



# Pilot of Clinical Pharmacy Service on Sundays to Acute Medical Unit

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## Background

Pharmacy provide a 5-day, Monday-Friday, clinical pharmacy service to in-patient wards. On weekends, the pharmacy service consists of a dispensary only service. As a result of there being no clinical pharmacy service at weekends, there is a peak in new admission workload for the clinical pharmacy service on Mondays, with significantly more patients requiring drug history and medicines reconciliation compared to other weekdays. The Acute Medical Unit (AMU) is the in-patient ward within the trust with the highest number of new admissions, and is subsequently a challenging area for the clinical pharmacy team to cover on Mondays.

## Safety Concern

The peak in patients requiring a drug history to be completed on Mondays is creating an unsustainable workload for our clinical pharmacy team to manage safely. Patients requiring a drug history take longer to review than pre-existing patients. As a result, Mondays are the day of the week that pharmacy review the lowest proportion of patients within the hospital. The fewer patients that pharmacy review, the fewer safety interventions we are able to make and fewer proactive steps we can take to get patients' medication discharge-ready.

## Aim

To reduce by 30% the number of patients on AMU on Mondays that require a drug history, through the introduction of a 12-week pilot clinical pharmacy service on Sundays to AMU

## Methodology

The Pharmacy tracking board on Sunrise EPR was used to identify the baseline number of patients requiring a drug history on AMU each Monday morning. A data collection proforma was used to record the time worked by the pharmacist and pharmacy technician on AMU on Sundays, to record the MRN for the patients reviewed on Sunday and to record clinical interventions made during the clinical pharmacy visit to AMU. Using Sunrise EPR and the MRN, the Monday location of patients was tracked in order to identify whether the patient remained on AMU, had moved to another ward or had been discharged. The time worked by the dispensary pharmacy team was obtained from the pharmacy weekend working time sheet and Health Roster. The Pharmacy Medicines Reconciliation dashboard on the Business Intelligence hub was used to determine the number of patients who had received a review by a pharmacist on Mondays, both baseline numbers prior to the pilot and during the course of the pilot.

<b>Outcome measures</b>	<ul style="list-style-type: none"> <li>The number of patients on AMU on Monday morning for whom completion of a drug history is outstanding</li> <li>The number of patients on in-patients wards at Gloucestershire Royal Hospital that receive a review by a pharmacist on Mondays</li> </ul>
<b>Process measures</b>	<ul style="list-style-type: none"> <li>The number of patients reviewed by clinical pharmacy team on AMU on Sundays and their location on Monday</li> <li>The time worked by the clinical pharmacy team on AMU on Sundays</li> <li>The number of clinical interventions made by the clinical pharmacy team on AMU on Sundays</li> </ul>
<b>Balancing measures</b>	<ul style="list-style-type: none"> <li>The time worked by the dispensary pharmacy team on Sundays</li> </ul>

## Results

Figure 1. Run chart showing the number of patients on AMU on Mondays who require a drug history to be completed. The graph demonstrates a shift, with the number of patients with a drug history outstanding on Monday during the pilot period always below or the same as the median.

