

Picking up the telephone: Establishing a pharmacy telephone review service in Pre-Admission Clinic

Abby Yu, Katharine Dekker, Stephanie Scammels

Royal Brisbane and Women's Hospital

Background

- Increasing proportion of nursing telephone pre-admission interviews in response to pressure to reduce elective surgery waiting lists.
- Telephone interviews comprise $\geq 60\%$ of preadmission reviews at the Royal Brisbane and Women's Hospital
- Changing demographics from young fit patients to frail elderly patients on polypharmacy
- Patients are at risk of medication misadventure if their medications are not accurately documented and correct peri-operative medication advice given
- Pharmacists have the necessary expertise to detail accurate medication histories as well as provide safe peri-operative medication advice.

Description

In January 2019, temporary funding was obtained to introduce a telephone review pharmacist position in Pre-Admission Clinic (PAC) at the Royal Brisbane and Women's Hospital. The role of this pharmacist was to obtain accurate patient medication histories and draft a peri-operative medication plan for review by the PAC medical officer.

Action



Evaluation

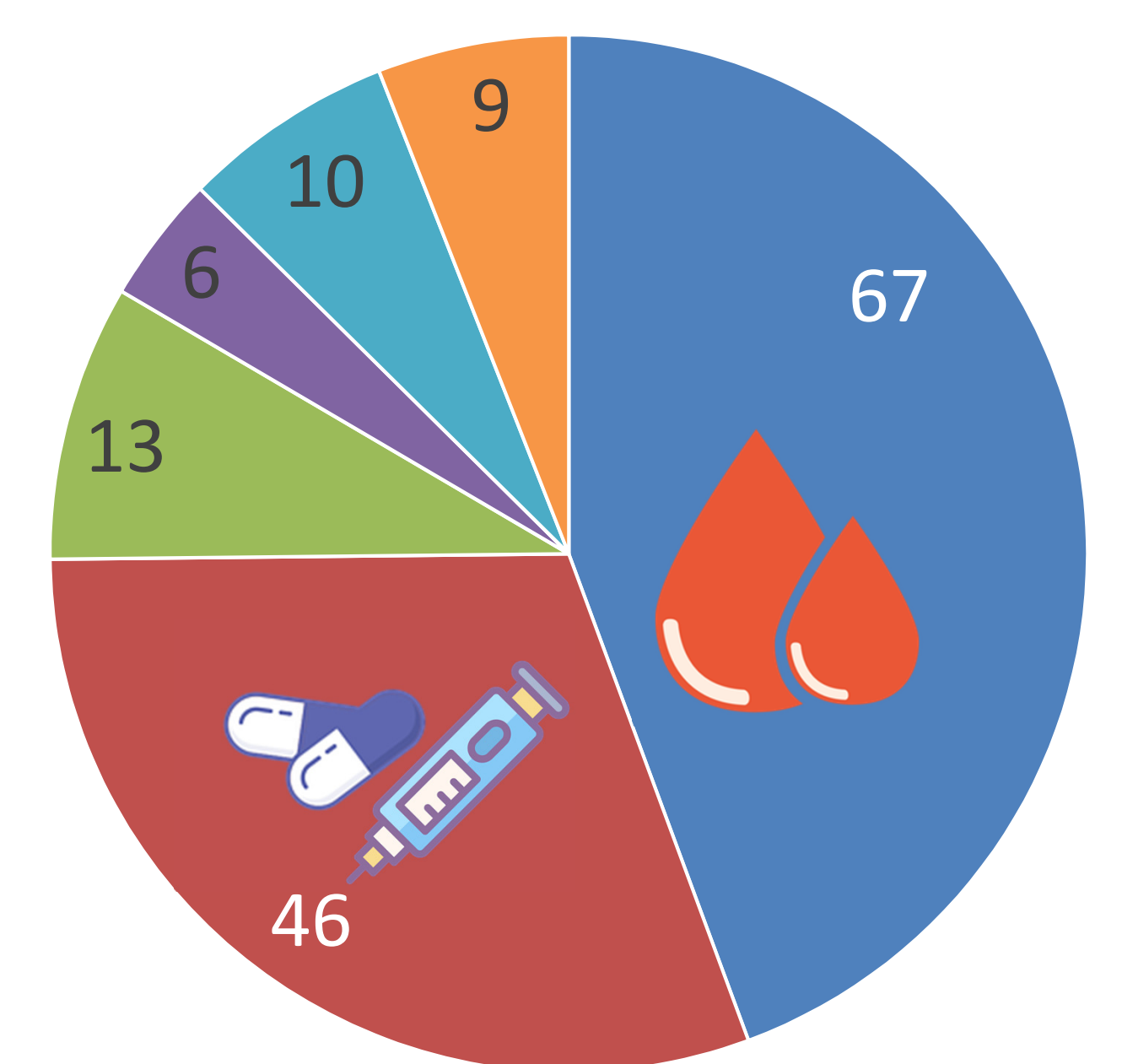
In the first month of the pharmacy service:

106 telephone interviews completed

151 recommendations made on peri-operative management of high risk medications

5 day of surgery cancellations prevented

91 patients were taking **5** or more medicines



- Anti-thrombotics (antiplatelets & anticoagulants)
- Insulin and oral hypoglycaemics
- Non steroidal anti-inflammatory drugs
- Immunosuppressants
- Medicines requiring therapeutic drug monitoring
- Opioid medication

24 interventions made

> 14 rated high or very high risk

Patient with end stage kidney disease on warfarin advised by surgical registrar to withhold before surgery and bridge with enoxaparin. Patient was not advised when to stop warfarin and therapeutic enoxaparin contraindicated in ESKD. Surgery in 4 days time. Discussed with surgery registrar to stop warfarin asap, admit patient for intravenous heparin infusion to be commenced when INR <2. Patient counselled on plan.

Called patient for telephone interview and spoke to carer. Community pharmacy dispensing history revealed recent prescription for isosorbide mononitrate which carer had omitted. Further clarification identifies that patient had been suffering from new onset chest pain. Discussed case with anaesthetist who postponed surgery until further cardiac investigations completed.

Patient planned for surgery in 3 days time. Patient consequently is from a non-English speaking background, on insulin and still taking warfarin and clopidogrel with little knowledge of own medicines. Advised patient plan for insulin and confirmed with surgical registrar whether surgery could proceed on warfarin and clopidogrel. Discussed with Nurse unit manager - patient is a unsuitable candidate for telephone interviews.

Implications

Patients receiving telephone pre-admission reviews are becoming increasingly complex and polypharmacy is common. Pharmacist input in this area has demonstrated clinical benefits in reducing medication-related harm and unplanned surgery cancellations. Pharmacists also have necessary knowledge & expertise to detect changes in patients' health status that may impact their fitness for surgery, and consequently, report these to PAC medical officers for review. In demonstrating the various clinical benefits attributed to the telephone review pharmacist role, we have achieved executive support in funding this position permanently within the Royal Brisbane and Women's Hospital Pre-Admission Clinic.

Contact Us

Abby Yu, Pre-Admission Clinic Pharmacist and Pharmacist Team Leader (Surgical), Royal Brisbane and Women's Hospital – abby.yu@health.qld.gov.au

Katharine Dekker, Senior Pharmacist – Pre-Admission Clinic, Royal Brisbane and Women's Hospital – Katherine.dekker@health.qld.gov.au