East Kent Hospitals University NHS
NHS Foundation Trust

Pilot Project of Pharmacy Staff in the Emergency Department (ED) at East Kent Hospitals University Foundation Trust (EKHUFT)

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Introduction

The recent publication by Lord Carter of Coles highlights the need for Clinical Pharmacy Services to work closer to the front door in Acute Hospitals with 80% of all staff being ward based. In order to support this movement this project was undertaken at EKHUFT and the impact reviewed. This project also supports the Hospital Pharmacy Transformation Project (HPTP) in line with the recommendations of the Carter Report.

The project targeted the patients presenting to the ED at the William Harvey Hospital in Ashford, Kent and Pharmacy undertook patient centred Medicines Reconciliations (MRs). The project also included integrating ourselves into the multidisciplinary teams, including the Integrated Discharge Team (IDT) in the ED to support patient flow into and out of the hospital.

A BMJ study noted – 'Medication contributes to 5-20% of hospital readmissions, or which half are considered preventable[3]'. With this in mind, the importance of the MR in the ED is clear, as it is an ideal place for a pharmacy team to base themselves.

Health Education England also published a recent study[4] exploring the role of the Pharmacist in the ED and whether they could follow a training pathway, working as a 'specialist generalist', under the supervision of a doctor.

The other important point to consider is the current NHS crisis, where higher numbers of patients are attending EDs and the support that Pharmacy could offer an already pressured ED.

The project wanted to see what opportunities there were for Pharmacy teams in the ED, initially undertaking MRs and developing a service in line with the above before the patient is discharged home, or to a ward.

Aims and Objectives

- Evaluate the effectiveness of Pharmacy staff in roles in the ED
- Undertake Medicines Reconciliation (MR)
- Counselling patients on medications if requested by ED staff
- Providing medicines advice to staff
- Providing a liaison between pharmacy and ED including screening prescriptions

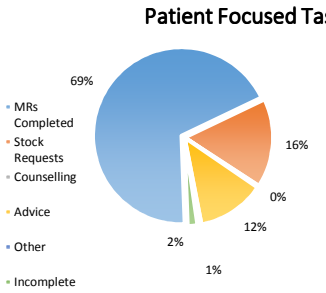
Method

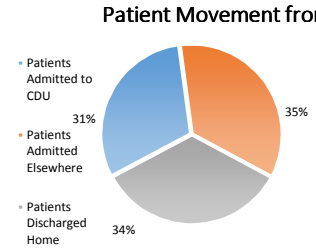
This project was undertaken at the William Harvey Hospital site for the 2-week period between 23rd January 2017 to 5th February 2017. The site receives an average of between 80 and 100+ patients daily into the busy Acute Hospital setting. Both a Pharmacist and a Technician worked on the ED unit during the week and at weekends undertaking a good mix of shift patterns between the hours of 8am to 7pm, both together and separately to determine the optimum level of service and the demand from the ED on Pharmacy services.

The ED was informed of our project and supported the Pharmacy team presence within the department before the pilot was due to take place. The Pharmacy Technician produced posters of contact details and times of presence on the ED and discussed with senior ED staff where Pharmacy were best placed. We agreed that given limited capacity for space we utilised their drug cupboard area and this was where we would integrate ourselves into the ED team.

Results

Pharmacy staff recorded all tasks carried out and results showed that over the 2-week period the ED pilot team undertook 282 tasks and completed 193 MRs. 122 of those MRs of patients were admitted to hospital. There were 46 stock requests, an additional 35 requests from staff for advice and 1 episode of patient counselling was undertaken.





Feedback received from the ED team was that the Pharmacy presence was appreciated as a helpful resource from both patients and staff. It was an excellent opportunity to have the important conversation with patients about their medicines. Accurate MRs completed before discharge will improve patient flow and reduce length of stay, which in turn reduces adverse effects and enables more effective prescribing.

A total of 66% of the patients seen in the ED were discharged directly a to a ward and not only contributing to increasing the EKHUFT MR rates but also getting medicines right early and providing the patient with a better experience.

Conclusions

Following this project Pharmacy have placed a Technician service on the ED between the hours of 9am and 4pm each day processing MRs on as many patients as possible before they are discharged either to a ward, directly home or to community services. The designated technician is also available on a bleep for any queries or supply issues the ED may have during this time.
Technicians have been integrated from other areas to the ED supporting the HPTP and movements in the Carter Report.
EKHUFT have also employed a Pharmacist to support the technician in the development of the service on the ED, screening of complex queries and urgent prescriptions. This pharmacist also supports the Clinical Decision Unit (CDU) and the Emergency Assessment Unit (EAU) – both areas used by the ED for patient flow.
There is also on-going work to develop this service further as EKHUFT will be using electronic prescription charts in the future and therefore it is vital to look into further developments in recording MRs electronically.

References

- The Carter Report
- The Hospital Pharmacy Transformation Project
- [3]BMJ Article – *Impact of Integrated Medicines Management Service on preventable medicines –related readmission to hospital: a descriptive study*
- [4]Health Education England report *'Clinical Pharmacists could have a positive impact on patient care in A&E'*