

Australasian Pharmacist Prescribing Workshop

Wednesday 27 October 2010

Program

8.30 – 9.00 AM: Registration (Foyer, Sissons Building)

9.00 AM: Welcome

Dr Johnson George (Monash University)

9.05 – 10.20 AM: Oral Presentations 1 (15 minutes each)

Chair: *Greg Weeks (Barwon Health)*

More than just transcribing – 2 years experience of prescribing pharmacists at Peninsula Health

H. Lim, J. Clifford, S. Lam, B. Leung (Peninsula Health)

A script for Success: Pharmacist prescribing to optimise asthma management in community practice

T. Hanna, B. Bajorek, K. LeMay, C. Kok, C. Armour (University of Sydney)

Collaborative doctor-pharmacist prescribing in a multidisciplinary elective surgical pre-admission clinic

A. Hale, J. Stokes, E. Lum, L. Nissen, D. Stowasser, I. Coombes (Princess Alexandra Hospital, Medication Services Queensland, University of Queensland)

Crossing Boundaries – development of a credentialing process for pharmacist prescribing in the emergency department

L. Ciabotti, L. Abbott, E. Commons, G. Weeks (Southern Health, Barwon Health, St. Vincent's Hospital)

Pharmacist prescribing in the pre-admission clinic (PAC): A prime opportunity to apply pharmacists' expertise

R. Bakshi, C. Chow, P. Elliott, R. MacPherson, B. Bajorek (University of Sydney, Royal North Shore Hospital)

10.20 – 10.40 AM: Morning Tea

10.40 AM – 12.00 PM: Key note session (20 minutes each)

Chair: *Kirstie Galbraith (Monash University and National Alliance for Pharmacy Education)*

Mark Cormack, Chief Executive Officer, **Health Workforce Australia**

Bronwyn Clark, Registrar, **Pharmacy Council of New Zealand**

Dr Jonathan Dartnell, Executive Manager, Innovation and Learning, **National Prescribing Service**

Steve Marty, Chair, **Pharmacy Board of Australia**

12:00 – 12.30 PM: Organisational Perspectives (5 minutes each)

Chair: Sandy Bhawan (*New Zealand Pharmacy Council*)

Yvonne Allinson, Chief Executive Officer, **Society of Hospital Pharmacists of Australia**

Assoc Prof Lisa Nissen, National Vice President and Queensland Branch President, **Pharmaceutical Society of Australia**

Anne Develin, Divisional Manager, Government Relations and Policy, **The Pharmacy Guild of Australia**

Dr Shane Jackson, Board Member, **Australian Association of Consultant Pharmacy**

Matthew McCrone, **Department of Health, Victoria**

Kirstie Galbraith, **National Alliance for Pharmacy Education**

12.30 – 1.15 PM: Panel Discussion (all keynote speakers and organisational representatives)

Moderator: Dr Ian Coombes (*University of Queensland, Medication Services Queensland*)

1.15 – 1.45 PM: Lunch

1.45 – 2.00 PM: Poster Tour

Lead: Josephine Crockett (*University of South Australia and National Alliance for Pharmacy Education*)

A pathway to exploring and implementing pharmacist prescribing in local Australian practice

B. Bajorek (The University of Sydney)

Preparing the medication chart: pre-emptive intervention by the peri-operative pharmacist

R. Fyfe, S. Cuell (Barwon Health)

Improving hypertension management through pharmacist prescribing - The rural Alberta clinical trial in optimizing hypertension (rural RxACTION): design, methods and progress

T.L. Charrois, M. Rosenthal, R. Tsuyuki (Curtin University, University of Alberta)

2.00 – 3.15 PM: Oral Presentations 2 (15 minutes each)

Chair: Assoc Prof Pascale Dettwiller (*Charles Darwin University*)

The experiences of a nurse prescriber

N. Jennings, Emergency Nurse Practitioner, The Alfred Emergency and Trauma Centre

Stories from the Trenches: Experiences of Alberta Pharmacists in Obtaining Additional Prescribing Authorization

T.L. Charrois, M. Rosenthal, R. Tsuyuki (Curtin University, University of Alberta)

Value of a non-medical prescribing course in preparing Australian pharmacists for prescribing roles

G. Weeks, J. Marriott, J. George (Monash University, Barwon Health)

The Pharmacist Prescriber – A defined scope of practice or an add on?

