

# Impact of the Addition of a Pharmacy Assistant to a Stroke Clinical Pharmacy Service

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## Background

The role of pharmacy assistants within hospitals is evolving. Assistants have become an integral part of the pharmacy team and job descriptions are continuously changing as new roles are developed<sup>1</sup>.

A clinical pharmacy assistant position was introduced to the stroke/neurology unit at Flinders Medical Centre (FMC) at a 0.5 Full Time Equivalent (FTE) capacity in 2014. This role included the documentation of patient medication histories.

SA Health developed SA Australian Pharmaceutical Advisory Council (APAC) key performance indicators (KPI) for hospitals participating in pharmaceutical reform to measure the impact of implementing guiding principles for medication management policies<sup>2</sup>.

## Aim

To assess the impact of a clinical pharmacy assistant on the SA APAC KPIs on a stroke unit.

## Method

A retrospective case note review was conducted in a large tertiary hospital.

A target convenience sample of approximately 30 patients per group were identified from casemix data for patients treated under the stroke unit, during the years 2013 and 2016 (pre and post-implementation of the clinical assistant).

- > **Inclusion:** admitted to the stroke unit at FMC in 2013 for pre-assistant period and 2016 for post-assistant implementation
- > **Exclusion:** complete admission case notes not available, admission was less than 24 hours, the patient was determined within 24 hours of their admission to be for comfort care measures, the patient died during their admission

**SA APAC KPIs measured (where not feasible, surrogates were measured):**

4.2 Percentage of inpatients who have a complete and accurate list of their current medications documented and verified within a day of admission

4.3 Percentage of inpatients who have a correctly completed record of prior ADR and allergy documented within a day of admission

5.3 Percentage of admitted days that patients receive medication review by a pharmacist

7.2 Percentage of hospital inpatients who received verbal counselling and/or written information about their medicines prior to discharge

7.3 Percentage of patients commenced on warfarin during their admission who received counselling and written drug information prior to discharge

8.2 Percentage of discharge prescriptions reviewed and reconciled by a pharmacist prior to dispensing

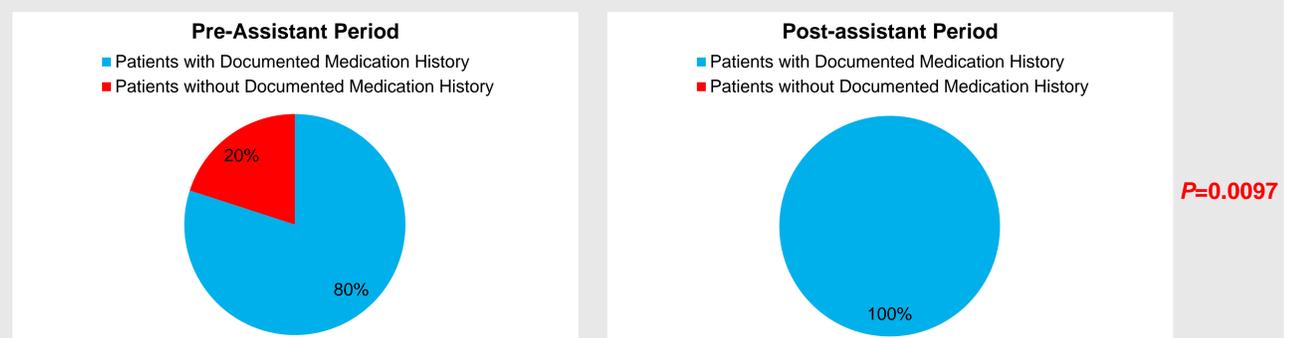
### Statistical Analysis:

The data was analysed using Fisher's exact test. A P value of <0.05 was considered statistically significant (reported in red).

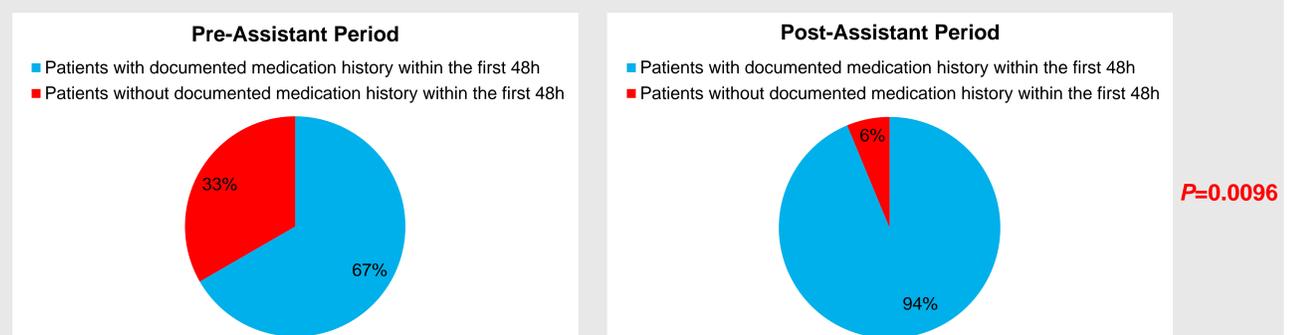
## Results

Thirty case notes were reviewed from the pre-assistant period and 32 from the post-assistant period. During the post-assistant period, 34% of medication histories were completed by the pharmacy assistant. The variables measured are as follows:

