

Media release

Friday 31 March 2023

Safe and successful expansion marks 10 years of partnered charting in hospital pharmacy

Victorian pharmacy researchers have successfully expanded their Australia-first collaborative medication charting model, showing partnership between pharmacists and clinicians at the leading edge of practice can reduce medication errors and improve patient care and safety, while improving the efficiency of the health system.

Leading the latest issue of the *Journal of Pharmacy Practice and Research (JPPR)* – Australia’s pre-eminent academic pharmacy journal – the study assessed the expansion of Alfred Health’s Partnered Pharmacist Medication Charting (PPMC) model, first piloted in November 2012, as pharmacists charted new medications in addition to patients’ pre-admission medications.

In their paper [‘Expansion of the partnered pharmacist medication charting model on admission in the General Medicine Unit — initiation of new medications’](#) the researchers evaluated the charting of over 8,000 medications and demonstrated that pharmacists were able to safely initiate new medications with analgesics and anti-infectives, the most commonly initiated medicines.

Lead author Dr Erica Tong FSHP, Deputy Director of Pharmacy at Alfred Health, says the results of the study correlate to those published on PPMC over the past 10 years.

‘Expanding the PPMC model to include newly initiated medications was a natural next step based on the clinical workflows within acute hospitals. This study reported 99% of new medicines charted without errors; previous PPMC studies have consistently reported error rates of less than 5%, compared to three or four times this figure when pharmacists were not involved.

‘This rapid intervention is a hallmark of team-based care, through which credentialed pharmacists are empowered to identify and act on potential medicines issues before they cause harm.’

The researchers, from Alfred Health and Monash University, have previously demonstrated the benefits of the PPMC model across multiple hospital settings (metropolitan, rural and remote) and multiple specialities, including general medicine, emergency medicine, intensive care and oncology.

Director of General Medicine at Eastern Health and Medical Lead for the Department of Health and Human Services (DHHS)-funded PPMC expansion in Victoria, Dr Gary Yip reflected that ‘Partnered pharmacist medication charting is a transformational workforce model that delivers optimal medication expertise to vulnerable patients at times when they benefit the most.’

‘It appears effortless when practiced by experienced clinicians at the frontline, but the intangibles that sit behind the model are well-embedded interprofessional relationships, intensive coaching for the novice, and a visionary pioneering conceptualisation.’

SHPA Chief Executive Kristin Michaels says hospital-informed pharmacist specialisation is crucial to expanding the patient safety benefits of collaborative, team-based care.

‘Reducing medication errors is the goal of every pharmacist and direct conversations between pharmacists and prescribers continues to facilitate extremely low incidence of medication error.

‘The collaborative PPMC model – now being embedded across Victoria, Tasmania, South Australia and Western Australia, underway in Queensland with ACT soon to follow – has also been shown to reduce delays to critical treatment, as well as increase the job satisfaction not just of pharmacists, but of medical staff too.

‘SHPA testimony contributed to a recommendation from NSW’s ambulance ramping inquiry recommended that PPMC be implemented in NSW Emergency Departments – one of our [2023 NSW State Election Priorities](#) – and as a peak body on medicines safety SHPA will continue to advocate for PPMC’s benefits to safer patient care, patient flow and overall efficiency in a constrained pharmacist and medical workforce.’

Ms Michaels says collaborative models allow both professions to practice at the top of their scope of practice, delivering true interdisciplinary synergy for the ultimate benefit of Australian patients.

‘This cooperation is key if we are to meaningfully address and prevent the 250,000 medication-related hospital admissions we see each year in Australia, which cost the healthcare system \$1.4 billion annually.’

Dr Tong is former Chair of the SHPA General Medicine Leadership Committee (2017-21) and Electronic Medication Management Leadership Committee (2022).

JPPR is available [free to SHPA members](#).

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About SHPA

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia’s health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

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