# Evaluation of the Impact of a Pharmacist within a Pre-Admission Clinic

**Stidworthy, J**
**Macquarie University Hospital**
jane.stidworthy@muh.org.au

Macquarie University Hospital
Pharmacy

## Background

In 2020 an anaestheist led PreAdmission Clinic (PAC) was introduced to the hospital which included a pharmacist to conduct medication reconciliation. The goal of the PAC was to reduce the incidence of cancelled surgeries, medication errors and improve patient safety.

## Aim

An audit was conducted to measure the impact of the pharmacist's role within PAC by measuring the incidence of prescribing errors with patient's regular medications on admission to the hospital both pre and post-PAC implementation.

## Methods

Over a two week period in march 2020, prior to the PAC commencing, an audit of the medication chart for every admitted patient (excluding day procedures) was conducted. The pharmacist compared the medications charted to various sources including the patient health questionnaire, medication lists in the patient records and transfer records from other hospitals. An interview with the patient was conducted were possible.

When discrepancies were found the pharmacist contacted the prescriber or referred to the notes to ascertain if the discrepancy was intentional. At the conclusion an error rate in medications on admission was determined.

The PAC was implemented in June 2020 and in March 2022 the audit was repeated.

## Results

Prescribing errors identfied in 2020 in the patient's regular medications was determined to be 12%. In 2022 the error rate was 12%. 😢

## Discussion

The same proportion of prescribing errors was found in the 2020 and 2022. Not all patients admitted to the hospital will be seen in PAC, in the 2022 cohort of patients 35% were seen.

Since 2020 other changes have occurred including the introduction of an electronic Patient Health Questionnaire (PHQ) and access to MyHealth Records via the dispensing program. COVID isolation of patients in 2022 meant less face-to-face interviews could be conducted.

The audit has prompted a review of the barriers to correct prescribing including awareness of the service and medication list availability within the electronic Medication Record (eMR). It uncovered old perceptions of poor medication reconciliation within the eMR by non-pharmacists prior to the commencement of the PAC.

The audit also uncovered other administrative issues such as the number of patients without a PHQ in the eMR. This has prompted a sub-audit of where these patients are coming from and the gaps to getting their PHQ uploaded.

Whilst the results where unexpected it is felt by the pharmacy staff that a complete medication reconciliation in the eMR enables them to check quickly reconcile the patients regular medications and is a value add to patient safety.

### Sample Size

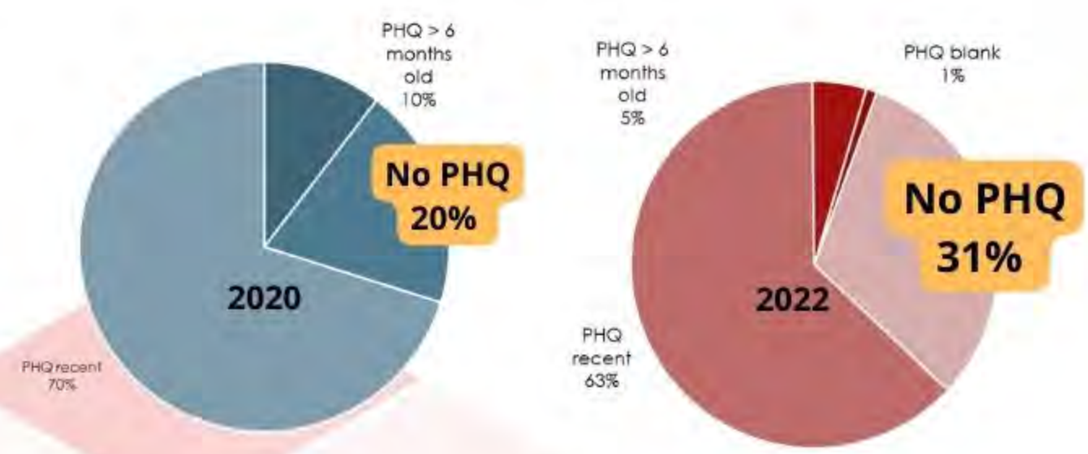
**March 2020**
**n=154, interviewed 129**

**March 2022**
**n=105, interviewed 65**

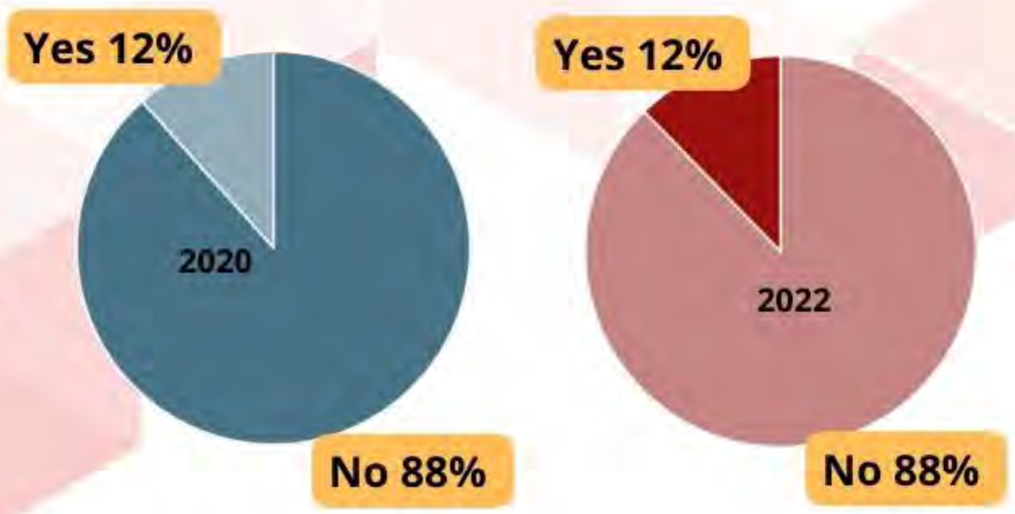
### Excluded Patients

- **ICU**
- **Expected Length of stay<2 days**
- **Palliative Care**
- **Patients admitted >10 days earlier than day of audit**

### % of Patients with a PHQ in the eMR




### % Prescribing errors




### % Prescribing errors found: Patient seen by a PAC Phx vs no PAC