

A Retrospective Review of Pharmacist-led Best Possible Medication History in Reducing Errors for Parkinson's Patients.

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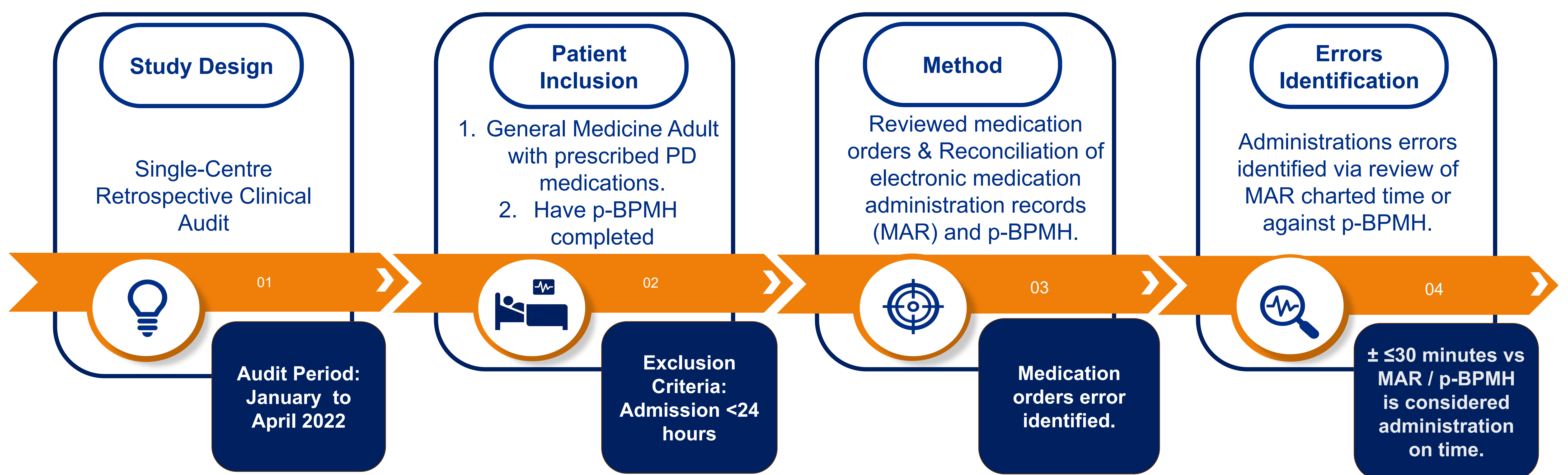
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Background:

Management of Parkinson's Disease (PD) medication is complex in an acute hospital setting due to various tailored formulations available and its time-critical nature.^{1,2} Pharmacist services are invaluable in establishing accurate pharmacist-led best-possible medication histories (p-BPMH) for patients with PD; furthermore, they can potentially reduce prescribing and administration errors.³⁻⁵

Methodology:

Figure 1: Flow chart for methods and study design.

