Green or purple pen? Does it really matter? Are we wasting our time?

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Background
One of the core responsibilities of a clinical pharmacist is to clinically review a patient’s medication chart to ensure that safe and effective medication use occurs. A traditional step in this process has been annotating the National Inpatient Medication Chart (NIMC) to communicate vital information to other healthcare professionals, in particular nursing staff.

With the increase of electronic reference material available for clinician use, together with the introduction of Electronic Medication Management (EMM) systems, questions are raised as to whether pharmacist annotations are in fact useful to nursing staff and whether this practice should continue in the future.

Aim
To assess nursing attitudes and beliefs regarding clinical pharmacists’ medication chart annotations in a large teaching hospital.

Methods
An anonymous electronic survey using Survey Monkey® was distributed via email to all nursing staff within Westmead Hospital. The aim of the survey was to assess the utility, efficiency and potential benefits of pharmacist medication chart annotations, and to ascertain whether the practice should continue until the implementation of EMM. The survey utilised multiple choice questions with Likert-scale responses and free text questions.

Results
126 nurses from 29 clinical areas with varying levels of experience responded.

- 93% of nurses who responded said they refer to pharmacist’s annotations most of the time or always.
- More than 90% said the information annotated was appropriate and relevant.
- Over 95% of nurses thought it was helpful to their practice.

The most popular aspects of pharmacist chart annotations were:
- Clarification of unclear orders (83%)
- Administration instructions for injectable medications (79%)
- Special handling precautions (75%)

In summary: 99% of nurses thought that medication chart annotation should continue.

67% of nurses thought the simple fact they knew the pharmacist had reviewed the medication chart was beneficial and provided reassurance.

The results of this survey were used to create and implement a standard medication chart annotation guideline to ensure consistency of annotations across the hospital. These annotations can also be used to inform the configuration and design of EMM systems.

Conclusion
With the increasing demand on clinical pharmacist’s time, all tasks should be reviewed for utility and ongoing sustainability. Medication chart annotation has been found to be an advantageous and important role of clinical pharmacists which is perceived to increase medication safety and save nursing time. The lessons learnt from this survey can be used to inform the design and configuration of EMM solutions, creating further efficiencies.

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