

## Introduction

The number of people living with frailty is increasing, along with their co-morbidities and polypharmacy (AWMSG 2023). The World Health Organisation (WHO) state that 11% of unplanned hospital admissions are due to harm from medications, 70% being older adults (Maher *et al*, 2013). Susceptibility to medication side effects is a frailty syndrome (Swift 1998), as changes in drug handling increases with frailty and age (AWMSG 2023). Medicines optimisation for frail older adults admitted to acute care settings is critical for preventing and managing adverse drug events in the population. Frailty pharmacists should work in acute hospital setting working alongside geriatricians and an acute frailty team, aiming to optimise patients' medication as a part of the comprehensive geriatric assessment (CGA). Introduction of a pharmacist on the acute frailty PTWR was an opportunity to optimise pharmaceutical care for frail adults at an earlier stage of admission to hospital, and to reconcile medications to meet the NICE quality standard of medicines reconciliation within 24 hours of admission (NICE 2016). Interventions were recorded on the MedOptimise tool, an electronic medicines optimisation tool used to highlight interventions made by pharmacy professionals showing the safe and effective use of medicines helping to enable the best possible outcomes for patients, along with showing cost savings (MedOptimise 2023).

## Aims

### Primary aims:

- Increasing pharmacy involvement with the acute frailty team by supporting the acute frailty PTWR alongside geriatricians, hospital doctors and advanced clinical practitioners (ACPs)
- Earlier frailty specialist pharmacist management of frail older adults admitted to secondary care as a part of the CGA

### Secondary aims:

- Earlier medicines reconciliation meeting the key performance indicator (KPI) for medicines reconciliation completion within 24 hours of hospital admission

## Method

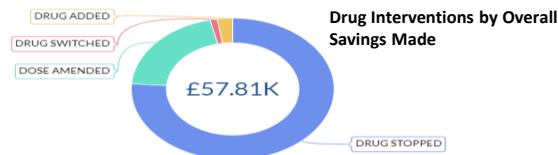
The frailty pharmacist started joining geriatric consultants and the acute frailty team on the acute frailty PTWR in January 2023.

Data for the project was collected between April 2023 to March 2024. Data was then inputted onto the online MedOptimise tool (MedOptimise 2023).

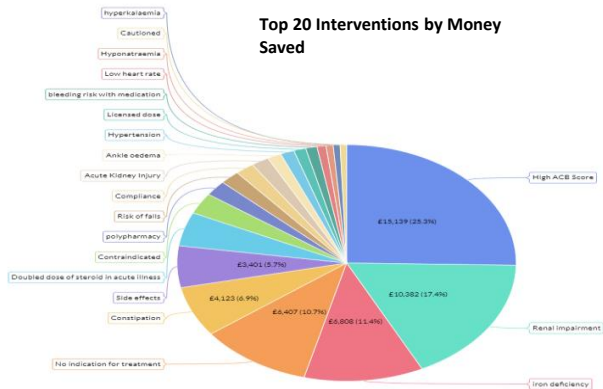
Interventions were made relating to medicines optimisation and recorded on the frailty pharmacists PTWR data collection sheet.

## Results

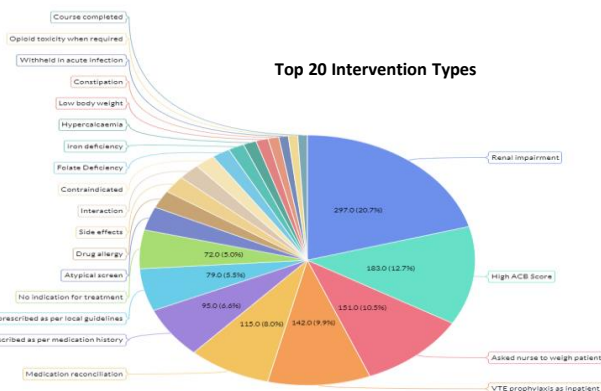
NUMBER OF PATIENTS	NUMBER OF INTERVENTIONS	INTERVENTIONS PER PATIENT
571	1,777	3.1
ADVERSE EVENTS PREVENTED	IN YEAR DRUG SAVINGS	12 MONTH DRUG SAVINGS
72.3	£1,728	£3,798
ADVERSE EVENT SAVINGS	OVERALL IN YEAR SAVINGS	OVERALL 12 MONTH SAVINGS
£55,951	£57,679	£59,750



**Top 20 Interventions by Money Saved**



**Top 20 Intervention Types**



## Conclusions

The primary aims were accomplished by introducing a frailty pharmacist onto the acute frailty PTWR, optimising pharmaceutical care and recording interventions using the MedOptimise tool. Medicines were optimised at an earlier stage of the patients' admission, for example ensuring medicines are clinically appropriate for patients with renal and hepatic impairment, deprescribing drugs safely that have a high anticholinergic burden (ACB) and supporting prescribing decisions at the front door. Medication reconciliation within 24 hours of admission KPI also increased for frail older adults admitted to hospital, which is particularly important given patients living with frailty are more likely to experience adverse drug events. There is a clear benefit to the pharmaceutical management of frail older adults admitted to hospital when a pharmacist attends the acute frailty PTWR. This project shows that where possible pharmacists should attend the PTWR alongside the multidisciplinary team to optimise pharmaceutical care of not just frail older adults, but all patients admitted to secondary care.

**Acknowledgements:** Many thanks to the acute frailty team in Princess of Wales for allowing the frailty pharmacist to integrate into the team on the post take ward round.

## References

All Wales Medicines Strategy Group (AWMSG) (2023) *Polypharmacy in Older People a guide for healthcare professionals*. Available at: <https://awtc.nhs.wales/files/guidelines-and-pils/polypharmacy-in-older-people-a-guide-for-healthcare-professionals.pdf/>

Maher, R, Hanton, J, Hajjar, E. 2013. Clinical Consequences of Polypharmacy in Elderly. *Expert Opin Drug Saf.* 13(1). doi:10.1517/14740338.2013.827660

MedOptimise (2023). Available at: [Medicines Optimisation | Medoptimise](https://www.medoptimise.com/)

National Institute for Health and Care Excellence (NICE) (2016) *Medicines optimisation*. QS120. Available at: <https://www.nice.org.uk/guidance/QS120>

Swift CG. 1998. New drugs: prescribing in old age. *BMJ*; 296: 913-5.