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# **Green, amber, red: A study of the changing status of low priority 'green' patients in a clinical pharmacy patient 'triage' system**

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## **Background**

'Prescription for Excellence' maps the future of pharmacy in Scotland highlighting the importance of access to clinical pharmacy services. Clinical pharmacy resources are limited and pharmaceutical care cannot be provided to all patients every day. NHS Greater Glasgow & Clyde clinical pharmacy service has implemented a 'triage' system to highlight and prioritise patients to receive pharmaceutical care. It categorises patients as 'red' (high priority), 'amber' (moderate priority) or 'green' (low priority). Once patients are categorised as 'green' they will not be reviewed by a clinical pharmacist again until discharge. Though in development, there were no agreed criteria for ongoing clinical pharmacy review of these patients.

## **Aim**

The aim was to investigate the changing status of 'low priority' patients to characterise their pharmaceutical care issues and any changes to 'priority' status.

## **Setting and Method**

This study identified a convenience sample of patients in the medical wards of the Victoria Infirmary, Glasgow over a two week period. Medical notes and immediate discharge letters (IDLs) were reviewed retrospectively to determine, on each day of admission from being categorised as 'green', what if any pharmaceutical care issues developed. Data was collected using a pre-piloted data collection tool that was developed and reviewed by an expert panel. Data analysis was primarily descriptive to determine the changing status of 'green' patients through analysis of the number and character of care issues including clinical significance of issues via the expert panel. NHS ethical approval was not required.

## **Results**

Of the 99 'green' patients 67 (67.7%) remained low priority until discharge, 28 (28.3%) developed pharmaceutical issues that changed their status and four (4%) were erroneously triaged 'low priority' and excluded. Forty-one pharmaceutical care issues were identified, with 30 (73.1%) resulting in escalation to 'amber' and 11 (26.1%) resulting in escalation to 'red'. An expert panel reviewed the issues and 48.8% were deemed potentially clinically significant and two issues were deemed potentially very clinically significant where a pharmacist could have prevented potential major toxicity and/or organ failure. At discharge 61 interventions were made on clinically reviewing the IDL, 17 (27.9%) had been previously identified and documented in the medical notes but not actioned by medical staff.

## **Conclusion**

The majority of 'green' patients remained so until discharge. Over half of the issues identified, in the remainder, were clinically significant. Interventions made on discharge had been previously identified by a pharmacist and documented in medical notes but not actioned by medical staff. Clinical pharmacy resource is not available for ongoing monitoring of 'low priority' patients. This highlights the need for a referral process back to clinical pharmacy services and set criteria to be defined. The characteristics of issues identified will guide the criteria for referral. Overall 'triage' is effective but a proportion of 'green' patients developed pharmaceutical care issues and these patients should be highlighted for clinical pharmacy review.

