Chapter 8: Prioritising Clinical Pharmacy Services

INTRODUCTION

Ideally, every health service organisation would have resources to provide all clinical pharmacy activities to every patient based on their needs. However, funding and staffing issues coupled with high patient numbers and inpatient throughput may mean that a comprehensive clinical pharmacy service cannot be provided to all patients. See *Chapter 9: Clinical pharmacist staffing levels and structure for provision of clinical pharmacy services* for details and recommendations of staffing levels required to provide a comprehensive clinical pharmacy service.

Pharmacy managers may need to determine which groups of patients benefit the most from a clinical pharmacy service and the clinical pharmacy activities prioritised in their organisation. Pharmacy and hospital managers are responsible for ensuring that delivery goals and objectives are set for all clinical areas and that services are appropriately resourced to deliver these goals and objectives.

On a day-to-day basis, pharmacists need to prioritise the patients who will receive which clinical pharmacy activities in order to maximise the value of their input.

Australian and overseas evidence confirm that the pharmacist activities described in these standards support an individual patient's medication management plan (MMP), reduce morbidity and mortality and the cost of care.[1-5]

Activities which have been shown to have major benefits include:

- medication reconciliation on admission and during changes in level of care
- interventions to address medicines-related problems
- assessment of current medication orders
- clinical review, therapeutic drug monitoring (TDM) and adverse drug reaction management
- provision of medicines information to patients.

Pharmacy managers and pharmacists should prioritise their services according to evidence of benefit to patients and local service delivery goals and policies.

OBJECTIVE AND DEFINITION

Objective

The objective of prioritising clinical pharmacy services is to maximise patient health outcomes where limited pharmacy resources are available.

Definition

Prioritisation of a clinical pharmacy service involves evaluating and choosing the:

- groups of patients that will have access to clinical pharmacy services in the health service organisation
- range of clinical pharmacy services to be delivered to each of these groups.

Prioritisation of day-to-day workload by individual pharmacists requires:

- identifying patients most at risk of medicines-related problems (who will receive the greatest benefit from clinical pharmacy services)
- ensuring local service delivery goals and objectives are met.

EXTENT AND OPERATION

The groups of patients to receive a clinical pharmacy service and which clinical pharmacy activities are prioritised should be continually reviewed, with the aim always to be providing clinical pharmacy services to all patients across the health service organisation.

The staffing structure and skills mix of staff available to deliver clinical pharmacy services at any particular time will have a major impact on delivery of clinical pharmacy services.

Individual pharmacists should allocate their time and activities based on patient needs and organisation-wide priorities and policies.

POLICY AND PROCEDURE

There may be occasions when pharmacy managers will need to prioritise particular units, wards, services or patients when staffing levels are below those recommended in these standards. See *Chapter 9: Staffing levels and structure for the provision of clinical pharmacy services*.

Prioritising Day-to-Day Activities

Pharmacists need to prioritise their day-to-day activities according to daily workload and patient needs. Activities must be delivered in a timely manner with respect to the elements of each patient's needs, e.g. are they being discharged, is the activity needed before a procedure?

Suggested day-to-day routine for delivery of pharmacy activities to inpatients include:

- gathering information to support decision making on prioritisation, e.g. patient/bed handover lists, MMPs, daily/weekly team planning meetings
- completing medication reconciliation for patients pending discharge or transfer
- facilitating patients being discharged with the medicines they require along with an accurate and complete list of their medicines with information for ongoing care. Liaise with community healthcare providers as appropriate
- completing medication reconciliation for new admissions
- completing an assessment of current medication management and clinical review
- participating in interdisciplinary care planning and following up outstanding issues
- completing medication reconciliation of discharge/transfer medication orders for patients being discharged the next day
- providing other clinical pharmacy services, e.g. provision of medicines information to the healthcare team, teaching and training, provision of education services as required and as time permits.

Department Policy

The pharmacy may prioritise service delivery to particular patients according to organisational priorities, e.g. medication reconciliation for patients on admission, acute medical patients before general surgical patients.

Patient Needs

Patient groups most at risk of medicines-related problems should be prioritised to receive clinical pharmacy services. Maximum benefit is likely to be obtained for patients most at risk of medicines-related problems and include those who:

- have medication misadventure as the known or suspected reason for their presentation or admission to the health service organisation
- are aged 65 years or older
- take 5 or more medicines
- take more than 12 doses of medicines per day
- take a medicine that requires therapeutic monitoring or is a high-risk medicine
- have clinically significant changes to their medicines or treatment plan within the last 3 months
- have suboptimal response to treatment with medicines
- have difficulty managing their medicines because of literacy or language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties
- have impaired renal or hepatic function
- have problems using medication delivery devices or require an adherence aid
- are suspected or known to be non-adherent with their medicines
- have multiple prescribers for their medicines
- have been discharged within the last 4 weeks from or have had multiple admissions to a health service organisation.

Managing Problems with Medicines

At any time, problems can arise that will require immediate attention, overriding the regular scheduling of clinical activities. This is likely to occur when they relate to scheduled investigations, procedures or doses of medication. For example, incidents with premedication for an imminent procedure, TDM results indicating the need for a change in dose with the next dose.

A plan for addressing problems that are identified, prioritising them according to severity and association with activities such as investigations or procedures and medicine dosing schedules should be determined.

Table 8.1 lists the competencies and accreditation frameworks that are relevant to this chapter.

Table 8.1 Competencies and accreditation frameworks

Relevant national competencies and accreditation standards and shpaclinCAT competencies
shpaclinCAT[6]
Competency unit 2.5 Personal effectiveness 2.5.1 Prioritisation 2.5.2 Initiative 2.5.3 Efficiency
National competency standards framework for pharmacists[7]
Standard 2.6 Plan and manage professional contribution 1 Assure the adequacy of resources 2 Plan and prioritise 3 Manage work activities
Standard 3.1 Provide leadership and organisational planning 2 Establish a strategic direction 3 Plan pharmacy services 4 Define organisational structure
National safety and quality health service standards[8]
N/A

References

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