

Self reported prospective review of clinical pharmacist activities in an electronic medication management environment

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BACKGROUND

Whilst pharmacists' input into patient care is valued, there is a need to better understand pharmacists' work capacities to assist in resource allocation. The expansion of clinical pharmacists' scope of practice and responsibilities is often limited by resourcing.

AIM/ OBJECTIVES

To evaluate how clinical pharmacists spend their time across a working day and how long it takes to complete tasks related to inpatient admission, in an electronic medication management (EMM) environment.

METHODOLOGY

A self-reported prospective review was conducted at a major metropolitan hospital across 5 consecutive weekdays in June 2021.



Data was collected by clinical pharmacists in medical, surgical, specialty medicine and intensive care units across 5 consecutive weekdays.



Pharmacists recorded tasks undertaken, and the time required to complete these tasks.



Tasks were mapped to Australian pharmacist competencies¹, modified in context of EMM and categorised into admissions, discharges, inpatient reviews and non-clinical activities.

RESULTS

A total of 13 clinical pharmacists completed data collection over 5 days; and 2641 tasks across 501 hours were recorded.

Figure 1 outlines how clinical pharmacists spent their time across clinical tasks and non-key clinical tasks throughout a working day.

Figure 1: Proportion of time spent across tasks

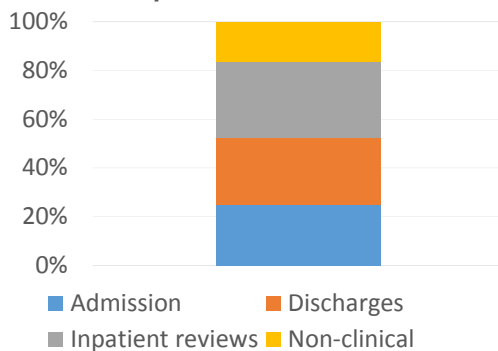


Table 1 outlines the total number of completed key clinical tasks and the average time required to complete such.

Table 1: Average time required to complete tasks

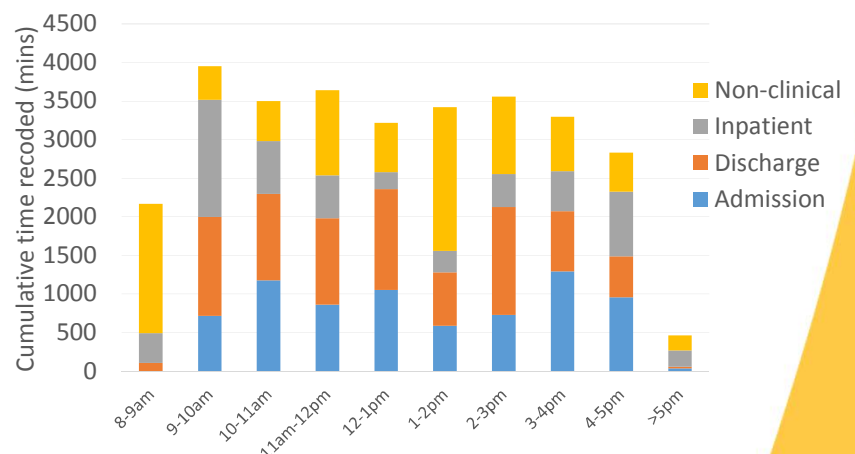
Task	Average time (95% CI)
Admissions (n=142)	37 mins (20-54)
Discharges (n=255)	33 mins (16-51)
Inpatient reviews (n=82)	13 mins (4-22)

References:

1. Pharmacy SCoSPiC. Standards of practice for clinical pharmacy services. J Pharm Pract Res 2013; 43(S2): S2-S69.

Figure 2 presents the distribution of time of tasks across a working day recorded by clinical pharmacists. Admission and discharge tasks were completed consistently across the day whereas inpatient reviews peaked at the beginning of the day. Non-clinical activities occurred the most at the beginning and middle of the day.

Figure 2: Time of day when tasks are completed



DISCUSSION

Pharmacists spent most of their time on patient-related clinical activities and juggled multiple tasks throughout the day, making it difficult to objectively compartmentalise the work of pharmacists. Understanding task time requirements can allow resource and staffing allocation to be prioritised towards high demand areas. Further studies observing pharmacists across sub-acute areas and weekend services would be beneficial to help inform resource allocation.

CONCLUSION

This study describes a week in the life of a clinical pharmacist in an EMM environment.

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