

OPTIMIZING WORKFLOW AND MEDICATION IN THE ACUTE WARD - BETTER USE OF PHARMACISTS' SKILLS

Mia P. von Hallas, Trine R. H. Andersen

Region Zealand Hospital Pharmacy and Holbæk Hospital Acute Centre, Denmark

WHAT was done?

Through surveys among the physicians in the Acute Ward, pharmacist tasks were adjusted to benefit the physicians' high workflow.

WHY was it done?

Physicians in acute wards have limited time to see all patients, due to great patient turnover.

Time consuming tasks such as medication history, medication reconciliation and medication review can be performed by pharmacy staff.

Before the survey, pharmacists performed medication reviews only, in order to review all patients in a shift.

The physicians did not consider the pharmacist medication review alone as a contribution to the workflow or to relieve the high workload.

HOW was it done?

A questionnaire was developed regarding four areas:

- Pharmacist competencies
- Pharmacist tasks
- Pharmacist-led medication review and interventions
- Multidisciplinary teamwork

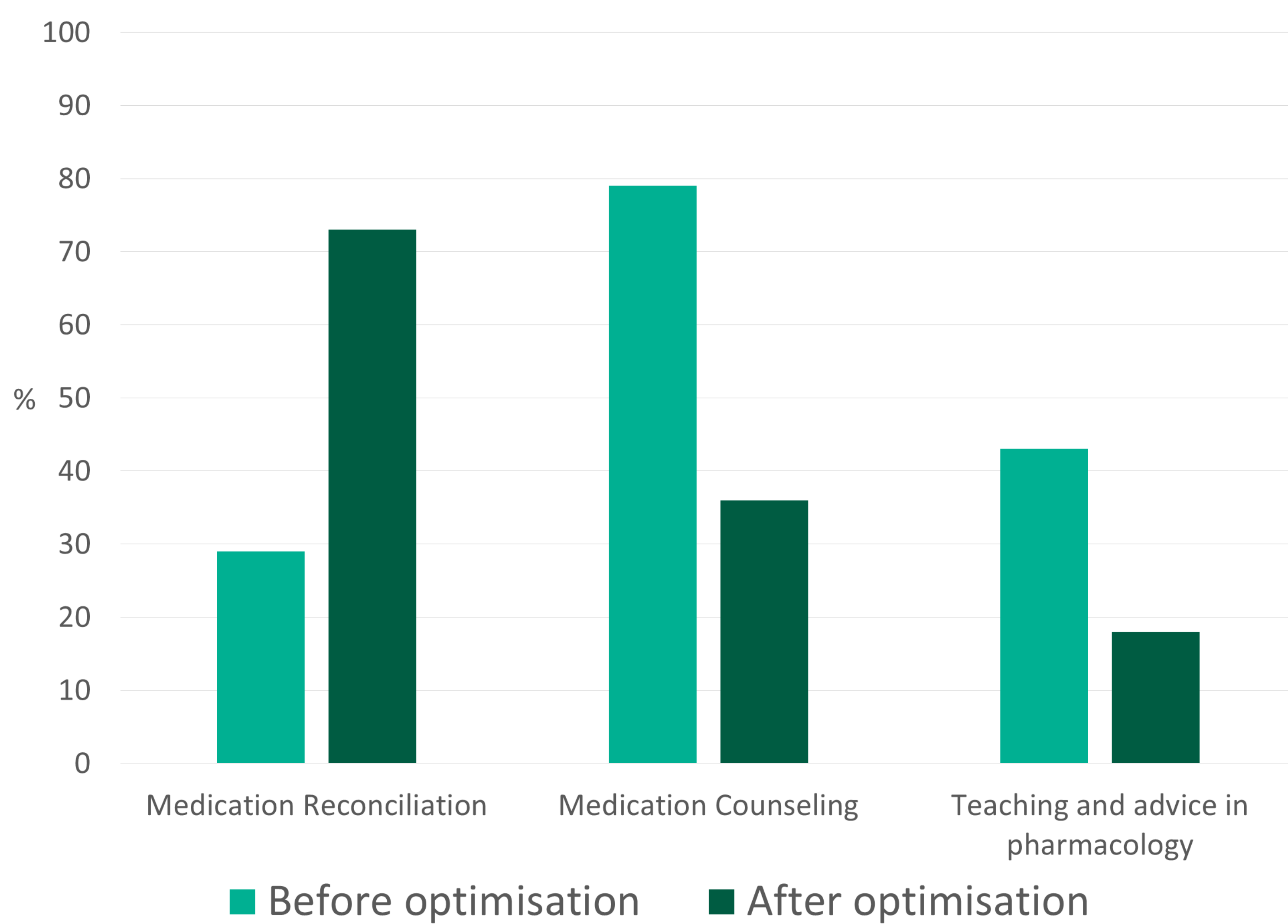
It was distributed to every physicians in the ward (n=27).