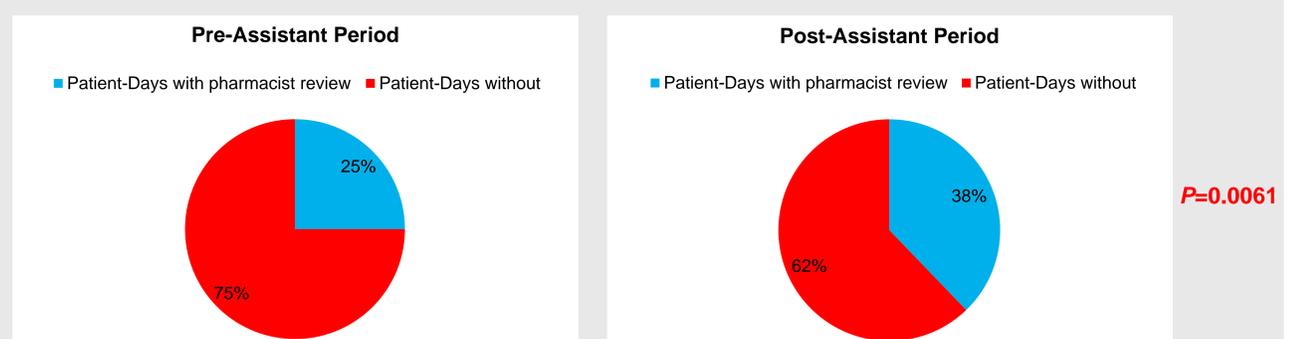
Percentage of inpatients who have a complete and accurate list of their current medications documented and verified during their inpatient stay (related to KPI 4.2)



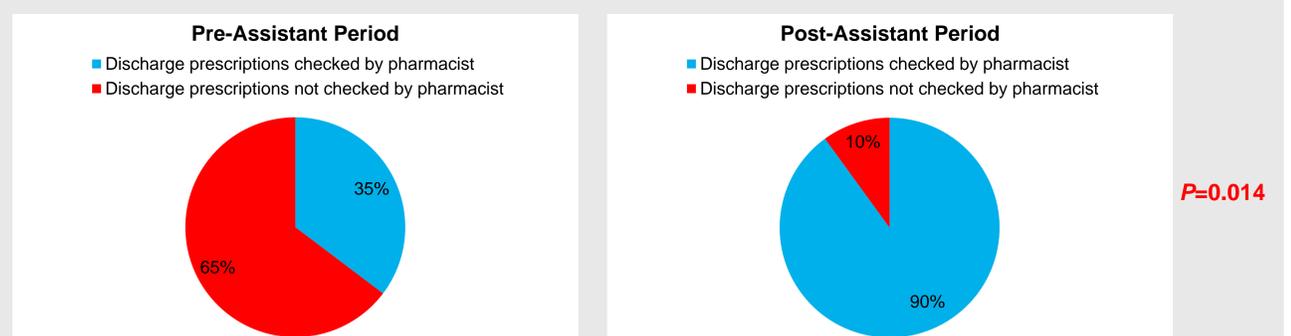
Percentage of inpatients who had a medication history documented during the first 48 hours of their inpatient stay (related to KPI 4.2; measured because clinical pharmacy service is not available on weekends, making medication history within 24h less feasible)



Percentage of admitted days that patients receive medication review by a pharmacist (KPI 5.3)



Percentage of discharge prescriptions reviewed and reconciled by a pharmacist prior to dispensing (KPI 8.2)



There were no statistically significant differences between the pre- and post-assistant periods in the results for KPIs 4.3, 7.2 and 7.3.

## Conclusion

The addition of a clinical pharmacy assistant role on the stroke unit at 0.5FTE resulted in increased compliance with the SA APAC KPIs, particularly in relation to pharmacist review of medication therapy during admission and on discharge. Empowering pharmacy assistants with additional skill sets enables them to work in clinical roles, resulting in extended pharmacy patient coverage and improved pharmacist workflow.

### Reference

1. Thomas M et al. Empowering technicians to work in extended clinical roles. The Pharmaceutical Journal. 2008; 15:145.
2. SA Health. Continuity in Medication Management - South Australian APAC key performance indicators for hospitals participating in pharmaceutical reform; 2010.

### About the Author

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