

Evaluating clinicians' opinions on the addition of a pharmacist to an Australian outpatient memory clinic

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Background

Medication-related problems are prevalent amongst older adults taking multiple medications, and can lead to a negative impact on health outcomes.¹ Pharmacists are increasingly undertaking roles providing clinical pharmacy services to ambulatory outpatient clinics in Australian and overseas hospitals.^{2,3} The addition of a pharmacist to an Australian memory clinic resulted in improved medication history accuracy and greater identification of medication related problems.⁴ In particular, identification of pre-existing potentially inappropriate medications that may adversely affect cognition, was enhanced.⁴ Studies have also demonstrated that pharmacists have positive impacts on polypharmacy, cost effectiveness of medications and cumulative exposure to sedative and anticholinergic medications.^{5,6,7}

A clinical pharmacy service was recently embedded within The Prince Charles Hospital memory clinic. The key pharmacist roles comprised medication history and reconciliation, patient education, and comprehensive clinical medication review. Evaluating the relationship and understanding the role of the pharmacist in the context of the memory clinic multidisciplinary team could enhance team cohesion and improve medication-related outcomes for patients.

Aim

To evaluate the relationship of the pharmacist with other clinicians practicing in a memory clinic. To identify opportunities for service improvement and collaboration that may improve patient care.

Methods

A survey was distributed electronically using Citizen Space® Consultation Hub to all multidisciplinary team members working in the memory clinic. The survey contained a combination of Likert-type and open-ended questions. A selection of questions were directed at medical staff only. Thematic analysis was performed for qualitative answers and simple descriptive statistics for quantitative answers.

Results

The survey was distributed to twelve clinicians who had worked alongside the pharmacist in the memory clinic within the preceding six months. Survey demographics are depicted in Figure 1. The findings demonstrated that clinician awareness and acceptance of the pharmacist's role in medication management for older persons with dementia and cognitive impairment was high. Clinician survey responses are summarized in Figure 2. Review of qualitative data yielded the following key themes:

- Availability of complete medication history prior to patient consultation assisted with medical review
 - Identification of medication related problems by the pharmacist was useful
 - An increase in clinician consults per patient in the context of limited room availability can negatively impact workflow and increase patient time spent in clinic
- Additional examples of qualitative feedback are depicted in Figure 3.

