

The effect of changing the model of service provision on clinical pharmacists

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Introduction

Provision of clinical pharmacy services ensures safe and effective use of medicines and optimisation of patient care. This service can be provided as either of two main models: ward based or unit based clinical pharmacy service.

In 2017 the pharmacy department of Monash Medical Centre, a 640 bed teaching and research hospital, changed the way clinical pharmacy services were delivered. Pharmacists established themselves as part of the inter-professional team by changing from a ward based to a medical unit aligned clinical pharmacy service grouped into teams (Figure 1).

It has been demonstrated that unit based clinical pharmacy services improves engagement with senior medical staff; increases the number of interventions made prospectively; and reduces errors, omissions and alterations of discharge prescriptions, ultimately improving patient care.^{1,2} However it has also been recognized that this type of service has limitations such as increased travel time and reduced time available for service delivery to see outlier patients.

This study aimed to report on the effects of changing a hospital pharmacist's role from a ward based to medical unit aligned clinical pharmacy service.

Method

SurveyMonkey® was utilised to obtain feedback from pharmacists part of clinical teams twelve months after establishing the new service model.

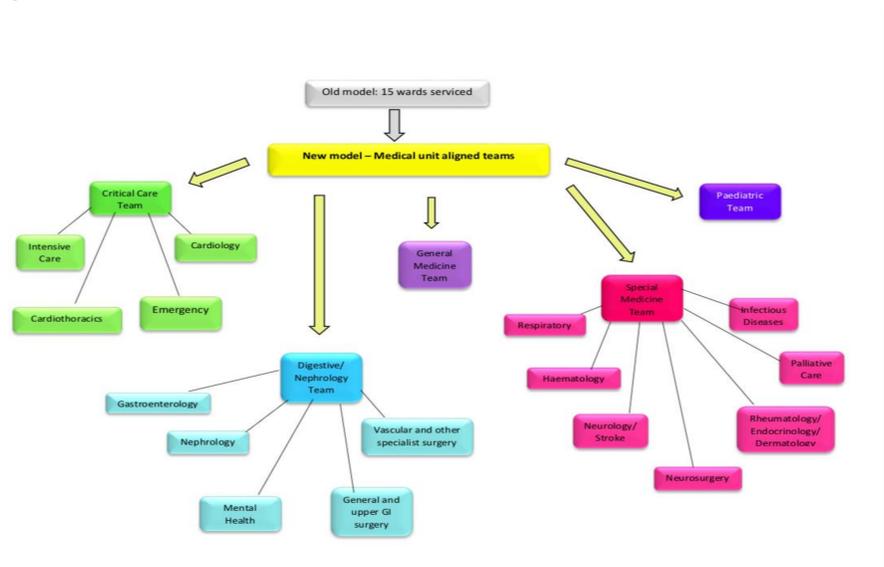


Figure 1: Model of medical unit aligned clinical pharmacy service

Results

Responses were received from 23 pharmacists.

Medical rounds were attended at least weekly by 34.7% (8/23) of pharmacists (Table 1). Seven pharmacists reported that lack of time was the main reason for not consistently attending rounds (Table 2).

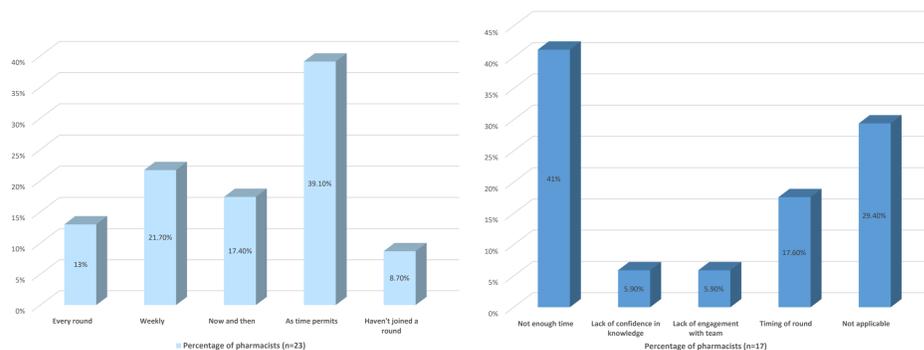


Table 1: Frequency of attending rounds

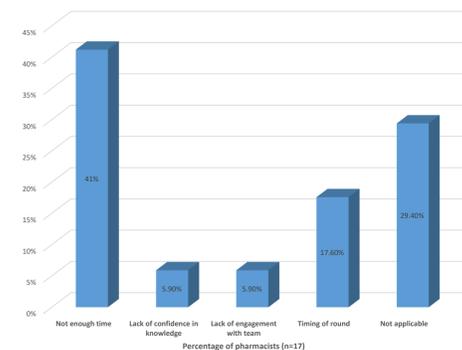


Table 2: Reasons for not attending rounds

Outlier patients did not always receive the same care as inliers according to 26.1% (6/23) of pharmacists. (Fig. 2)

Pharmacy service provision to outlier patients

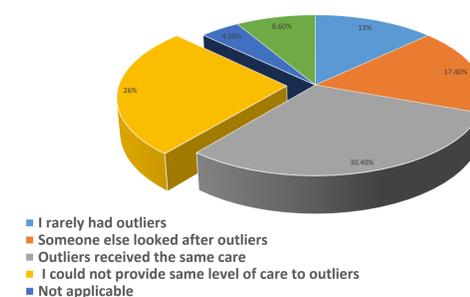


Figure 2: Service provision to outliers

Workload increased according to 18.2% (4/22) of pharmacists.

Team leader support met or exceeded the team member's expectations in managing workload according to 78.2% (18/23) of responders.

Conclusion

Unit based pharmacy services improves engagement and rounding with the medical team, and development of specialist knowledge. However any model change requires process changes and strong leadership, and a teamwork culture can multiply the effects of work engagement, performance and job satisfaction. (3) Improving job control and providing support by being part of an interdisciplinary team can counteract the stress caused by increased demands.

References

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