

RGH Pharmacy E-Bulletin

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A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

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Educational visiting service from clinical pharmacists

This E-Bulletin describes the implementation of an educational visiting service provided by clinical pharmacists working at RGH Daw Park.

The Drug and Therapeutic Information Service (DATIS) based at RGH has provided an academic detailing service for General Practitioners in the community setting for many years, providing education addressing a range of topics. Academic detailing is an established, evidence-based method for influencing prescriber behaviour, but recently has largely been practiced in the community setting. In 2008 a visiting program was implemented at RGH with the aim of increasing prescriber awareness around the prescribing of renally cleared medicines. The need for this became apparent through information gathered from local quality assurance activities, as well as documentation of clinical pharmacy interventions in a departmental monitoring system.

To facilitate the implementation of the programme, pharmacists were up-skilled in effective communication techniques in a workshop provided by experienced educational visiting staff from DATIS. The key messages to be used in the visits were based on published evidence and local knowledge.

The key messages addressed in the educational visiting programme were:

- ‘Think GFR, not serum creatinine’ - Do NOT rely on serum creatinine alone as a measure of renal function, especially in the elderly. “Normal” serum creatinine in an older person can still be associated with significant renal impairment due to age-related decline. Prior to the visiting, 28% of MOs stated that they would use serum creatinine alone to assist in dose adjustment.
- ‘Focus on high-risk renally cleared medications with a low therapeutic index, such as gentamicin and enoxaparin.’ These are key high-risk medications. Failure to adjust the dose in renal impairment may compromise patient safety.
- ‘Use the GFR + module to assist in clinical decision making’ This aspect of the educational intervention promoted the use of a specifically developed clinical decision support module (GFR +) to assist with drug dosing and decision making. GFR + was developed and implemented within RGH by Greg Roberts (specialist research pharmacist) in 2005. It provides automatic calculation of renal function and incorporates sophisticated dosing algorithms that calculate doses for selected medications, taking into account both renal function and obesity.

Previous work at RGH has demonstrated that the combination of academic detailing and the use of GFR+ had contributed to the optimisation of prescribing habits in relation to renally cleared drugs. Each clinical pharmacist is responsible for the provision of the visiting service to the doctors working on their designated clinical units. Between April and June 2008 forty-six doctors received an educational visit. The service was welcomed, with 98% ‘interested’ or ‘very interested’ in both the service itself and the topic. The use of educational visiting to address key issues optimising quality use of medicines is now a part of routine clinical pharmacy practice at RGH, and it is planned that other key issues will be targeted in the future, particularly recurring, high impact clinical issues.

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FOR FURTHER INFORMATION – CONTACT THE PHARMACY DEPARTMENT ON 82751763 or email: chris.alderman@rgh.sa.gov.au
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