

Improving rural health through implementation of a pharmacist-led post discharge and high-risk medication service in a rural community

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Patient Journey

1. Patients at high risk of medication misadventure referred to clinic pharmacist (consent for research project obtained at time of referral)
2. Clinic pharmacist contacted patient to arrange mutually agreeable time for medication review
3. Patient +/- carer seen in clinic or via telehealth
 - a. All medicines discussed (including over the counter medicines/vitamins)
 - b. Medicines reconciled with discharge plan where applicable
 - c. Specialised counselling provided where appropriate (e.g. puffers, eye drops)
 - d. Review takes 30-60min to complete
4. Any urgent issues followed up while patient still in clinic
5. Letters written to doctor, community pharmacist and patient regarding recommendations. Referrals sent to other staff where required (e.g. Allied Health)

Clinic Evaluation

Data collected at baseline and 3 months and 6 months after medicine review

1. Validated Medication Adherence Questionnaire (MAQ)
 - a. Lower score denotes better adherence
 - b. Mean score (baseline to 6 months) reduced: 0.41 to 0.27 ($p = 0.047$)
2. SF12v2 (Health and Wellbeing) Questionnaire
 - a. Higher score denotes better health
 - b. Physical Health Summary (baseline to 6 months): 37.8 to 40.6 ($p = 0.035$)
 - c. Mental Health Summary (baseline to 6 months): 50.6 to 54.2 ($p = 0.020$)*
3. Medication Related Problems (MRPs) identified by pharmacist sent to multidisciplinary panel for review of significance and followed up at 3 months to determine outcome (e.g. problem resolved)
 - a. 419 MRPs identified (5.2 MRPs per patient)
 - b. Two thirds (66.7%) MRPs considered significant after multidisciplinary panel review
 - c. One third (35.3%) MRPs resolved by GP review at 3 months
 - d. 99 MRPs associated with a high risk medicine
 - e. Most common MRPs: untreated condition, failure to receive medicine and drug use without indication

*Mental Health Summary changes predominantly seen in post-discharge patients

