

## Identifying the opportunities for input to medicine management by adding a clinical pharmacist to the health care team in a Sri Lankan teaching hospital

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### Aim

To identify the opportunities for input to medicine management by adding a clinical pharmacist to the ward based health care team in a Sri Lankan teaching hospital. Clinical pharmacists do not exist in Sri Lanka

### Methods

The Sri Lankan research pharmacist interviewed 202 patients on their day of discharge from hospital over 10 weeks. They reconciled their pre-admission medication regimen against the list of medicines on the first drug chart, their written record of previous medications, and private hospital paperwork available. Discrepancies and issues of non-compliance were recorded.

The pharmacist reviewed all patient data available in the Bed Head Ticket (BHT). They completed a retrospective Pharmaceutical Care Plan for each patient and evaluated the appropriateness, safety and efficacy of all drugs prescribed during the hospital admission and on discharge using the Medication Appropriateness Index Tool.

The pharmacist contacted the patient after discharge to complete a questionnaire on quality of medicine information exchanged between them and any health professional during the hospital admission.

### Results

Endpoints were selected based on whether the pharmacist could impact the outcome if given the opportunity to intervene.

Drug related problems identified by pharmacist	513 (2.5/patient)
Drug related problems resolved by treating team without pharmacist intervention	82 (16%)
Average score per patient using the Medication Appropriateness Index tool	3.1
Range of Medication Appropriate Index scores per patient	0-42
Proportion of patients surveyed who recall being:	
• Asked about their pre-admission medication regimen	59.7%
• Asked about their previous allergies to medicines	62.5%
• Informed about changes that have occurred to their medicines prior to discharge	47.6%

### Conclusion

Significant opportunities for pharmacist led improvement in quality use of medicines exist in the current healthcare system in Sri Lanka.

Further research evaluating quantitative and qualitative impact of a ward based clinical pharmacy service on these outcomes is planned.

# Opportunities for a clinical pharmacist to impact on appropriate medication use in Sri Lankan hospitals

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## Aim

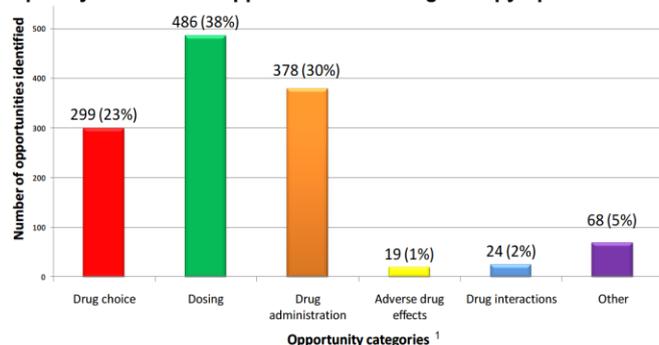
To highlight the opportunities for improvement in medication management identified by a clinical pharmacist. This is the first part of a pilot intervention study to evaluate if a contemporary clinical pharmacy service added to an existing medical unit, improves quality use of medicines and supplements standard care in a ward based health care team in a Sri Lankan teaching hospital. Practising clinical pharmacists currently do not exist in public healthcare Sri Lanka.

## Methods

The Sri Lankan research clinical pharmacist:

- Medication history interviews conducted for 478 patients on their day of discharge over 22 weeks.
- Reconciled their pre-admission medication regimen against the list of medicines on the first drug chart.
- Discrepancies and issues of poor-compliance were recorded
- Reviewed all patient data available in the medical record (known as a Bed Head Ticket (BHT))
- Retrospective evaluation of the appropriateness, safety and efficacy of all drugs prescribed during the hospital admission was conducted using an adaptation of the Pharmaceutical Care Network of Europe (PCNE) drug related problems classification system<sup>1</sup> as well as a validated tool known as the Medication Appropriateness Index<sup>2</sup> (Contribution of 0 = appropriate through to 18 = least appropriate for each medication. There is no maximum score per patient).
- Consented patients were contacted after discharge via telephone to gain information on the quality of medicine information exchanged between them and any health professional during the hospital admission

## Frequency of identified opportunities for drug therapy optimisation



## Key results:

1274

Opportunities for drug therapy optimisation  
2.7 opportunities/patient

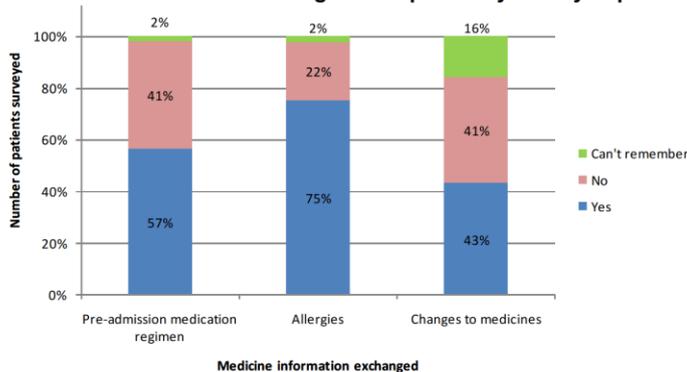
2.7

MAI score per patient

97%

Of selected patients had at least one opportunity for drug therapy optimisation

## Medicine information exchanged as reported by surveyed patients



## Key messages:

- The pharmacist identified 1274 opportunities for drug therapy optimisation (2.7 opportunities/patient)
- 212 of these (16%) were resolved by the treating team without pharmacist intervention.
- The mean MAI score for discharge medications per patient was 2.7 (range 0-38)
- Almost half of all surveyed patients do not recall being asked about their pre-admission medication regimen or having their medication changes explained to them.

## Conclusion

- Significant opportunities for pharmacist led improvement in quality use of medicines exist in the current healthcare system in Sri Lanka.
- Further research evaluating quantitative and qualitative impact of a ward based clinical pharmacy service on these outcomes is planned.

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## References

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