Healthcare Innovations
How practice has changed

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Purpose: To determine if collaborative ordering of medications (COOM) by a pharmacist within a general medical team improves the quality and accuracy of prescribing on admission, improves patient flow and increases deprescribing.

Methods: A COOM pharmacist worked alongside Med2A from admission to discharge for eight weeks. The pharmacist's role included completing a Medication Action Plan (MAP) during the admission process and collaborative prescribing of medications with the medical team. The pharmacist also attended daily ward rounds and facilitated discharges. Med4B was used as a control, and they received usual pharmacy services.
The quality of the National Inpatient Medication Chart (NIMC) was assessed using the validated NIMC audit tool.
Accuracy was assessed by comparing the MAP to the NIMC.

RESULTS	NIMC audit error rate	Prescribing errors	Medication omissions	Number of regular medications on discharge	Number of patients discharged prior to midday
Current model (Control)	33.9%	1.17%	10.2%	+15%	25% (historical Med2a data)
COOM	17.4%	0.18%	6.3%	-6%	36%
Improvement	49%	85%	38%	140%	44%

IF YOU CHANGE NOTHING, NOTHING WILL CHANGE!

Conclusion: By incorporating a pharmacist into a general medical team for Collaborative Ordering of Medications it showed an improvement in quality and accuracy of prescribing. It also showed that patients were discharged with fewer regular medications and improved patient flow by increasing the number of patients discharged before 12 noon.

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