

Providing targeted clinical pharmacy services

Clinical pharmacy teams could better identify high risk and unstable patients in hospitals through the use of technology. In the context of rising demands and patient complexity it is vital that patients who will benefit most from clinical pharmacy services during the week and at weekends are clinically prioritised.

The benefit of clinical prioritisation is that it allows pharmacy services to focus on where the need is greatest and where it is likely to have the greatest impact on patient outcomes. The optimal use of electronic prescribing, in addition to other dedicated programmes - improves visibility of medication issues across

the entire hospital. This gives hospitals an opportunity to systematically provide clinical pharmacy services to patients who may benefit the most.

There is emerging evidence to support this practice and better inform hospitals on how best to progress with this model.

Some hospitals around the country have progressed with providing targeted services and have found it is an enabler to providing appropriate seven day clinical pharmacy services.

We ran a focus group, inviting those hospitals to share their learning, challenges and suggestions for improvements based on their experiences. A series of design principles below were developed to support hospitals in implementation.

10 Design Principles for Pharmacy Clinical Triage Tools for Acute Hospitals

Individual pharmacy practitioners must ensure the prioritisation category assigned reflects the patient's clinical state – not because of any outstanding job tasks.

Caution for individual practitioners not be over reliant on electronic systems – the information should not replace professional clinical judgment.

Systems must be designed to improve visibility of patients across clinical areas in hospitals - not only individual wards.

Systems must be responsive and real-time – with the ability to update prioritisation category during the episode of care.

Systems must be used in collaboration with the multi-professional clinical team – not in isolation to the pharmacy team.

Systems must have clinical handover and referral capabilities -both inter and intra professionally.

Where appropriate, there needs to be clear communication to the multi-professional team when pharmacy teams will not review all patients daily - to encourage responsibility to refer as required.

Be mindful not to introduce a “referral model” - by which patients and staff have unnecessary delays to receive pharmacy input.

There needs to be consideration to level of clinical experience and seniority within teams to support staff, as well as on-going peer review and training to ensure optimal and safe use.

Keep it simple! Do not make the system too complex with multiple parameters that do not add value