

# Clinical pharmacists supporting medication reconciliation by community nurses – how cool is that?

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## The services

Northern Sydney Local Health District (NSLHD)  
Primary and Community Health

### Acute / Post-Acute Care (APAC)

Hospital-in-the-Home Service providing short-term hospital-substitution care:

Multidisciplinary team including pharmacists

### Northern Sydney Home Nursing Service (NSHNS)

Community Nursing service providing long-term nursing care:

Nursing team without pharmacist

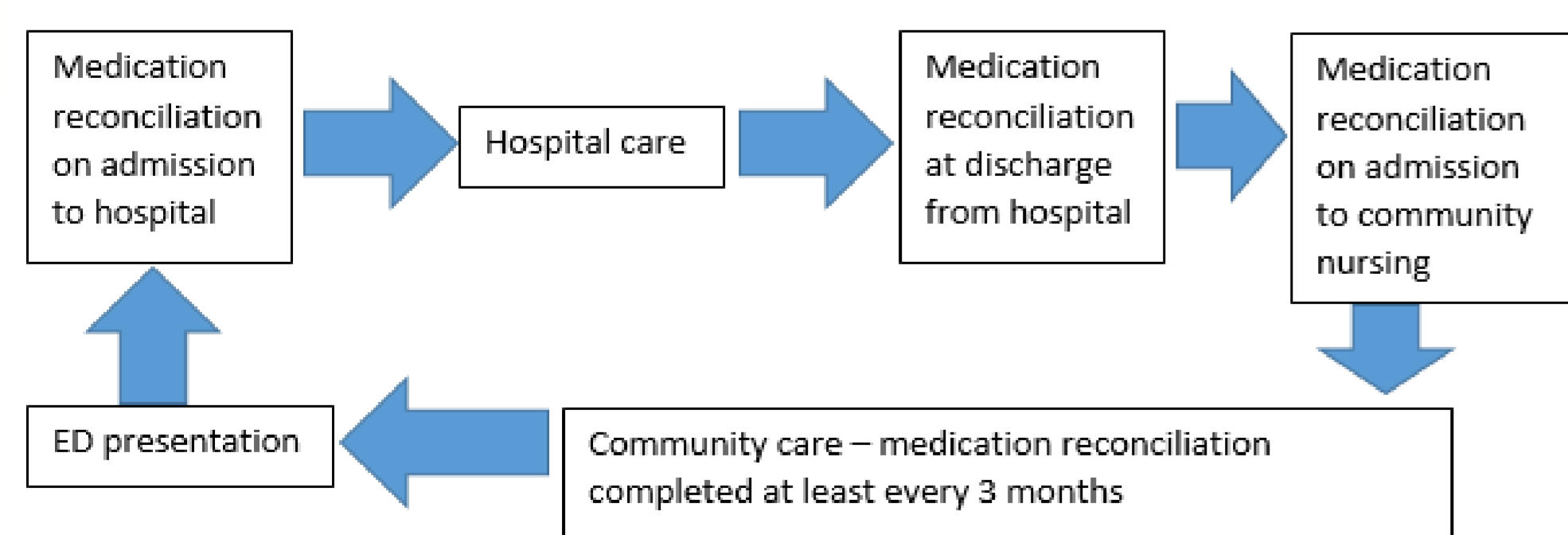
## The systems

NSLHD uses the electronic medical record (eMR) system PowerChart™ (Cerner), including eMEDS. NSLHD community nursing services used the eMR Medication Form from 2014 to document medication reconciliations electronically. NSLHD hospitals and APAC migrated to eMEDS in 2018 followed by NSHNS in June 2019.

Medications including Supplements										
Reviewed	Generic Name	Dose	Route	Frequency	Start Date	Duration	Status	Supply	Other Relevant Details (Including other change reasons)	Medication Reconciliation
11/09/2019 8:43	colociclovon	200mg	Oral	QD	11/09/2019	6 months	Documented	1ml	Subcut, every 6 months, vial(s)	Documented
11/09/2019 8:43	denosumab	120mg	Subcutaneous	Q6M	11/09/2019	6 months	Documented	8q	IV Infusion, 24 hourly, bottle(s)	Documented
11/09/2019 8:43	levofloxacilin	500mg	Oral	QD	11/09/2019	6 months	Documented	1	tab(s), Oral, morning (before food), Monday to Saturdays, tab(s)	Documented
11/09/2019 8:43	magnesium aspartate	500mg	Oral	QD	11/09/2019	6 months	Documented	1	tab(s), Oral, daily (with or after food), tab(s)	Documented
11/09/2019 8:43	panacetamol	500mg	Oral	BD	11/09/2019	6 months	Documented	2	tab(s), Oral, BD, tab(s)	Documented
11/09/2019 8:43	pregabalin	150mg	Oral	BD	11/09/2019	6 months	Documented	1	cap(s), Oral, BD, cap(s)	Documented
11/09/2019 8:43	pregabalin	75mg	Oral	QD	11/09/2019	6 months	Documented	1	cap(s), Oral, QD, cap(s)	Documented
11/09/2019 8:43	pyridium base	150mg	Oral	QD	11/09/2019	6 months	Documented	0.5	teaspoonful(s), Oral, daily, PRN: constipat...	Documented
11/09/2019 8:43	nicarozaban	15mg	Oral	QD	11/09/2019	6 months	Documented	1	tab(s), Oral, night, tab(s)	Documented

