

IMPLEMENTATION OF A NEW CLINICAL PHARMACY SERVICE WITHIN A NEWLY LAUNCHED SURGICAL ADMISSIONS PROCESS

CPS7193

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WHAT WAS DONE?

A central surgical admissions process was launched at a 450-bed teaching-hospital in April 2018 in which patients are seen five days before surgery by an interdisciplinary team. A new clinical pharmacy service (CPS) was implemented on-site to review patients' medical history comprising three consecutive steps:

1. Medicines reconciliation is completed based on existing patient-consultation records
2. Recommendations for switching drugs to the hospital formulary on admission are noted on the drug-chart
3. Medication review is carried out to improve inpatient medication safety; changes are communicated to medical staff via e-consult.

WHY WAS IT DONE?

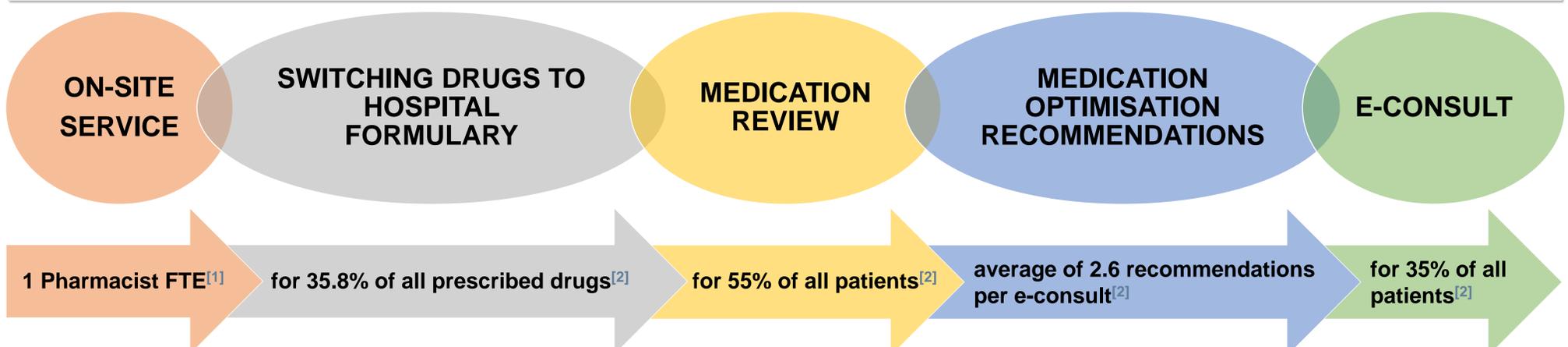
Prior to the implementation, insufficient time resources didn't allow for CPS on all surgical wards. Existing cover was not efficient or effective as drug-charts were often not available or patients discharged before pharmacy suggestions were implemented. The integration of the CPS into the centralised admission process instead of the wards resolved these shortcomings and facilitates pharmacy input to all surgical patients using this admission process.

HOW WAS IT DONE?

This proactive concept highlighting the advantages of interdisciplinary CPS and reflecting international evidence (e.g. patient safety, patient care, workload reduction for medical and nursing staff) convinced hospital management of its need. Resource implications included allocation of a pharmacy office on-site, development of a standard operation procedure and support for interdisciplinary team work on-site.

WHAT HAS BEEN ACHIEVED?

Between April and September 2018, records of all patients using the new process (n = 1527) were reviewed by a clinical pharmacist. At least one drug-related recommendation was made for 38.6% (n = 589) of all patients taking medication. This development enhances the clinical pharmacy workforce at our hospital and contributes to the quality of the admission process. Feedback from medical and nursing staff, hospital and quality management is positive throughout. We observe an improved level of awareness, higher numbers of requests for other CPS and a better understanding of the clinical pharmacists' role within the healthcare team.



WHAT NEXT?

This initiative reflects how CPS can be expanded and optimised by seizing the opportunity and using existing resources. This model may be adapted for other hospital inpatient settings.

ACKNOWLEDGEMENTS

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[1] Full time equivalent. [2] Sampling period July 2018.

