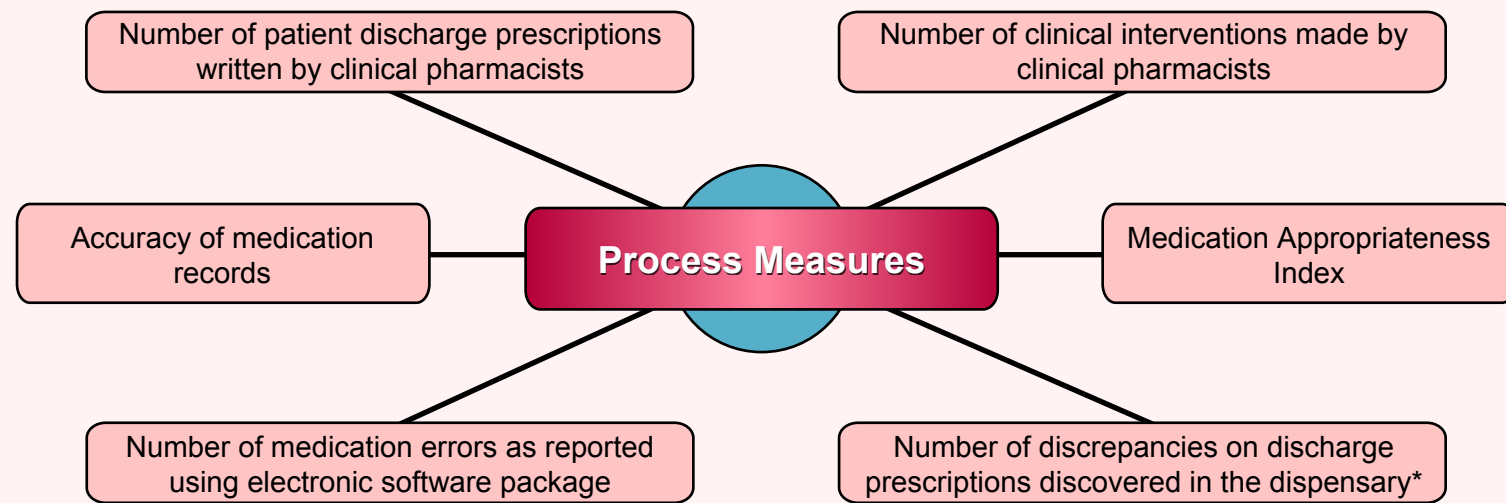


## Aim

To improve patient safety by increasing the number of discharge prescriptions written by clinical pharmacists to 95% within 3 years, and to increase efficiency through a reduction in readmission rates to hospital by 50% within 3 years, as part of the overarching improvement process of integrated medicines management.