## The benefits

1. The use of a **single electronic platform** for medication reconciliations for acute and community services creates a **closed-loop system**. The medication reconciliation completed on discharge from hospital becomes a pre-populated source for the medication reconciliation on admission to the Hospital-in-the-Home service, community nursing, the mental health unit, the rehab unit or the palliative care service. On re-presentation to ED, the pre-populated community medication reconciliation information serves as a source for the medication reconciliation in ED. All documented home medicines are at all times visible to all clinicians accessing eMR. Medication management along the care continuum is improved contributing to better health outcomes for patients.



2. Community-based clinicians are able to **assess a patient's medication management holistically in their home environment** and document their findings in the medication reconciliation record.

ACUTE POST ACUTE CARE



HOSPITAL IN THE HOME

*'Maximising the contribution of community nurses through multidisciplinary models of care that (1) utilise community nurses' full scope of practice and (2) consolidate their contribution are key strategies for strengthening the primary health care sector.'*<sup>1</sup>



**Community nurses** predominantly care for vulnerable patients, who live independently in the community, who often have little or no family or carer support and who often experience difficulties managing their medications safely due to their cognitive or physical conditions.

**Community nurses** can provide:

- wound care
- catheter care
- respiratory monitoring and support
- cardiac monitoring and support
- continence support
- medication administration
- palliative care
- diabetes management support

Typically patients cared for by **community nurses** have more comorbidities and present to hospital more frequently than the general population and often these patients are poor historians.

A **medication reconciliation** completed by the **community nurse** in the patient's home immediately after discharge from hospital provides a crucial opportunity to identify and address medication discrepancies and medication management issues at the transition of care from hospital to the community.

**Community nurses** are isolated practitioners, often don't have access to clinical pharmacy services and often don't feel sufficiently confident and competent to address medication issues with the hospital team or the GP.

*'For patients with uncommon medications, checking the dosing can be tricky if you are unfamiliar with the drug and its actions.'*

1. Australian College of Nursing: Community & Primary Health Care Nursing Position Statement 2015, last reviewed March 2018

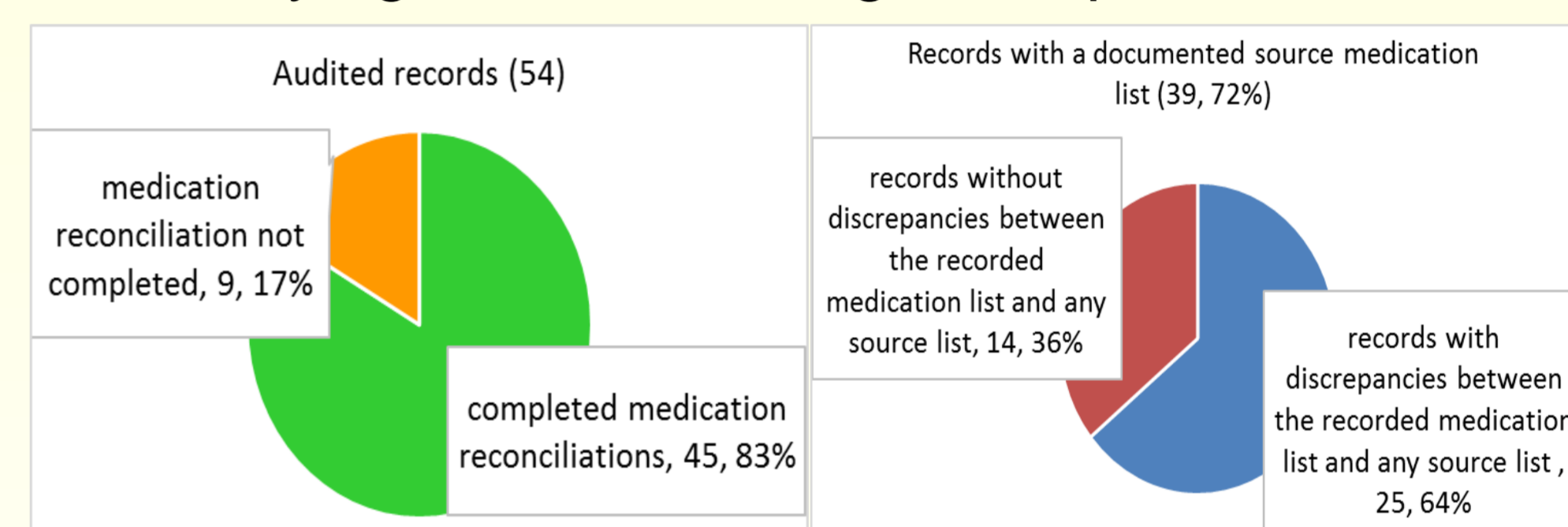
## The project

The pharmacists of the multidisciplinary APAC team supported the NSHNS nursing team in the roll-out of eMEDS, replacing the eMR Medication Form for the recording of medication reconciliation information. The pharmacists completed a three-months post-implementation audit and staff survey.

