



South West London
Academic, Health and Social Care
 System

Case Studies- Series 2

Ward Embedded Pharmacist Relieves Pressure on Nurses

In hospital wards across the UK, recruitment and retention of quality nursing staff is a familiar and ongoing challenge. St George's University Hospitals NHS Foundation Trust in south west London have found an innovative way to relieve the pressure, by introducing a new pharmacy based medication administration role embedded on the ward working alongside nurses.

This novel approach to revising the staff skills mix could help the Trust to address their reliance on costly and temporary agency staff, and potentially lead to substantial savings, better patient care, safety and satisfaction; and a decrease in the number of medication incidents.

Specialised Staff Share the Load

Starting in January 2015 pharmacist Natasha Moore was embedded in the nursing team on St George's paediatric ward. She would work solely on this ward with the role firmly embedded in the nursing team.

"The ward mostly dealt with surgery, neurosurgery and urology. But because it was covered by eight or nine teams this meant it was extremely busy." – **Efe Bolton**, Principal Pharmacist, Women and Children Services, St George's University Hospitals NHS Foundation Trust



Currently the ward pharmacist is present on the ward for three hours of the day, with duties elsewhere in the department. The new extended role has the pharmacist working solely on the ward administering intravenous and oral medication. Increased presence on the ward allows the pharmacist to take responsibility for all issues relating to medication on the ward; responsibilities that had previously fallen to overstretched nurses when doctors or the central pharmacy team were unavailable. And the team found other advantages to this simple staffing solution.

Nurses Freed up to Focus on Patients

The pharmacist records every intervention she makes, for example, quantifying exactly how much time she spends checking medication

'Making best practice accepted practice'

with nurses, talking to doctors, facilitating discharges. At the end of the pilot this will enable the team to see how much time and resources have been saved, and help assess the ongoing feasibility of this approach.

*“The main benefit is that it has freed up nursing time and improved patient experience E.g. They can take a patient down to theatre without worrying about missed or late doses for other patients back on the ward. They know I am taking care of that for them.” – **Natasha Moore**, Embedded Pharmacist, Paediatric Ward, St George’s University Hospitals NHS Foundation Trust*

*“We recognise the challenge we face in nurse recruitment and the need to look at new roles and ways of working. This has been an excellent innovation that has enhanced the pharmacist’s role, while benefiting nursing time and improving patient safety through improved knowledge and effective team work across the MDT.” - **Jo Howarth**, Divisional Director of Nursing Governance.*

An audit of the pharmacist’s interventions has demonstrated a saving of nursing time of 50 hours/month in the capacity of a second check of intravenous medication. A further 40 hours/month of nursing time was saved by facilitating discharges.

Additional Benefits of On Hand Expertise

Having a pharmacist present throughout the day has also helped prevent and resolve errors with medication. The pharmacist’s record of interventions shows she has often been able to pick up on errors that previously may have gone unnoticed; and correct the situation before administration.

An audit of intravenous drug prescriptions (n=452) over a 4 month period, required an intervention in 7% (n=33) of prescriptions by the pharmacist.

Improved presence at ward rounds and discharge planning meetings enables the pharmacists to prompt requests for discharge medication and reduce delays in discharge. Problems with discharge medication are now picked up more quickly and resolved by the pharmacist without involving the nurses.

Positive Impact on Staff satisfaction.

The scheme has also been very well received by the nursing and medical staff, with significant improvement in communications across the team. Being able to be proactive in planning of patient care has had a major positive impact. It has extended the pharmacists role in patient care and contributed to improving staff morale

“Nurses recognise and value the role the pharmacist plays on the

*ward in this extended role.” – **Efe Bolton**, Principal Pharmacist, Women and Children Services, St George’s University Hospitals NHS Foundation Trust*

*“Very happy to continue to support the initiative as it has brought benefits to both medical and nursing staff raising their awareness of medicines management. I would very much like to see the role extended to all paediatric wards” – **Anne Walker**, Head of Nursing Children Services*

Due to the success of the scheme it has now been extended from six to eleven months. Further funding will be sourced to make this a permanent role and roll it out to other wards.

South West London Academic, Health and Social Care System

St George’s, University London,
Cranmer Terrace
London
SW17 0RE



@SWLSYSTEM



GCAHSN@sgul.ac.uk



www.swlondonssystem.org
