

Chapter 7: Participating in Interdisciplinary Care Planning

INTRODUCTION

There is a supporting research that the frequency and duration of medication errors are reduced when pharmacists participate in medical rounds.^{1,2} A pharmacist's presence on interdisciplinary ward rounds and in clinics influences prescribing at the time of prescribing.

OBJECTIVE AND DEFINITION

Objective

The aim of having pharmacists participate in interdisciplinary care planning is to optimise patients' medicines management through reducing medication misadventure and improving the quality use of medicines.

Ward rounds are also an efficient method for pharmacists to collect information on the patient's treatment or care plan and the medication management plan (MMP).

Definition

Interdisciplinary care planning includes ward rounds, clinics and meetings attended by other health professionals where the overall care of the patient is discussed and planned.

Participating in interdisciplinary care planning requires the physical presence of the pharmacist and for the pharmacist to actively engage in the ward round or meeting. This requires the use of well-developed clinical, communication and interpersonal skills.

EXTENT AND OPERATION

As an active participant of the healthcare team, it is important that pharmacists attend interdisciplinary care planning whenever possible and that this is supported by the pharmacy and health service organisation.

Attendance at relevant ward rounds, clinical meetings and clinics should be routine. If this is not possible, priority should be given to events in which the pharmacist can have the most impact and gather the most relevant information.

Appropriate communication skills must be used when discussing medicines-related problems with other health professionals, and when discussing medicines-related problems in the presence of the patient and their family.

POLICY AND PROCEDURES

Pharmacists must be well prepared before participating in interdisciplinary care planning. Where possible, patients' medications should be reconciled and assessed before the ward round or meeting. Participation in the interdisciplinary care planning provides an opportunity to:

- contribute information about the patient's medicines and medicines management
- make suggestions for selecting and monitoring medicines
- develop a rapport with the treating team
- identify potential medication errors
- prevent medication errors occurring at the time of prescribing
- immediately review all medicine orders and correct deficiencies

- reduce the frequency and duration of medication errors
- communicate additional information about the patient that may be relevant to their medicine therapy, e.g. comorbidities, adherence aids
- detect adverse drug reactions and drug interactions
- be fully informed about current patient-specific issues
- prioritise patients requiring further review or education by the pharmacist
- have greater access to clinical decision makers
- participate in discharge planning or planning for ongoing care.

Follow-up outstanding issues at the end of the interdisciplinary care planning, such as:

- respond to enquiries
- discuss changes to therapy with the patient and provide counselling where appropriate
- communicate changes in medicine therapy to other relevant staff
- consider the impact of changes to the MMP and make changes, e.g. monitoring requirements
- complete the necessary documentation, e.g. MMP, patient's health record. See *Chapter 13: Documenting clinical activities*.

Table 7.1 lists the competencies and accreditation frameworks that are relevant to this chapter.

References

1. Leape LL, Cullen DJ, Clapp MD, Burdick E, Demoneo HJ, Erickson JI, et al. Pharmacist participation on physician rounds and adverse drug events in the intensive care unit. *JAMA* 1999; 282: 267-70.
2. Scarsi KK, Fotis MA, Noskin GA. Pharmacist participation in medical rounds reduces medication errors. *Am J Health Syst Pharm* 2002; 59: 2089-92.
3. Society of Hospital Pharmacists of Australia. Clinical competency assessment tool (shpaclinCAT version 2). In: SHPA standards of practice for clinical pharmacy services. *J Pharm Pract Res* 2013; 43 (suppl): S50-S67.
4. Australian Pharmacy Profession Consultative Forum. National competency standards framework for pharmacists in Australia. Deakin: Pharmaceutical Society of Australia; 2010.
5. Australian Commission on Safety and Quality in Health Care. National safety and quality health service standards. Sydney: The Commission; 2011.

Table 7.1 Competencies and accreditation frameworks
Relevant national competencies and accreditation standards and shpaclinCAT competencies
shpaclinCAT³
Competency unit 2.6 Team work
2.6.2 Interdisciplinary team
2.6.3 Share learning experiences
2.6.4 Promotion of rational use of medicines
National competency standards framework for pharmacists⁴
Standard 2.1 Communicate effectively
1 Adopt sound principles for communication
2 Adapt communication for cultural and linguistic diversity
3 Manage the communication process
4 Apply communication skills in negotiation
National safety and quality health service standards⁵
N/A