

Hospital-wide policies

6.2 Percentage of patients that are reviewed by a clinical pharmacist within one day of admission

Purpose

This indicator assesses the availability of timely clinical pharmacy services for all patients.

Background and evidence

Pharmacists undertake clinical pharmacy activities for individual patients to minimise the inherent risk associated with the use of medicines and to optimise the use of medicines. Clinical pharmacy activities support a collaborative approach (with patients, carers, prescribers and other health professionals) to medication management. Australian and overseas practice-based evidence confirms that clinical pharmacy activities reduce morbidity, mortality and the cost of care.¹

The services provided by clinical pharmacists to individual patients include:

- medication reconciliation
- assessment of current medication management
- clinical review, therapeutic medicine monitoring
- adverse drug reaction management
- contribution to the medication management plan
- provision of medicines information
- facilitation of continuity of medication management on discharge or transfer.¹

Clinical pharmacist review should inform prescribing decisions and therefore should be initiated as soon as possible after patient admission.¹

Key definitions

Patients refers to all patients admitted for at least 24 hours.

Review by a clinical pharmacist means there is explicit documentation by the pharmacist on the medication chart or in the medical record demonstrating that review has occurred.

Within one day of admission means documentation of clinical pharmacist review was signed and dated by the end of the next calendar day after admission.

Data collection for local use

Please refer to the section *Using the National Quality Use of Medicines Indicators for Australian Hospitals* for guidance on sample selection, sample size, measurement frequency and other considerations.

Inclusion criteria: Adult, paediatric and neonatal patients admitted to hospital.

Exclusion criteria: Patients with a length of stay in hospital less than 24 hours.

Recommended data sources: Medical records, medication management plans or reconciliation forms and medication charts.

The data collection tool for QUM Indicator 6.2 assists data collection and indicator calculation.

Data collection for inter-hospital comparison

This indicator may be suitable for inter-hospital comparison. In this case, definitions, sampling methods and guidelines for audit and reporting need to be agreed in advance in consultation with the coordinating agency.

Indicator calculation

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$$

Numerator = Number of patients reviewed by a clinical pharmacist within one day of admission

Denominator = Number of patients in sample

Limitations and interpretation

Data collection relies on documentation in the clinical record (generally on the medication chart) of the date of review by a clinical pharmacist. Good documentation supports quality patient care² and is a critical component of management of adverse drug reactions. Poor communication can result in adverse medicine events.³ Thus it is assumed that absence of explicit documentation means no clinical pharmacy review was performed.

This indicator does not assess the extent, appropriateness or quality of the clinical pharmacy service or the pharmaceutical review process provided to an individual patient.

It is acknowledged that some patients may not require full clinical pharmacy review services and therefore the target for this indicator is not necessarily 100%. For example, uncomplicated obstetrics cases and those patients who have been reviewed by a clinical pharmacist in a pre-admission clinic may have a less urgent need for a clinical pharmacy review at admission.

Further information

The Society of Hospital Pharmacists of Australia has published Standards of Practice for Clinical Pharmacy¹ and a number of quick guides and factsheets which support the role of clinical pharmacists in patient care, available at www.shpa.org.au

Medication Safety Self Assessment for Australian Hospitals⁴ (MSSA) can help identify potential strategies for improvement with this and other indicators. MSSA encourages development of robust systems for safe prescribing, dispensing, administration and monitoring of medicines. MSSA is available at www.cec.health.nsw.gov.au

This indicator can be used to assist hospitals in meeting the National Safety and Quality Health Service Standard 1 [items 1.2.1, 1.2.2, 1.5.2, 1.6.1, 1.6.2, 1.8.1] and Standard 4 [items 4.1.2, 4.2.2, 4.5.1, 4.5.2, 4.6.1].⁵

References

1. Society of Hospital Pharmacists of Australia Committee of Speciality Practice in Clinical Pharmacy. SHPA Standards of Practice for Clinical Pharmacy Services. *J Pharm Prac Res* 2013; 43(2): s2-s5.
2. The Good Clinical Documentation Guide. National Centre for Classification in Health, Commonwealth of Australia, 2003.
3. MacKinnon NJ, ed. Safe and Effective: The Eight Essential Elements of an Optimal Medication-use System. Canadian Pharmacists Association, 2007.
4. Medication Safety Self Assessment for Australian Hospitals: Institute for Safe Medication Practices USA (Adapted for Australian use by NSW Therapeutic Advisory Group and the Clinical Excellence Commission), 2007.
5. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. Sydney, ACSQHC, 2012.