

# Expanded, unit-based clinical pharmacy service to improve patient flow and staff satisfaction

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## Background

Hospital patient flow continues to be an ongoing challenge across the country with significant pressure placed upon health services.

Delays to patient flow, are particularly apparent with the medication management of patients, where prescribing errors are prevalent. These prescribing errors result in the following:

1. Medication errors on admission leading to adverse events and prolonging length of stay;
2. Delays in patient discharge with up to 66% of prescriptions requiring amendments following review by pharmacists;
3. High to severe stress of hospital staff due to inefficiencies.

## Aim

To develop and implement an expanded, unit-based clinical pharmacy service to improve patient flow and staff satisfaction.

## Methods

As part of the Timely Emergency Care Collaborative, funding was provided to provide additional pharmacists to develop a unit-based clinical pharmacy service.

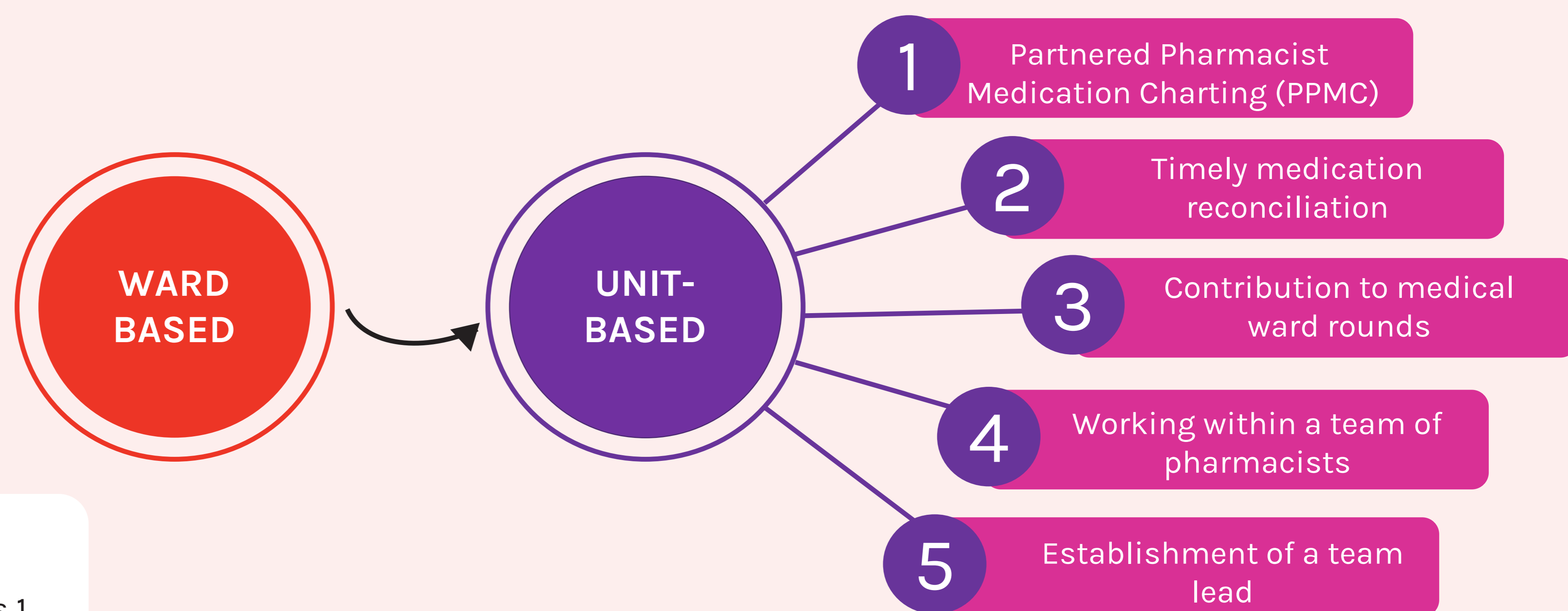
Roll out occurred in two groups:

**GROUP 1**

December 2022 to June 2023  
Comprising of General Trauma and Emergency Surgery, General Medicine Units 1 and 2

**GROUP 2**

March 2023 to June 2023  
Comprising of Hepato Pacreato Biliary and General Medicine Units 5 and 6



Outcome measures included:

- 1 Discharges before 10am
- 2 Discharges after 12pm
- 3 Transit lounge utilisation
- 4 Staff satisfaction

