A pilot to evaluate the extension of the role of a Pharmacist Independent Prescriber on a Care of Older Persons /Stroke Ward through the introduction of a Doctor Light Discharge service.

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Introduction: To maintain patient flow and avoid breaches of Emergency Department (ED) targets it is critical that patient discharges are processed quickly and safely. Discharge paperwork consists of two sections. The medication section is prepared by the pharmacist – once complete, medications can be dispensed. Once the discharge summary (prepared by the doctor) is complete, it is attached to the medication section and given to the patient with their medicines. Due to competing demands on medical staff time, there can be substantial delays before a doctor can prepare the discharge summary. Currently there are no published papers considering the impact of a pharmacist preparing both the discharge summary and medication section, to improve the discharge process and more effectively utilise the skills of the team.

Short Description: Usually the pharmacist prepares the medication section only. In this service improvement the pharmacist prepared both the discharge summary and the medication section. Baseline data included the time the medication was ready and the time the discharge summary was received from the doctor.

During the intervention, the time the Doctor Light Discharge (DLD) summary was written by the pharmacist and the time the medications were ready was recorded.

Audits at both stages assessed the completeness of the discharge summary and the DLD.

Aim and Theory of Change: This study aimed to reduce delay in discharge by improving the discharge process on a medical ward and to ascertain if the DLD written by the pharmacist is of a similar standard to paperwork prepared by a junior doctor.

Discharges are a priority for pharmacy staff and there can be delays when the medical staff are preparing the discharge due to other priorities.

Targeted population and stakeholders: Patients diagnosed with TIA/Ischaemic Stroke/migraine/syncope, and who were an inpatient ≤5 days.

Stakeholders: patients, pharmacy, medical and nursing staff.
**Timeline:** Baseline data was collected from 9/11/15 until 4/12/15. Pilot study data was collected from 4/1/16 until 25/2/16.

**Highlights:** Time was recorded from the time pharmacy was informed of discharge until the discharge summary was written. The time reduced from 127 to 33 minutes when it was prepared by the pharmacist, potentially resulting in a quicker discharge. At baseline 87% of patients had to wait after the medication was ready for the discharge summary, with one patient waiting 228 minutes. This can cause reduced patient satisfaction and hinder patient flow.

**Sustainability:** Appropriate staffing is required to ensure that other key pharmacy duties can still be achieved.

**Transferability:** This could be transferred to any hospital with ward based Pharmacist independent prescribers.

**Conclusions:** The results showed that a pharmacist can generate accurate, complete and timely discharge summaries. This service could help improve patient flow, reduce winter pressures and reduce breaches in EDs.

**Discussions:** Analysis indicated that discharge summaries were ready significantly more quickly during the intervention and that all required information was present in letters prepared by the pharmacist. Medical staff were positive about the process and consultants felt the DLD was as good as a letter prepared by a junior doctor.

**Lessons Learned:** Pharmacists involved in this role would benefit from participation in ward rounds to enable them to prepare discharge summaries for a wider range of patients.

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**Keywords:** pharmacist; discharge; reducing delays