Service Priorities and Programmes

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Clinical pharmacist participation on geriatric grand round

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Introduction

Elders with multiple and complex medication use are at high risk of unnecessary hospitalization, morbidity and healthcare cost. Positive impact of clinical pharmacy services has been addressed overseas. We assessed the impact of clinical pharmacist to collaborate with geriatricians in medication management.

Objectives

1. To evaluate the characteristics of clinical pharmacist's interventions. 2. To examine geriatricians' perception of the services.

Methodology

In Tuen Mun Hospital, weekly multidisciplinary geriatric grand round is led by senior geriatric specialists and carried out in a 34-bedded mixed geriatric ward. At each round, geriatricians identified 1 to 2 patients for interdisciplinary discussion, focusing on discharge and long term care plan. A clinical pharmacist joined the team in February 2013 to provide weekly 2-hour service. Before each round, the pharmacist reviewed all patient drug profiles in Pharmacy Management System. During the round, the pharmacist optimized drug regimen with geriatricians by viewing drug charts and medical records. All interventions made were recorded and classified under different categories. A survey was initiated to determine the satisfaction level of geriatricians with the services.

Result

Results: Over 36 sessions of 72 hours clinical pharmacy services, 55 interventions were recorded for 24 patients. A mean number of 2.3 interventions per patient were made. Geriatricians initiated 76% of interventions and the majority was evidence-based medicines information. The most common interventions were drug selection (31%); adverse drug reactions (25%) and hospital drug formulary review (13%). Underlying drug-related problems resulted in 5 drugs discontinuation, dosage reduction in 2 cases and a new drug initiation. In one situation, drug information

provided from the pharmacist was incorporated into Geriatric Day Hospital, streamlined the operation of Fall Prevention Clinic. Of satisfaction survey, 100% were returned (a total of 5). All geriatricians strongly agreed that clinical pharmacist participation enriched their drug knowledge and they preferred to include a clinical pharmacist in geriatric grand round. Conclusions: Through collaboration with geriatricians, pharmacist can evolve from dispensary-based gatekeeper of medication-use process into an integral contributor to patient-orientated medication management. High degree of geriatricians' engagement in interventions highlights the importance of direct interaction with the clinical pharmacist. While weekly 2-hour round participation represents a fraction of a pharmacist's activities, drug regimen in the elderly can be optimized.