A Systematic Approach to Pharmaceutical Care

European Association of Hospital Pharmacists
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2014
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Programme Outline

• 2:00 – 2:30pm
  Introductions

• 2:30 – 3:45pm
  What is Pharmaceutical Care all about…

• 3:45 – 4:15pm
  Coffee Break

• 4:15 – 5:45pm
  Hands on care planning

• 5:45 – 6:00pm
  Concluding discussion
Disclosure of Relevant Financial Relationships

- Nothing to declare
Why Pharmaceutical Care?

Changing emphasis of service provision

- risk management / quality
- economy
- safe, effective & rational drug use
- more patient focussed and less supply focussed

• ALL lead to CLINICAL PHARMACY
Clinical Pharmacy .......

• since 1960s – pharmacist leaving dispensary and going to ward
• patient focus
• knowledge, skills & attitudes (structures)
• NO PROCESS

NO PROCESS until....... 

• Hepler C & Strand L, Opportunities and Responsibilities in Pharmaceutical Care, AJHP, 1990;47:533-543
Definition of Pharmaceutical Care:

• “...**responsible** provision of drug therapy for the purpose of achieving **definite outcomes** that improve a patient’s **quality of life**.”

Outcomes:

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So Pharmaceutical Care ..... 

• describes a systematic PROCESS 
• is patient focussed 
• calls for professional responsibility for actions / advice 
• defines outcomes to be achieved 

So, more robust, professional philosophy of practice
Hepler & Strand Process

- Pharmacist co-operates with: patient & other professionals to design, implement and monitor a therapeutic plan
- Identify potential / actual drug related problems (DRPs)
- resolve actual DRPs
- prevent potential DRPs
- ....regardless of setting
Drug related problems

Activity 1

- List as many things as you can that may result in FAILURE in achieving medication related outcomes.
  
eg. Wrong drug
Drug related problems

Hepler & Strand

- Untreated indication
- Improper drug selection
- Subtherapeutic dosage
- Failure to receive drugs
- Overdosage
- Drug interactions
- Drug use with no indications
A recognition that different models/variations of PC....

Documents in response to this

- **Clinical Pharmacy in the hospital service: a framework for practice, HMSO 1996**
- **Clinical Pharmacy practice in primary care, HMSO 1999**
- Both describe **SYSTEMATIC APPROACH TO PRACTICE** similar to Hepler & Strand’s
Prescription for Excellence

• Scottish ‘Vision and Action Plan’ for pharmacy

• ‘Pharmaceutical care is a key component of safe and effective healthcare.’ Bill Scott, Chief Pharmaceutical Officer.

Systematic Approach

1. Gather patient information
2. Identify problems (needs for drug / pharmacy service)
3. Prioritise problems
4. Relate problems to medicines
5. Define goals for problems
6. Synthesise care plan - care issues / actions
7. Implement care plan
1. Gather patient info.

Activity 2

- List sources of information that may be used to gather patient information for a care plan.

Consider advantages and disadvantages of each.
2. Identify Problems

- Patient need that requires medicine or a pharmacy service/intervention
- Symptoms / signs / abnormal results
- Disease states
- Other factors:
  - social habits (smoking/alcohol)
  - low intelligence
  - confusion
  - history poor compliance
  - inability to swallow
  - previous ADR
  - social circumstances
3. Prioritise problems

• Active or Inactive

For ACTIVE consider:

•

•

•
4. Relate problems to drugs
e.g in a table – giving a handy overview:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Previous drug</th>
<th>Current drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial Fib.</td>
<td></td>
<td>Warfarin 5mg daily</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td></td>
<td>Simvastatin 40mg daily</td>
</tr>
<tr>
<td>Indigestion</td>
<td></td>
<td>??</td>
</tr>
<tr>
<td>???</td>
<td></td>
<td>Amlodipine 5mg daily</td>
</tr>
</tbody>
</table>

- problem - problem links
- problem - drug links
- drug - drug interactions
- untreated problems
- drug use - no indication
- knowledge of previous drugs may help guide actions
5. Define goals

- cure of disease
- elimination / reduction in symptoms
- arresting / slowing of disease process
- preventing disease / symptoms

Also:
- minimise side-effects
- improve quality of life
- prolong life
6. Synthesise care plan

Pharmaceutical Care Issues

- untreated indication
- improper selection
- sub-therapeutic dose
- overdose
- failure to receive appropriately
- ADR
- medicine interaction
- medicine use / no indication
- duplication of therapy
- monitoring need
- counselling need
- seamless care need
Pharmaceutical Care Issues - digging deeper !!!

- Improper selection
  - not evidence based
  - contra-indication
  - lack of efficacy
  - caution
  - duration etc
- Failure to receive appropriately
  - compliance issues
  - administration issues - formulation, route, devices etc
  - frequency / timing inappropriate
- Medicine interaction
  - medicine - medicine
  - medicine - food (inc. alcohol/smoking)
  - medicine - laboratory
6. Synthesise care plan

Actions
• changes
• monitoring
• counselling
• seamless care
7. Implement care plan

- Manage the care issues i.e. *make recommendations to relevant healthcare professionals*

- Paper based
- Verbal

- **BUILD IN PLANS FOR FOLLOW UP**
Documentation

- Very important
- Part of PROCESS
- Medico-legal reasons (responsibility)
- NB: Data protection / confidentiality
- Tool for peer review and audit
Summary

Pharmaceutical Care:
• describes a systematic PROCESS
• is patient focussed
• calls for professional responsibility for actions / advice
• defines outcomes to be achieved

• So, more robust, professional philosophy of practice