Pharmacist in the Practice

Reducing medication-related patient harm

What?

An emerging professional role for pharmacists in Australia is that of non-dispensing clinical pharmacist in general practice, with studies demonstrating numerous benefits.

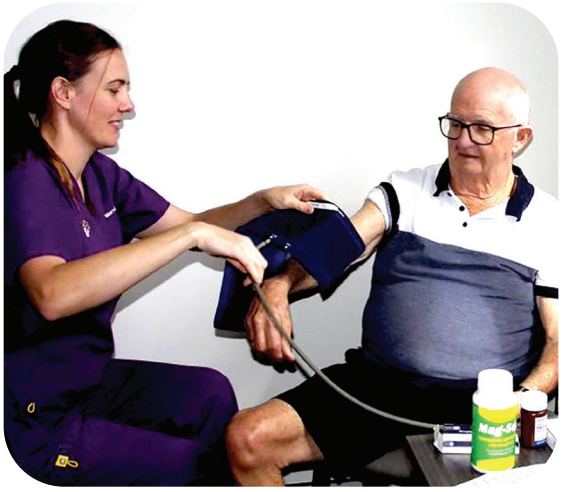
In particular, pharmacist-led interventions in the general practice setting have been shown to help reduce medication discrepancies at 'transitions of care'. This is when a patient moves from one health care setting to another, such as from hospital or specialist care back to their GP.

How?

Funding from COORDINARE enabled a consultant pharmacist to be embedded at Woonona Medical Practice, a general practice located in the Northern Illawarra, for several months during 2019-2020.

Patients identified at high-risk of medication-related harm were offered a consultation with the pharmacist, who reviewed their medications, noted and reconciled any discrepancies, and made suggestions regarding ongoing management to the patient, their GP and in the clinical notes. After review by the patient's GP, a 'best possible medication record' was documented and shared with other healthcare providers, reducing the potential for ongoing error.

A particular focus for the project was the management of patients prescribed opioids, a recognised area of need at the practice.



Why?

Medication misadventure − experiencing an adverse event due to medication error or misuse − is a common cause of unnecessary hospitalisations and deaths in Australia.

Medicines commonly implicated in such cases include opioids, diuretics, anticoagulants and cardiac agents. Transitions of care are prone to such misadventure, especially when prescribed medicines are those which have the potential to cause significant patient harm, and older people and those who are cognitively impaired are at particular risk.

Pharmacists can play a valuable role in minimising the risk of medication misadventure by applying their specialist knowledge and skills to identify medicine-related issues that might otherwise be missed in the general practice setting.

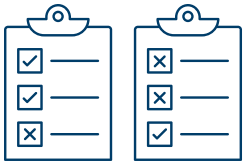
"Medication misadventure is common, and a real area of need."

This initiative is supported by funding from COORDINARE – South Eastern NSW PHN through the Australian Government's PHN Program.

Outcomes

243 pharmacist-patient consultations with **198** patients

667 discrepancies identified and documented



an average of **more than three** per consultation

almost half of these related to high-risk medicines

759 recommendations made by project pharmacist

207 medicines weaned (dose reduced or ceased completely)

Following the success of the project, WMP was awarded further funding to again embed a pharmacist in the practice, this time with a focus on benzodiazepines.

"The project had an enormous impact on our practice."

The pharmacist's experience

I've done a lot of work with GPs in the past in educational visiting, and knew Woonona Medical Practice well. I was aware that their focus is very much on quality of care, and the rational and safe use of medicines, so I was thrilled when the opportunity came up to work with the GPs and all of the practice staff on this project.

Medication misadventure is common, and a real area of need. But it's often only when a pharmacist gets involved and spends time looking for these sorts of problems that they are identified. We wanted to show with this project that having a pharmacist in the practice can reduce the risk of patient harm, and I believe we did that. I'm also pleased we were able to put opioid stewardship into place. We're hoping this can now be used as a model for other practices to follow. I'd love to see pharmacists in general practice become a standard funded role, as has happened with several other health disciplines. The pharmacist role is all about supporting other practice staff and their patients in the management of medicines, and every practice can benefit from that.

Margaret Jordan, Project Pharmacist

The lead GP's experience

I found this project a hugely valuable experience. I think having an experienced pharmacist as part of a medical practice is a great idea, so I was excited when the project was first proposed. My main agenda was to address opioid prescribing, as unfortunately some of us older doctors have old fashioned habits!

From the GP perspective, there were a lot of things that we wanted to address but simply didn't have the time for. It was wonderful having a medication expert on hand to initiate, encourage and support some of the medication changes we needed to make to follow current guidelines. Having Margaret available also proved to be a very helpful time saver for patients just out of hospital.

The whole project had an enormous impact on our practice and led to many positive outcomes.

Dr Adele Stewart, Lead GP

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