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A Systematic Approach to Pharmaceutical Care

European Association of Hospital Pharmacists
Student Symposium
2016

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Who we are

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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

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Disclosure of Relevant Financial Relationships

- Nothing to declare

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Where we are from …

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Aberdeen in the sunshine …

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Aberdeen in the winter …




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Our new campus …




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Learning Outcome

- At the end of the workshop, participants will be familiar with the application of the systematic approach in formulating an individualised care plan

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Interactive questions Yes or No ?

1) Pharmaceutical care was introduced in the US by Hepler and Strand, way back in 1990.

2) Pharmaceutical care can only be delivered if there is access to patient notes.

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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

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Clinical Pharmacy …….

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

NO PROCESS until.....

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

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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:

-
-
-
-

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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

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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**

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Drug related problems

Activity 1

What FIVE (or six perhaps !) things need to be 'RIGHT' and be checked to ensure safe and appropriate drug administration to individual patients?

-
-
-
-
-

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Drug related problems

Hepler & Strand…….

- Untreated indication
- Improper drug selection
- Subtherapeutic dosage
- Failure to receive drugs
- Overdosage
- Drug interactions
- Drug use with no indications

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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

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Prescription for Excellence

- Scottish 'Vision and Action Plan' for pharmacy
- 'Pharmaceutical care is a key component of safe and effective healthcare.' Bill Scott, formerly Chief Pharmaceutical Officer.

RoseMarie Parr, CPO from 2015

http://www.scotland.gov.uk/Resource/0043/00434053.pdf

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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**

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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.

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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

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3. Prioritise problems

- Active or Inactive

For ACTIVE consider:

-
-
-

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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		??
???		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

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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

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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

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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

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6. Synthesise care plan

Actions

- changes
- monitoring
- counselling
- seamless care

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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**

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Documentation

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

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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

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Test Your Understanding

- Which statement A-D provides the BEST answer to each of the question or statement?

- Marking - correct on:

- First attempt scratch = 4 points
- Second attempt scratch = 2 points
- Third attempt scratch = 1 point
- Fourth attempt scratch = 0 points

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QUESTION 1

The IDEAL role of the clinical pharmacist can best be described as:

A Generally poorly developed and lacking definition and coherency

B Involving patient focussed activities that lead to safe, effective and economic use of drugs

C A well researched and established role in all hospitals

D Involving only reviewing case notes and prescription records for patients to identify area for reduction in the drug spend

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QUESTION 1

B. Involving patient focussed activities that lead to safe, effective and economic use of drugs

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QUESTION 2

The Hepler and Strand paper from 1990 on pharmaceutical care:

A Is out of date and not at all relevant to the modern practice of pharmacy

B Was intended to be a template for clinical practice that should be strictly applied

C Still provides a clear vision for and definition of how pharmacists should practise clinical pharmacy

D Is clearly designed by and for hospital pharmacists being only relevant to their knowledge and skills base rather than practice.

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QUESTION 2

C. Still provides a clear vision for and definition of how pharmacists should practise clinical pharmacy

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QUESTION 3

The GREATEST advantage to patients of applying a systematic approach to the practice of pharmaceutical care is that:

A It enables pharmacists to quickly and easily build rapport with patients to enable rationalisation of their medicines

B It provides clear steps that should be followed and so helps practitioners check that they practice to a high standard and are less likely to miss things.

C It is a cost-effective way to use pharmacists' skills

D It helps identify gaps in pharmacists' knowledge and skills that can be detrimental to patient care.

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QUESTION 3

B. It provides clear steps that should be followed and so helps practitioners check that they practice to a high standard and are less likely to miss things.

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QUESTION 4

In gathering information for the purposes of pharmaceutical care planning:

A Doing a drug history interview with patients should be an integral part of the process of pharmaceutical care

B Case notes are the most important and only source of information

C Patient medication records are usually very accurate and can be relied upon for continuation of prescribing when a patient is admitted to hospital.

D One source of information about medicines is usually sufficient to determine accurately which medicines a patient is taking.