S. Bhawan (Pharmacy Council of New Zealand)

Evaluation of the Effectiveness and Relevance of the Safe Medication Practice Tutorials as a Course for Pharmacist Prescribers

I. Coombes, A. Wheeler, C. Mitchell, L. Nissen, A. Hale (University of Queensland, Medication Services Queensland, Clinical Research & Resource Centre, Waitemata District Health Board, Auckland, Princess Alexandra Hospital)

3.15 – 4.15 PM: Parallel small group workshops (including afternoon tea)

Workshop 1: Evaluation of data from pharmacist prescribing pilot projects using a standard evaluation framework (Andrew Hale, Ian Coombes)

Workshop 2: Potential scenarios for pharmacist prescribing: a review of required competencies, skills, training and accreditation (Johnson George, Greg Weeks)

Workshop 3: Influencing legislative change: lessons from other countries and professions (Sandy Bhawan, Yvonne Allinson)

4.15 – 4.45 PM: Feedback from small group workshops to the whole group

Facilitator: Assoc Prof Jennifer Marriott (*Monash University*)

4:45 PM: Close

MORE THAN JUST TRANSCRIBING – 2 YEARS EXPERIENCE OF PRESCRIBING PHARMACISTS AT PENINSULA HEALTH (PH)

Authors: Hy Lim, Jan deClifford, Skip Lam, Ben Leung (Peninsula Health)

Aim:

To review and describe the role of the Pharmacist-initiated E-prescription Transcription Service (PETS) pharmacist during discharge and to assess current user satisfaction since implementation in 08/08.

Method:

Using data collected between 11/08 and 08/10, a practising PETS pharmacist will describe the prescribing role and the impact on prescribing accuracy, clinical decision making and continuity of care.

The acceptance and opinions of staff involved were evaluated by a satisfaction survey in 09/10.

Results:

- Referrals were received from pharmacists (38.4%), doctors (29.6%), ward clerks (26.4%), and nurses (5.6%) (n=2842).
 - 81.4% were for same day discharges.
 - Only 61.5% were accepted due to high demand.
- PETS completed medication reconciliation forms for 29.4% of prescriptions (n=2248).
- Most interventions involved “therapeutic interventions” (47.5%) or “usual medications” (35.7%) (n=3012).
- Results of the survey:
 - Respondents included 14/15 doctors, 9/9 pharmacists, 6/6 nurses and 8/8 ward clerks.
 - 100% “agreed” or “strongly agreed” that they were very satisfied with PETS.
 - Accuracy and clinical experience/knowledge were rated the most important traits of the PETS pharmacist.
 - 100% of doctors and pharmacists were happy for PETS to make dosage suggestions, understood the review process before discharge, and found the PETS summary sheet useful.
 - 92.9% of doctors were happy for PETS to make medication changes.

Conclusion:

PETS has become an integral part of the discharge process at PH, and is well accepted by all users. It is recognised as an invaluable prescribing service, much more than just transcribing.

A SCRIPT FOR SUCCESS: PHARMACIST PRESCRIBING TO OPTIMISE ASTHMA MANAGEMENT IN COMMUNITY PRACTICE

T.Hanna, B.Bajorek, K.LeMay, C.Kok, C.Armour

Faculty of Pharmacy, The University of Sydney, Sydney NSW Australia.

AIMS: To evaluate the nature, appropriateness, and potential feasibility of prescribing by community pharmacists in the primary care management of asthma.

METHODS: An exploratory study comprising 4 stages:

1) A scenario-based questionnaire, based on a previous study¹, was developed. It comprised 9 different scenarios depicting the clinical features of a patient's asthma, modelled on information from real patients in a previous study database². Community pharmacists (N=20) were recruited using convenience sampling (asthma specialist pharmacists²) to complete the questionnaire. Each was asked to specifically describe appropriate prescribing interventions (unrestricted) for each scenario (as applicable), and then rate the usefulness of these prescribing privileges and their level of confidence in performing the function. **2)** An expert panel (GP, nurse practitioner, NPS Facilitator, pharmacist, 2 respiratory physicians), reviewed and rated the appropriateness of the described interventions (Likert scales). **3)** The potential clinical impact of the pharmacists' interventions in each scenario were compared to the actual interventions received by the 'real' patients (upon which the scenarios were modelled) and recorded in a database². **4)** Semi-structured interviews (thematically analysed via manual inductive coding) were conducted with the clinical panel to canvas feedback and their opinions on the role and utility of pharmacist prescribing in the management of asthma.