Based on the anonymous responses, the pharmacists adjusted their tasks to include:

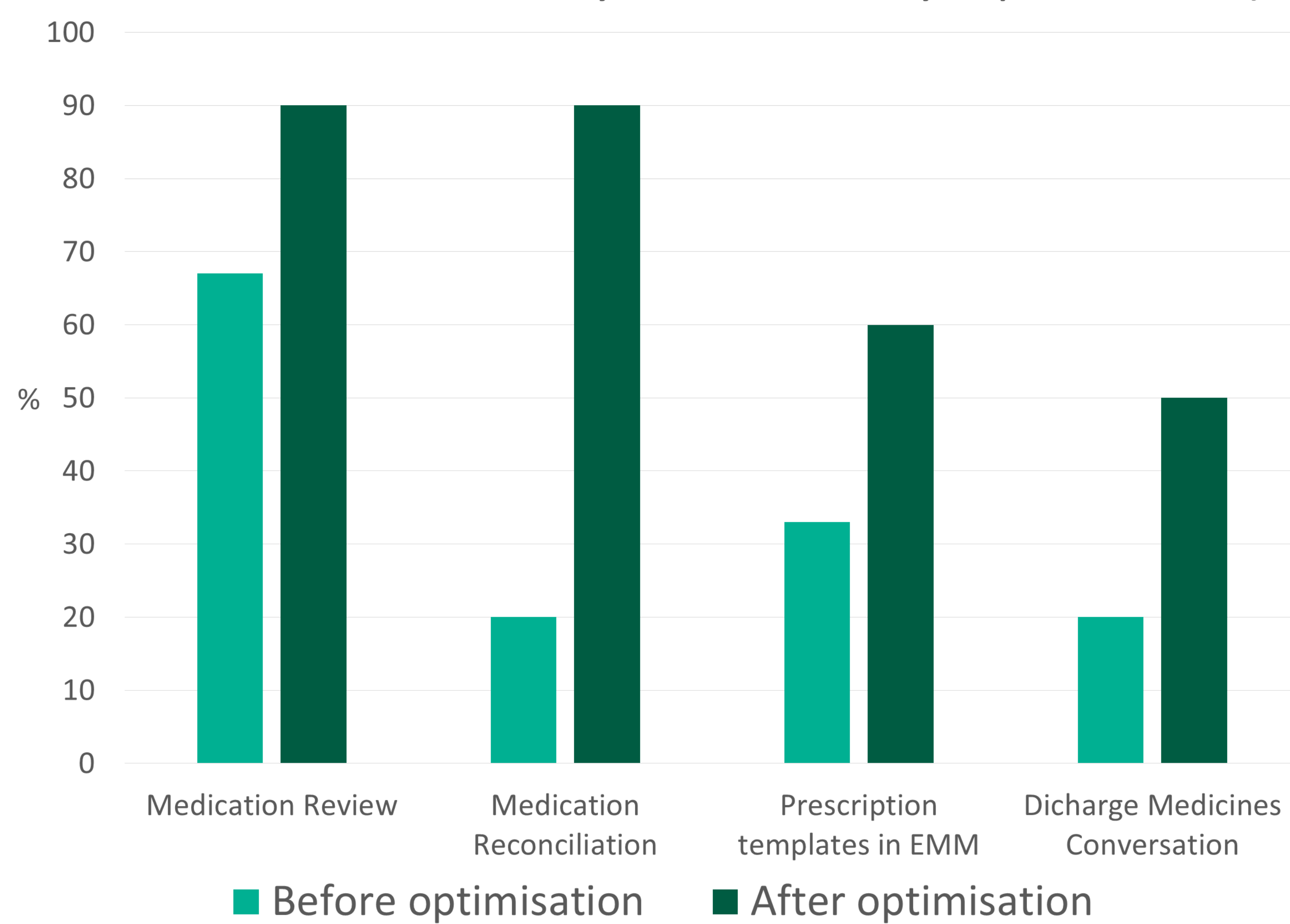
- 🔑 medication history
- 🔑 medication reconciliation
- 🔑 medication review
- 🔑 prescription templates in the Electronic Medication Module¹.

Same questionnaire was redistributed 3 months after the adjustment.

Which of the pharmacist competencies do you find most useful regarding Clinical Pharmacist Services?



Which of the listed tasks do you consider a pharmacist task (regardless of the task is currently carried out by a pharmacist)?



WHAT has been achieved?

In general the attitude has changed from considering pharmacists as medication advisors, to considering the pharmacist as part of the multidisciplinary team in the acute ward.

WHAT is next?

The questionnaire survey will be repeated annually to continually improve the workflow and contribution of clinical pharmacist services to the team in the acute ward.



Contact: miapv@regionsjaelland.dk / trn@regionsjaelland.dk
Conflicts of interest: None

¹) Nielsen, TRH, et al. "Clinical pharmacist service in the acute ward." *International journal of clinical pharmacy* 35.6 (2013): 1137-1151.



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