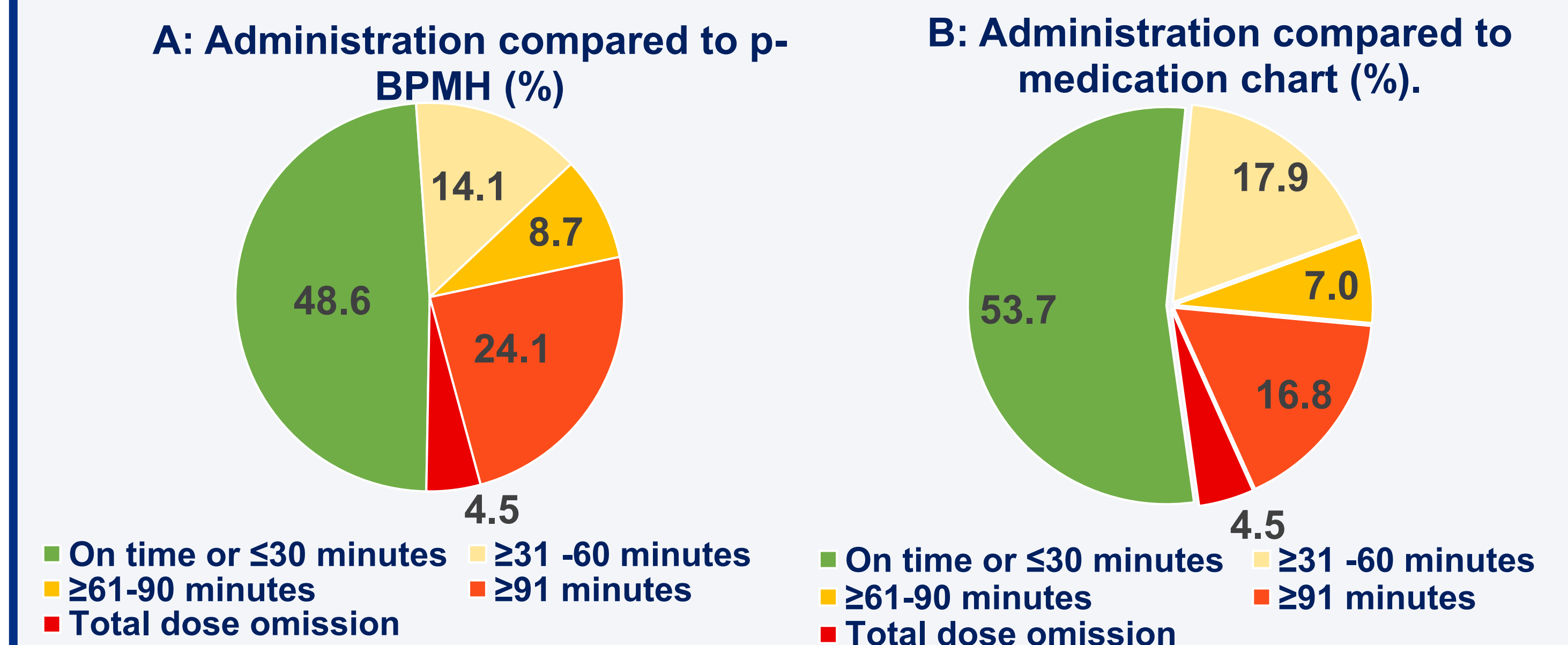


Results:



Overall, PD medications that were administered on time compared to p-BPMH documented times and charted times were similar accounted for 228/469 (48.6%) and 252/469 (53.7%) respectively (Figure 2).

Figure 2: Administration patterns as compared to p-BPMH and medication chart.



Discussion:

Charting errors and administration delay or omission for PD medications in the inpatient setting at our institution is common. The substantial rates identified within this study are consistent with previous Australia⁴ and international results^{3,6} indicating the widespread nature of this problem and highlighting the vulnerability of patients with PD within the hospital system for suboptimal medication management.