RESULTS: Data collection and analysis is currently in progress.

CONCLUSION: This study fulfills a research gap in Australian community pharmacist prescribing. Extended practice roles for specialist pharmacists may help address current gaps in asthma management and may enhance the scope of practice for Australian community pharmacists.

1. N. Nguyen, B.Bajorek. Pharmacist prescribing in warfarin therapy: exploring its clinical utility in the hospital setting. *Journal of Pharmacy Practice and Research*, 2008; 38(1):35-39.

2. Pharmacist Asthma Management Service (PAMS) in Australian Community Pharmacies

COLLABORATIVE DOCTOR-PHARMACIST PRESCRIBING IN A MULTIDISCIPLINARY ELECTIVE SURGICAL PRE-ADMISSION CLINIC

Andrew Hale^{1,2}, Dr Julie Stokes², Elaine Lum², Dr Lisa Nissen³, Dr Danielle Stowasser³, Dr Ian Coombes^{2,3}

1. Princess Alexandra Hospital Pharmacy Department

2. Medication Services Queensland

3. Pharmacy Australia Centre of Excellence, University of Queensland

Aims

Increased pressure on junior doctors working hours, and potential medication errors, led to the evaluation of the impact a doctor–pharmacist collaborative prescribing model within a surgical Pre-Admission Clinic (PAC) on the safety and quality of prescribing.

Methods

An open, randomised study compared usual care vs pharmacist prescribing on the National Inpatient Medication Chart. Usual care was medication history-taking and peri-operative medication management planning by the pharmacist with medical officers completing the medication chart; for intervention subjects, the pharmacist completed the medication chart including venous thromboembolism (VTE) prophylaxis prescribing. Prescribing was assessed for appropriateness of VTE prescribing, safety of medication orders, and accuracy of medications charted.

Results

Four hundred patients were recruited (16 exclusions; control, n = 190; intervention, n = 194).

VTE prescribing in PAC was appropriate in 64% of control and 94% of intervention patients, and on admission to the ward in 89% and 93% respectively.

Safety of individual orders was significantly better ($p < 0.005$) in intervention subjects. Orders with at least one component of the prescription missing, incorrect or unclear occurred in 64.3% of control and 25% of intervention.

Omissions occurred in 28.1% of control and 1.1% of intervention orders.

Prescribing errors occurred in 6.3% of control and 0.2% of intervention orders.

Conclusions

Medication charts produced in the intervention arm were more appropriate with regards to VTE prescribing, contained significantly less prescribing errors and error prone orders, and were more accurate with regards to patients' regular medication and plan for peri-operative management of medications than control arm.

Crossing Boundaries – Development of a Credentialing Process for Pharmacist Prescribing in the Emergency Department

Authors: Lisa Ciabotti¹, Leonie Abbott², Erin Commons³, Greg Weeks²

¹ Southern Health

² Barwon Health

³ St. Vincent's Hospital

Aim: To present the experiences of pharmacists from three Victorian public teaching hospitals in completing the Period of Learning in Practice (PLP) component of an accredited UK prescribing course in the Emergency Department.

Method: A Department of Human Services workforce innovation project, focusing on potential prescribing roles for Emergency Department pharmacists, identified the need for a credentialing process. Participating pharmacists undertook an accredited UK prescribing course. A major component of the course was to complete a Period of Learning in Practice (PLP) in the environment the pharmacist plans to prescribe, under the supervision of a designated medical practitioner. Prescribing a patient's admission medications on the inpatient medication chart was deemed to be most appropriate and a PLP plan was developed to address the competencies required for this task.

Results: Emergency physicians from each hospital were engaged to provide supervision and support for the pharmacists completing the PLP. Activities undertaken during the PLP varied between the three hospitals and included attending consultations with medical staff, education sessions and prescribing admission medications under medical supervision. Due to the nature of the Emergency Department (ED), supervision was variable and there was a heavy reliance on individual pharmacists to be proactive in the role to achieve the learning objectives, whilst recognising their own limitations. Several work flow and practice issues were identified throughout the process and measures to overcome these were implemented.

Conclusion: Overall the ED was a difficult area to develop competence and satisfy learning outcomes for the PLP. Completion of the prescribing course provided additional competencies and assisted in identifying and overcoming barriers associated with pharmacist prescribing. Significant challenges surrounding further development and continuation of pharmacist prescribing in the ED remain and this is further complicated by the need for legislative change.