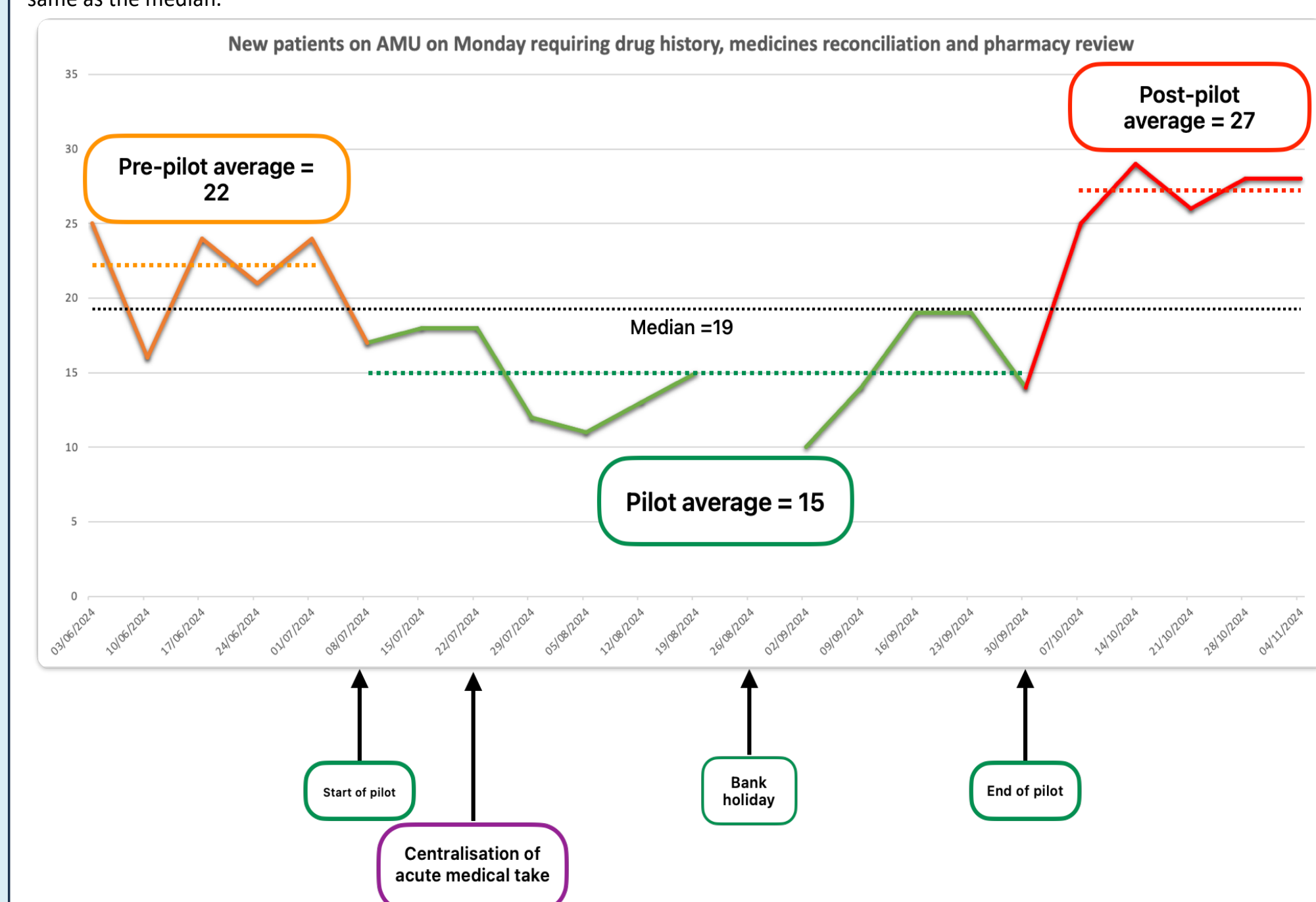
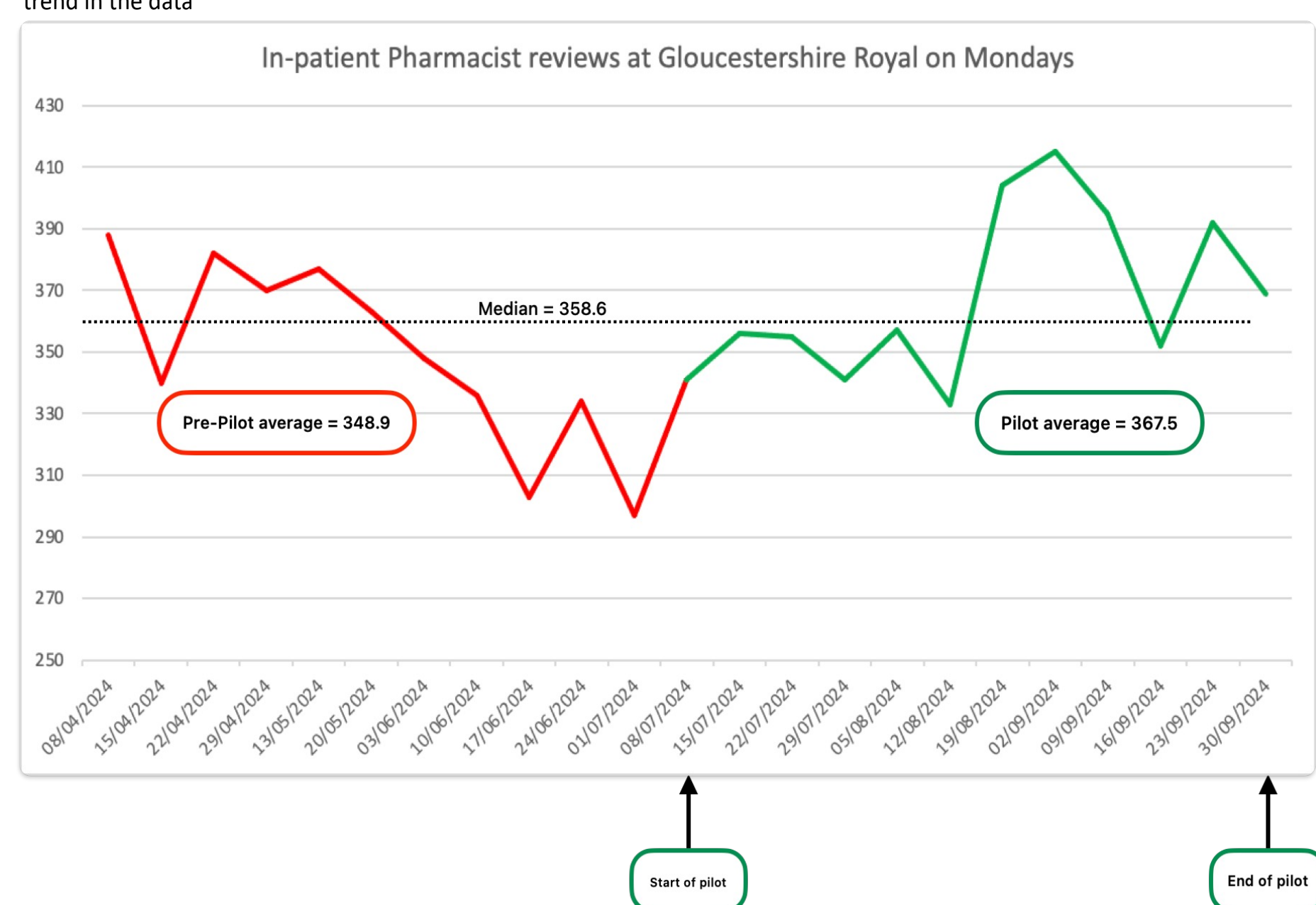


