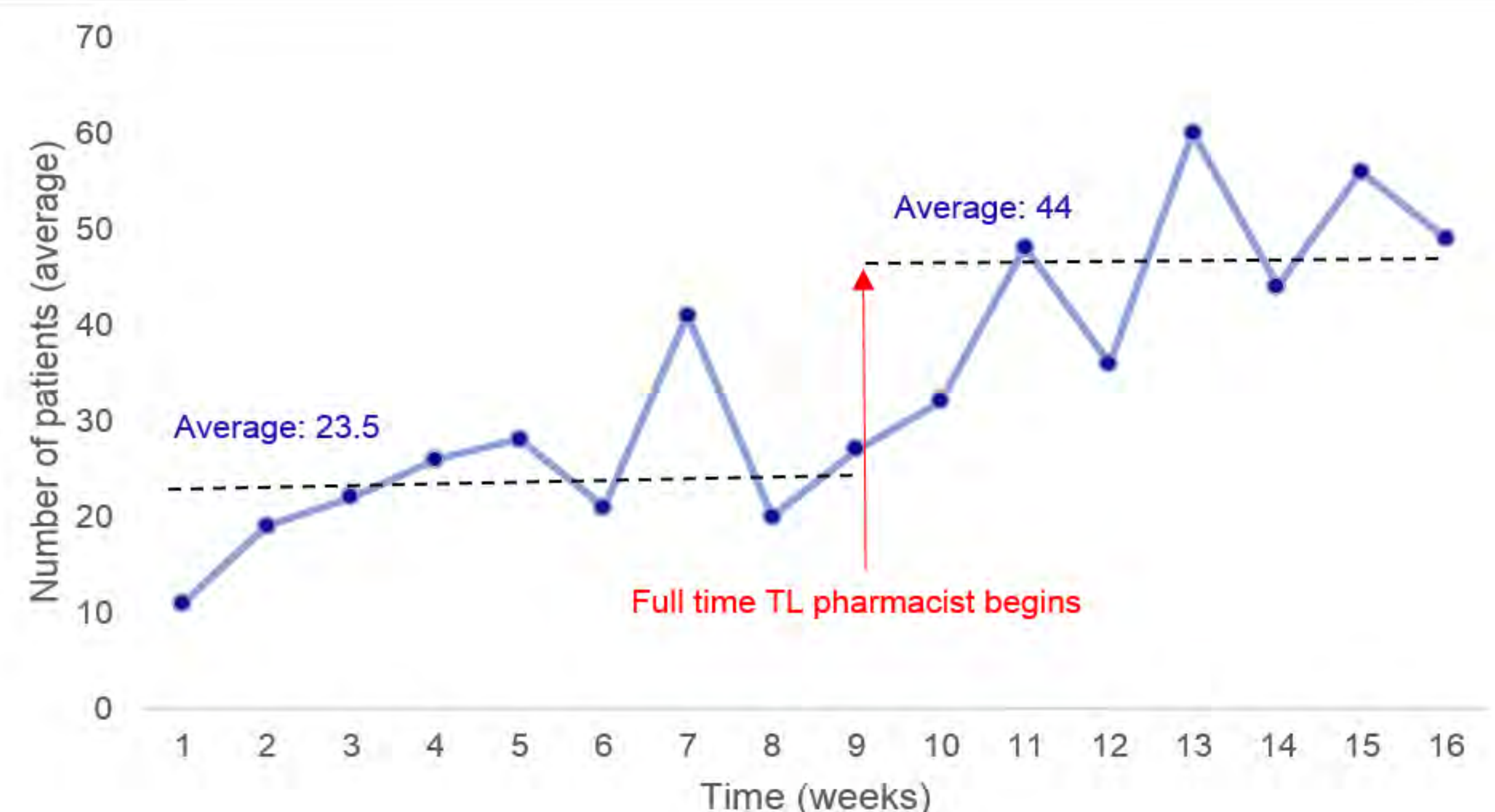


**Figure 2: Percentage of Inpatients Discharged to TL Before 10am Per Week**



**Figure 3 – The Average Number of Inpatients Seen and Counselling by TL Pharmacist Upon Arrival in TL Per Week**

- Number of inpatients counselled by TL pharmacist doubled (daily average of 4 to 8)
- TL pharmacist counselled 86% of patients requiring pharmacy review on arrival to TL allowing clinical pharmacists to focus on ward-based duties



## Conclusion

The implementation of a full-time operations-based pharmacist to service TL was shown to increase ward utilisation of TL services resulting in earlier discharge from the wards. This was facilitated by the TL pharmacist who provided support to ward-based pharmacists through the provision of discharge medicines.

Due to the overwhelming success of the pilot, RMH pharmacy was able to secure ongoing funding for the role of the TL pharmacist. Operational pharmacists have demonstrated enhancement of pharmacy services if brought out into patient facing roles.