

# Implementation of a Clinical Pharmacist Check of Medication Charts for Inpatient Forensic Wards Without a Designated Clinical Pharmacist

KIA ORA • GREETINGS  
NÎ HÂO • MALO LELEI  
BULA VI NAKA • KANGEI  
FAKALOFA LAHI ATU  
AN NYUNG HAA SE YO  
TALOFA LAVA • NAMASTE  
HALO • SALAAM ALEIKUM  
XIN CHAO • TALOFA NI  
CHOUM REAP SUR  
NÉI HÓU • MINGALABA  
SAH-BYE-DEE • KIA ORANA

**Kane Pettitt**  
**Mental Health Pharmacist**  
**Waitemata District Health Board, Auckland, NZ**

Our core values: Customer Focus 'eye' | Integrity 'sunrise' | Compassion 'bird' | Respect 'koru' | Openness 'flower'



# Background



- **Mason Clinic, Auckland, NZ**
  - **Regional Forensic Psychiatry Service**
    - **Assessment, treatment and rehabilitation**
    - **Community and prison teams also operating from Mason site**
    - **100 inpatient beds**

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# Background

- **Schizophrenia and other psychotic disorders present most commonly**
- **Strong recovery focus**
  - Driven by multidisciplinary teams working on each ward
  - Clinical Pharmacists regularly attend clinical MDT meetings
- **Pharmacy service is provided externally to Regional Forensic Psychiatry Service**
  - Incomplete clinical cover – lack of funding
- **Risk issues identified by pharmacy management**
  - Compromise required

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# Implementation

- **Need to be able to access charts off-site**
  - Able to access charts as these are regularly faxed to pharmacy
  - Can therefore ‘piggy-back’ on to existing processes to obtain all charts for that ward
- **Existing process**
  - Chart received by pharmacy
  - Clinically checked by dispensary pharmacist
    - Not necessarily a specialist mental health pharmacist
    - Potential for some interventions to be missed

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# Implementation

- **Chart review undertaken by specialist MH pharmacist**
  - Background knowledge of client and relationships with clinic staff
  - Similarly for junior medical staff
  - Access to electronic notes system
- **List of recommendations generated for ward to follow up**
  - Copy for senior and junior medical staff, ward manager
  - Community team pharmacist also receives a copy
- **Chart checking procedure is repeated monthly on an ongoing basis**

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# Examples of Interventions

- **Clinical issues**
  - Antipsychotic poly-pharmacy
  - Commenting on titrations and cross-titrations
  - Review of long-standing medicines
    - Particularly PRN medicines
  - Chart annotation to optimize medicines administration
  - Medicine interactions
  - Allergies and adverse drug reaction documentation
- **Non-clinical issues**
  - Legal and organisational prescribing requirements
  - Funding issues

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# Prescriber Feedback

- **Wards surveyed after 6 months**
  - Recommendations clear and unambiguous
  - Useful, as they often flag issues that medical and nursing staff miss
    - Especially treatments overdue for review
    - Help teach junior medical officers better prescribing practice
  - Satisfactory alternative to having a clinical pharmacist present during clinical meetings
    - Some staff have expressed a preference for having a pharmacist present on the ward however

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**Waitemata**  
District Health Board  
*Te Wai Awhina*

# Pros

- Opportunity to improve client care
- Streamlines into existing processes
- Reduction in number of dispensary queries
- Improves prescribing practice
- Identification of training needs
- Good for building relationships with staff
- Avenue for obtaining funding for on-site staff?

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# Cons

- **Potential to miss some issues, even if low acuity**
- **Time-consuming**
- **Wards essentially get a free service**
- **Unable to provide cover**
- **Part-time staff**

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# Future Directions

- **How to more directly assess benefits on client care?**
  - Improving the client experience, rather than looking at usual outcome measures
- **Current system a stop-gap measure**
  - Long-term sustainability very poor
  - Have we set ourselves up to fail?
- **Still preferable to have a pharmacist physically present as part of the team**
  - Not an adequate clinical pharmacy service, barely manages risk
  - Scope for rotating junior pharmacists through wards?

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**[kane.pettit@waitematadhb.govt.nz](mailto:kane.pettit@waitematadhb.govt.nz)**

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# The End!

- Question time to follow

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