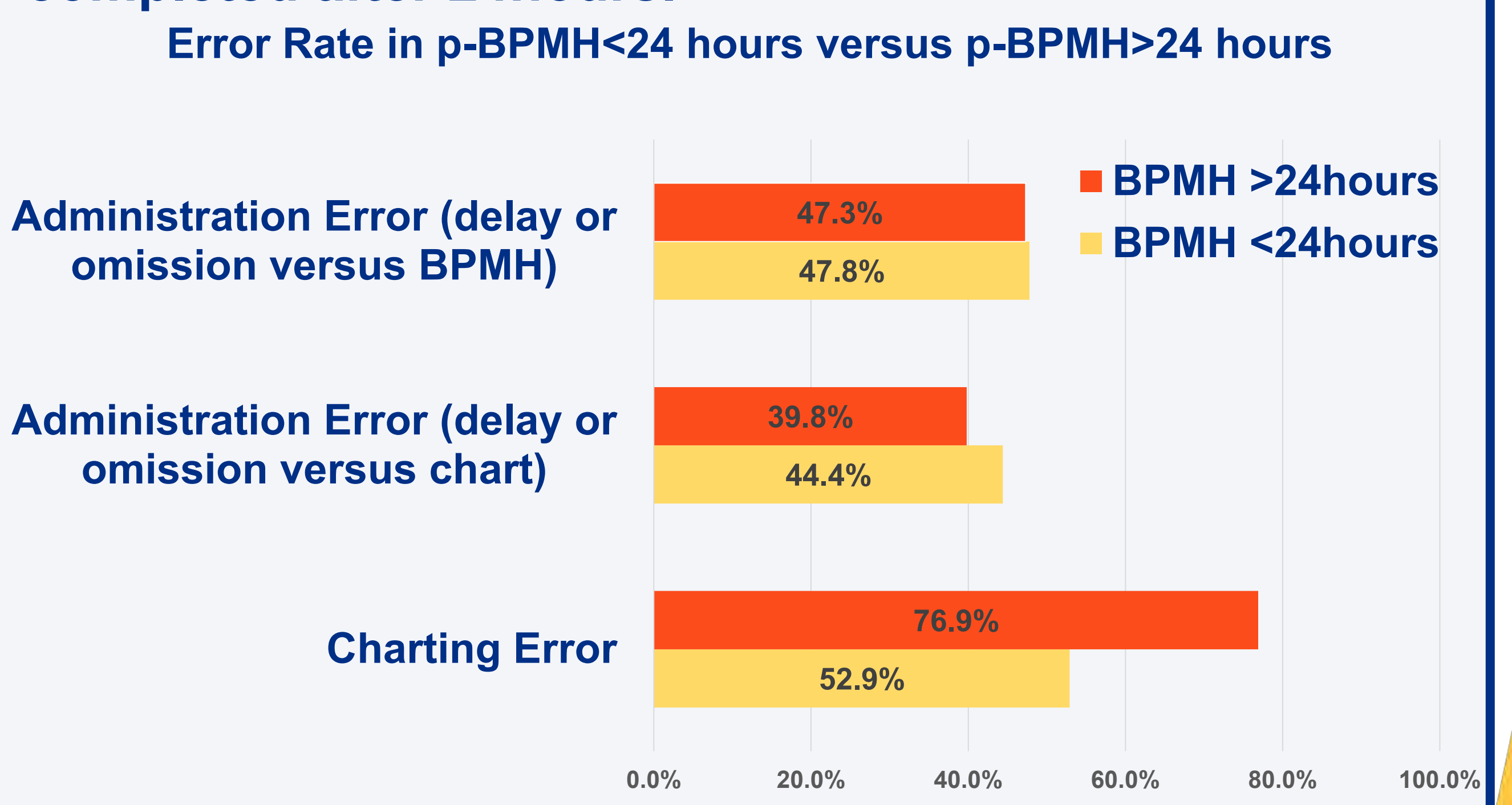
Aim/Objective:

To assess prescribing and administration errors, for anti-Parkinson's medications, and evaluate the impact of p-BPMH on reducing errors.

Ethics Approval:

Eastern Health Human Research and Ethics Committee Quality Assurance (QA22-099-091192).

Figure 3. Error rates identified in patients with p-BPMH completed within 24hours versus p-BPMH completed after 24hours.



Documentation of p-BPMH within 24-hours of admission was associated with a reduction in prescribing errors (52.9% vs. 76.9%, respectively), however, administration errors were comparable in patients regardless of p-BPMH completion time (Figure 3).

Conclusion:

This study identified a significant number of prescribing and administration errors for patients with PD medications. A viable strategy to reduce such errors could be prioritisation of p-BPMH conducted early in patient's hospital journey.



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