

Further research is necessary to provide more evidence that primary care pharmacists could be further utilised in supporting young people with their medications.

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P035 PATIENT FACING PHARMACIST REDUCES LENGTH OF STAY FOR PAEDIATRIC SHORT STAY PATIENTS

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Aim To reduce the average length of stay (LoS) of paediatric inpatients requiring discharge medication (TTO's) on the short stay pathway (Comet).

Methods A paediatric multi-disciplinary team (MDT) used the model for improvement to identify stakeholders and key drivers for change. The Comet patient journey was mapped from A&E to discharge. Plan-Do-Study-Act (PDSA) cycles were used to reduce LoS, targeting the addition of a paediatric pharmacist to the morning ward round and use of over-label packs to facilitate nurse-led discharge for simple TTO's required within 2 hours. Data was collected over a two week period in summer; PDSA 1 baseline data, one week prior to change; PDSA 2, one week after implementation. Baseline measurements included time taken to write, screen and dispense TTO and the average LoS. Data was collected via the electronic prescribing system (Lastword). Patients eligible for the Comet pathway were included for analysis. Results were analysed using Microsoft Excel. Ethics approval was not required for this study.

Results PDSA one; 15 patients admitted onto the Comet pathway. 67% patients were admitted outside working hours. Six patients needed TTOs, 33% were written out of hours and all dispensed by pharmacy. Average time to writing TTO 14.6 hours (16minutes-44hours); time to pharmacist clinical screen 19.4 hours (6 minutes – 21 hours); average time for pharmacy to dispense TTO after screening 2 hours (69–203 minutes); average LoS for all Comet patients 17.6 hours (8–44) and 26 hours (14–44) for those needing TTO's. Post implementation 12 patients were eligible for the Comet pathway. 83% patients were admitted outside of hours. Six patients needed TTO's, 16% were written out of hours and 33% were dispensed by the nursing team. Average time to writing TTO increased to 20.2 hours (14–26), average time to pharmacist clinical screen was reduced to 10 minutes (1–98) and average time for pharmacy to dispense TTO reduced to 57 minutes (47–74). Average LoS for Comet patients was similar to PDSA 1 at 17.7 hours (3–27) but reduced to 20.8 hours (5–27) for those needing TTO's.

Conclusion Increasing patient-facing time of pharmacists to improve outcomes is recommended by the Carter report.

(1) Pressures in emergency-care to free up beds for patients means we need to look for creative solutions. (2) This study found the addition of a paediatric pharmacist to the ward round increased efficiency of writing, screening and dispensing TTO's - dramatically reducing time to screening TTO's; and the average LoS by 5 hours. The pharmacist was aware of Comet discharges at the time of decision to discharge and

was on hand to resolve medication related issues. New doctors in August could explain the increased time to writing TTO's in the second week. Promotion of nurse-led discharge via over-label packs reduced the number of TTO's sent to pharmacy. Limitations include 2 weeks of data over summer were analysed and non-paediatric hospital activity would impact pharmacy dispensing time. Future work will test how pharmacist transcribing TTO's on the ward round affect LoS and to review pharmacist clinical interventions to assess impact on outcomes.

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P036 PATIENTS WITH LEARNING DISABILITY, VIEWS ON THE USE OF A PATIENT-HELD MEDICATION PASSPORT

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Aim To establish the views of adolescent patients with learning disabilities and their carers, of the patient-held medication passport (My Medication Passport-MMP).

Methods A questionnaire was devised to find out if patients/carers thought a patient-held record of their medications (the MMP) was useful and to suggest improvements as appropriate. The MMP is a patient-held record of medicines use available as a passport sized booklet.¹ MMPs were distributed to patients and carers for them to read and review at a patient focus group. Ethics approval was not required for this study.

Results 20 questionnaires were sent and a total of 17 completed questionnaires were returned (85% response rate). 70% (n=12) of the questionnaires were completed by carers, 24% (n=4) by family members and 1% (n=1) by a patient. 100% (n=17) of carers/patients who reviewed the MMP found it useful. When asked about features they liked about MMP; Seven carers noted the MMP was easy to use; four carers felt MMP was a good way to keep (personal) medicines information up to date; with three further clarifying that it could be used as a 'concise way of keep track (of medicines)' and two specified they liked that 'all the information is in one book'. When Patients/carers were asked for ways MMP could be improved; two carers asked for more space to document past medication, including an area to 'keep track of the behaviours and how it is exhibited because of the medication'; one carer noted that 'some youngsters would benefit from more visual learning' and one asked for a version to be made available via app on smart phone. Limitations included a small sample with limited exposure to MMP. The patient group sampled may not be representative.

Conclusion Passports as tools aim to help patients better manage their medicines and have been successfully used in a patient with learning disability.² It is encouraging to see that this small group of patients with learning disability find the MMP useful. Suggested adaptations to MMP for this patient group included it being more visual, and having areas for past medication. Other trials of MMP have suggested that it may require a section surrounding medicines administration. Patients have since been directed to the MMP app which can