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## ED Medicine Wise

Initiative Type

Model of Care

Status

Deliver

Added

08 September 2017

Last updated

14 November 2023

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/ed-medicine-wise>

### Summary

ED Medicine Wise was established in collaboration with the Royal Brisbane and Women's Hospital (RWBH) pharmacy department. An extended-hours pharmacy service was funded using hospital own-source revenue realignment and operates 7am to 11pm, seven days per week. The ED pharmacists prioritise clinical review of ED patients at high risk of drug related problems [DRP], including:

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- All admitted and Short Stay “inpatients”
  - Non-admitted patients aged >65 years, on >2 NCCD and/or >5 medications
  - ED clinician suspects drug related presentation
  - Trauma, poisoning and resus cohorts
  - Patients prescribed an opioid, antipsychotic, antimicrobial, or anticoagulant

## Key dates

Jul 2016

Sep 2017

## Implementation sites

Royal Brisbane and Women's Hospital

## Partnerships

Healthcare Improvement Unit

## Key Contacts

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## Aim

- Investigate if the introduction of an extended hours clinical pharmacy service.
- Identify and evaluate barriers and enablers to successful implementation of the clinical innovation.
- Account for the disruptive impact of an electronic dispensing system, “Pyxis”, once implemented.

## Benefits

- Reduced medication related problems in the ED.

## Background

Prior to the implementation of ED Medicine Wise, less than 5% of presentations were seen by the pharmacy service. Such deficiencies in a multidisciplinary approach increases the likelihood of adverse drug events [ADEs], increased length of stay [LOS], higher mortality rates, and increased healthcare costs (Roughead et al., 2016).

## Solutions Implemented

The pharmacist reconciles the patient’s medication history and conducts a medication review to identify medication problems. The pharmacist documents the medication history and medication problems and communicates a plan to nursing/medical staff to implement agreed changes. A medicines governance group has been established to introduce an integrated medicine wise program. The medicine wise culture will be fostered to reduce errors and optimise use of high risk medicines, improve continuity of care, increase early implementation of medication planning, and release capacity. Activities to enable a medical wise culture include delivery of structured education, guideline/protocol development, and quality improvement/research projects.

