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# A Systematic Approach to Pharmaceutical Care

European Association of Hospital  
Pharmacists

Student Symposium  
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



# Hepler & Strand

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:

- 
- 
- 
- 



# 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

# In Scotland....

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:

<u>Problem</u>	<u>Previous drug</u>	<u>Current drug</u>
Atrial Fib.		Warfarin 5mg daily
High Cholesterol		Simvastatin 40mg daily
Indigestion		??
???		Amlodipine 5mg daily

- 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