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QUESTION 4

A. Doing a drug history interview with patient should be an integral part of the process of pharmaceutical care

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QUESTION 5

In the practice of pharmaceutical care the multi-disciplinary team (MDT) needs to:

A Agree clear and well defined goals for each patient to avoid repeating the same tasks

B Work only with professionals within their own discipline to review patients.

C Agree clear and well defined goals for each patient to ensure everyone is working towards and achieving the best care for the individual patient

D Ensure patient safety by clearly defining their traditional roles and avoid extending beyond that

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QUESTION 5

C. Agree clear and well defined goals for each patient to ensure everyone is working towards and achieving the best care for the individual patient

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QUESTION 6

The prioritisation of 'Problems' in pharmaceutical care is influenced by:

A The evidence base of drug use in particular conditions and guidelines linked to this
B A practitioner's own level of experience and competency within specific therapeutic areas
C The desire and wishes of the patient
D All of the above

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QUESTION 6

D. All of the above

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QUESTION 7

The pharmaceutical care plan document:

A Is an essential component for medico-legal reasons related to the part of the definition of pharmaceutical care on 'taking responsibility'

B Is a document that all practitioners should consider integrating into their practice for each patient reviewed

C Should always be in paper form with signatures of practitioner linked to each recommendation

D Is confidential to the patient and the practitioner that developed it and should not be used for any other purposes.

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QUESTION 7

A. Is an essential component for medico-legal reasons related to the part of the definition of pharmaceutical care on 'taking responsibility'

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QUESTION 8

In relation to categories of pharmaceutical care issues:

A Identifying 'Monitoring Needs' is essential only when a patient is prescribed medications for a long period of time

B 'Counselling Need' only relates to situations when new medicines are prescribed

C If a patient was not taking a medicine as prescribed this would be an example of an issue in the category 'Failure to receive medicines appropriately'

D 'Seamless care' deals only with the transfer of information about medicines from secondary to primary care when the patient is being discharged

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QUESTION 8

C. If a patient was not taking a medicine as prescribed this would be an example of an issue in the category 'Failure to receive medicines appropriately'

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QUESTION 9

In relation to implementing the pharmaceutical care plan:

A Actions to resolve medication related care issues are undertaken only by the pharmacist

B The care plan does not need to be updated or reviewed following implementation

C Actions should always be provided in written form to other practitioners or the patient

D Implementation should always involve follow up to determine the positive or negative consequences of recommendations

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QUESTION 9

D. Implementation should always involve follow up to determine the positive or negative consequences of recommendations

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QUESTION 10

In the UK, for implementing actions linked to care plans:

A Pharmacist Independent Prescribers can only prescribe medicines if practising in a hospital environment

B A Pharmacist Prescriber cannot prescribe controlled drugs such as morphine

C A Pharmacist Practitioner who is an independent prescriber is responsible for the assessment of the patient and making decisions about the clinical management of that patient, including prescribing medicines

D Only pharmacists and medical doctors can prescribe – other healthcare professionals cannot.

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QUESTION 10

C. A Pharmacist Practitioner who is an independent prescriber is responsible for the assessment of the patient and making decisions about the clinical management of that patient, including prescribing medicines

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Henrietta Brown

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Henrietta Brown

Medical problem	Care issue	Proposed action
Iron/vitamin deficiency	*Medicine use without indication:* no indication for ferrous sulphate or vitamin BPC. Appeared to be initiated post surgery. Patient has balanced diet.	Check FBC. If no iron deficiency, stop ferrous sulphate Stop vitamin BPC.
	ADR: indigestion/ferrous sulphate	As above – review FBC and consider stopping ferrous sulphate. Changer to ferrous fumarate if still required
	Monitoring need: no monitoring carried out – FBC required	FBC. If patient still iron deficient and ferrous sulphate continued, monitor every 3 months
	Counselling need: drug changes	Discontinued drugs, continued monitoring if required, maintain balanced/healthy diet

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Interactive questions Yes or No ?

1) Pharmaceutical care was introduced in the US by Hepler and Strand, way back in 1990. **YES**

2) Pharmaceutical care can only be delivered if there is access to patient notes. **NO**

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