

Where measured, staff appeared to hold positive beliefs about the effectiveness of antipsychotics in BPSD (n=5). GPs were held responsible for reluctance to complete medication reviews and discontinue antipsychotics in residents (n=1). Antipsychotics were thought to be mainly prescribed for the management of behavioural problems such as agitation, aggression, resistance to care, wandering, hallucination (n=5). Risperidone was stated as a commonly prescribed antipsychotic (n=1). The most frequently reported adverse effects of antipsychotics were increased risk of falls and sedation (n=3). Lower staff education, lack of training, poor antipsychotic medication reviews, lack of resources to implement nonpharmacological methods, and longer working hours/lack of time were viewed as barriers to deprescribing of antipsychotics (n=6). Time was a constraint in managing behavioural problems (n=1). Measures used by the staff to reduce antipsychotic usage included medication reviews, staff education about dementia and its management, dose adjustment of antipsychotics, behavioural assessment tools and nonpharmacological interventions (n=5). Some staff highlighted the need for education, training, resources, and financial and clinical support to reduce the use of antipsychotics (n=4).

Conclusion: This is the first systematic review which synthesizes quantitative data exploring staff attitudes towards giving antipsychotics to care home residents with BPSD. The positive beliefs about the effectiveness of antipsychotics and the barriers to deprescribing identified provide the impetus for further research. This study was limited by excluding non-English papers. Another limitation was that some domains were rarely explored, e.g. commonly-prescribed medicines, meaning medication preferences could not be summarised.

References

- (1) Janus SI, van Manen JG, IJzerman MJ, Bisseling M, Drossaert CH, Zuidema SU. Determinants of the nurses' and nursing assistants' request for antipsychotics for people with dementia. *Int Psychogeriatr*. 2017 Nov 21;29(3):475-84.
- (2) Sharma A, Duc NT, Thang TL, Nam NH, Ng SJ, Abbas KS, et al. A Consensus-Based Checklist for Reporting of Survey Studies (CROSS). *J Gen Intern Med*. 2021 Apr 22;36(10):3179-87.

SERVICE EVALUATION OF THE EFFICIENCY OF MOVING DISCHARGE MEDICINE REQUEST SCREENING FROM THE DISPENSARY TO HOSPITAL WARDS OVER A TWO-YEAR PERIOD

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Introduction: It is a common patient perception that their discharge from hospital is delayed by waiting for medicines (1). However, it is important to consider the entire discharge process when addressing this problem (2). In our large tertiary referral hospital, clinical pharmacy services were

moved from wards to the dispensary following a staffing crisis during 2018. Ward-based services were reintroduced in 2020, but doubts remained over the practicality and benefits of doing this.

Aim: To compare the efficiency of ward and dispensary based clinical pharmacy services in our hospital in terms of interventions made and time taken.

Methods: We completed an observational service evaluation. Data on the time taken to process discharge medication requests with the dispensary-based service were collected retrospectively from the hospital electronic discharge system for 12 months (2018) for five medical wards. Equivalent data for the ward-based service were collected prospectively over three days (2020) by pharmacists delivering the service to seven medical wards, as this was considered more accurate, and several process steps did not exist in the ward-based model. For example, *prescriber sending request to pharmacy* and *pharmacy acknowledging receipt* of a request. The prospective data collection period was curtailed by Covid-19. Descriptive statistics were produced using Excel.

Results: Using the dispensary-based service (2018), 4459 medicine requests were processed from 5 medical wards, during a 12-month period. The mean time between prescribing and reaching the screening pharmacist was 175 minutes [95%CI ± 25.4]. It took an estimated time of 62 minutes [95%CI ± 2.99] to screen and resolve an intervention, with a mean of 3 interventions/ward/day. In 2020, using the ward-based approach to clinical pharmacy which screened medicine requests on the ward, 142 requests were screened over three days from seven wards, with no delay between prescribing and clinical screening. It took a mean of 17 minutes [95%CI ± 10.63] to screen and resolve an intervention, with a mean of 15 interventions/ward/day.

Conclusion: Ward based pharmacy yielded five times more interventions, took an average of 45 minutes less to screen and resolve issues per request and removed 175 minutes of process time. The additional time required to resolve issues identified in the dispensary-based screening process was thought to be the delay in contacting either the appropriate member of the ward staff referencing a particular patient for information or identifying and contacting the prescriber, or a combination of both. This study is limited by the long delay between data collection periods and the small sample size in 2020, but the differences between the two systems were large and there had been few other changes to hospital systems. Other limitations include changes related to Covid-19 and the lack of a control group, so it is not possible to establish a causal relationship between the type of pharmacy service and study outcomes.

References

- (1) Wright S, Morecroft CW, Mullen R, Ewing AB. UK hospital patient discharge: the patient perspective. *Eur J Hosp Pharm*. 2017 Nov;24(6):338-342.
- (2) Green CF, Hunter L, Jones L, Morris K. The TTO Journey: How much of it is actually in pharmacy? *Pharm Man*. 2015 Oct;31(4):16-20.