



Reducing medication related harm in a geriatric and rehabilitation ambulatory service (GRASP)

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Background

Geriatric and rehabilitation patients are often managed with complex medication regimes on discharge from hospital and in the community. These patients often have experienced multiple medication changes during their hospital admission, as well as impairments to cognition and functional independence. This combination of factors amounts to significant medication safety risks, further compounded by poor communication at the transitions of care between hospital and community providers.

Objective

The Geriatric and Rehabilitation Ambulatory Services Pharmacist (GRASP) role was established within a new digital metropolitan hospital to support geriatric and rehabilitation clinics. The objective of the GRASP role is to:

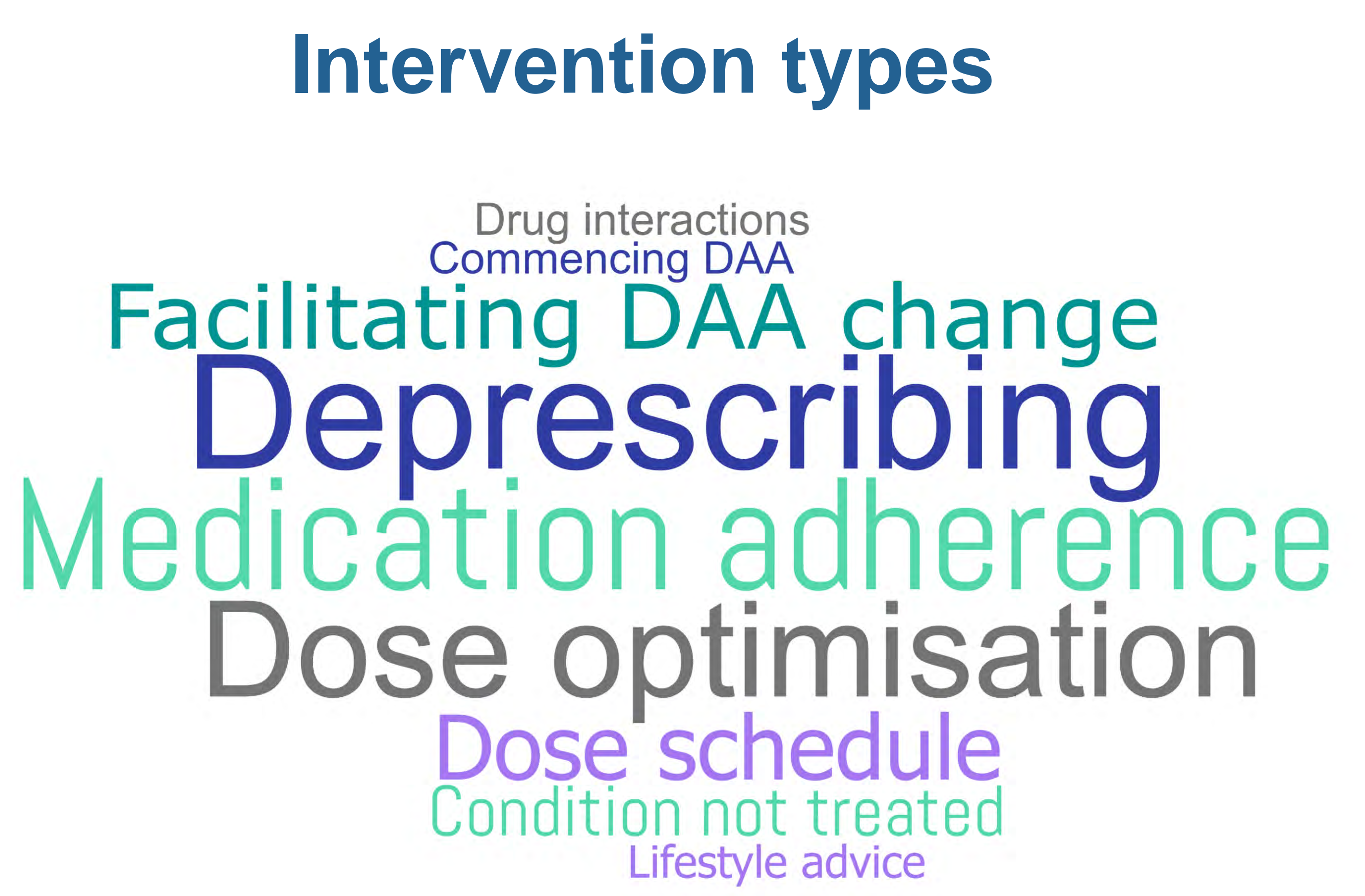
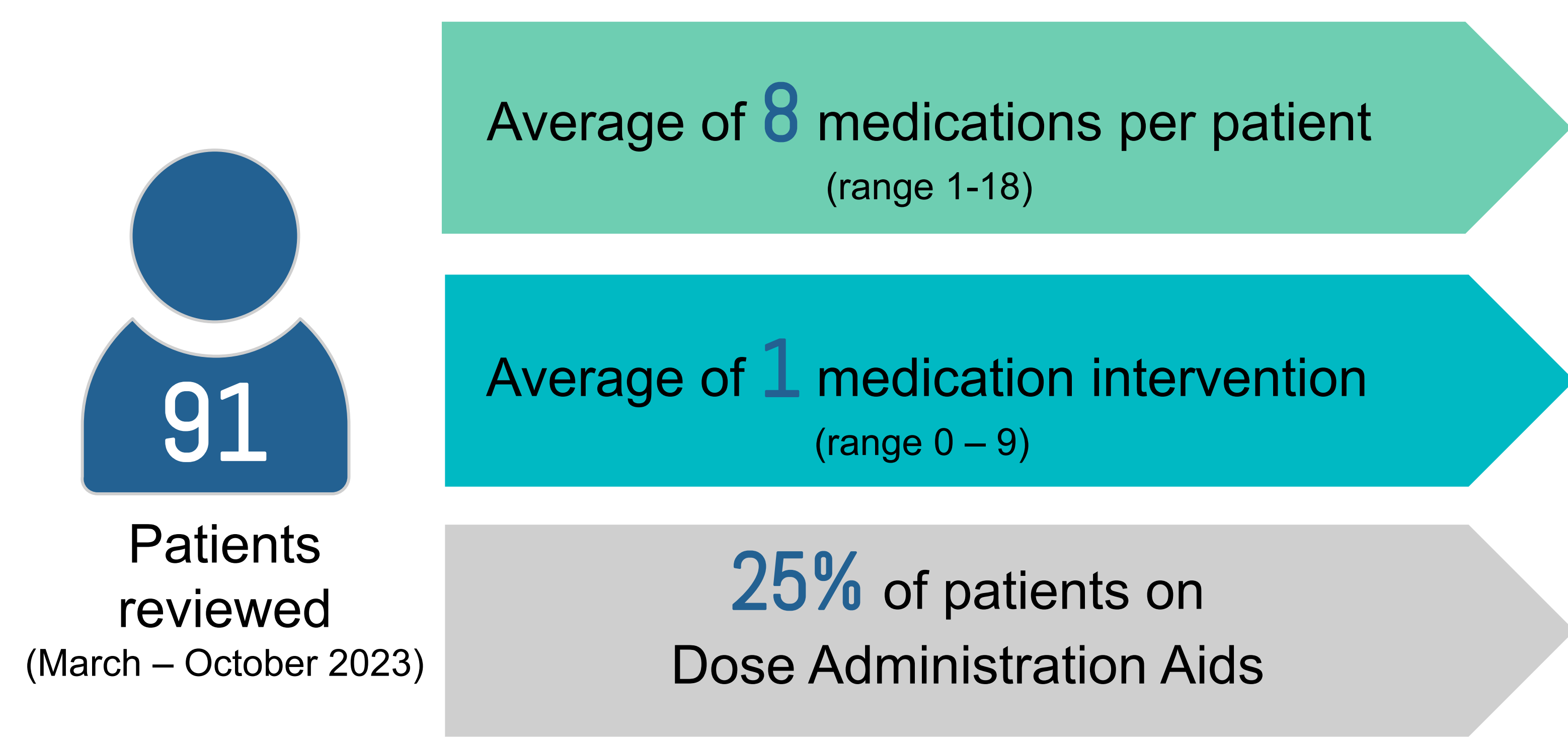
- Perform medication reconciliation and review
- To identify potential medication risks and optimisations
- Develop a medication management plan and work with patients, consultants and/or community health providers to action in the community

Action

Multidisciplinary stakeholders were engaged to integrate the GRASP service within existing geriatric and rehabilitation clinics, which previously only offered patients nursing and medical review.



Evaluation



Discussion

Geriatric and rehabilitation ambulatory clinics are an interface between hospital and community health care, in a particularly vulnerable patient group. Optimising medication management and communication at this point of care through GRASP, helps to minimise medication safety risks to the patient and the burden of medication misadventure on the health system. A post-discharge follow up model leveraging telehealth as a key form of service delivery has been recently implemented as an adjunct to the existing GRASP service.