Partnered medication review and charting between pharmacists and medical officers

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Background

- Medication histories obtained in ED form the basis of inpatient medication regimens – yet, inaccuracies are common [1]

- Delays in charting of pre-admission medicines by medical staff when admitted to inpatient units

- A partnered model of medication review and charting between clinician and pharmacist was developed
  > For patients admitted to the Emergency Short Stay Unit (18 beds) and General Medical Unit (70-100 beds)

Aim

To assess the safety and effectiveness of partnered medication charting between pharmacist and medical officer in an ESSU and GMU
Methods

- Development of pharmacist charting credentialing program
- Development of formal hospital guideline for charting model
Pharmacist admission model for AAU / ESSU

AAU

Admitting registrar
Admitting pharmacist

ED

Discussion about clinical background and assessment (ISBAR) and medication related issues (inc. VTE prophylaxis)

Admitting registrar documents "regular medications as per pharmacist" in notes

Credentialed pharmacist completes MRF, charts appropriate regular medications and VTE prophylaxis

ESSU

Intern Consultant ED Pharmacist

Communication of any identified issues

8am-7pm Monday-Friday

Reconciliation by unit pharmacist within 24 hours

7am-9pm Monday-Sunday
Pharmacist admission model

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THE ALFRED

INPATIENT PROGRESS NOTE
ALL ENTRIES MUST BE DATED, SIGNED AND DESIGNATED

<table>
<thead>
<tr>
<th>Date, Time &amp; Designation</th>
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<tbody>
<tr>
<td>1/1/23</td>
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PHARMACIST charting of regular admission medication

Reason for admission & current clinical issues:
Hip pain - Carey Mott

Changes to admission medications in consultation with doctor:
- ↑ Tacrine to 10/5 BD
- Dr to clonidine breakthrough dose
- LHR - Metoprolol 100mg BD
- ↑ Cefoxitin to BD
- Ceaze, Almotriptan - Thrombus (added anticoag)
- Proli BSC Central - Fentanyl to 120mcg (A to max)

Dr to chart starting dose/short insulin for rectal

VTE prophylaxis (considerations and dose):
Risk category: High
Does patient have any contraindication for VTE prophylaxis: No
VTE prophylaxis charted: Clonidine, Arlofin, (oral, subcut, intravenous agents)

<table>
<thead>
<tr>
<th>James Baker</th>
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<tbody>
<tr>
<td>6169</td>
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</table>

Credentialed pharmacist: Signature: Pager: Date:

Doctors Declaration of Pharmacist Admission Medication Charting

Nursing staff to administer pre-admission medications and VTE prophylaxis as charted by pharmacist

<table>
<thead>
<tr>
<th>Very Yc</th>
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Medical Doctor: Signature: Pager: Date:
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Alfred Health
Medication Reconciliation Form (MRF)

Medicare No:
NHS Card No:

Date:

MRF Initiated by:

Discharge Medication:

Presentation/Conditions:

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Methods

– Prospective Audit

– Study period = service initiation (Nov 2012) until April 2013

– Data collected by pharmacist & medical officer at first formal interdisciplinary ward round
Results

**Examples**
- Warfarin for post-CABG AF, patient now in SR
- Prazosin & postural hypotension
# Results

**Examples**
- Nephrotoxic agents & AKI
- Anticoagulants & active bleeding
- Antihypertensives & hypotension

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<td>549</td>
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<tr>
<td><strong>Drugs reviewed</strong></td>
<td>4901</td>
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<tr>
<td><strong>Drugs ceased</strong></td>
<td>136</td>
</tr>
<tr>
<td><strong>Drugs charted</strong></td>
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<td><strong>(8.8%)</strong></td>
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<td><strong>Dose change</strong></td>
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<td><strong>(2.3%)</strong></td>
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## Results

**Table 2: Pre-admission medications charted by pharmacist**

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**Examples**
- Increased analgesia for pain
- Decreased beta blocker – bradycardia
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*Errors
- Omitted medication (n=4)
- Incorrect dose (n=1)
- Incorrect dose form (n=1)
- Incorrect medication (n=1)
Discussion

Benefits

– lower error rate in this study in comparison to literature [1,2]
– Focus of face-to-face discussion of medicines at point of admission
– Reduced delays in patient receiving pre-admission medicines

Future directions

– Randomised controlled study to commence March 2015
– Potential for expansion to other clinical areas & institutions

Conclusion

Partnered medication charting by a pharmacist and medical officer is feasible, safe and effective for patients being admitted to an ESSU and GMU.