

IMPACT OF A SPECIALIST PHARMACIST ON HEPATOPANCREATICO-BILIARY (HPB) SURGICAL WARD ROUNDS AT A LARGE TERTIARY LIVER CENTRE.

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Background and importance

Surgical patients are at risk of medication-related adverse events, with some of these patients having co-morbidities requiring long-term medications prior to surgery. Published data (1,2) suggests pharmacist interventions can reduce adverse drug reactions (ADRs) and medication errors and reduce hospital length of stay. The effect of implementing a specialist pharmacist into the HPB surgical ward round (WR) was unknown, this would also support ongoing service development projects in liver pharmacy with regard to patient pathways.

Aim and objectives

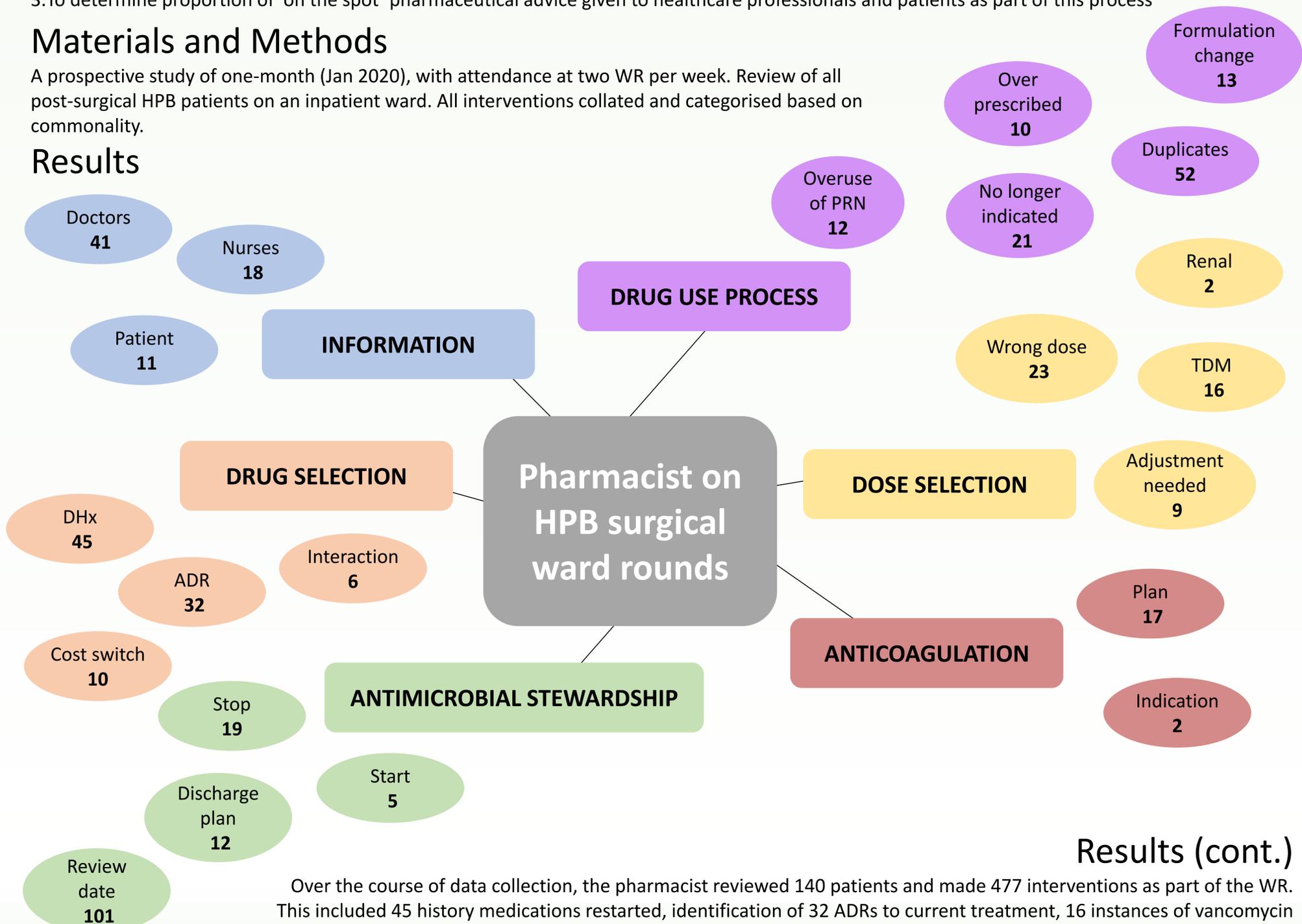
To establish the range and clinical impact of interventions made by the specialist pharmacist when attending HPB post-surgical WR as part of ongoing pharmacy engagement and service development.

- 1.To measure the quantity of interventions being made by the specialist pharmacist on WR
- 2.To determine the common themes of pharmacist interventions
- 3.To determine proportion of 'on the spot' pharmaceutical advice given to healthcare professionals and patients as part of this process

Materials and Methods

A prospective study of one-month (Jan 2020), with attendance at two WR per week. Review of all post-surgical HPB patients on an inpatient ward. All interventions collated and categorised based on commonality.

Results



Results (cont.)

Over the course of data collection, the pharmacist reviewed 140 patients and made 477 interventions as part of the WR. This included 45 history medications restarted, identification of 32 ADRs to current treatment, 16 instances of vancomycin dose adjustments, confirmation of anticoagulation for 17 patients and addition of 101 antibiotic stop dates contributing to better antimicrobial stewardship. There were also 70 instances of a nurse/doctor/patient requiring additional information on medication treatments.

Conclusions and Relevance

This has highlighted the scale of interventions a pharmacist can make on a WR. Emphasising not only adjustment of medications but also the need for medication related information by healthcare professionals and patients alike. Moving forward a pharmacist will attend at least two WR per week, with potential scope for support in pre-assessment and post-operative clinics to review weaning of analgesia and long-term management of pancreatic replacement for example. With the recent announcement regarding new standards for the initial education and training of pharmacists in the UK, it would be valuable to assess the impact of a prescribing specialist pharmacist on these WRs.

Abbreviations

HPB – Hepatopancreatic biliary
 ADR – Adverse Drug Reaction
 WR – Ward round
 PRN – 'pro re nata' or 'when required'
 DHx – Drug History
 Cont. – continued

References

1. English S, Hort A, Sullivan N, Shoaib M, Chalmers L 'Is ward round participation by clinical pharmacists a valuable use of time and money? A time and motion study' *Research in Social and Administration Pharmacy*; 16 (2020) 1026–1032/1027
2. Ngige G, Carton E, Zaborowski A, et al 4CPS-239 'Evaluation of clinical pharmacist interventions in surgical patients' *European Journal of Hospital Pharmacy* 2018;25:A152-A153.