

# Transformation Of Hospital Pharmacy Services: Improving the Discharge Process at John Flynn Private Hospital

Kiranjeet Dhillon - South-East Queensland Clinical Pharmacist Educator | Tawanda Chivasa - Pharmacist in Charge John Flynn Hospital Dispensary

## Background

As with many hospitals across Australia, there is considerable wait time from when the patient is informed of discharge to when they are actually discharged. Multiple tasks are undertaken during this time and include booking follow-up appointment, completing discharge summaries, review of pending laboratory test results, awaiting other healthcare professional sign off and the supply of medication lists and medicines from Pharmacy. A common perception at John Flynn Private Hospital by both patients and staff is that Pharmacy is the cause of additional delays.

The current process requires nurses to photocopy all current and old charts, collect the patient's medication and send both to pharmacy with information on estimated discharge times. Any issues identified by a pharmacist would be communicated back to the nurse who would be responsible with looking through the notes or contacting the doctor for prescription clarification. There is little to no pharmacist-patient interaction at the point of discharge.



## Aim

To implement a patient centered, safe and efficient ward-based Pharmacy discharge process (NSQHS standard 1.08 measurement and quality improvement!)

## Objectives

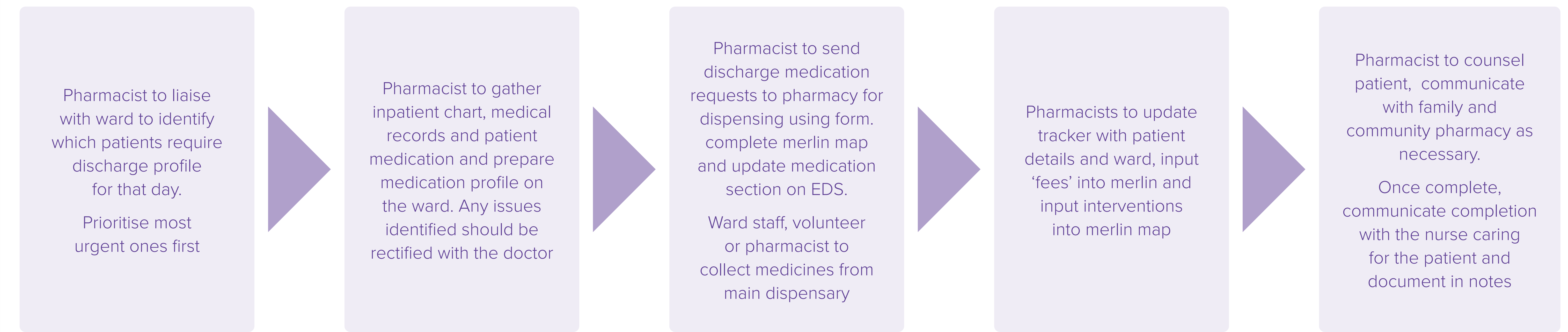
1. Improve communication and relationships with ward nursing staff
2. Ensure patient have access to a pharmacist at the point of discharge and are involved in the discharge process
3. Improve accessibility to a pharmacist for non-discharge related queries

## Methods

A senior pharmacist meeting was held to identify bottleneck with our existing process. It was agreed that a new workflow would be required. This was communicated with all pharmacists via email prior to commencement. A questionnaire was provided to each nurse unit manager to assess baseline opinions of our current services.

A structured approach was taken to roll out the new pharmacy service to each ward in close consultation with each nurse unit manager (NUM). Services were initially rolled out to one cardiac speciality ward using staff with prior experience in providing ward-based clinical pharmacy services. This was to ensure that change in practice was

workable for pharmacists and to provide training to the nurses. The process was refined by creating a discharge order form and upskilling our dispensary technicians with regards to dispensing and invoicing. Roll out to 6 wards was completed within an 8-week timeframe.