PHARMACIST PRESCRIBING IN THE PRE-ADMISSION CLINIC (PAC): A PRIME OPPORTUNITY TO APPLY PHARMACISTS' EXPERTISE

R.Bakshi¹, C.Chow², P.Elliott², R.MacPherson², B.Bajorek^{1,2}

Faculty of Pharmacy, The University of Sydney¹, Sydney; Royal North Shore Hospital², NSW, Australia

AIM: To trial a pharmacist prescribing service, comprising medication charting, in the Pre-Admission Clinic (PAC) at a Sydney Teaching Hospital.

METHODS: A prospective pre/post trial was conducted comprising a 1-month baseline audit (PRE-) and a subsequent 1-month trial of 'Pharmacist Prescribing' (i.e., pharmacists' preparation of patients' medication charts during routine consultations) (POST). Purpose-designed data collection forms were used to document: pharmacist and doctor consultation times, time taken by pharmacists to prepare medication charts, and completeness and accuracy of the pharmacist-prescribed medication charts. A semi-structured survey was used to elicit feedback from PAC staff regarding the pilot pharmacist prescribing service; the data were thematically analysed using manual, inductive coding.

RESULTS: 72 medication charts were completed by PAC pharmacists. Completeness of charts improved significantly post-intervention (5.4% vs 80.6%, $P < 0.05$), as did the accuracy of charts (58.9% vs 98.6%, $P < 0.05$); only 1 pharmacist-prescribed medication chart was identified as having an inaccuracy. The changes in mean consultation times per patient for doctors and pharmacists changed from PRE to POST intervention (respectively) as follows: Pharmacists 18.6 min vs 15.3 mins; Doctors 25.0 mins vs 19.0mins; the additional time taken for pharmacists to prescribe the medication charts was 5.3 ± 3.3 minutes, bringing the average pharmacist service time to 20.6 minutes/patient (less than doctors baseline consultation time).

CONCLUSION: Pharmacist prescribing in PAC has improved medication chart completeness and accuracy, to help ensure medication safety in the hospital setting. Additionally, it offers resource savings (staff time), by reducing consultations times. A long-term trial is currently in progress.

1. Cao B, Bajorek BV. Development of a Pharmacist Prescribing Service in the Pre-Admission Clinic (PAC): A pilot initiative at Royal North Shore Hospital. Sydney: University of Sydney; 2009.

Stories from the Trenches: Experiences of Alberta Pharmacists in Obtaining Additional Prescribing Authorization

Theresa L. Charrois BScPharm, ACPR, MSc (1), Meagen Rosenthal MA (2), Ross Tsuyuki PharmD, MSc(2, 3)

(1) School of Pharmacy, Curtin University, Perth, Western Australia (2) EPICORE Centre, University of Alberta, Edmonton, Alberta, Canada (3) Faculty of Medicine and Dentistry, University of Alberta, Edmonton, Alberta, Canada

(Preferred mode of presentation: Oral)

Aim: Pharmacists in Alberta can apply to the Alberta College of Pharmacists in order to obtain the designation of additional prescriber. This designation uniquely allows them to initiate therapy, in addition to other medication-related activities. Our objective was to ascertain specific experiences of pharmacists regarding the decision to apply and the application itself, and use this information to help inform other pharmacists who are considering additional prescribing.

Methods: All pharmacists involved in a randomized, controlled trial and who had received their additional prescribing authorization (APA) were invited to participate. Pharmacists were contacted via email and asked to respond to questions regarding their experiences in applying for APA. Responses were analyzed using content analysis and all respondents were kept anonymous.

Results: Fourteen pharmacists were invited to participate. Review and examination of the responses revealed three main themes: motivation, hurdles and outcomes. Motivation can be understood as the reasons why they applied for their APA. Hurdles include any problems encountered of a personal, environmental or professional nature. Outcomes refer to how this designation has changed their practice.

Conclusions: Pharmacists had to address many factors that were unexpected during the application process; however the eventual outcome of obtaining APA was deemed beneficial, both professionally and with regard to patient care. The information shared from these pharmacists will help other pharmacists, regardless of jurisdiction, overcome some of the challenges.

