

Exploring the Impact of Introducing Partnered Pharmacist Medication Charting (PPMC) into Theatres

Brianna Leat, Alayne Matthews, Maggie Emmerton

Background:

The benefits of PPMC when admitting medical patients from the Emergency Department are well-documented, contributing to significant reduction in medication errors and length of stay with resultant cost savings.

Currently there is no funded pharmacy service in the preadmission clinic or theatre, resulting in delayed pharmacy involvement until admission to the ward, as well as limited support for medical and nursing staff.

This project investigated the impact of introducing the PPMC role into theatre for surgical admissions.

Objective: To create a service realignment where the role of the pharmacist is incorporated earlier in a patients admission, by evaluating the impact of a PPMC pharmacist in theatre.

Method:

A 5 week unfunded pilot project was proposed to evaluate the impact of a PPMC pharmacist in theatre.

Key stakeholders engaged, brainstorming of inclusion criteria for patients as well as how to integrate the role of a PPMC pharmacist into current processes.

Protocols reflecting practice change and project outline were created and distributed for feedback.

A PPMC credentialed pharmacist was based in theatre to interview and review patients pre-operatively.

In collaboration with anaesthetists and surgeons, the PPMC pharmacist then documented the PPMC plan and medications charted electronically, as per PPMC policy.

PPMC pharmacist then handed over to ward nursing and pharmacy staff the medication plan.

Results:

Data collected from trial included pharmacist interventions, errors, time spent in recovery prior to transport to the ward and staff feedback.

Medications errors comparing the two groups were unable to be followed up accurately due to limitations of the project, including pharmacy hours and availability on wards.

Informal feedback indicated that the time taken to chart the preadmission medications were reduced when the PPMC pharmacist was involved, and there was increased communication relating to the medication plan when handing over from theatre to the wards. A significant improvement in allergy status documentation was also noted in PPMC patients.

Informal feedback indicated that the time taken to chart the preadmission medications were reduced when the PPMC pharmacist was involved, and there was increased communication relating to the medication plan when handing over from theatre to the wards. A significant improvement in allergy status documentation was also noted in PPMC patients.

Discussion:

Earlier pharmacy intervention for surgical patients has created a positive impact on patient outcomes, including increasing patient flow and medications charted in a safe and timely manner, and improved discharge plans.

Some key interventions include changes to VTE prophylaxis and pain medications, based on PPMC recommendations, as well as clearly documented plans for medications on discharge.

Staff feedback, both from medical and nursing staff, showed positive impact to patient flow and greater communication with ward staff. A proposed ongoing role is well supported by nursing and medical staff.

Feedback:

Nurse: 'Having the pharmacist involved has meant preadmission medications have been charted before the patient leaves recovery, not having to chase the doctors on ward to write them up'

Junior doctor: 'It was good to know the pharmacist had checked and charted all the preadmission medications, saved so much time and reduced potential errors'

Nurse: 'Having the pharmacist here in Theatre meant we could get answers about medications straight away, it has been such a huge help—can this please continue!!'

Project data:

	No. of patients that spent less than 1 hour in recovery	Average discharge time (discharge home from Surgical ward)
PPMC Pharmacist	7	11:15am
Doctor	0	12:42pm

Author details:

Brianna Leat, Deputy Director of Pharmacy,
Echuca Regional Health
bleat@erh.org.au