Figure 1: Survey Demographics

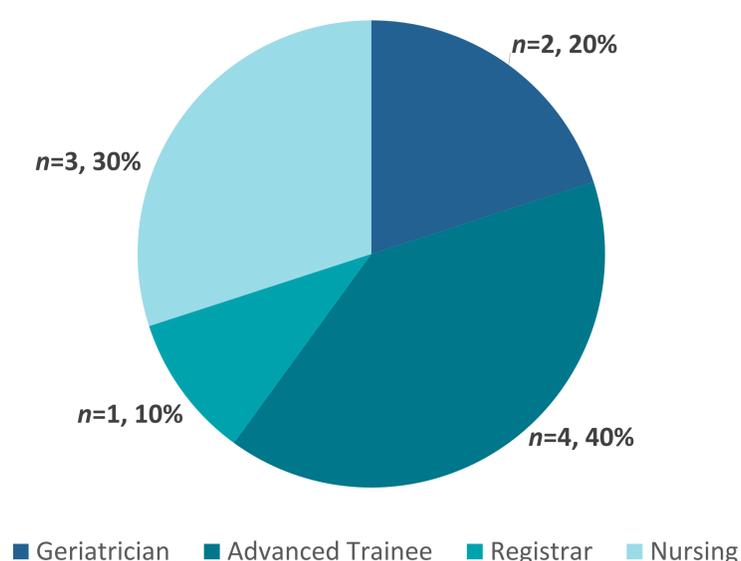


Figure 2: Clinician Survey Responses

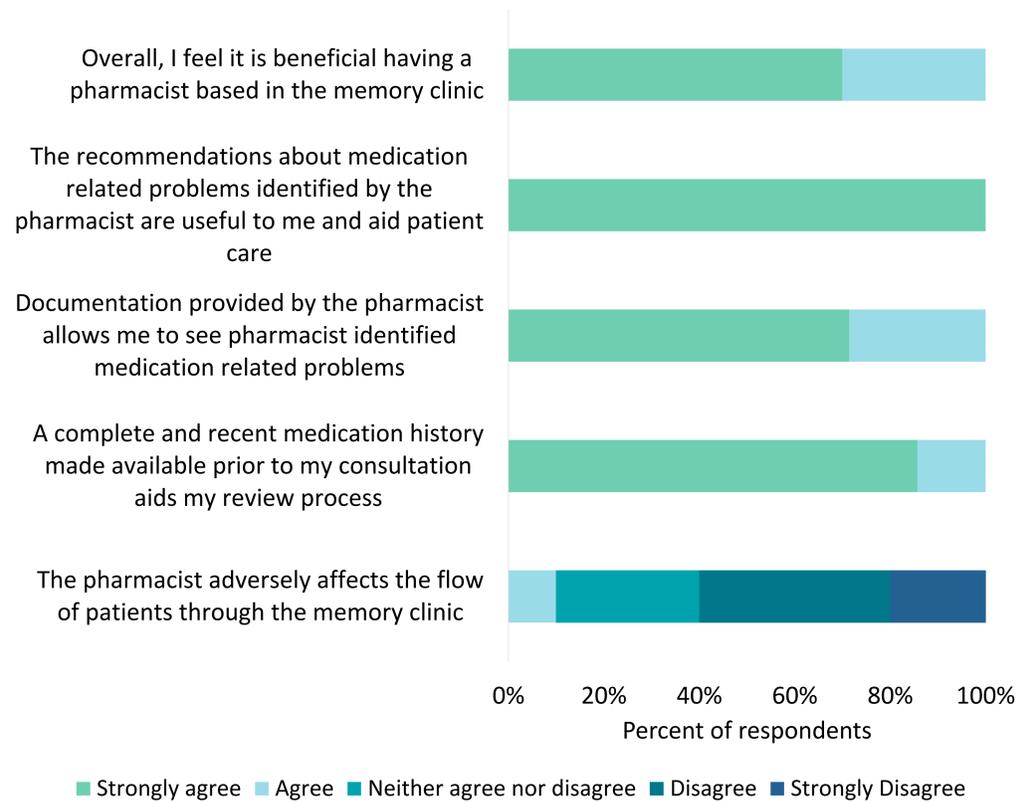
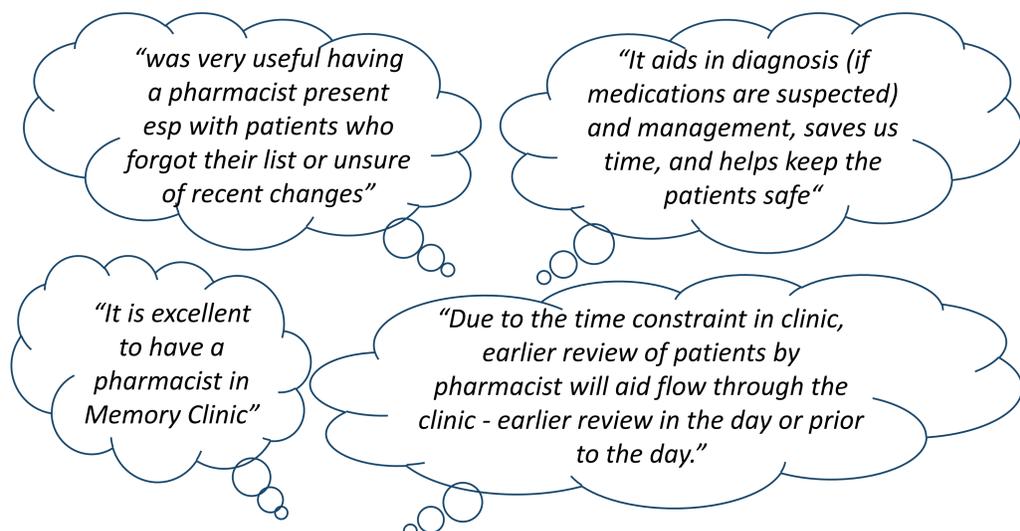


Figure 3: Qualitative clinician feedback on the pharmacist role in memory clinic



Conclusion

The survey demonstrated that there was a supportive relationship between the pharmacist and other clinicians in the memory clinic. This may ultimately enhance medication related outcomes for older adults with cognitive impairment. Although most respondents were in favour of having a pharmacist participate in the memory clinic, a selection of responses indicated that the role can still be further developed to greater integrate into the multidisciplinary team. Workflow solutions such as staggered booking times and fixed patient consulting rooms should be trialled in order to improve the patient clinic experience. This study did not measure patient specific outcomes and research into this area is currently in progress with results to be published at a later date.

References

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