Community Liaison Pharmacy At A Regional Base Hospital

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Proceedings
Aims

- To form a partnership between all members of the medication team.
- To provide on-going education about the quality use of prescriptions to patients and their carers.
- To endeavour to form a partnership between:
  - those who prescribe drugs;
  - those who dispense and facilitate their use;
  - those who take or consider taking drugs;
  - those who make drugs; and
  - the Government which monitors safety and efficacy and provides equity of access to drugs in the public interest.

Summary of Duties

1. The community liaison pharmacist visits, within one week of their being discharged from hospital, patients who are receiving medication for chronic conditions or who are on a complicated medication regimen, to complete a medication assessment and ensure:
   - they (or their carers) can cope with the medication regimen, and
   - they (or their carers) are able to obtain continuing supplies.
   
   The community liaison pharmacist shall provide whatever advice is required and ensure appropriate support persons such as general practitioner, community pharmacist, district nurse, asthma educator, diabetic educator etc. are aware of any problems or situations that need to be monitored further.

2. Liaise with the Riverina Health Service to identify patients who have been admitted or readmitted due to medication misadventure or patients who have suffered a clinically significant drug reaction. The community liaison pharmacist will then arrange to ensure a mechanism on discharge in an attempt to prevent further medication misadventures.

3. Become familiar with the range of services offered by the different patient associations and support groups (eg. Asthma Foundation, Arthritis Foundation, AIDS Council of NSW and the various Community Health advisers) to ensure relevant patients are aware of their existence and the support they can provide.
4. Arrange to be informed when terminally ill patients have been discharged home and, if visits to these patients from suitably trained personnel have not been arranged, the community liaison pharmacist should ensure these patients (and their carers) are receiving regular advice and support in regard to medications, especially analgesic medication.

The community liaison pharmacist will also liaise with the patient’s general practitioner and community pharmacist to make sure they are familiar with the current recommended guidelines for the control of pain in such patients.

5. Arrange educational activities for community health professionals such as physiotherapists and occupational therapists. These educational activities should be designed to provide information on medication and other pharmaceuticals currently being utilised by patients in the area and with which these professionals need to be familiar. Such activities will also assist these health professionals to better understand and appreciate the expertise of the other health professionals participating in these activities.

The community liaison pharmacist will also organise and deliver presentations on the effective use of medication and related topics to community groups and carers’ groups when invited to do so by such groups.

6. Liaise with community pharmacists to learn of patients who may require assistance to comply with their total treatment regimens. This assistance may be advice about obtaining supplies of dressing or other devices, the simplification of medication regimens, obtaining physiotherapy or occupational therapy services or the acquisition of medication compliance devices and/or their regular reloading.

The community liaison pharmacist will have the flexibility to approach district health workers, the patient’s general practitioner and/or specialist as well as the community pharmacist, and could thus play a pivotal role in ensuring the most efficacious use of medications.

To carry out these tasks effectively, the community liaison pharmacist must have access to appropriate facilities within the public health arena. These facilities will include both personnel and patient-related information.

Results for period April to November 1994

133 patients were followed up. This included 68 males and 65 females, 80% of whom were over the age of 65. The average number of medications per patient was 6.
Process and Impact Evaluations

- 144 visits were made by the community liaison pharmacist to patients who had been discharged from hospital and others who had been referred by district nurses, community pharmacists etc.

- 77 interventions were undertaken by the community liaison pharmacist. Major problems were due to system errors (a system error has been defined as an action or non-action, beyond the knowledge or responsibility of the patient that, without correction, would in all probability lead to medication misadventure). Examples included errors in discharge summaries and medication cards or the fact that these had not been completed.

  The drugs which required intervention included warfarin, digoxin, theophylline, prednis(ol)one, anticonvulsants and nebulised medication. Patients were also provided with compliance devices, medication information and advice.

- 90 contacts were made with doctors, district nurses and other Riverina District health personnel. This was for dosage adjustments, queries about medication, to obtain and give advice.

Outcome Measurements

- 5 repeat admissions were for drug misadventures. These were due to non-compliance and or dementia.

- 68 medication cards had been completed and 67% of these were medically correct, user-friendly and current.

- 153 items of out-of-date and medications no longer used were collected by the community liaison pharmacist. The estimated cost of these was $2,351.65 based on the dispensed price for the maximum quantity.