Value of a non-medical prescribing course in preparing Australian pharmacists for prescribing roles

Greg Weeks, Jennifer Marriott, Johnson George

Background

Two essential components in moving pharmacist prescribing forward in Australia are legislative change and a university-based process for developing competencies that can lead to accreditation of pharmacist prescribers. In the UK, courses for non-medical prescribers aim to produce a competent, safe prescriber who understands their abilities and limitations and practises within their scope of practice in collaboration with other members of the healthcare team. As no equivalent course exists in Australia there is interest in evaluating whether a UK course could be adopted.

Aim

To pilot a non-medical prescribing course as a part of developing skills and knowledge to prepare Australian hospital pharmacists for prescribing roles within advanced practice settings and to elicit the experiences and views of course participants on non-medical prescribing, its appropriateness and barriers to implementation

Methods

The Department of Pharmacy Practice, Monash University, facilitated a course accredited by the Royal Pharmaceutical Society of Great Britain to credential pharmacists as both supplementary and independent prescribers. Fifteen hospital pharmacists undertook the course over a 9-month period from September 2008. The pharmacists who enrolled were undertaking, or planning to undertake, advanced practitioner roles. Perceptions of pharmacist prescribing roles and credentialing requirements were explored in three focus groups, one held at the commencement and two 6 months later. Thematic analysis of transcripts was undertaken using NVivo 8®.

Results

Course participants identified positive themes relating to their understanding of non-medical prescribing (NMP) and where it could lead, a growth in self-confidence to undertake a new role and improved competency in communication and consultation skills. Negative themes related to legislative constraints, acceptance of the role by others, assessment requirements for the period of learning in practice and university documentation. Participants also stressed the need for the course to be tailored to Australian settings.

Conclusion

This is the first experience of a cohort of Australian pharmacists undertaking a non-medical prescribing course in preparation for advanced practice roles including prescribing. It reveals the positive but challenging experiences of pharmacists and can assist the future development of an accredited Australian course for pharmacist prescribers.

The Pharmacist Prescriber – A defined scope of practice or an add on?

Sandy Bhawan, Competence Projects Developer, Pharmacy Council of New Zealand

This year the Pharmacy Council of New Zealand (Council) will submit an application to the Ministry of Health for suitably qualified and experienced pharmacists to become designated prescribers.

In New Zealand the Medicines Act 1981 and its associated regulations provide the regulatory framework for the prescribing of medicines. It provides for two classes of prescribers: authorised and designated prescribers. Authorised prescribers are medical practitioners, dentists and registered midwives who have full prescribing rights and access to all medicines in the Medicines Regulations.

Designated prescribers are other groups of regulated health professionals to whom prescribing rights have been extended. For these prescribers the regulations specify the designated scope of practice within which prescribing is permitted, classes of medicines permitted to prescribe, and the competency requirements including education and training and ongoing competence requirements. Currently the only designated prescribers in New Zealand are nurse practitioners and optometrists. Both authorised and designated prescribers are able to prescribe independently within their defined scope of practice.

The collaboration seen today between the Council and the “informal pharmacist prescribing teleconference” group is a result of the realisation that both the regulatory (done by NZ) and practice aspects (done by Australia) of pharmacist prescribing are necessary components to enable pharmacist prescribing.

The presentation will provide an overview of the key elements required to protect the health and safety of the public and ensuring the quality of a pharmacist prescriber’s practice.

Evaluation of the Effectiveness and Relevance of the Safe Medication Practice Tutorials as a Course for Pharmacist Prescribers

Coombes I^{1,2}, Wheeler A³, Mitchell C¹, Nissen, L¹, Hale, A^{2,4}

1 = Centre for Safe and Effective Prescribing, School of Pharmacy, University of Queensland

2 = Medication Services Queensland, Queensland Health

3 = Clinical Research & Resource Centre, Waitemata District Health Board, Auckland, New Zealand.

4 = Pharmacy Department, Princess Alexandra Hospital, Brisbane.

Background

The Safe Medication Practice Tutorials (SMPTs), implemented in 2004, demonstrated a significant improvement in final year medical students' prescribing. The tutorials highlight error prone conditions within the healthcare system and common errors, particularly those associated with the use of high risk medications.

Aims

To evaluate the suitability of the SMPTs for potential pharmacist prescribers as a component of preparation for a pilot of pharmacist prescribing.