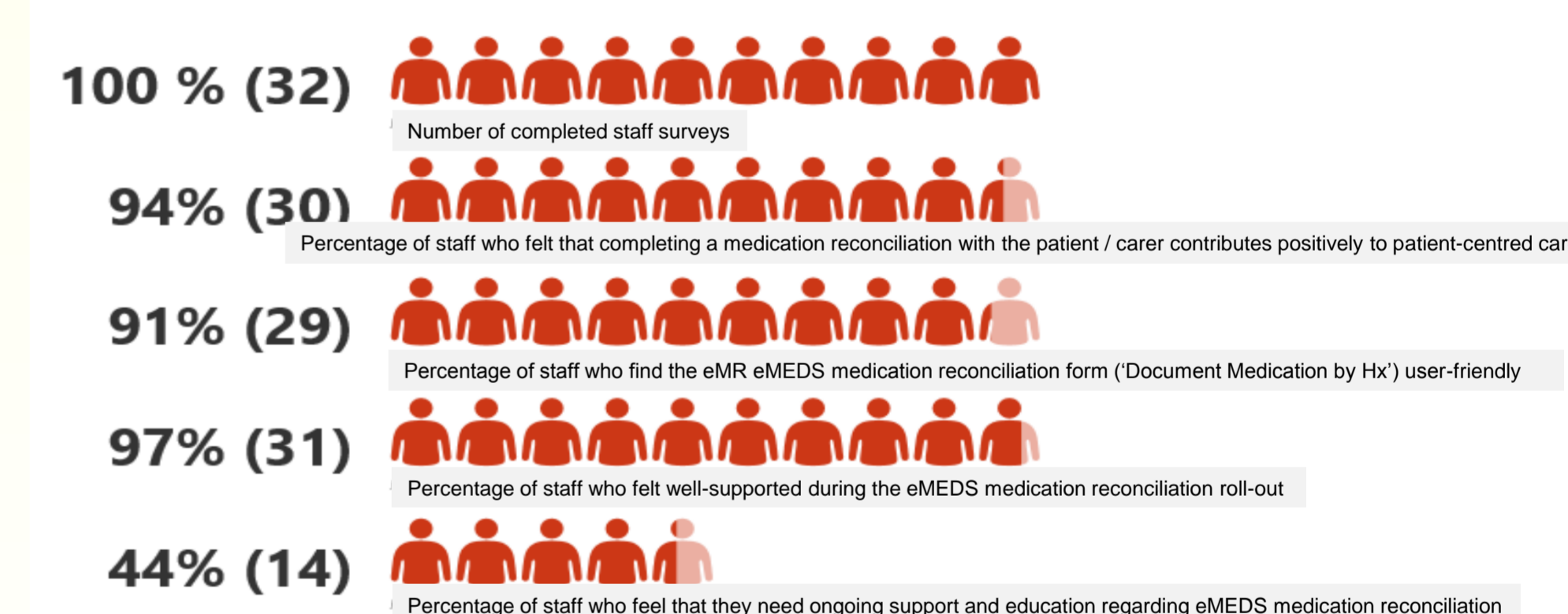
## Audit and staff survey results

In APAC, medication reconciliation is audited frequently by the staff pharmacists and completion rates consistently exceed 95%. A quality audit established an accuracy rate of 82.2%.

The NSHNS 3-months post-implementation audit established an 83% completion rate. 64% of the records with a documented source medication list (hospital discharge summary, GP patient health summary etc.) contained at least one discrepancy between the recorded medication list and any source list. The audit showed that the main area of need for training and support for community nurses is identifying and addressing discrepancies.



## STAFF SURVEY



*'I like the trade name recognition.'*

*'APAC pharmacists and CNEs were very good.'*

*'I love the reference section to check medication info.'*

*'The ease of putting in the various drug names has made the whole process so much more doable and less daunting.'*

*'It is much more efficient and less time consuming than its predecessor.'*

## Conclusion

A small, embedded pharmacist workforce in community nursing services can disproportionately improve medication safety for vulnerable patients by monitoring medication reconciliations completed by nurses and supporting nurses in identifying and addressing discrepancies and medication management issues. Community nurses feel empowered by the pharmacists' support; they feel more confident and competent to address medication issues.



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