

WHAT DO HOSPITAL PAEDIATRIC CLINICAL PHARMACISTS ACTUALLY DO?

Gabis Chana,¹ Davinder Manku,² David Terry². ¹Aston University; ²Birmingham Children's Hospital

10.1136/archdischild-2015-308634.56

Aim To assess the clinical significance of contributions and interventions made by a paediatric oncology clinical pharmacist.

Method A single-site, single-participant, prospective, observational study. Contributions (general role and responsibilities) and interventions (direct or suggested changes to patient management) made by the study subject during the study period were identified. For a period of one week, an independent observer shadowed a paediatric oncology pharmacist and recorded all contributions and interventions made by the subject. The data was summarised and issued, with a set of instructions, to three clinical pharmacists who independently categorised the clinical impact of the actions on patient care. Grading categories were devised with respective definitions and were based on the EQUIP study.¹ The main categories were positive or negative minor, moderate or major clinical impact. The results were collated and evaluated. Descriptive statistics were calculated using MS-Excel 2010 for both contributions and interventions.

Results A total of 144 clinical contributions and interventions were documented during the data collection process; 59% (n=85) were contributions and 41% (n=59) were interventions. They were all assessed for clinical impact on patient care. No action was categorised as having a negative impact on patient care. The three grading pharmacists responsible for categorising the actions were in agreement for 71% (n=102) of the assessed contributions and interventions. For contributions, minor, moderate and major positive impact was 61.8% (n=34), 27.3% (n=15) and 3.6% (n=2) respectively, with the remaining 7.3% (n=4) having no clinical impact. The corresponding results for interventions were 38.3% (n=18), 48.9% (n=23) and 12.8% (n=6) respectively, but with none classified as having no clinical impact.

For both contributions and interventions, the oncology pharmacist interacted with patients and their families, as well as various healthcare professionals (particularly with physicians and nurses). The most common method of communication was face-to-face (n=71, 49.3%).

Conclusion The findings of this study demonstrated the positive influence of the pharmacist on patient care, through both contributions and interventions. It also identified the benefit of non-intervention contributions made by a clinical pharmacist. Paediatric patients represent a population at high risk of medication errors and drug-related problems. The benefit of having a paediatric clinical pharmacist in the multi-disciplinary team was emphasised. Members of the multi-disciplinary team should be

aware of the role of the pharmacist as a specialist in pharmacotherapy, with the ability to address and resolve queries. Pharmacists play a pivotal role in the safety and optimisation of medicines and have the potential to improve the quality of patient care and influence patient outcomes in a paediatric oncology unit.

REFERENCE

- 1 Dornan T, Ashcroft D, Heathfield H, *et al*. An in Depth Investigation into Causes of prescribing Errors by Foundation Trainees in Relation to their Medical Education. EQUIP Study. Final Report to the General Medical Council 2009. [Online]. Available from: http://www.gmc-uk.org/FINAL_Report_prevalence_and_causes_of_prescribing_errors.pdf_28935150.pdf (accessed 14 May 2014).