Medication safety and continuity with chronic disease clients through shared service provision

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The aim of this abstract is to present an improved collaboration between a rural hospital pharmacist, oral health and primary health care nurse in enhanced service delivery to chronic disease clients.

We found that through knowledge deficit and poor uninformed choices, an increasing number of clients were unaware of the role of the pharmacist in education, assisting in printing out copies of current medication profiles, CentreCare payments towards medication costs and medication safety.

Many clients attending for oral health examination had a knowledge deficit in the importance of knowing why all their medications and medical histories were included in the patient history form prior to examination and treatment. This resulted in client's cardiac medications interacting with local anaesthetics, especially those clients with conductivity disorders. When not included the dentist was unaware of those clients needing antibiotic cover or need to withhold anticoagulants prior to tooth extraction. Certain cardiac, asthmatic and renal medications affect mouth care and may cause breakdown of enamel, dry mouth and increase in oral infections.

The average older client is on multiple medications/polypharmacy and are still reluctant to use the Webster packs, despite reduced dexterity, failing eyesight and short-term memory loss. There is a resulting non-compliance with medication regimes. This also effects prescribing medication by medical officers who, unless they thoroughly review the medical record, can not determine which medications the client is supposed to take.

As a result, oral health, pharmacist and primary health care (nursing) developed a shared care plan following an assessment by the primary health care nurse and medication review by pharmacist. The care plan is included in both the oral health treatment and the medical record. This has had a flow-on effect with the tertiary hospital, especially with all cardiac clients. This includes the cardiac team of physicians, surgeons, educators and pharmacists. A comprehensive plan of care includes: current medication profile, education on medication and equipment [prn], detailed medical history and allergies/alerts, client responsibility, oral health education and correct toothpaste for health condition [maintain moisture in the mouth]. A 'holiday medication checklist' has been developed to improve client responsibility and as a reminder to stock up over major holidays.

