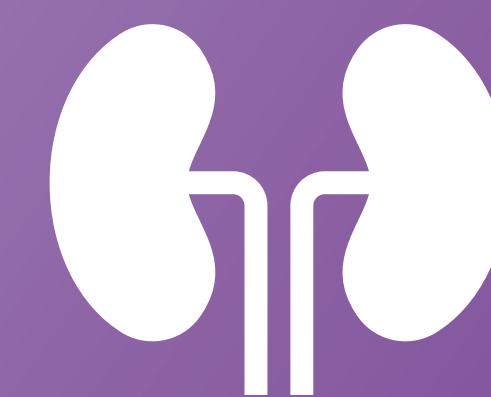


# Dialysis: Filtering Out the Pharmacist Role



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## Background

Clinical pharmacy service in dialysis is a growth area for renal pharmacy and is noted as an emerging role in SHPA Standards of Practice in Nephrology.<sup>3</sup> Patients on dialysis are ageing and multi-morbid with complex medication regimens. Pharmacists are key collaborators in the renal multidisciplinary team, managing complex medication regimens, preventing adverse events, and enhancing education.<sup>2,3</sup>

## Objective

A scoping review was conducted to understand clinical pharmacy services offered to dialysis patients and outcomes measured.<sup>4</sup> These results were combined with implementation methodology to develop and evaluate a service dialysing 60 onsite patients weekly.

## Action

A pharmacist service was implemented at 0.6 EFT, extending the previous supply-only model. The scoping review identified opportunities for action, and a priority list was discussed with the team.<sup>4</sup>

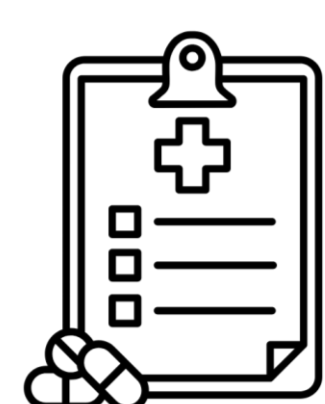
## Evaluation

A combination of results from the scoping review, service metrics, staff and patient feedback, and system optimisation was used to build a clinical pharmacy service that meets the unit's needs.<sup>4</sup> Efficiencies for medicine supply, warfarin management, and medication history documentation were established, and a dashboard was developed (in the absence of an electronic medical record) displaying the virtual stock inventory of enoxaparin and iron, as well as clinical and medication chart review status.<sup>5</sup>



Figure 1. QR code to an image of the Dialysis Pharmacist Service Dashboard.

## Discussion



**Current medication therapies** are documented and updated 2-monthly, with 542 histories documented for 104 patients at an average interval of 42 days over the past 22 months (September 2021-June 2024).



**Management of warfarin** for 15 patients has been streamlined through the pharmacist service.



The dialysis pharmacist has also been involved in **erythropoiesis-stimulating agent tender** strategy and compliance monitoring, and **pharmacist involvement in the multidisciplinary team** has allowed for meetings to be funded via National Weighted Activity Unit.<sup>4</sup>



Staff report the service as **“invaluable to patients and staff”** and **“a welcome addition to improving outcomes for patients”**.

**Future opportunities** are in pharmacist-led anaemia and mineral-bone disease management.<sup>4</sup>

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