



Is My Patient Safe? A digital pharmacy triage tool for regional hospitals

Amirreza Zobdeh, Heather Tomkinson, Jane Frankling, Jai de Haan

Primary Health Services | Statewide Hospital Pharmacy, c/- Launceston General Hospital, Tasmania

Did you know that....

“A health service organisation must have processes to prioritise medication reviews, based on a patient’s clinical needs and minimising the risk of medication-related problems.”

National Safety and Quality Health Service (NSQHS) Standard 4.10.b

Background:

Tasmanian District hospitals are situated in remote areas and use paper charts for managing patient medications. The sites are serviced remotely by a small, centrally based pharmacy team. With 13 sites spread across the state accommodating a total of 130 beds, a significant challenge in providing remote clinical pharmacy service to these sites is safety screening and prioritisation of pharmacy workflow.

Objective:

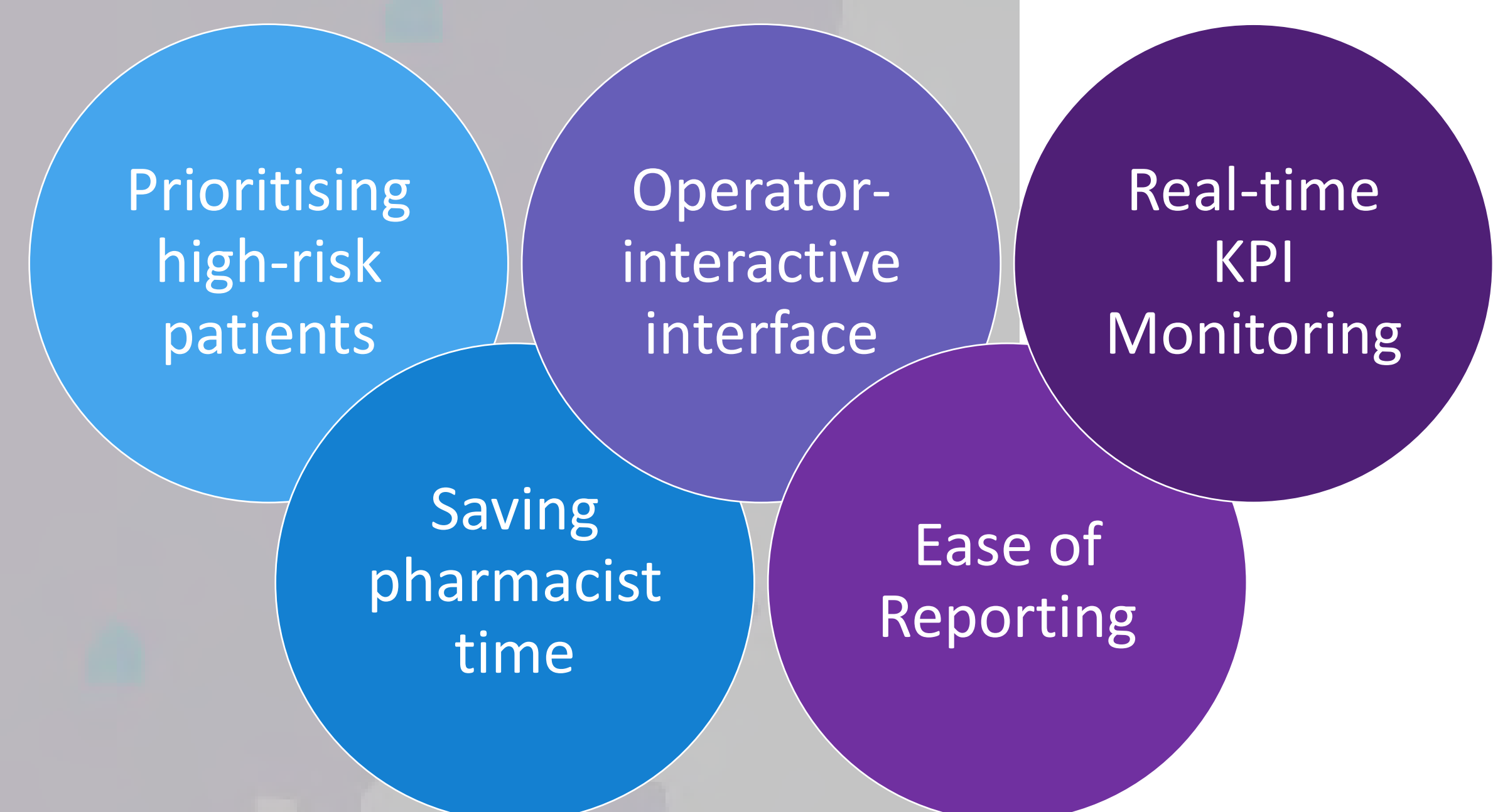
The objective is to ensure that patients with higher medication-related risk factors are identified and prioritised to receive remote clinical pharmacy services that adhere to National Safety and Quality Health Service (NSQHC) Standards.

Action:

Since 2016, a project to develop and hone a prioritisation and screening tool has been ongoing. A small team consisting of 1-3 pharmacists reviews scanned charts from district hospitals and uses available medical records to produce a medication-related risk score. The tool incorporates a localised version of the “SHPA Risk Factors for Medication-Related Problems” and assesses high-risk medications, medication order safety, legibility, and patient-related risk factors. Patients with the highest risk scores are prioritised to receive pharmacist medication reconciliation. In 2023, the tool was digitalised to allow faster data entry and collaborative patient care.

Evaluation:

Use of a patient screening tool has led to approximately 5700 patients in regional hospitals receiving prioritised remote pharmacist medication reconciliation. Digitalisation of the assessment tool has resulted in a more efficient use of pharmacist time and resources. The tool now calculates renal function based on pathology values and if renal impairment is suspected, prompts the operator to review medications in this context. It guides pharmacists to be alert to significant patient factors and treatment challenges through an operator interactive interface. An additional benefit of this digital tool is an enhanced reporting capability which is being used to demonstrate the effectiveness of our service and where more resources may be beneficial.



Discussion:

The utilisation of a remote digital medication safety screening tool is a feasible approach for state governments to overcome the logistical challenges of providing clinical pharmacy services to district hospitals. The use of this tool has been of significance in periods of staff shortages when reviewing every patient is not feasible.

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It continues to be a work in progress.

