Appendix 2 – Ward Pharmacist Task Prioritisation

Ward Pharmacist Task Prioritisation and Clinical Review aide

Task Order		Frequency	Additional information
Tasks 1-5 usually take 15-30 minutes and should be completed whilst on the ward). *Remember to visit every ward area that you are responsible for first thing to introduce yourself as the pharmacist and update the contact details on the whiteboard.*			
1	Check handover	Daily – first task	Complete any urgent tasks immediately, note non-urgent tasks for review when you schedule to look at the patient. This should include identifying those with TDM required
2	Check potential TTHs with ward staff (can be identified on board round if attended)	Twice daily – first thing & after lunch	Process urgent TTHs before seeing new patients who are not on critical medications. Highlight those that need to be written to appropriate prescriber first thing. Target to assist with patient flow
3	Check PPM/worklist for medications ordered (urgent/critical/doses missed)	TDS – first thing, before lunch, 4pm	Also use as a tool to prioritise which of the new patients should be seen first
4	Check pharmacy worklist to identify new patients	Twice daily – first thing & after lunch	If able to, identify those who are new to the ward (but not new to the hospital) as a priority also target med rec complete <24h
5	Check PPM/worklist for any inpatient unverified items	TDS – first thing, before lunch, 4pm	Also use as a tool to prioritise which of the new patients should be seen first
6	Start clinical reviews of acutely unwell patients	daily	Inform MMT if this is likely to take a while (ie longer than 60 mins) – Use Pharmacist patient acuity guideline to prioritise
7	Check AKI list	Twice daily at 10am and 2pm	Review patients with a new AKI as a priority (review the patient in full, not the AKI in isolation). Follow up existing AKIs during routine review of those patients. Target AKI reviewed <24h
8	Prioritise new patients for medicines reconciliation (MR) and start MR	daily	Highest acuity patients first, followed by patients that have been in longest
9	Clinical review of existing patients.	Dependant on patient acuity	Use Pharmacist patient acuity guideline to prioritise patient reviews Check pharmacy notes Glance at the most recent note written to identify anything that needs to be followed up
10	Check TTHs that have been written in advance	Once daily at 4pm	To aid patient flow, process TTHs that have been written in advance so that they can be processed in the afternoon or first thing the following day. **Annotate prescription 'going home tomorrow, process in morning'.**

Levels of clinical reviews		
Level 1 clinical review	Minimum review	
Basic review of patient, MR completed and presenting complaint and treatment plan identified on 1st review of MAR, medications ordered if required.	Daily for medium acuity patients, stepping down to alternate days once clinically stable Weekly/twice weekly for low acuity patients. This review is brought forward if medicines are prescribed Level 1 review s are not appropriate for high acuity patients All medicines should be verified within 48 hours of prescribing (excluding weekends)	This review does not include a full review of all blood results & observations but does require the pharmacist to be confident that there are no outstanding queries related to the medications to complete the L1 review. Examples: - Identify that patient may be suitable for an IV to PO abx switch - Identify that a patient's VTE prophylaxis remains to be a suitable dose - Identify that some suspended medications can be restarted
Level 2 clinical review		
In depth review of patient, review clinical notes for updates, their clinical status, **significant/relevant** lab results and physical observations (ie BP, HR, etc), MAR summary to check for missed doses. If possible a verbal conversation with nurse +/- medical team is ideal to ensure that all medicines needs are being met.	Level 2 reviews should be done at least daily **ALWAYS in high acuity patients** (Mon-Fri) and at the weekend/Bank holidays at the request of a highly specialist Pharmacist (HSP) For medium acuity patients daily reviews can be stepped down to twice or three times (or less on advice of HSP) a week s before stepping down to a level 1 review.	Band 6 Pharmacists are encouraged to talk through these patients with a senior pharmacist, especially at the start of their clinical rotation This is a complete review of a patient, all aspects of their treatment should be considered, pharmaceutical care plan actions should be identified and communicated in a medical note for the medical team to consider. Patients who are classed as low acuity do not qualify for a subsequent level 2 review once they have been initially seen.

The following prioritisation guide is aimed to give guidance on the minimum tasks to complete as a priority to provide a safe pharmacy service. Additional tasks can be completed if time permits. The level of review should be clearly documented in the pharmacy notes as:

Level 1 'L1 rv 12/3/19'

Level 2 'L2 rv 12/3/19'

Medically optimised for discharge 'MOFD' – these patients should have a level 1 review once per week.

Some pharmacists working in particular areas in the hospital may find some reports beneficial to help assist in identifying additional tasks, checking these reports is **not essential**. Additional non-essential tools available:

1. INR >5 report
2. AMS report
3. Restricted antibiotics report (for those in antimicrobial rotation)