

Doctors', Nurses', and Midwives' views of Hospital Pharmacist Prescribing: a Cross-Sectional Survey Study.

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Background and Importance

- Hospital pharmacist prescribing (HPP) is established to varying extents in numerous countries, with evidence that stakeholders positively view the impact of HPP on hospital workflows and patient safety^(1,2,3).
- National expert taskforce in Ireland recommends HPP be initiated in Ireland in 2027^(4,5).
- Vital that the views of Irish prescribers (doctors, nurses, and midwives) on HPP are investigated prior to implementation^(6,7,8).

Aims, Objectives and Methods

To gather the views of doctors, nurses, and midwives working in Irish hospitals regarding HPP, and establish their perceived impacts on healthcare provision.

- Cross-Sectional study via anonymous online survey
- Distributed to doctors, nurses, and midwives working in hospitals in Ireland
- Combination of multiple choice and Likert scale questions, analysed by descriptive analysis.

Results

There were 238 completed survey responses, comprised of 43.6% doctors, 44.9% nurses, and 11.4% midwives.

Support for HPP:

Support indicated by 87% of respondents (support/strong support).

- Difference ($p=0.001$) in support between doctors (81.6%), nurses (89.6%) and midwives (96.3%).

Extent of Supervision (Figure 1): Respondents were asked to select the level of supervision they felt was appropriate for HPP in common prescribing scenarios that occur during the patient hospital journey.

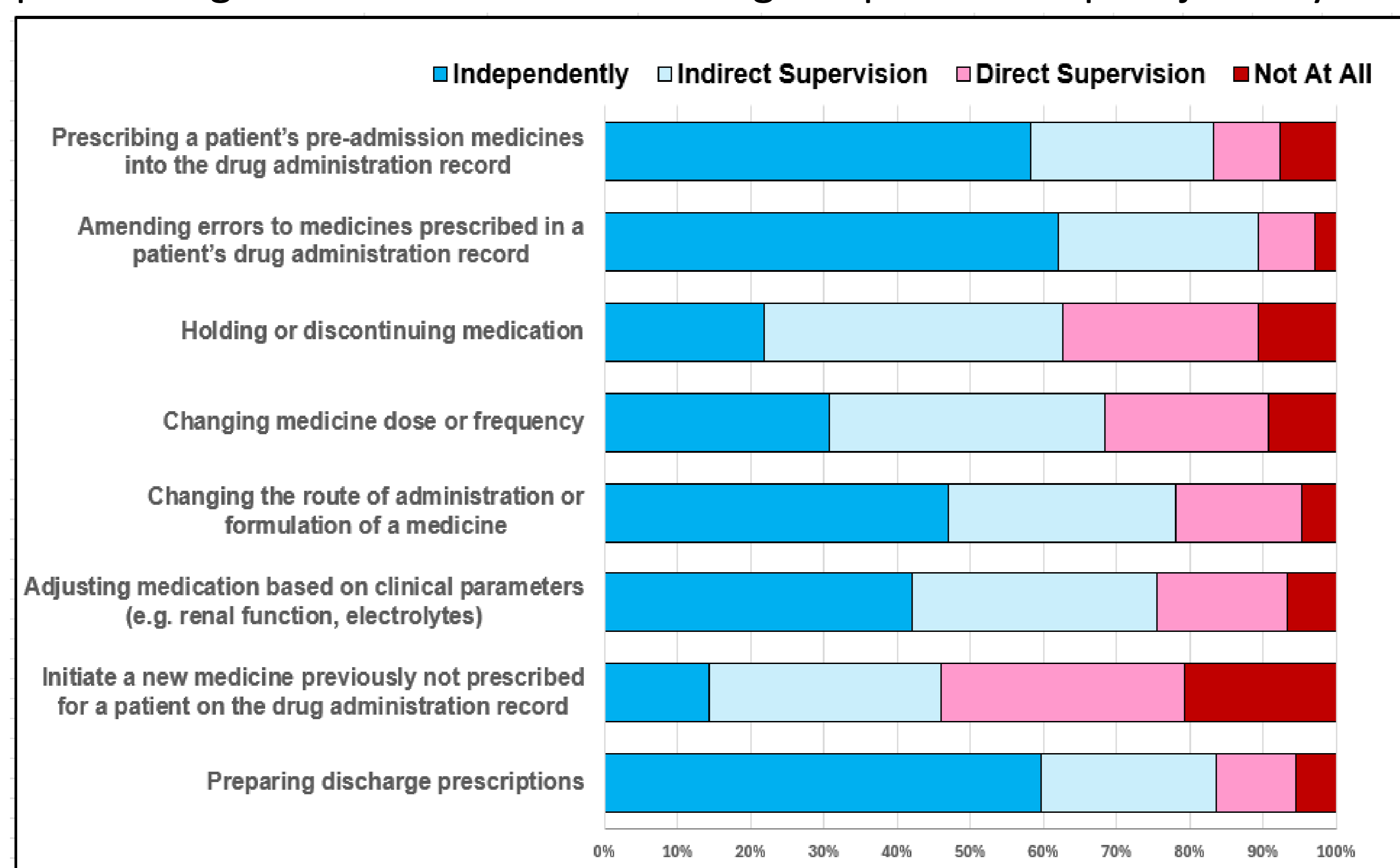


Figure 1: Extent of supervision of HPP to perform prescribing tasks along the patient prescribing journey

Nurses (X) and midwives (Y) were more likely than doctors (Z) to choose **Independent HPP** (X/Y v Z) at beginning and end of patient prescribing journey to:

- Prescribe preadmission medicines (62.3%/77.8% v 49.5%), $p=0.021$.
- Amend prescribing errors (73.3%/74.1% v 46.6%), $p<0.001$.
- Prepare discharge prescriptions (70.8%/77.8% v 42.7%), $p<0.001$.

