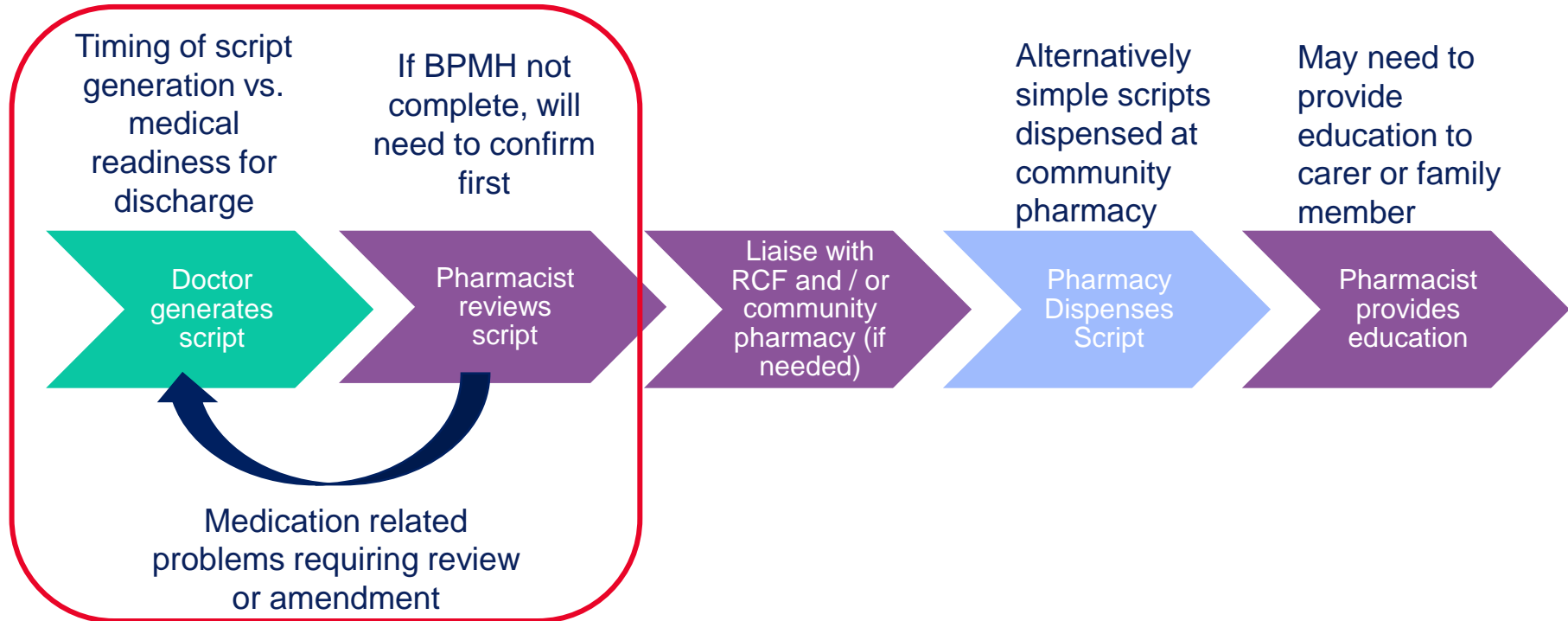


Pharmacist Facilitated Discharge Prescriptions

Kerryn Griffett
Deputy Director of Pharmacy (Clinical)