Figure 2. Run chart showing the number of patients across Gloucestershire Royal Hospital who receive a review by a pharmacist on Mondays. The average number of pharmacist reviews is higher during the pilot period, but there is no observed shift or trend in the data.



During the course of the 12-week pilot, a drug history and pharmacist review was undertaken for 206 patients. Of the 206 patients, 34 patients (16.5%) were discharged home before Monday and 172 patients (83.5%) remained as in-patients on Monday. This resulted in 14.25 fewer drug histories required to be performed on average by the clinical pharmacy team on Mondays.

The average time worked by the pharmacist providing the clinical pharmacy service to AMU was 5 hours and for the pharmacy technician was 3 hours 52 minutes.

A total of 178 moderate and 13 major clinical interventions were performed by the clinical pharmacy team during the 12-week pilot. This works out as an intervention rate of 0.93 interventions per patient reviewed.

The dispensary pharmacy team worked a Sunday shift 17-minutes shorter on average during the 12-week pilot period compared to the 2024 pre-pilot average.

## Discussion and future steps

The delivery of a clinical pharmacy service to AMU on Sundays has produced a measurable and consistent reduction in workload for our clinical pharmacy team on Mondays. Providing a clinical pharmacy service on Sundays enables pharmacy to make important clinical interventions for patient safety earlier than would be done otherwise. The pharmacy team were surveyed regarding the benefits of the clinical pharmacy service on Sundays and unanimously gave their backing to exploring the possibility of delivering a weekend clinical pharmacy service permanently. The project has been presented to the D&S Division-Pharmacy service line meeting and will be presented to the Medical Division. There are other admission areas within the hospital that would benefit from a weekend clinical pharmacy service. We are planning to request funding to implement permanently a weekend clinical pharmacy service. The delivery of this pilot was only possible thanks to the 17 pharmacists and pharmacy technicians who kindly volunteered their time on Sundays.