## **References**

Acknowledgements

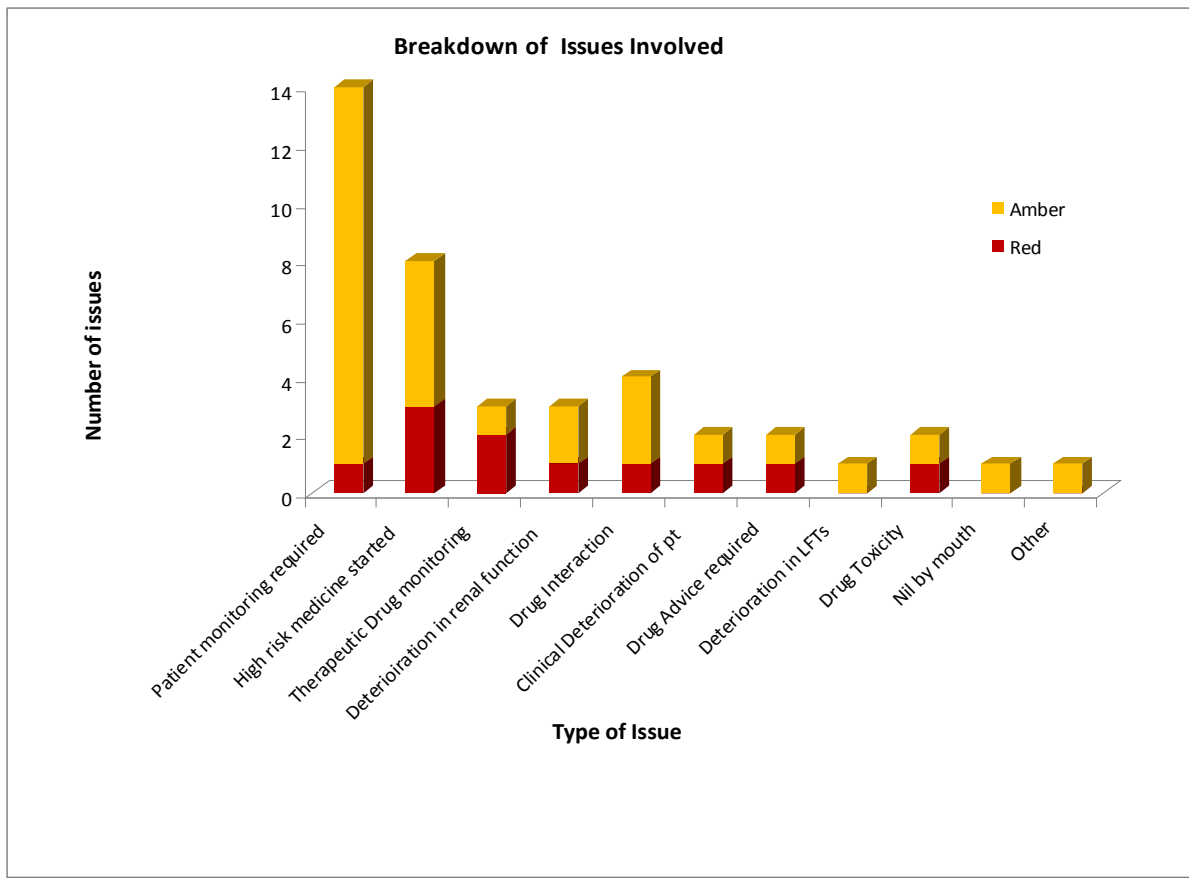


Figure 1: Breakdown of care issues leading to change in patients' prioritisation status to 'red' or 'amber' (N=41)

