## Assessing the impact of specialist pharmacist review on the safety of medications in patients recently discharged from Intensive Care

James Lamb, Anneka Mitchell, Odran Farrell

## University Hospitals Plymouth NHS Trust

#### **Background and Importance**

- Medication review, with input from pharmacy, is a national standard for post intensive care (ICU) follow up<sup>1</sup>.
- Just 21%<sup>2</sup> of UK ICU pharmacy teams provide input after transfer of care to the ward.

### Aims and objectives

• This study aimed to assess the impact of specialist pharmacist

#### Methods

Design:

Prospective, multi-centre, cross-sectional, point-prevalence study.

#### Inclusion criteria:

 Patients across South-West England, discharged from an ICU to a ward over a period of 5 days in June 2023.

#### Data collection:

review on medication safety for the post-ICU patient group

 To explore the number, and quality of interventions made by specialist ICU pharmacists following targeted review post ICU discharge.

Results		
Number of patients reviewed	134 <i>75 in person, 59 remotely</i>	
Number of interventions	344	
Mean interventions per patient	2.6 3.2 in person, 1.8 remotely	

Frequency of interventions compared to the severity of potential harm prevented



- Anonymised electronic form detailing type, frequency and potential harm prevented from each intervention.
- Reviews allowed to be conducted remotely (using electronic prescribing system) or in person.
- Data reassessed by independent pharmacist at base site using Harm Associated with Medication Error Classification (HAMEC) tool to stratify level of potential harm prevented.

#### Analysis:

• Completed using descriptive statistics in Excel.

Moderate and Serious Harm Interventions Prevented by Class of Medication

<b>Class of medication</b>	<b>Frequency</b>
Antiarrhythmic	3
Antibiotic	9
Anticoagulant	9

# How does nature of pharmacist review affect frequency and severity of intervention?



Antiepileptic	1
Antihypertensive	2
Insulin	2
Opioid analgesia	1
Other	9

### Conclusions

- Medication errors at transfer from ICU to the ward were substantial, and more prevalent than in a large non-UK study<sup>3</sup>.
- Specialist pharmacist review in any form has the potential to reduce harm from medications in patients discharged from ICU.
- In person review yields more interventions per patient compared to when completed remotely.
- This is the first UK study evaluating the impact of pharmacist intervention in this population.
- Further work should focus on the feasibility and cost-effectiveness of implementing this service.

HAMEC potential harm classification

In person

#### **References:**

<sup>1</sup>Faculty of Intensive Care Medicine (2022) *Guidelines for Provision of Intensive Care Medicine (GPICS).* Available from: <u>https://ficm.ac.uk/sites/ficm/files/documents/2022-</u> 07/GPICS%20V2.1%20%282%29.pdf Accessed: 12/12/24. <sup>2</sup>Faculty of Intensive Care Medicine (2021) *Life After Critical Illness* Available from:

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<sup>3</sup>Wang,Y, et al. 2022. Evaluation of medication risk at the transition of care: a cross-sectional study of patients from the ICU to the non-ICU setting. *BMJ Open*, 12. Gates, P.J., Baysari, M.T., Mumford, V., Raban, M.Z., Westbrook, J.I., (2019) Standardising the

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#### Contact details

James Lamb Advanced Specialist Pharmacist in Critical Care University Hospitals NHS Trust, James.lamb1@nhs.net

