

# A pilot scheme: 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 targets it is critical that patient discharges are processed quickly and safely.
- Discharge paperwork consists of two sections- a discharge summary (including diagnosis etc.) and a medication section.
- Once a pharmacist has prepared the medication section, medication can be dispensed. When a doctor has written the corresponding discharge summary it is attached to the medication section, and given to the patient with their medication.
- After a patient is deemed medically fit there can be substantial delays before a doctor can prepare the discharge summary. This can be due to medical staff attending ward rounds or carrying out other clinical duties.

- The audit showed that in 100% (25/25) of the letters prepared by the pharmacist all information required was present. In the doctor-prepared summaries, not all of the required information was present.
- The Consultants felt that the standard of the DLD was good and they were positive about the process, with one consultant stating:

*“very detailed/comprehensive. As good if not better than one generated by a medical officer of junior to mid-grade seniority.”*

Table 1: Time patients had to wait for their discharge summary after the medication was ready in the baseline data collection.

Time patient had to wait after medicines were ready for discharge summary to be received (minutes)	Number of patients
Discharge summary ready before medication	11
1 - 29	20
30 - 59	23
60 - 89	15
90 - 119	9
120 - 149	3
150 - 179	1
180 - 209	1
210 - 239	1
<b>Total</b>	<b>84</b>



## Aims

This study aimed to reduce delay in discharge by improving the discharge process by using a Pharmacist Independent Prescriber (PIP) to prepare both the discharge summary and the medication section of the discharge documentation.

## Method

- The study was carried out over six weeks on a Care of Older Persons/Stroke Ward in Antrim Area Hospital.
- Baseline data was collected over one month where the pharmacist prepared the medication section and the doctor prepared the discharge summary. Data included the time the medication was ready for the patient and the time the discharge summary was received from the doctor.
- During the intervention, the PIP wrote both the medication section and the discharge summary (Doctor Light Discharge). Data collected included the time the Doctor Light Discharge (DLD) was written and the time the medications were ready.
- Audits were carried out at both stages in order to assess the completeness of the discharge summary and the DLD.
- Medical staff completed questionnaires in order to ascertain their views on the process.

## Results

- Time was recorded from the time pharmacy was informed of discharge until the discharge summary was written. The time reduced from 127 minutes to 33 minutes when it was prepared by the pharmacist.
- Statistical analysis, carried out using Mann-Whitney U test, indicated that the discharge summaries were ready significantly more quickly during the intervention.
- When the medical staff prepared the summary, 87% of patients had to wait for the summary after the medication was ready.

Figure 1: Mean time the pharmacist prepared the medication section, mean time for the medication to be final checked, and mean time the discharge summary was received, from the time informed of discharge.

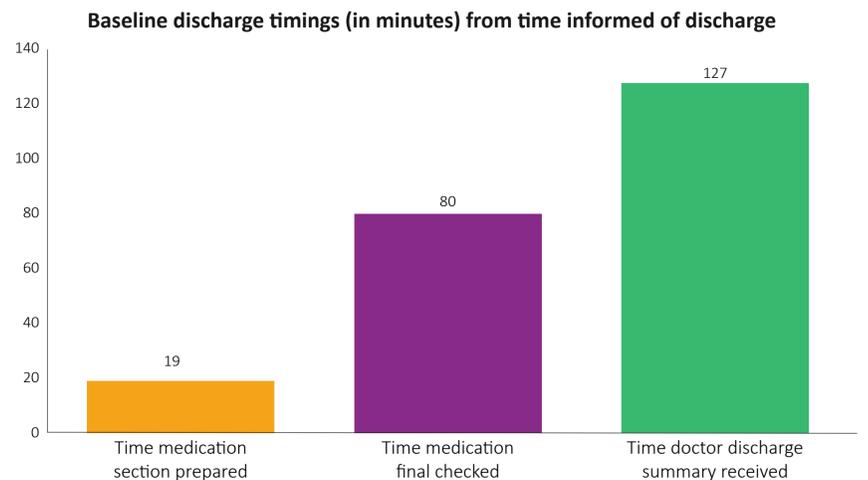
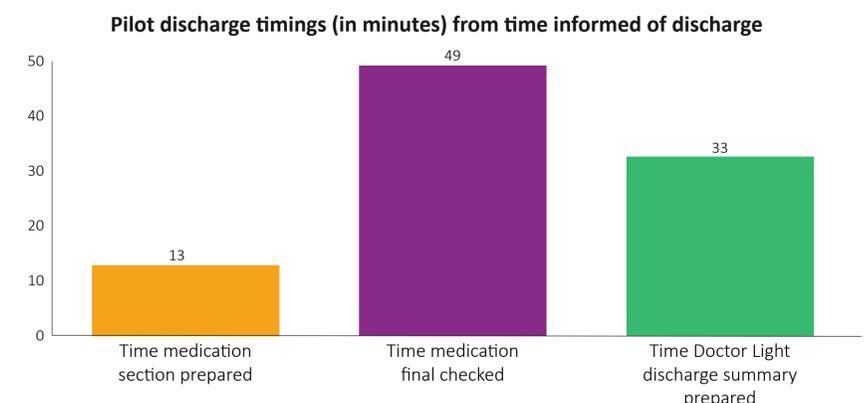


Figure 2: Mean time the pharmacist prepared the medication section, mean time the DLD was prepared, and mean time medication was final checked in the pilot study, from time informed of discharge.



## Conclusion

The results of this study show that a pharmacist, who is an expert in Stroke/TIA, can generate an accurate, complete and timely discharge summary. Further work is underway to ascertain if this service could be extended to other areas and introduced on a larger scale.