Methods

The SMPTs were amended and presented in a one day workshop (7 hours) to pharmacists taking part in pharmacist prescribing discharge pilots in New Zealand. Other attendees included representatives from academia, hospital pharmacy management and education and the NZ Pharmacy Council (N=14). At the end of the program, attendees were asked to provide feedback on the relevance of the different components as possible elements of a future course for pharmacist prescribing.

Results

Attendees agreed that all components of the workshop were relevant to obtaining a medication history and medication reconciliation on admission and discharge from hospital. They noted an increased awareness of error traps in both prescribing decision making and communicating these decisions. Attendees agreed or strongly agreed that five core components were essential: human

error awareness and prescribing safety; medication history taking; introduction to use of local medication charts and high risk scenarios; discharge prescribing; and providing and receiving feedback on prescribing errors.

Conclusions

In this small pilot study, the SMPTs were rated as highly relevant to pharmacist prescribers, and could be considered as a component of a formal training for future non-medical prescribing courses to increase the awareness of prescribing errors and improve safe prescribing practices.

A PATHWAY TO EXPLORING AND IMPLEMENTING PHARMACIST PRESCRIBING IN LOCAL AUSTRALIAN PRACTICE

B.Bajorek

Faculty of Pharmacy, The University of Sydney; Royal North Shore Hospital, Sydney NSW Australia.

AIMS: To describe studies undertaken in the local Australian practice setting to explore the potential utility of pharmacist prescribing.

METHODS: A review of studies undertaken locally (i.e., Sydney metropolitan area, including the Northern Sydney Central Coast Health Service) over the period 2005-2010 was undertaken.

RESULTS: A series of local studies using mixed quantitative and qualitative methods, has evaluated:

- Perspectives of Australian pharmacists on pharmacist prescribing¹
- Views of hospital pharmacists on the utility of pharmacist prescribing²
- Identifying opportunities for pharmacist prescribing in specialist clinical contexts (e.g., anticoagulation)^{3,4}
- Perspectives of Australian GPs on pharmacist prescribing⁵
- Evaluation of pharmacist prescribing in a hospital-based Pre-Admission Clinic^{6,7}
- Evaluating the potential for community pharmacist prescribing in the primary care management of asthma⁸

Collectively, the studies highlight that there is support for pharmacist prescribing in local practice, both community and hospital, in contexts pertaining to: specialist management of patients where dedicated services are required for ongoing patient care (e.g., anticoagulation, respiratory diseases, chronic diseases); settings (e.g., rural) which currently suffer from medical staff shortages where prescribing functions could be delegated to pharmacists; continuity of care being disjointed (e.g., access to long-term repeat medications). Studies have shown that pharmacists are conservative in their approach to prescribing, demonstrating a 'healthy respect' for the associated responsibilities and risks alongside the necessary capacity and capability.

CONCLUSION: This collection of local studies demonstrates a staged pathway to exploring the potential for pharmacist prescribing in Australian practice, and highlights both perspectives and considerations for future implementation.

1. OC Kay, BV Bajorek, JE Brien. Pharmacist prescribing activities: an electronic survey on the opinions of Australian pharmacists. *Journal of Pharmacy Practice and Research*, 2006; 36(3):199-203.
2. C.Hanes, BV Bajorek. Pharmacist Prescribing: Views of Australian Hospital Pharmacists. *Journal of Pharmacy Practice and Research*, 35:178-180, 2005.
3. A Khoo, BV Bajorek. Extended roles for pharmacists in warfarin therapy: identifying opportunities for pharmacist prescribing. *Journal of Pharmacy Practice and Research*, 2006; 36(3): 190-193.
4. N. Nguyen, B.Bajorek. Pharmacist prescribing in warfarin therapy: exploring its clinical utility in the hospital setting. *Journal of Pharmacy Practice and Research*, 2008; 38(1):35-39.
5. D.Vracar, B.Bajorek. Australian General Practitioners' Views on Pharmacist Prescribing. *Journal of Pharmacy Practice and Research*, 2008; 38(2):-96-102.

6. BY Cao, C Chow, P Elliott, R MacPherson, J Crane, B Bajorek. Preparing to Implement a Pharmacist Prescribing Service in the Pre-Admission Clinic (PAC), 2009.
7. R.Bakshi, C Chow, P Elliott, R MacPherson, J Crane, B Bajorek. Evaluation of a Pharmacist Prescribing Service in the Pre-Admission Clinic (PAC), 2009.
8. T.Hanna, B.Bajorek, K.LeMay, C.Kok, C.Armour. A Script For Success: Pharmacist Prescribing to Optimise Asthma Management in Community Practice

Preparing the medication chart: pre-emptive intervention by the peri-operative pharmacist.

