

# DOES A DEDICATED GYNAECOLOGY PRE-ADMISSION CLINIC PHARMACIST IMPROVE PATIENT SAFETY AND THE WARD PHARMACIST'S WORKLOAD?



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## BACKGROUND

- Involving a dedicated surgical pre-admission clinic (PAC) pharmacist has previously demonstrated; increased accuracy with medication prescribing, reduced number of in-hospital medication-related interventions and risk of adverse events (1, 2).
- A focused study confirming similar benefits with a dedicated gynaecology PAC pharmacist is lacking.

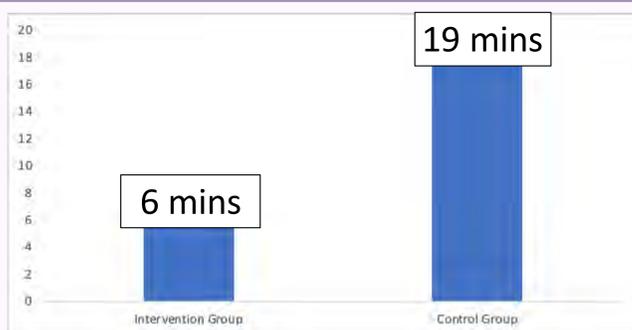


Figure 1: Comparison of mean times taken by ward pharmacist for medication-related activities.

## AIMS

Determine the impact of a tertiary hospital Gynaecology PAC pharmacist on;

- a) number of medication-related interventions
- b) proportion of 'high risk' interventions and
- c) time to complete medication activities by the in-patient Gynaecology pharmacist.

## METHOD

- A single-centre prospective observational study carried out at a metropolitan tertiary hospital between 23/02/2021 and 16/03/2021.
- A pharmacy student (QT) and Gynaecology ward pharmacist (EG) collected patient data related to medication problems identified by the ward pharmacist, the intervention risk level (low, moderate and high) and the time (minutes) taken to review patients.
- Descriptive statistics were used to compare patients who were not seen by the PAC pharmacist (control group) and those who were seen (intervention group).

## Interventions Risk Rating

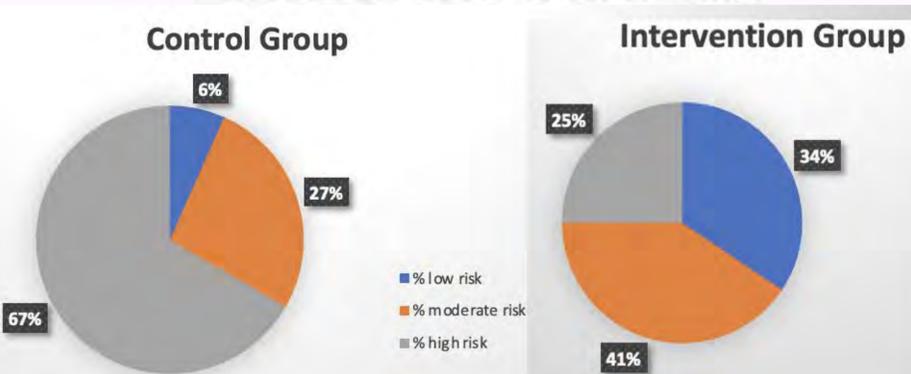


Figure 2: Comparison of intervention risk ratings between the two groups.

## RESULTS

- Twenty-five (25) patients were included in the study. Seven were seen by a Gynaecology PAC pharmacist (intervention group).
- Number of ward-based medication interventions were 33 (control group) vs. 16 (intervention group).
- Mean time taken for the ward pharmacist to complete medication activities was 19 minutes (control group) vs. 6 minutes (intervention group) (Figure 1).
- Proportion of 'high-risk' interventions were higher in the control group relative to the intervention group (67% vs 25%) (Figure 2).

## REFERENCES

1. Hale AR, Coombes IR, Stokes J, McDougall D, Whitfield K, Maycock E, Nissen L. Perioperative Medication Management: expanding the role of preadmission clinic pharmacist in a single centre, randomised controlled trial of collaborative prescribing. *BMJ* [Internet]. 2013 [cited 2021 Feb 8]
2. Harris L, Walters PA, Costello C. Effect of pharmaceutical pre-assessment on post-operative interventions. *The International Journal of Pharmacy Practice* 2001;9 [cited 2021 Feb 8]

## DISCUSSION

- Involvement of a dedicated Gynaecology PAC pharmacist is associated with improved patient safety and reduced the ward pharmacist's workload.
- Invaluable further research into quantifying how time saved by the ward pharmacist to focus on high-risk patients and interventions is highly warranted.