

# A Systematic Approach to Pharmaceutical Care

European Association of Hospital Pharmacists

Student Symposium 2014

Dr Antonella Tonna
Dr Scott Cunningham
Dr Ruth Edwards

### Programme Outline

• 2:00 – 2:30pm

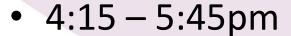
**Introductions** 

• 2:30 – 3:45pm

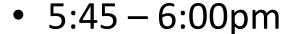
What is Pharmaceutical Care all about...

• 3:45 – 4:15pm

Coffee Break



Hands on care planning



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:**

- •
- •
- •
- lacktriangle

#### 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

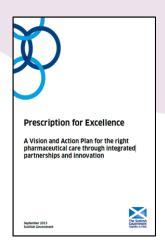


## Prescription for Excellence

 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:

Problem	Previous drug	Current drug
Atrial Fib.		Warfarin 5mg daily
High Cholesterol		Simvastatin 40mg daily
Indigestion		??
a.gest.o		··
???		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