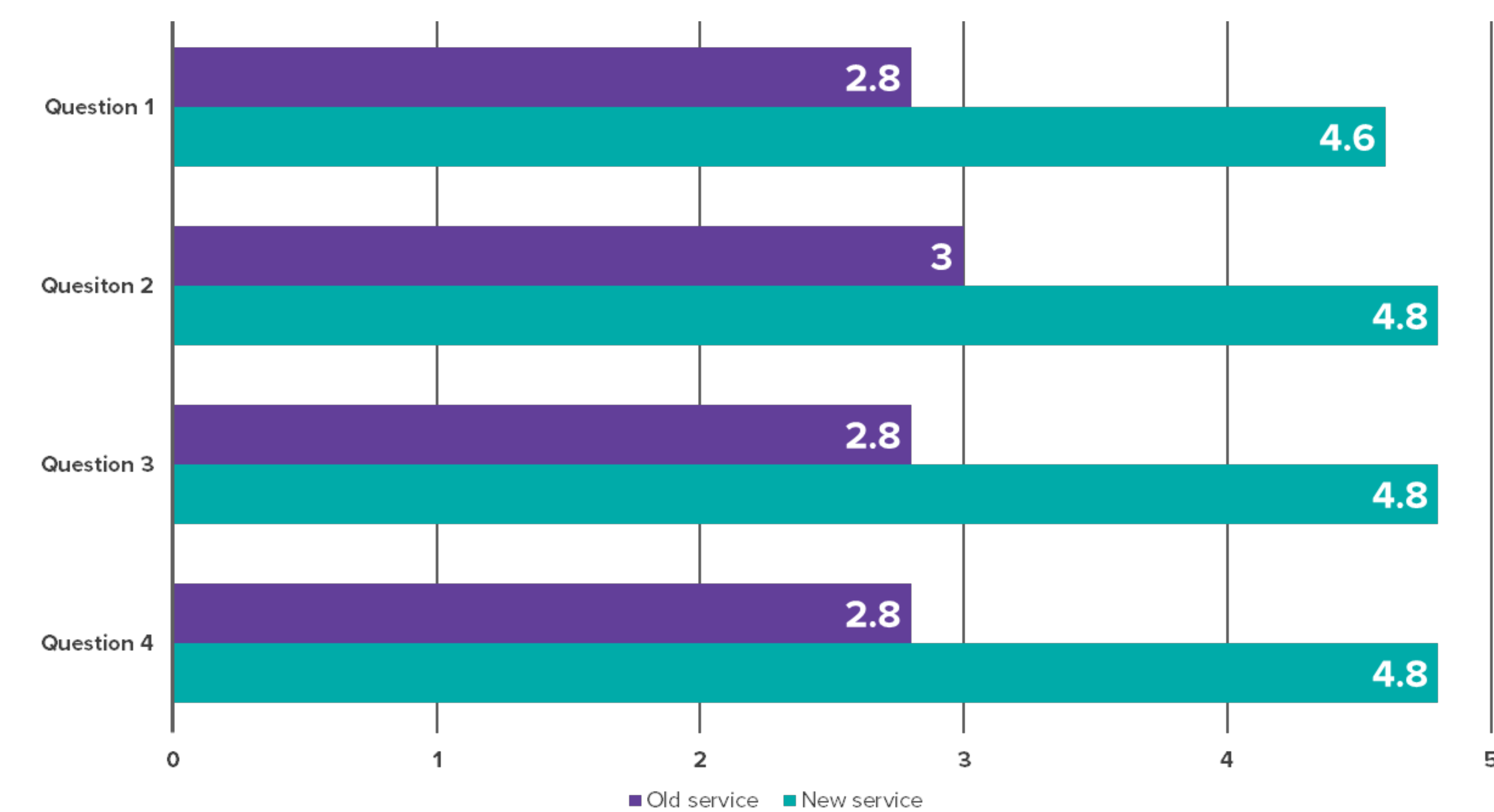
## Results

A similar questionnaire was completed by each NUM post service implementation to establish level of satisfaction. The following questions were asked using a 5-point Likert scale.

1. How do you and your team rate pharmacy discharge services?
2. How do you rate the communication between pharmacy and the ward with regards to discharge medication?
3. How do you rate communication between pharmacy and the ward with regards to other questions e.g. general drug queries?
4. How would you rate the patient experience with regards to the current discharge process?

Each answer was scored 1-5. The average results for each question are shown in Table 1.

GRAPH 1 PHARMACY DISCHARGE SERVICES SCORE PRE- AND POST- SERVICE TRANSFORMATION



## Conclusion

Healthcare systems face the challenge of recognising and improving safety, timeliness of care, quality, and patient satisfaction.

This quality improvement project delivers on all the above and demonstrates how pharmacists are an integral part of the patient care pathway. Changes with the discharge process enhanced the patient experience and improved interprofessional relationships. All objectives were met, and the new service has exceeded expectations.