

Facilitating Space to Grow – How Service Retraction can Improve your Service

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Background

After critical staffing shortages and increasing incidence of burnout of pharmacists the decision was made to retract multiple ward-based clinical pharmacy services from two rural acute public hospitals.

Objectives

To alleviate workload pressure and reduce workplace burnout clinical pharmacy services were retracted from multiple wards. This decision was a short-term solution that provided capacity for development of junior staff and upskilling of technicians – both strategies for planned re-expansion of services

Action

Pharmacy Managers met with pharmacists to discuss options to decrease workload pressures. These were followed by one-on-one sessions about concerns of service retraction and ongoing delivery of services. Meetings were also held with other pharmacy and hospital staff at an Executive and ward-based level to explain the reasons for retraction, what services would be available, and education of newly developed tools and frameworks to support them through the change. A referral pharmacist role was integrated into Senior Pharmacists workloads to support ward-based technicians. Retracted wards no longer had pharmacists completing Admission Medicines Interviews, Medication Reconciliation and Reviews and Discharge Facilitation.

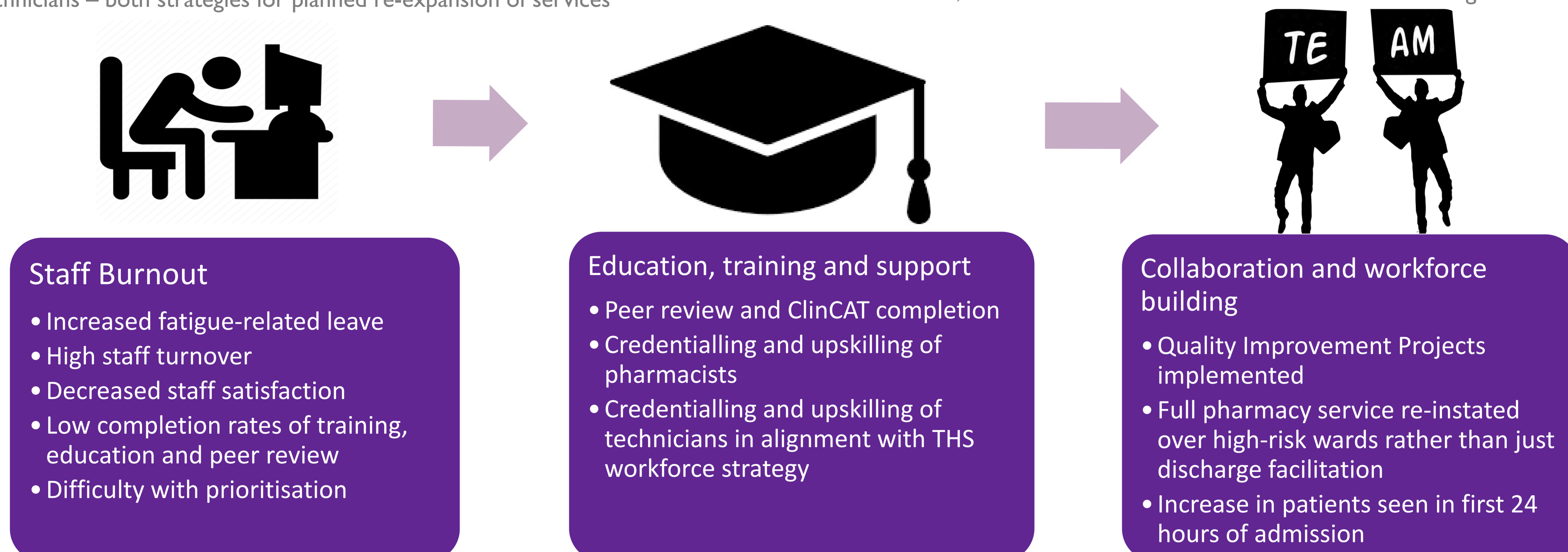


Figure 1: Service retraction transition to benefits

Evaluation

As Senior Pharmacists were no longer required to be fully operational, a significant amount of time has been invested in peer review of junior staff on the ward. In addition, there have been improvements in mandatory training completion, documentation of patient medication allergies and adverse drug reactions and attendance at educational events. Ongoing review of clinical statistics has shown an increase in patients seen during admission despite no changes to staffing.

Discussion

Retraction of clinical pharmacy services for multiple wards across two hospitals was a difficult decision aimed at reducing staff burnout, fatigue-related leave, and staff turnover.

Figure 2: Peer review and ClinCAT completion comparison

