

“The Invisible White Coat: Pharmacist Awareness in a Neonatal Intensive Care Unit”

Rehana Bajwa, Jennifer Kendrick, Roxane Carr
Pharmacy Department, Children's & Women's Health Centre of BC

Introduction: Pharmacists are important members of the healthcare team. However, many patients and their families are unaware of this. A Canadian Society of Hospital Pharmacists (CSHP) 2015 goal and objective is that 50% of patients or their families will remember speaking with a pharmacist, regardless of where the patient is receiving care. Families of babies receiving care in the Neonatal Intensive Care Unit (NICU) at the British Columbia Women's Hospital meet a multitude of health care providers and are faced with a variety of stressors and information during their stay, which can range from days to months in length. Furthermore, family perceptions of and satisfaction with pharmacists as well as the frequency of pharmacist interactions with families, have not been studied in the NICU setting.

Objective: To increase families' awareness of the NICU pharmacist and to describe topics families would like to discuss with the pharmacist.

Methods: An intervention was developed to facilitate pharmacist interaction with patient families. Pharmacists were asked to introduce themselves to families in the NICU and provide them with a pamphlet describing the role of the pharmacist during an 8 week period. Families were surveyed at discharge 4 weeks before, and during the intervention to determine if they recalled speaking with a pharmacist. All NICU pharmacists also completed a survey before and after the intervention.

Results: Twenty-two families participated. Twelve families were surveyed before the intervention, and 3 (25%) recalled an introduction and none recalled any interaction. Ten families were surveyed during the intervention and 2 (20%) recalled an introduction and interaction ($p=NS$). Nineteen (86%) of the families indicated a desire to speak with a pharmacist. Pharmacists reported no difference in the number of family introductions and interactions before and during the intervention.

Conclusions: The intervention did not increase the number of families who recalled speaking with a pharmacist, but families were interested in discussing specific topics with pharmacists. The findings of this study will be used to inform future projects to improve pharmacist comfort in interacting with patient families and to increase family recall of interactions with pharmacists.

Alignment with CSHP 2015 Objectives:

Our project aligns with CSHP 2015 Objective 1.5 (Patients will recall speaking with a pharmacist), whereby our primary objective was to increase family awareness of their pharmacist in a NICU setting. Although our intervention did not increase family recall of a pharmacist, we identified that the reasons were not because of the pamphlet but rather because of barriers for the pharmacists to interact with families. We identified several topics families wanted to discuss with pharmacists (% respondents identifying topic): name of medication(s) (53%), indication of medication(s) (68%), administration of medication(s) (53%), side effects (84%), drug interactions (63%), medication information resources (47%) and medication use in breastfeeding (79%). We also identified reasons reported by pharmacists for not being able to approach families (% respondents identifying barriers): family too emotional (83%), family not available (67%), family did not ask questions (67%), insufficient time (50%), unsure of visitor relationship with patient (33%), patient discharged (17%). Pharmacists play an important role in patient outcomes. Patients and their families can benefit from being aware of and understanding the role of the hospital pharmacist so they can optimally utilize this valuable resource.