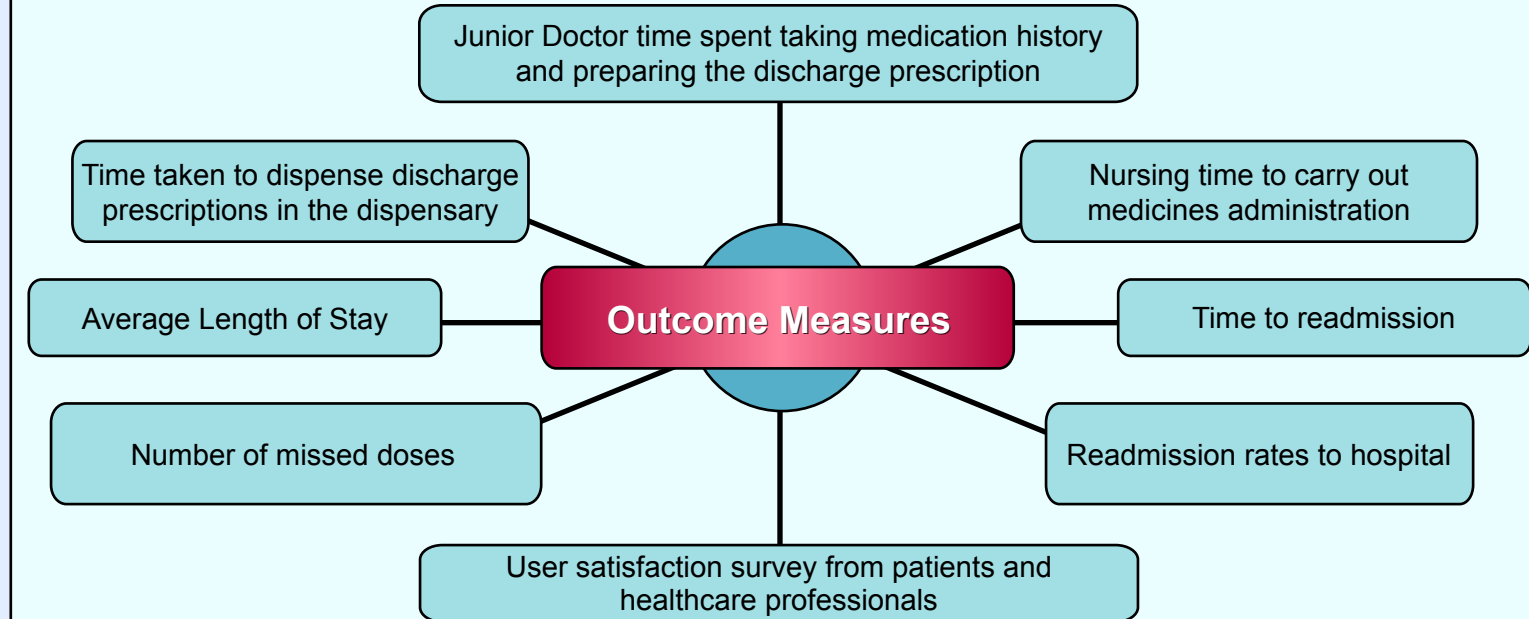
## Process Measures



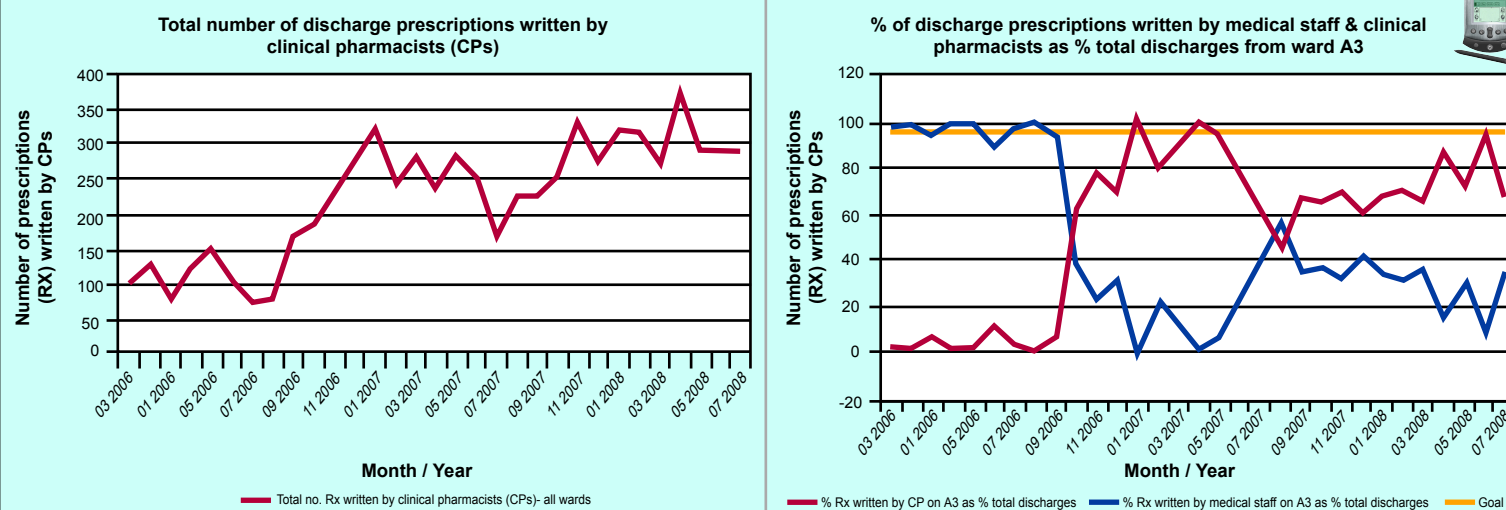
## Sampling Methods

Data was collected on all patients discharged from all wards in Antrim Area Hospital. None were excluded.

