



EVALUATING A CLINICAL PHARMACY SERVICE IN THE PAEDIATRIC EMERGENCY DEPARTMENT

Princess Margaret Hospital

HRT 1610 Medication Improvement Group

16 -17th of June

Melbourne



Key Problem

- The role of a Clinical Pharmacist within a hospital Emergency Department (ED) is poorly defined within Australian tertiary paediatric hospitals. Small pilot studies & abstracts presented at professional conferences form the majority of reference materials available.
- When compared to adult practice in Australia, there is a gap in available published literature demonstrating objective improvements in patient safety & quality use of medicines (QUM) outcomes in the paediatric population.

Aim of this innovation

Aim

- To evaluate the impact of implementing clinical pharmacy service in the ED at Vortex

Objectives:

- To compare medication incidents reported during the time the ED Pharmacist is on-site to baseline.
- To assess improvement in the management of high-risk patients.
- Assess if the FTE allocation of a P2 Senior Pharmacist is appropriate in ensuring delivery of clinical pharmacy service.
- To evaluate feedback of medical & nursing staff.
- Integrate results from this study to further define the role of the ED Pharmacist at Vortex and evaluate whether effective service delivery is achieved during the allocated time period (1030 – 1630).

Baseline Data

At baseline NO clinical pharmacy service was provided to the ED at PMH!

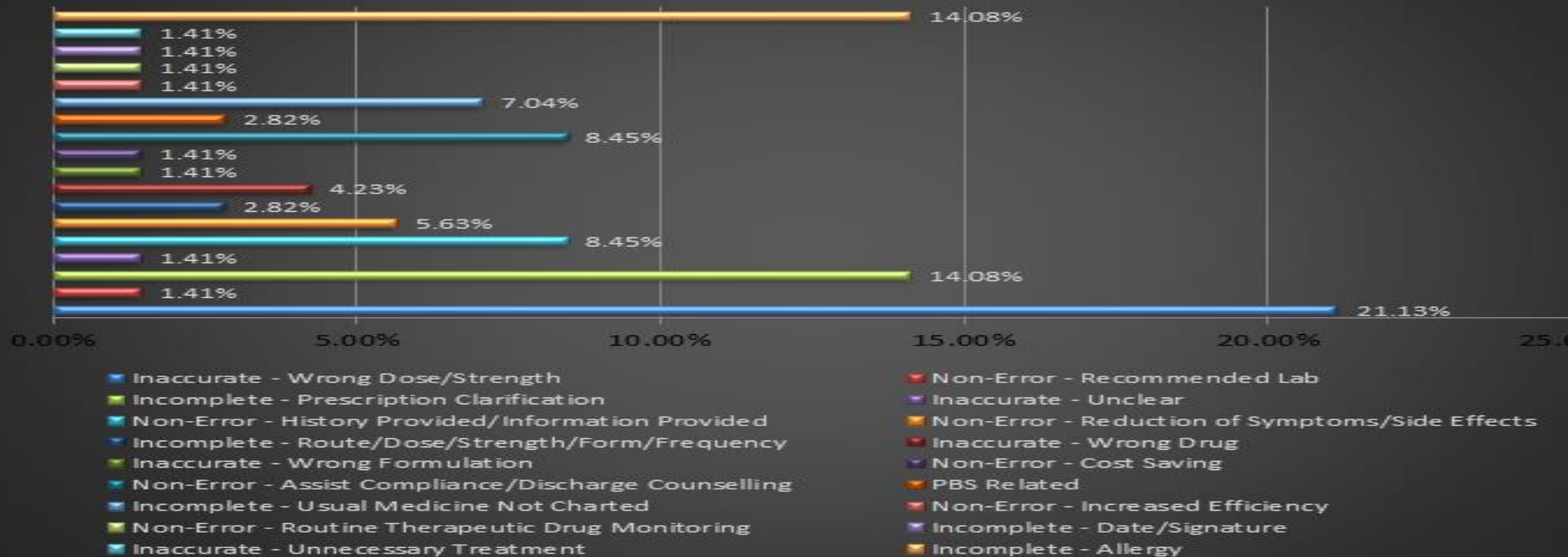
- No of medication incidents : 3 per month
- No of clinical pharmacy interventions : Nil
- No of medication reconciliation : Nil
- No of medication reviews : Nil
- No of adverse drug reactions review: Nil
- Pharmacy education and protocol review: Nil

ED clinical pharmacy introduced from 10.30 am to 4.30pm
Monday to Friday

Outcomes so far

- No of reported medication incidents : 3 per month → 3.25 per month
- No of clinical pharmacy interventions : Nil → 71 interventions in 4 months!
- No of medication reconciliation : Nil → 100% high risk pts
- No of medication reviews : Nil → 69% of pts admitting to ward and 100% high risk pts
- No of adverse drug reactions review: Nil → 100% high risk pts admitting to ward
- Pharmacy education and protocol review: Nil → 16 guidelines reviewed & 1 in-service per fortnight.

Percentage of Types of Issues/Interventions



Lessons Learnt

- 0.7 FTE Senior Pharmacist was sufficient in providing improved clinical pharmacy service to ED.
- ED Pharmacist had minimal clinical workload during certain periods and the workload and timing of errors appeared to be skewed towards the 'PM' shift.
- ED Pharmacist should be a senior role with highly developed communication skills and adequate experience on surgical and medical wards.
- The "Pharmacy Clinical Services: Orientation for Emergency Pharmacist" document was further revised after the completion of this project to educate more pharmacists in this role
- After hours service delivery should be evaluated in the future.

