

Improving the Care of Palliative Outpatients through Medication Review

Ellen Jones, Oncology Pharmacist, Redcliffe Hospital
 Geoffrey Grima, Director of Pharmacy, Redcliffe Hospital

Aim

Limited data exists to support the need of a pharmacist in an outpatient palliative care clinic setting. A quality improvement project was conducted in a public hospital, aims to ascertain patient and caregiver's capacity to manage their current medication regimen before and after an appointment with a palliative care physician.

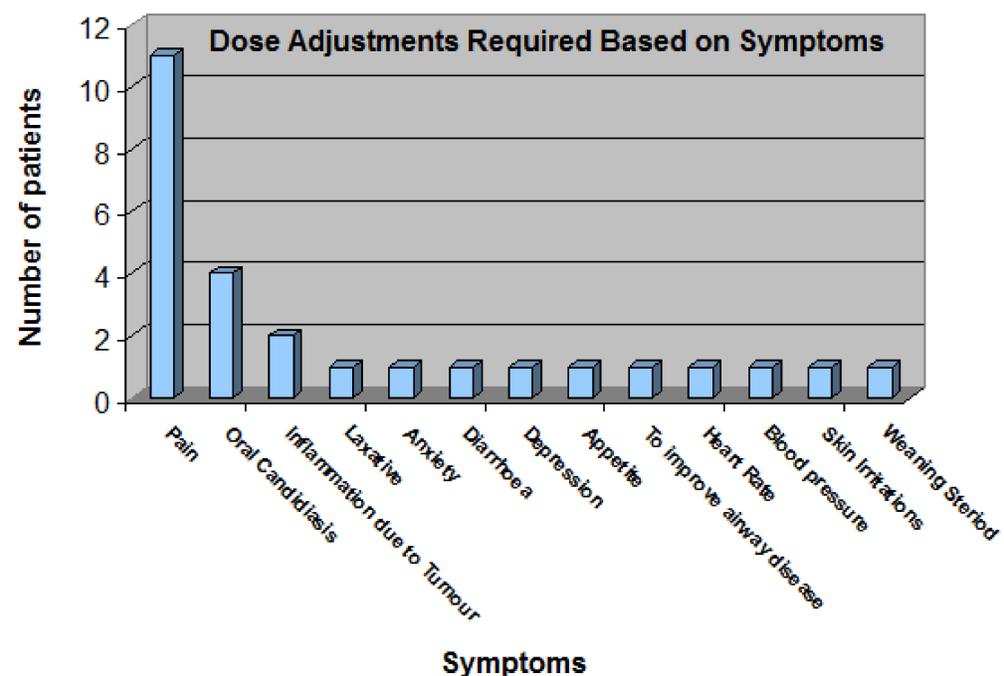
Methods

Palliative patients were randomly selected from the palliative care outpatient clinic during the period of 13th June to 8th July, 2016. Semi-structured patient interviews were conducted to ascertain patients' level of medication management and social support through medication reconciliation according to the individual's medical, medication and dispensing history.

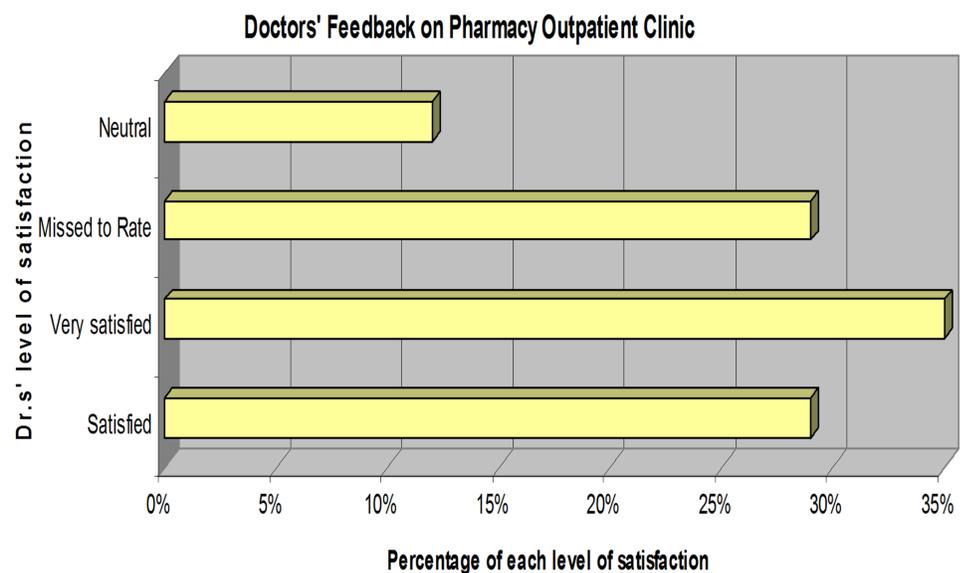
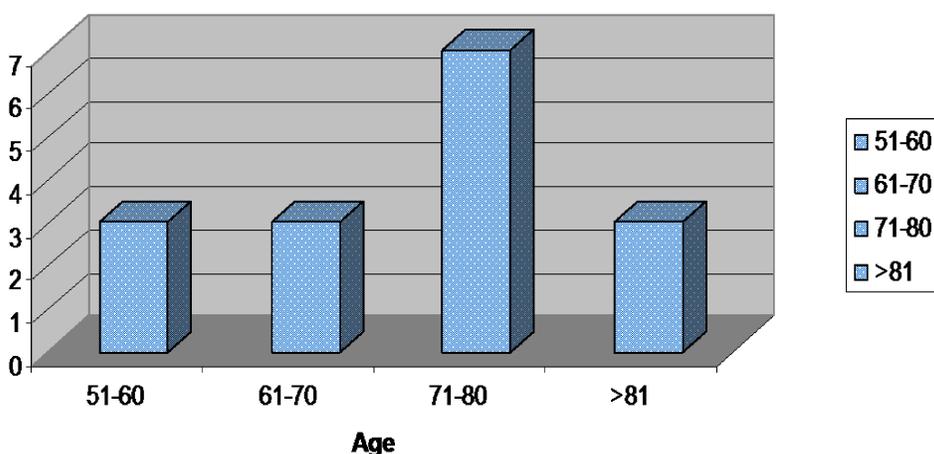
Results

A total number of 17 patients were randomly selected, average age of 69 years. Ninety-Four percent (n=16) of the patients had a cancer diagnosis, with at least 2 other comorbidities and receiving multiple (>5) medications. Forty-seven percent (n=8) of the patients had cognitive impairment, and some of these patients also suffered from primary and secondary brain malignancies.

Patients' and carers' medication knowledge appeared as adequate with the regular medications such as antihypertensives and antidiabetic medications. They were mostly managed according to the prescribed intent as recorded in medical charts, prescriptions and dispensing history. Cancer pain was found to be the biggest challenge for patients. Three cases of medication misadventure were identified due to inappropriate use of opioids, whereas 65% (n=11) did not have appropriate pain management and required specialists' input. Doctors' feedback was sought after each clinic, and a rating of 'satisfied' (29%; n=5) or 'very satisfied' (35%; n=6) was reported in majority of the cases for pharmacist's involvement.



Patients' Age Distribution



Conclusion

The results of this project have supported the value of involving a pharmacist in the multidisciplinary team, to improve patient's medication safety and quality of care in the palliative care setting.

Contact Us

Ellen Jones ¹, Oncology Pharmacist – ellen.jones@health.qld.gov.au
 Geoffrey Grima ², Director of Pharmacy, Redcliffe Hospital – geoffrey.grima@health.qld.gov.au