Nurses and midwives were more likely to select independent HPP to:

- Initiate a new medicine (20.8%/18.5% v 6.7%) $p<0.001$.

Potential Impact of HPP (Figure 2): Respondents selected level of agreement with statements on the potential impact of HPP.

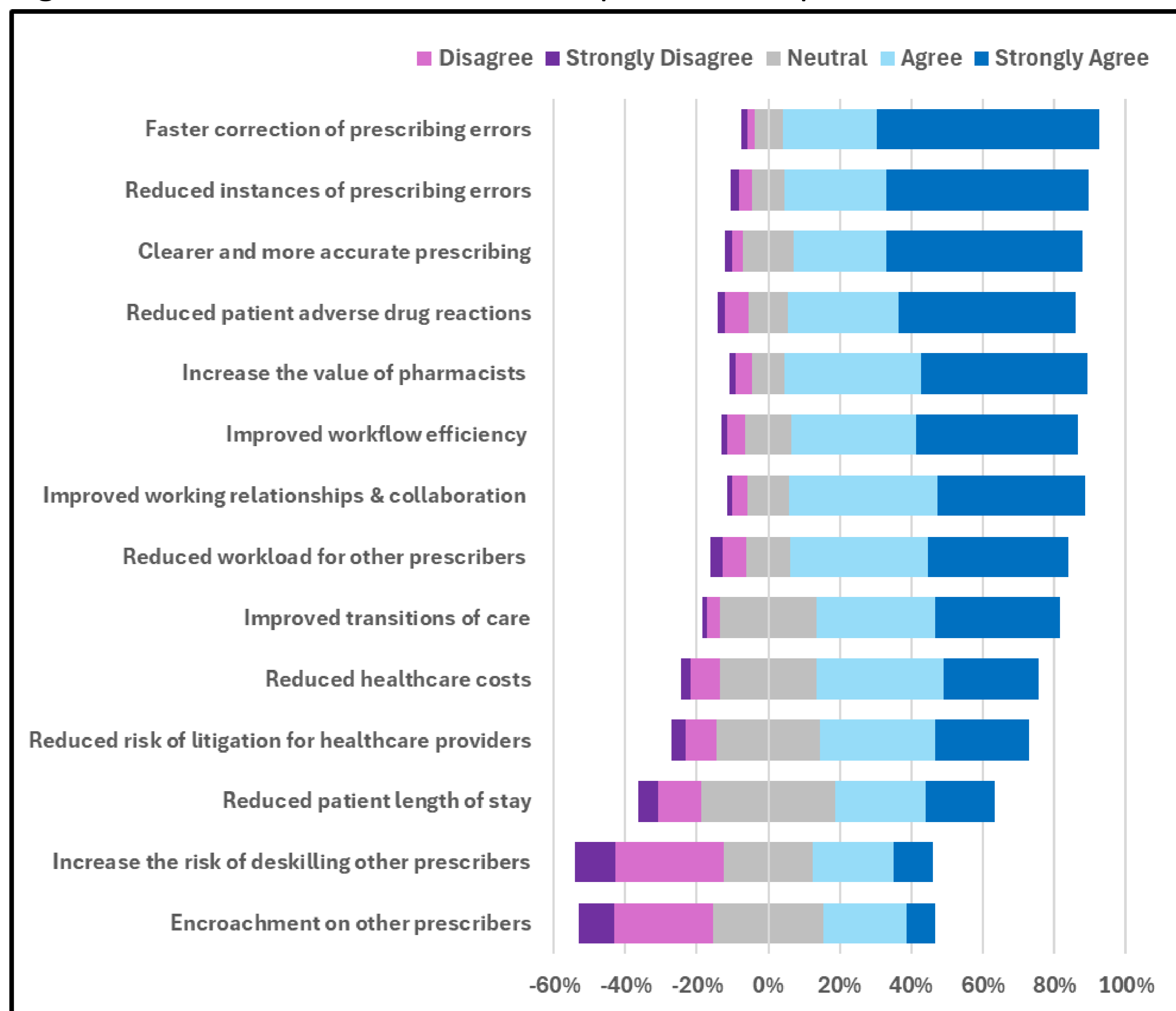


Figure 2: Level of agreement with statements on potential impact of HPP

Nurses and midwives were more likely than doctors to strongly agree that HPP could result in (X/Y v Z):

- Reduced prescribing errors (62.9%/74.1% v 44.7%) $p=0.001$.
- Reduced patient adverse drug reactions (56.6%/63% v 37.6%) $p=0.005$.
- Reduced healthcare costs (34.9%/29.6% v 17.5%) $p=0.001$.
- Improved working relationship and collaboration (48.1%/51.9% v 31.1%) $p=0.001$.
- Improved workflow efficiency (49.1%/59.3% v 37.9%) $p=0.009$.

Conclusions and Relevance

- Doctors, nurses, and midwives are supportive of HPP in Ireland.
- HPP is anticipated to have a positive impact on healthcare provision.
- Nurses and midwives are more supportive of HPP and generally anticipate a greater impact than doctors from HPP in hospitals.
- Independent HPP support is dependent on the prescribing scenario.
- Most support at beginning and end of the patient hospital journey.
- Further research is needed to explore the differences in responses between the professions.

