

## The role of the GEM@Home pharmacist in the provision of drug-related interventions and recommendations

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### Background

The Geriatric Evaluation and Management at Home (GEM@Home) program was initiated at Eastern Health in 2018, and aims to ensure that older patients with complex needs gain access to a multidisciplinary healthcare team to achieve their goals of care in their homes<sup>1</sup>. Similar programs to this exist, such as the Better at Home initiative<sup>2</sup>.

A GEM@Home pharmacist was incorporated on a part time basis (22 hours/week Monday to Friday) with a primary focus to provide drug interventions and recommendations to geriatricians to improve health outcomes. As this is a new program, clarifying the pharmacist's contribution will assist the development of improvements to the service.

### Aim/Objectives

To evaluate the nature and frequency of drug interventions and recommendations provided by the pharmacist for GEM@Home patients.

Outcomes	
Primary	Number and type of drug-related interventions and recommendations
Secondary	Number of drug-related interventions and recommendations reflected in the discharge summary

Table 1. Primary and secondary outcomes

### Methodology

A retrospective audit was conducted of the medical records of 100 GEM@Home patients admitted between October 2019 to April 2020. Interventions (independent actions taken) and recommendations (to the geriatrician) were identified from pharmacist medication management plan documentation, counted and categorised into types (modified from Ramadaniati et al<sup>3</sup>). GEM@Home discharge summaries were reviewed to assess whether each intervention and recommendation were communicated to the patient's general practitioner.

### Results

The pharmacist made 111 interventions and 197 recommendations for 100 patients.

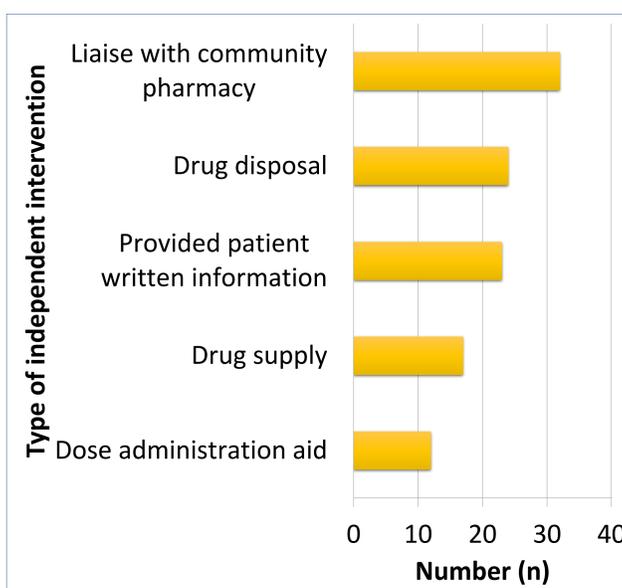


Figure 1. Number and type of independent interventions

The discharge summaries reflected 31 interventions and 74 recommendations.

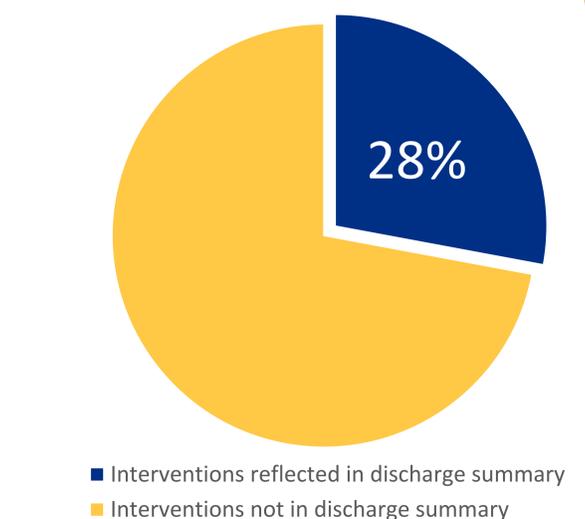


Figure 2. Percentage of interventions reflected in the discharge summary

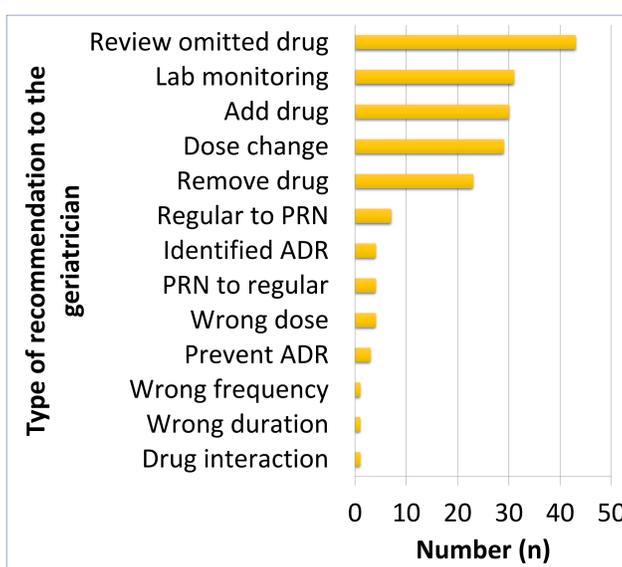


Figure 3. Number and type of recommendations to the geriatrician

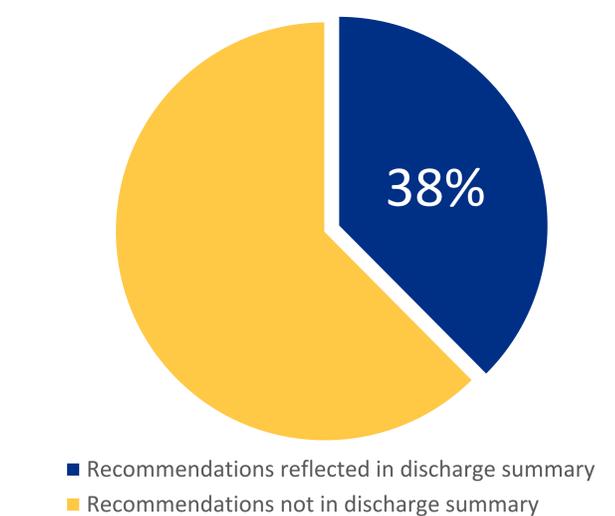


Figure 4. Percentage of recommendations reflected in the discharge summary

### Discussion

Discharge summaries were being generated manually during the timeframe of this audit, which may explain the lower than expected documentation rate. The intervention most likely to be documented was liaising with community pharmacies (50%), and the least likely was drug supply (6%), perhaps due to being assumed. Of the five most frequent recommendations, the most likely to be documented was lab monitoring (48%), and the least likely was review of an omitted drug (23%), possibly due to a low discharge summary medication list reconciliation rate.

### Conclusion

The GEM@Home pharmacist provided a wide range of interventions and recommendations to the geriatrician, however fewer were reflected in the discharge summary than expected. Future studies may focus on improving documentation rates in discharge summaries and the impact on health outcomes.

#### References

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