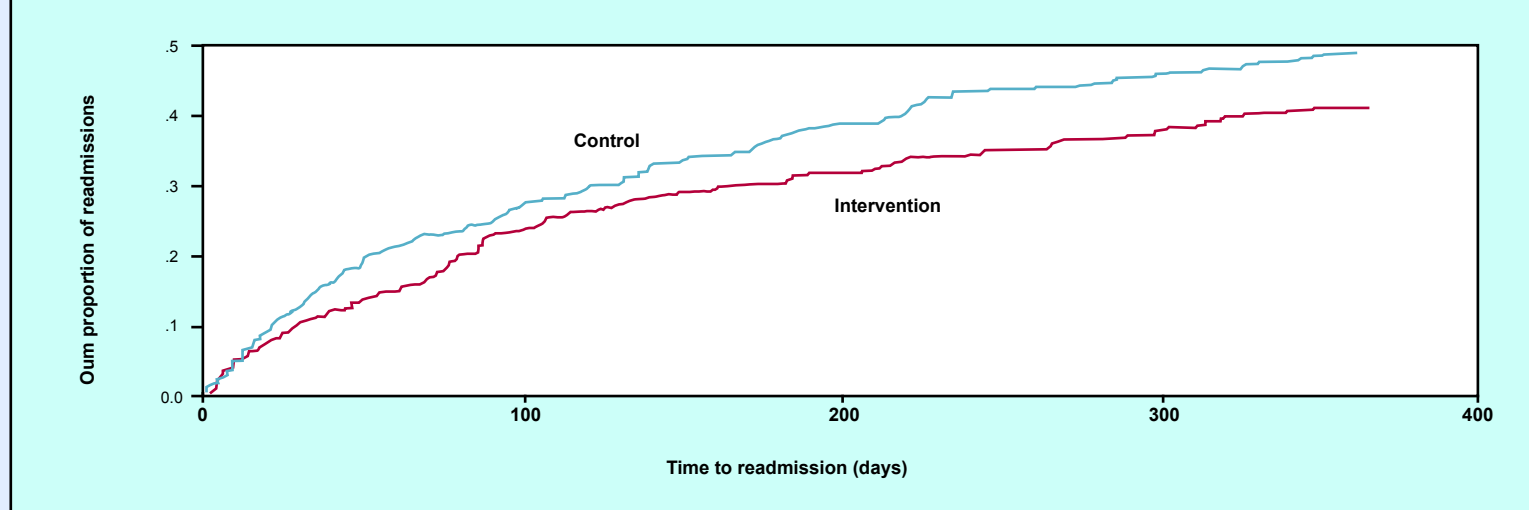
## Outcome Measures



## Patient discharge prescriptions written by clinical pharmacists



## Time to readmission



## Details on the changes made

The 'change package' involved throughout the development and implementation of the IMM project has involved those changes listed below, with subsequent developments having taken place since project completion. This would include 'One Stop Dispensing', and enhancement of the software package described below:

- Identified risks to patient safety through literature search and own research
- Recruited additional 5 clinical pharmacists and 5 pharmacy technicians
- Developed a new IT software package to record clinical interventions made by the clinical pharmacists (epics, electronic pharmacy intervention clinical system)
- Developed a list of selection criteria for targeted patients, based on previous research\*\*
- Developed a standardized medication history form for use at the patient admission stage
- Developed a working pharmaceutical care plan
- Developed a protocol for clinical pharmacists for the generation and authorisation of discharge prescriptions
- Developed systems to enhance the electronic transfer of medication histories from the GP's surgery to the clinical pharmacist on the ward
- Developed the role of the pharmacy technician