

Clinical Prioritisation Survey

Criteria used for Clinical Prioritisation in Pharmacy

Please reflect on the methods you commonly use to prioritise your patients. Think about what factors prompt you to prioritise a patient, **new or existing**, for immediate review, versus a patient who might be seen later in the day or the next day.

All survey responses are anonymous

* 1. Please select your top five features (columns) of the PCO which help you to prioritise patients

- | | |
|--|---|
| ☐ Antimicrobials | ☐ Oral anticoagulant task |
| ☐ Anticoagulants | ☐ Demographics (e.g. age, weight, CrCl) |
| ☐ High risk medicines | ☐ Visit (length of stay, admission date) |
| ☐ Medicines reconciliation task | ☐ Diagnoses |
| ☐ Allergies | ☐ VTE risk assessment form incomplete |
| ☐ Unverified medicines | ☐ INR level |
| ☐ Pharmacist notes (date last reviewed, follow-up points) | ☐ Capillary blood glucose level |

* 2. Please select your top five high risk medications or classes of medications as classified by EPR

- | | |
|--|--|
| ☐ Oral systemic anticancer therapy (SACT) or SACT placeholder | ☐ Methadone |
| ☐ Lithium | ☐ Insulin placeholder |
| ☐ Clozapine | ☐ Tocilizumab |
| ☐ Carbidopa/levodopa (+/- entacapone), co-beneldopa | ☐ SGLT2 inhibitors |

* 3. Please select your top five medications or medication classes you consider high priority in general

- | | |
|---|---|
| ☐ Anticoagulants | ☐ Immunosuppressants |
| ☐ Antiepileptics | ☐ Insulin |
| ☐ Antimicrobials | ☐ Intravenous potassium or other IV electrolytes |
| ☐ Antidepressants | ☐ Non-steroidal anti-inflammatory drugs |
| ☐ Antipsychotics | ☐ Opioids |
| ☐ Benzodiazepines | ☐ Oral anti-diabetic medicines |
| ☐ Corticosteroids | ☐ Parkinson's disease medications |
| ☐ Systemic anti-cancer therapy | |
| ☐ Other (please specify) | |

* 4. What number of unverified medications would you consider high priority (choose one)?

- | | |
|--|---|
| ☐ Any number of unverified medicines | ☐ > 10 unverified medicines |
| ☐ > 5 unverified medicines | ☐ > 15 unverified medicines |
| ☐ > 8 unverified medicines | ☐ I do not prioritise based on the number of unverified medicines |

* 5. Do you prioritise patients where you identify a drug-drug or drug-disease interaction with a suspected toxic or subtherapeutic effect?

- ☐ Yes
- ☐ No

* 6. Do you prioritise patients where you identify a drug-drug or drug-disease interaction where there is no suspected toxic or subtherapeutic effect?

- ☐ Yes
- ☐ No

* 7. What degree of polypharmacy do you consider high priority (choose one)?

- ☐ > 5 medicines
- ☐ > 10 medicines
- ☐ > 15 medicines
- ☐ I do not prioritise based on polypharmacy

* 8. What number of co-morbidities would you consider high priority (choose one)?

- ☐ > 1 comorbid conditions
- ☐ > 2 comorbid conditions
- ☐ > 3 comorbid conditions
- ☐ > 4 comorbid conditions
- ☐ I do not prioritise based on the number of co-morbid conditions

* 9. If you prioritise based on the number of co-morbidities, is this based off the diagnoses column in the PCO?

- ☐ Yes
- ☐ No
- ☐ I do not prioritise based on the number of co-morbid conditions

* 10. Please select your top five conditions that you consider high priority

- | | |
|--|---|
| ☐ Active cancer | ☐ Infection |
| ☐ Acute kidney injury | ☐ Ischaemic heart disease |
| ☐ Any unstable disease | ☐ Mental health history |
| ☐ Atrial fibrillation | ☐ Neurological disorder (e.g. Parkinson's disease, epilepsy or dementia) |
| ☐ Congestive heart failure | ☐ Nil by mouth or swallowing difficulties |
| ☐ Chronic kidney disease (defined as eGFR < 30ml/min) | ☐ Organ transplant |
| ☐ Diabetes | ☐ Over sedation |
| ☐ Drug related admission e.g adverse reaction | ☐ QT prolongation |
| ☐ Extreme weight (underweight or obese) | ☐ STEMI/NSTEMI |
| ☐ Falls or high risk of falls | ☐ Severe respiratory disease |
| ☐ Hepatic impairment | ☐ Stroke |
| ☐ Hyperlipidaemia | ☐ Transient Ischaemic Attack |
| ☐ Hypertension | ☐ Venous thromboembolism |
| ☐ Hypotension | |
| ☐ Other (please specify) | |

* 11. Do you prioritise your patient for review if they have abnormal lab results related to or affecting medication ?

- ☐ Yes
- ☐ No

* 12. Do you prioritise your patient for review if they have abnormal lab results not related to or affecting medication ?

☐ Yes

☐ No

* 13. Do you prioritise your patient for review if they are transferred to your ward from the intensive care unit or high dependency unit?

☐ Yes

☐ No

* 14. At what age threshold would you prioritise an older adult (choose one)?

☐ ≥ 65 years old

☐ ≥ 70 years old

☐ ≥ 75 years old

☐ I do not prioritise older adults

☐ Other (please specify)

* 15. Please select your top five patient-related or social risk factors that you consider high priority

☐ Dependant living situation e.g. nursing home

☐ Drug misuser

☐ Non-English-speaking

☐ Pregnancy and/or breastfeeding

☐ Poor historian / confused

☐ History of significant medication allergy

☐ Suspected non-adherence

☐ Recent hospitalisation (re-admission to hospital within 30 days of discharge)

☐ No fixed address

☐ Other (please specify)

Ideas & Opinions on Clinical Prioritisation

* 16. Do you use any other criteria or method, not mentioned in the survey, to help your clinical prioritisation? Please describe  0

* 17. What ideas do you have to enhance clinical prioritisation methods for pharmacists in SJH? This may or may not include ideas incorporating the EPMAR/PCO  0

Demographic Questions

* 18. Please select your grade of work  0

☐ Basic grade pharmacist

☐ Senior pharmacist

☐ Chief pharmacist

* 19. Please select how many years of experience you have in hospital pharmacy  0

☐ 0 - 3 years

☐ 4 - 7 years

☐ 8+ years

* 20. Please select how many years you have used the EPMAR or other electronic patient prescribing system (note Project Oak launched in SJH in October 2018)  0

☐ 0 - 3 years

☐ 4 - 7 years

☐ 8+ years