

Involvement of a pharmacist in a geriatric team in primary care

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Objectives

Elderly patients with multiple diagnoses and drug use consume a lot of primary care. A health care Centre in Oxelösund, a city with high proportion of elderly people, started a geriatric team including physician, nurse, physiotherapist, occupational therapist, dietitian, counselor and a pharmacist to provide team-based care for these patients.

The role of the pharmacist was to provide medication reconciliation, medication appropriateness and identify drug related problems prior to the patients visit to the physician.

Methods and Study Design

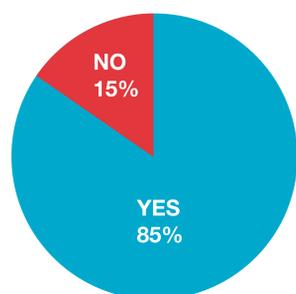
The pharmacist met the patient in the health Centre and the patient was asked to either bring drugs or a medication list to the visit. The pharmacist conducted a medication review, and evaluated medication adherence and compliance. The patient was allowed to ask the pharmacist about their drugs. The pharmacist prepared a written report for the physician with findings and recommendations about the medicine management for the patient. The findings were also corresponded to the geriatric team during a team conference once weekly. Patients and physicians were asked to evaluate the meeting with the pharmacist through a questionnaire.

Results and discussion

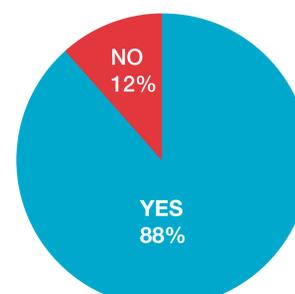
During 2016, the pharmacist met 60 patients, aged 61 to 94, 70 % women. 33 patients received the questionnaire and 31 responded.

86 % of patients were satisfied with the visit to the pharmacist, and 85 % stated they had gotten answers for their questions.

Patients evaluation whether they feel they have gotten answer to their drug related questions during the meeting with the pharmacist



Patients evaluation whether they are satisfied with the meeting with the pharmacist prior to the visit with the doctor



Doctors were asked to evaluate the value of the pharmacist intervention prior to the meeting between patient and physician on a scale from 1 to 5,

(5 referring to "very satisfied" and 1 to "not satisfied"). The mean value of 19 responding physicians were 4.3.

Conclusions

The involvement of a pharmacist in a geriatric team at a health care Centre is appreciated by the patients and the doctors. The results such as drug appropriateness for each patient, adherence and number of drug related problems needs to be further evaluated.

Acknowledgments

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