The Impact of a Pharmacist on SIBR within Cancer Care Services

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Objective
Primary Outcome: Review the impact of a pharmacist on a structured interdisciplinary bedside round (SIBR) within Cancer Care Services at the Royal Brisbane and Women’s Hospital (RBWH).

Secondary Outcome: Assess the percentage of patients who benefited from pharmacist intervention.

Method
A prospective audit was conducted over a ten-day period (weekdays only). Data was collected from each inpatient cancer care team:

- Bone Marrow Transplant (BMT)
- Haematology
- Medical Oncology and Radiation Oncology (MONC/RONC)

A data collection tool was utilised by the principal investigator to collect the following:

- The team the patient was admitted under
- The intervention
- Outcome of the intervention
- Risk rating of the intervention

Patients admitted for less than 24 hours were excluded from the study.

Results
During the ten-day period, 342 patients’ daily SIBR was attended by a pharmacist. A total of 102 interventions were identified (30%). The risk levels of these interventions were classified as: 14.3% high, 49.5% medium 36.2% low.

Number of Interventions made by Pharmacist on SIBR per Ward Area

- **HAEMATOLOGY**
  - Low: 52%
  - Medium: 33%
  - High: 15%

- **BMT**
  - Low: 27%
  - Medium: 46%
  - High: 27%

- **MONC/RONC (6AS)**
  - Low: 30%
  - Medium: 52%
  - High: 10%

EVALUATION OF OVERALL RISK RATING

- High: 14.3%
- Medium: 49.5%
- Low: 36.2%

Outcome
Overall this study revealed that pharmacist attendance on SIBR had a positive impact. Medication optimisation is the major benefit with 30% of patients requiring pharmacist intervention, thereby optimising Quality Use of Medicine (QUM).