Authors: Rachel Fyfe and Sylvia Cuell, Barwon Health

Aim:

To determine if incorporating a pharmacist in the peri-operative clinic (POC) reduces the number of regular medications omitted or prescribed inaccurately on the drug chart for overnight stay surgical patients.

Method:

The POC pharmacist completed pre-admission medication interviews immediately prior to surgery for overnight stay patients.

The pharmacist was given authority to directly transcribe regular medications onto the inpatient drug chart ready for the doctor to review, sign and thus authorise as suitable for administration by the nursing staff.

To prevent administration from orders yet to be authorised, a large pink removable sticker was placed over the administration columns of the drug chart, pending removal by the doctor at the time of signing the medication orders.

Data was collected for 10 working days pre and post the introduction of the POC pharmacist. This included the time from admission until pharmacist review and the accuracy of medication orders on the drug chart.

Results:

The average time from admission until a pharmacist completed a medication interview was 24hr 2min (+/- 4hr 35min) in the pre-group (31 patients), compared to 1hr 23min (+/- 1hr 19min) in the post-group (55 patients).

In the pre-group, 52.38% of patients had errors on their drug chart (either regular medications omitted or inaccurate medications prescribed), compared to 5.13% of patients in the post-group.

Conclusion:

The number of regular medications either omitted or prescribed incorrectly was significantly reduced when the POC pharmacist transcribed the medications onto the drug chart.

Overall, the continuity of patient care for overnight stay surgical patients was improved. A greater impact would be expected should this service be extended to the more complicated medication regimens of longer stay surgical patients.

Improving Hypertension Management Through Pharmacist Prescribing. The Rural Alberta Clinical Trial in Optimizing Hypertension (rural RxACTION): Design, Methods and Progress

Theresa L. Charrois BScPharm, ACPR, MSc (1); Meagen Rosenthal MA (2); Sherilyn Houle BSP (2); Finlay A. McAlister MD, MSc (2, 3); Dale Cooney BSP, MBA (4); Richard Z. Lewanczuk MD, PhD (3); Norm RC Campbell MD (5); Michael Kolber MD (2); Ross T. Tsuyuki, PharmD, MSc (2, 3)

(1) School of Pharmacy, Curtin University, Perth, Western Australia; (2) EPICORE Centre, University of Alberta, Edmonton, Alberta, Canada; (3) Faculty of Medicine and Dentistry, University of Alberta, Edmonton, Alberta, Canada; (4) Alberta College of Pharmacists, Edmonton, Alberta, Canada; (5) Faculty of Medicine, University of Calgary, Calgary, Alberta, Canada

Aim: With Alberta being the first province in Canada to have independent prescribing by pharmacists, it offers a unique experience to measure outcomes in patients. With hypertensive patients continuing to be poorly controlled, there is an opportunity to evaluate outcomes in those who are prescribed anti-hypertensive therapy by pharmacists. The primary objective is to evaluate the effect of enhanced pharmacist care on systolic blood pressure (SBP) reduction in patients with poorly controlled hypertension.

Methods:

Design: Randomized controlled trial with patients allocated to enhanced pharmacist care or usual care.

Patients: Patients with BP above target levels.

Setting: Rurally based pharmacists in Alberta.

Intervention: Enhanced pharmacist care including patient identification, assessment, education, prescribing of antihypertensive medications and follow-up every 4 weeks until achievement of target BP. Patients are further randomized to the sub-study of remuneration models.

Control: Usual pharmacist (no prescribing) and physician care, plus a wallet card for BP readings and pamphlet on BP.

Primary Outcomes: A comparison of difference in change in SBP between enhanced care and usual care at 24 weeks follow-up.

Sample size: A sample size of 340 (250 intervention, 90 control) will provide 80% power to detect a difference of 8mmHg difference in change in systolic BP between intervention and usual care, and 6mmHg between the 2 remuneration strategies.

Results: Currently 12 sites (with 14 pharmacists) are recruiting patients. Fifty-five patients have been randomized, with 15 patients completed.

Conclusions: The study is ongoing and will help provide high level evidence in regards to pharmacist prescribing.