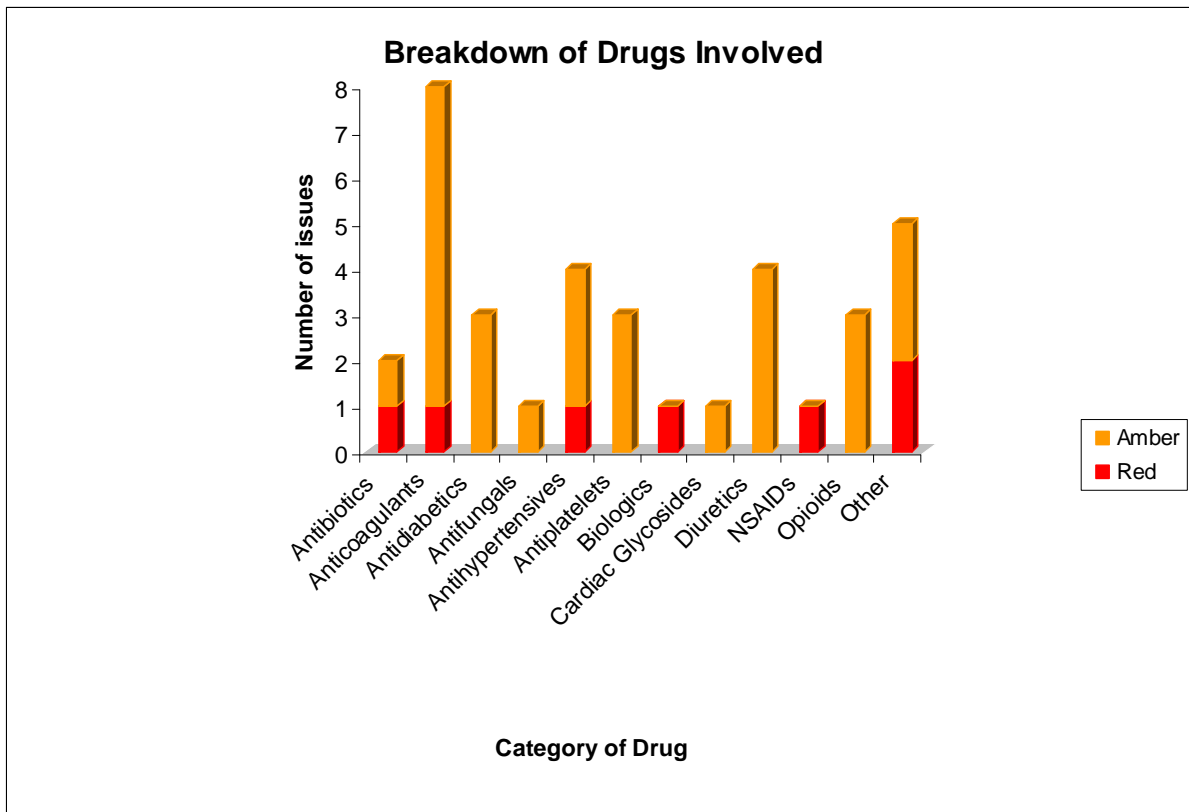


Figure 2: Breakdown of drugs involved (N = 36)

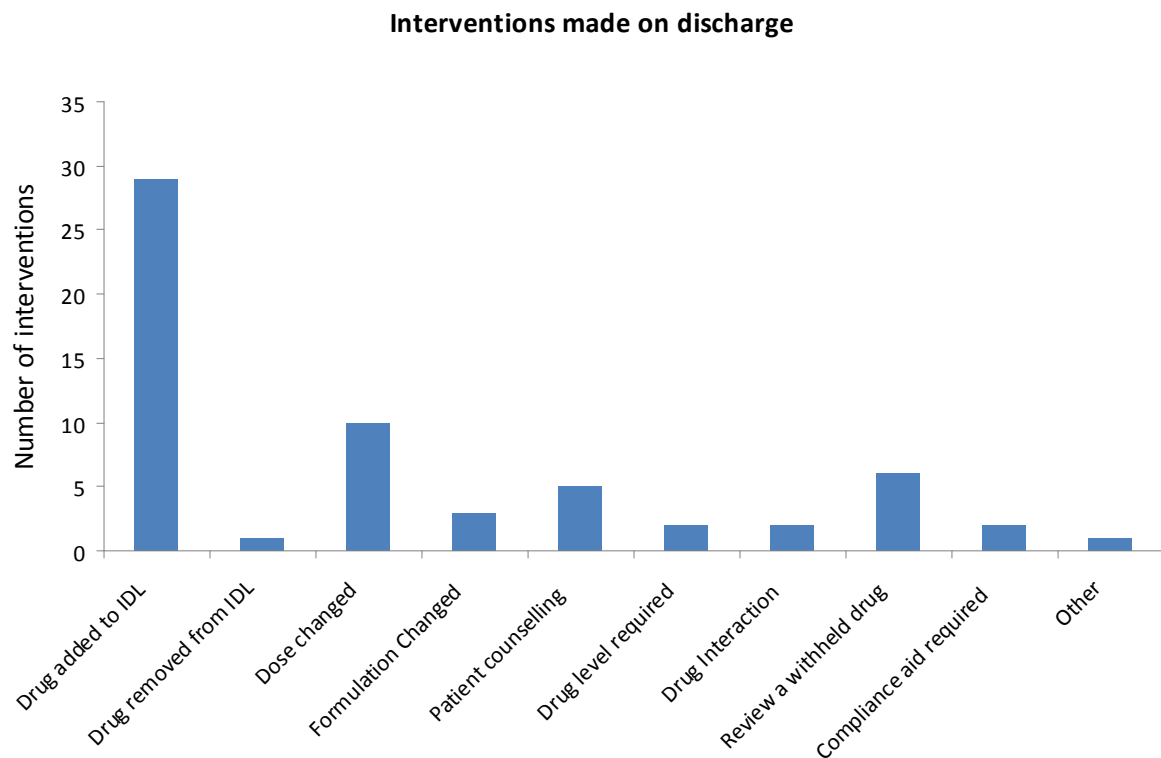


Figure 3: Breakdown of interventions made on discharge (N = 61)