Evaluation of the Impacts of Ward Pharmacy Services

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What kind of service does a Clinical Pharmacist provide at ward?

**Patient A**
FU Private with Coro+PCI recently (Rx Clopidogrel [Plavix] together with Aspirin from HA)
IPMOE: Omitted Clopidogrel

**Clinical Pharmacist:**
1. Remind Dr to Rx Clopidogrel
2. Change Famotidine to Pantoprazole (on DAPT)

**Patient B**
On Apixaban with hypovolemic shock due to blood loss ?UGIB (Hgb 9 → 4.4)
IPMOE: Rx Vitamin K1 IV
Paper MAR: Rx Fresh Frozen Plasma

**Clinical Pharmacist:**
1. Advise Dr to Rx Beriplex
2. Stop Vitamin K1 (not effective to reverse Apixaban’s effect)

**Patient C**
Adm. For Acute Pulmonary Edema (NSTEMI & CHF); now stabilised and plan to be discharge (D/C)
D/C Rx: No cardioselective β-blocker

**Clinical Pharmacist:**
1. Advise Dr to Rx low-dose Carvedilol
2. Advise patient on fluid and dietary management and drug changes
Objective 1: To assess Doctors’ and Nurses’ appreciation and recognition of the Services

- 71% for Doctors
- 75% for Nurses

Free-up time: >10 minutes/case

- 1. Improve patient clinical outcome and safety
- 2. Reduce drug-related unplanned readmission
- 3. Relieve their workload.
- 4. Expand the Service to all admitted patients

100% for Doctors and Nurses

1. Alter their management,
2. Assist doctors in discharging the patient more efficiently

Discharge process:
- 100% efficiency
- 100% success rate
Objective 2: To evaluate the clinical impact of Ward Pharmacy Services

- 474 patients
- 904 Recommendations
- 1596 Patients Reviewed

Recommendations provided to ONE in every THREE patients
Conclusion

• Ward pharmacy service has been integrated into the clinical area and appreciated by clinical professionals.

• One in every three patients would receive drug-related recommendations provided by the Clinical Pharmacists.

• This service should be provided as a regular service to all admitted patients.