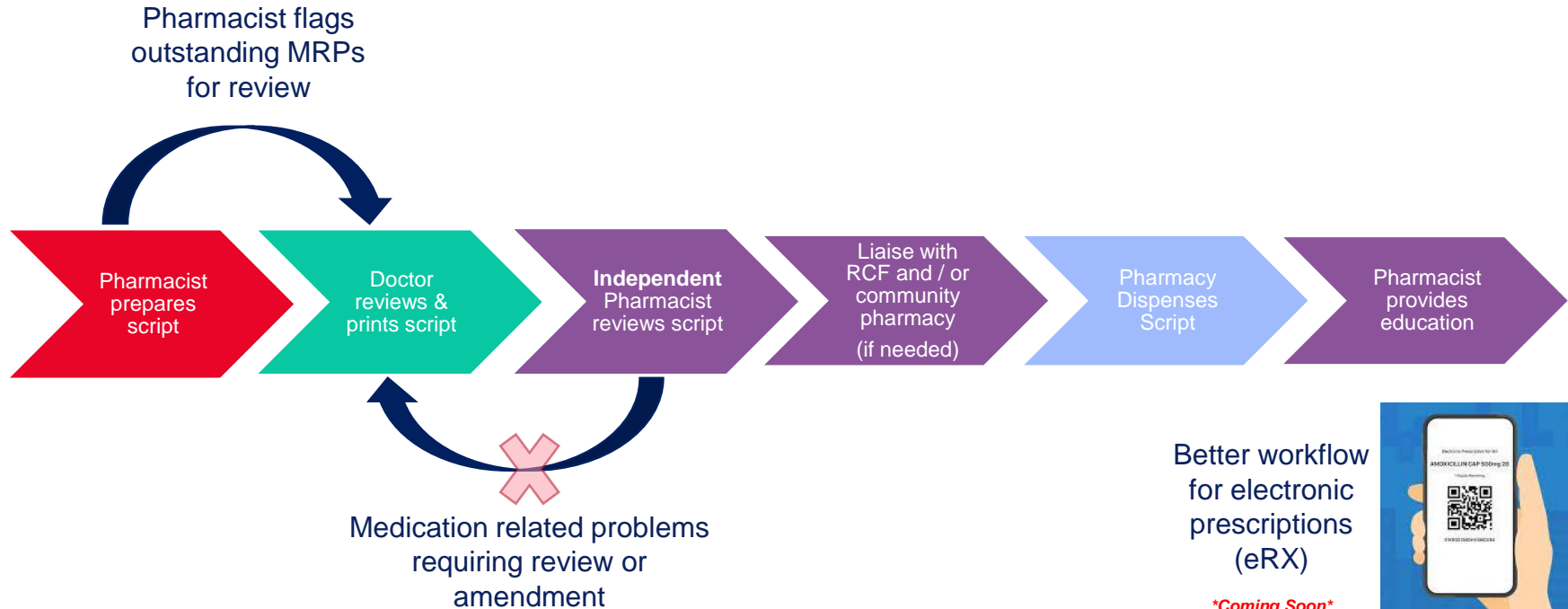
Discharge Prescriptions

Overview of standard workflow



Pharmacist Facilitated Discharge Prescriptions

Proactive Pharmacist Intervention & Script Preparation



Better workflow for electronic prescriptions (eRX)

Coming Soon



Changes to Medical Workflow

Pharmacy Progress Note

- Review any medications requiring follow-up
 - Including PBS/Legal requirements
- Pharmacist recommendation
- Actions required by medical team
- Any other relevant information

Pilot results

Safety

Unit	Number of Prescriptions	Proportion with at least one error	P value
MU1 (pharmacist)	111	6.3%	<0.001
MU3 (doctor)	95	48.4%	
EGS (pharmacist)	244	7.0%	<0.001*
EGS (doctor)	89	30.3%	
Trauma (doctor)	198	28.3%	

^MU1 compared to MU3, * EGS (pharmacist) compared to EGS (doctor) and Trauma

Patient flow

- Medical: ↓ median LOS, but discharge later in day
- Surgical: ↑ proportion of patients discharged via transit lounge, discharged earlier in the day

Successes and Opportunities

Standard workflow in some surgical units

- Processes well embedded in discharge workflows
- Plans to extend to across surgical service

Working toward embedding into general medicine

- Accurate Estimated Discharge Date (EDD) documentation
- Engagement with discharge co-ordinators

Accurate discharge medication reconciliation

- Improves quality of discharge medication list in the discharge summary
- EMR generated medication lists

Credentiailling

Requirements based on pharmacist grade

- >12 months experience as clinical pharmacist
- Combination of supervised and independently reviewed cases

Education package

- Process for pending prescriptions
- Specific considerations for area of practice

Transferability of credentiailling between clinical teams

Thank You

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