

PharmVisit: Interprofessional ward rounds with clinical pharmacists have the potential to improve medication safety and foster interprofessional collaboration

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BACKGROUND

Elderly patients are often multimorbid, polymedicated, frail and cognitively impaired, all risk factors for medication-related problems.¹ When admitted to inpatient care, interfaces to outpatient care pose an additional risk for information gaps leading to medication discrepancies and potential treatment errors.²

Interprofessional activities like pharmacist-accompanied ward rounds can improve medication safety.³

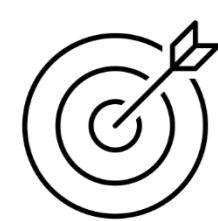
Therefore, the Geriatric University Clinic of the Bern University Hospital agreed to a pilot project, welcoming clinical pharmacists to ward rounds.

1 Schönenberger N, Meyer-Masseti C. Risk factors for medication-related short-term readmissions in adults - a scoping review. BMC Health Serv Res. 2023.

2 Fishman L, et al. Medikationssicherheit: Wo steht die Schweiz? Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 2018.

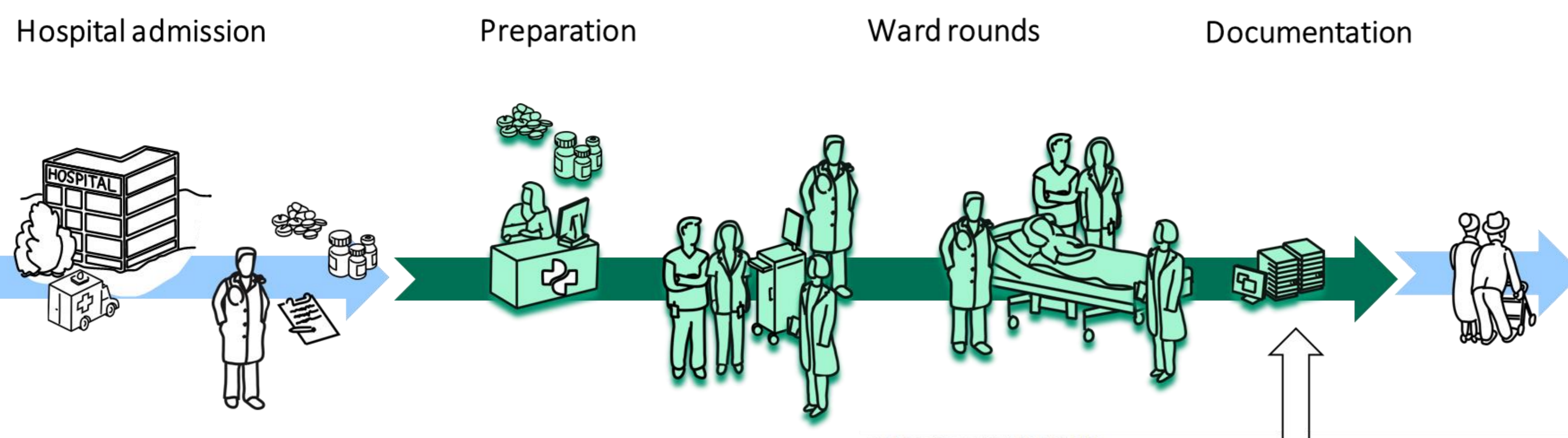
3 English S, et al. Is ward round participation by clinical pharmacists a valuable use of time and money? A time and motion study. Res Social Adm Pharm. 2020.

AIM



We aimed to pilot test weekly interprofessional ward rounds on a geriatric ward, assessing the impact on medication safety.

METHODS



Int J Clin Pharm (2015) 37:1162-1171
DOI 10.1007/s11096-015-0179-z

RESEARCH ARTICLE

Demonstrating the clinical pharmacist's activity: validation of an intervention oriented classification system

Karen A. Maes^{1,2} · Regina M. Tremp¹ · GSASA Working group on clinical pharmacy ·

RESULTS

07/2023 – 04/2024

45 ward rounds

254 patients

493 interventions

Most common problem types	Number of problems	%
Risik through treatment	236	48
Effect of treatment	85	17
Indication not treated	76	15
Top reasons for interventions	Number of interventions	%
Dose too high	74	15
Omission	72	15
No apparent indication	66	13
Interaction	45	9
PIM / not according to guidelines	40	8
Dose too low	35	7
Side effect	29	6
Wrong route / wrong galenic form	23	5

Acceptance	Number of interventions	%
(Therapy) change implemented	266	54
Clarification initiated	163	33
(Therapy) change not implemented	57	12
Not applicable	7	1
Total	493	

Interface problems? Length of stay?

J Clin Pharm Ther. 2019;44:924-931.
Evaluation of drug-related problems and subsequent clinical pharmacists' interventions at a Swiss university hospital

European Journal of Internal Medicine 26 (2015) 399-406
Drug-related problems identification in general internal medicine: The impact and role of the clinical pharmacist and pharmacologist

Daphne Reinou PhD, MSc^{1,2} | Chiara Furrer MSc² | Dominik Stämpfli PhD, MSc² |

Bertrand Guignard^{3,4,5}, Pascal Bonnabry^{3,4,5}, Arnaud Perrier⁴, Pierre Dayer^{3,5},

Change implemented: 57.6%

Change implemented: 58%

Top drug classes	ATC code	Interventions N	%	Interventions accepted %	Interventions with clarification %
Pain medication incl. Pregabalin, Gabapentin	N02B	47	9.5	78.7	17.0
Proton pump inhibitors	A02BC	40	8.1	50.0	40
Psycholeptics including Hypnotics, Sedatives	N05	38	7.7	56.8	27.0
Laxatives	A06A	35	7.1	88.6	5.7
Antithrombotic agents	B01A	29	5.9	37.9	37.9
Glucose lowering drugs	A10	25	5.1	76.0	20.0%

CONCLUSIONS



- With PharmVisit, we piloted an interprofessional ward round process to improve medication safety that will be implemented into daily practice in 2024.
- While acceptance rate of clinical pharmacy suggestions was favorable & comparable to other studies, increasing routine might improve collaboration.
- A survey is planned to improve acceptance and efficacy of the PharmVisit.