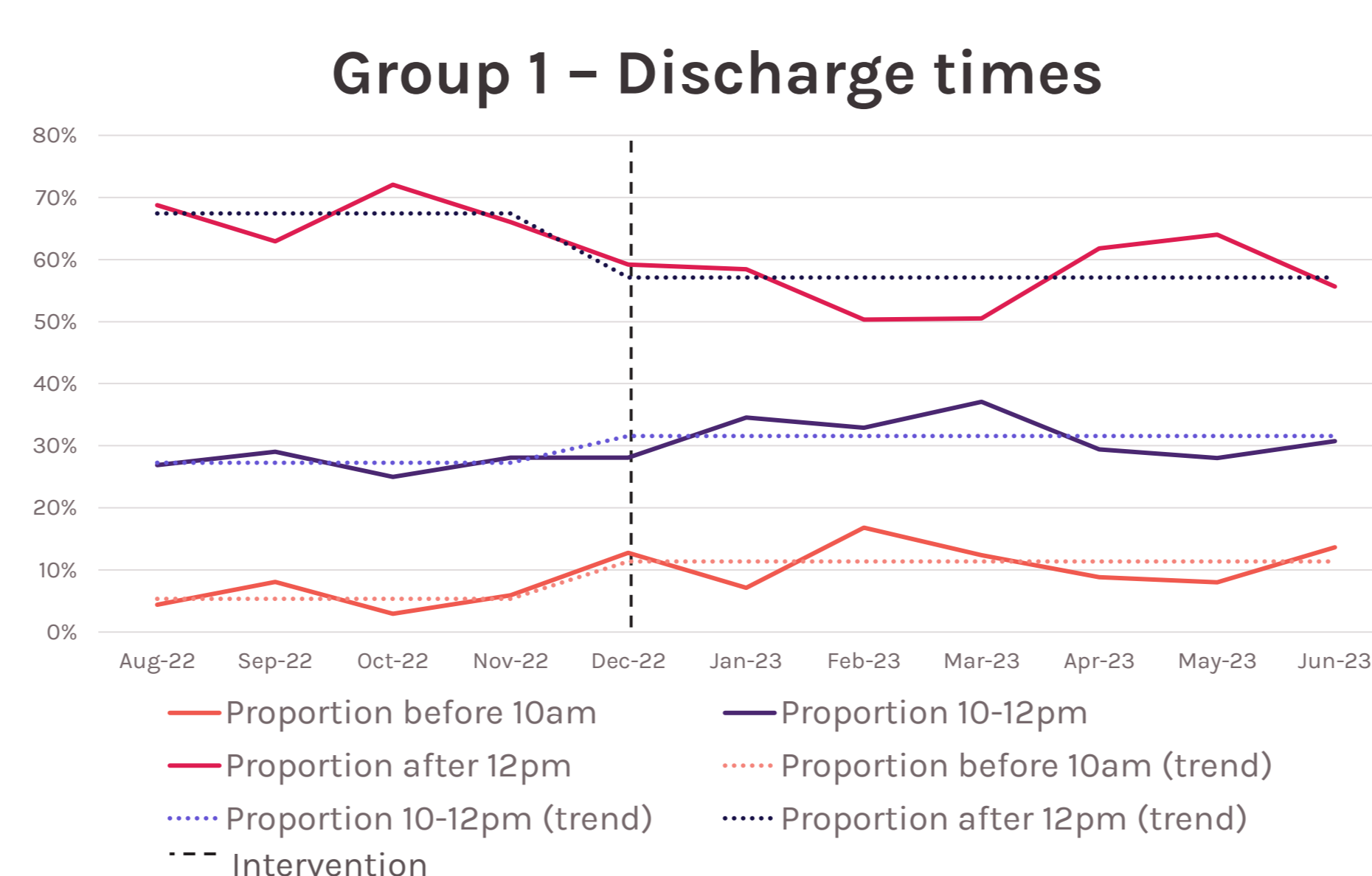
## Results

There were 1273 and 675 patient discharges in Groups 1 and 2 respectively.

Proportion of patients discharged prior to 10am compared to the previous 3 months			
Group	Pre-intervention	Post-intervention	P value
1	5.6%	11.0%	P < 0.01
2	7.7%	14.1%	P < 0.01

Proportion of patients discharged in the afternoon compared to the previous 3 months			
Group	Pre-intervention	Post-intervention	P value
1	67.2%	57.2%	P < 0.01
2	58.7%	50.1%	P < 0.01

Proportion of patients discharged from the transit lounge compared to the previous 3 months			
Group	Pre-intervention	Post-intervention	P value
1	12.4%	25.25%	P < 0.01
2	16.8%	25.0%	P < 0.01



Staff satisfaction surveys were received from 23 medical staff and 5 pharmacists with an overwhelmingly positive response.

## Discussion

This study demonstrates the benefits of an expanded, unit-based clinical pharmacy service on hospital patient flow.

Pharmacists worked collaboratively with the medical and surgical units to proactively undertake expanded roles such as PPMC on admission and discharge.

This change in workflow was valued by both medical and pharmacy staff, who felt that it was more efficient, safer, rewarding and created learning opportunities.

Future research should focus on resource requirements to implement expanded, unit-based clinical pharmacy services across other medical, surgical and specialty units.

## References

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