Service Priorities and Programmes

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Multidisciplinary Medication Management for Geriatric Patients: A Multidisciplinary Pharmacy Round in a Medical Ward

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Introduction

Patients of advancing age often suffer from multiple medical diseases that require multiple prescribed drug therapies, a condition known as polypharmacy. Polypharmacy often happens as a result of prescription cascade that predisposes to a greater risk of drug-related problems (DRPs) and thereby leading to increased morbidity and mortality. In April 2012, a multidisciplinary geriatric team was established to pilot a multidisciplinary pharmacy round for patients from old-aged home (OAH) who are admitted to a medical ward. The team consists of a geriatrician; clinical pharmacists; community nurses; and parent care team.

Objectives

(1) To reconcile medications in geriatric patients during the transition from OAH to hospital admission, (2) To identify and resolve DRPs during hospitalization, (3) To communicate any changes in medications to the prescribers at both OAH and hospital levels.

Methodology

OAH patients with 8 or more prescription drugs during hospital admission were reviewed by the multidisciplinary geriatric team. The study was performed in a designated medical ward (F5). On every Tuesday and Friday, newly admitted geriatric patients who were prescribed 8 or more drugs were reviewed by the team. Clinical pharmacist subsequently conducted medication reconciliation and comprehensive medication profile review to identify the presence of any discrepancies and the potential risks of DRPs in the drug regimen. All clinical interventions were documented on the pharmacy intervention form on per patient basis which was made available for physician's reference at ward level. The number of discrepancies and DRPs identified, resolved and accepted by the clinician of the parent team was monitored monthly over time.

Result

From May to December 2012, a total of 199 out of 265 eligible patients were intervened by the Multidisciplinary Medication Management program. An average of 1.6 discrepancies/patient/month and 1.5 DRPs/patient/month were identified; and an average of 1.3 discrepancies/patient/month and 1.5 DRPs/patient/month were accepted by the multidisciplinary geriatric team during the 8-month of pilot duration.