

Media release

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Emergency! Pharmacy in acute hospital care in focus

The indispensable need for hospital pharmacy expertise to guide electronic medicines management implementation and the strength of collaborative doctor-pharmacist prescribing to improve patient safety are among many aspects of emergency care explored in the latest issue of the [Journal of Pharmacy Practice and Research \(JPPR\)](#).

Available [free to Society of Hospital Pharmacist \(SHPA\) members](#), the April 2019 JPPR builds on a key year for electronic medication management (EMM) in hospital pharmacy – with SHPA holding its [first ever specialty conference on EMM in June in Sydney](#); a NSW research team examine the potential impact of an EMM system on safety-critical prescribing errors in an emergency department.

The authors conclude that, while EMM systems are increasingly vital to optimal medicines management and patient care, they are no substitute for the expertise of Emergency Medicine pharmacists in preventing errors at the prescribing stage.

‘Although eMMS (EMM systems) have the capacity to prevent a high proportion of safety-critical legal or procedural errors in the Emergency Department, clinical prescribing errors in this category were unlikely to be prevented by using eMMS. Further investigation of these more severe error types could guide the design of eMMS decision support to improve system effectiveness.’

In a brief report from The Prince Charles and Royal Brisbane and Women’s hospital in Queensland, hospital pharmacists add to the growing body of evidence supporting collaborative doctor-pharmacist prescribing, this time in the emergency setting.

‘In all, 146 orders prescribed by pharmacists and 145 orders prescribed by medical officers were reviewed for safety. Of these, 90% of orders written by the pharmacist were error free, compared with 26% written by medical officers,’ the authors write.

‘The incorporation of pharmacist prescribers into the admissions process has the potential to improve patient safety and decrease medication errors.’

Opening [the latest issue of SHPA’s flagship journal](#), Editor-in-Chief Dr Chris Alderman reiterates the crucial importance of optimising medicines management in this, the most high pressure environment in healthcare.

‘The Emergency Department (ED) is a prime setting for the initiation of the pharmacological equivalent of the butterfly effect: the prescribing cascade.

‘Today’s seemingly innocuous antibiotics for a urinary tract infection can give rise to major overanticoagulation and a catastrophic gastrointestinal bleed next week... steroids for today’s infective exacerbation of chronic obstructive pulmonary disease may destabilise blood glucose control later for those with diabetes... non-steroidal anti-inflammatory drugs for today’s kidney stones can be the basis for tomorrow’s acute renal failure.

‘The downstream influence of pharmacy services in the ED is no subtle butterfly effect: the costs of not acting are too large and the benefits of change are too great to ignore.’

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For more information contact:

Nick Sharp-Paul, Head of Strategy and Communication

nsharp-paul@shpa.org.au | 0411 098 838

About SHPA

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional, for-purpose organisation for leading pharmacists and pharmacy technicians working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

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