



## Service Priorities and Programmes Electronic Presentations

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### **Processing of Discharge Prescriptions: A Pharmacy Perspective**

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#### **Introduction**

The time required for discharging a patient is significantly lengthened by the preparation time of discharge medications. Overdue discharge unnecessarily increases hospital bed occupancy, and delays

Non-Emergency Ambulance Transfer Service (NEATS), causing inefficient resource utilization. Nevertheless, processing of discharge prescriptions has been scarcely evaluated. This is a descriptive, cross-sectional investigation to appraise the dispensing and delivery time of discharge medications.

#### **Objectives**

This study aims to audit the processing of discharge medications quantitatively in terms of dispensing and delivery time. This acts as a guide to improve pharmacy services by putting forward recommendations in light of the results obtained.

#### **Methodology**

The time upon receiving prescriptions, departure of medications from pharmacy, and arrival of medications at wards was recorded. The time elapsed between the former two and that of the latter two were calculated as the dispensing and delivery time respectively. Unpaired t-test, independent-sample t-test, and one-way ANOVA were used to perform subgroup analyses after stratifying results into categories.

#### **Result**

92 discharge prescriptions were delivered during investigational hours throughout the 5 weekdays of investigation. On average, the dispensing time required per prescription was 62.1 minutes, the delivery time was 12.8 minutes. The mean total time taken was 74.9 minutes. The longest processing time (92.7 minutes) was noted on a Thursday, the peak day of Specialist Out-Patient Department prescriptions. Discharge prescriptions were further dichotomously divided into 'urgent with NEATS' (n = 83) and 'without NEATS' (n = 9). The total time taken for 'urgent with NEATS' prescriptions was lower, but not significantly, than that of 'without NEATS' prescriptions (73.9 versus 84.7 minutes, p = 0.33). The results reflected that existing

prioritization of 'NEATS' discharge prescriptions is insufficient. A specific dispensing staff could be designated as the responsible person of such prescriptions. Special ticket numbers might also be assigned to assist drug picking and handling. In order to reduce discharge prescription processing time as a whole, out-patient and discharge medications should be treated as having the same priority during drug picking. A significant proportion of dispensing time could be attributable to pending delivery time. Increasing delivery frequency might also reduce the total time required for processing of discharge prescriptions.