THE IMPACT OF HOSPITAL PHARMACY INFRASTRUCTURE AND HUMAN RESOURCES ON MEDICINES OPTIMISATION AND INTEGRATED CARE

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Background

Medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'. Medicines optimisation (2016) NICE quality standard 120 https://www.nice.org.uk/guidance/QS120

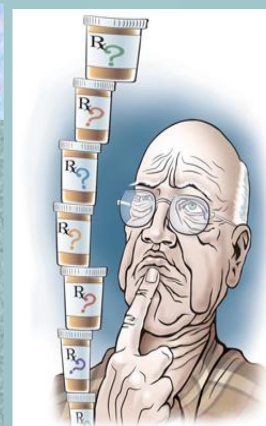
the term 'medicines' covers all healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines

...integrated care is an approach to overcome care fragmentations, especially where this is leading to an adverse impact on people's care experiences and care outcomes... At its heart, however, lies a commitment to improving the quality and safety of care services through ongoing and co-productive partnerships. Goodwin N. Understanding Integrated Care. International Journal of Integrated Care. 2016;16(4):6. DOI: http://doi.org/10.5334/ijic.2530.

Administrative tasks, concerning all steps of medicines supply chain in the hospital pharmacy (HP), tend to be a priority for several hospital managers compared to the key role of medication review that hospital pharmacists should play in Medicines Optimization (MO) and Integrated Care (IC)

Purpose

- identify the degree of MO prioritization, among pharmacies in three hospitals (general, terminal care and paediatric) of the 1st Regional Health Authority of Attica, Greece
- assess the impact of infrastructure and human resources on the overall organization of tasks assigned to the HP



Materials and Methods

During the first semester of 2018:

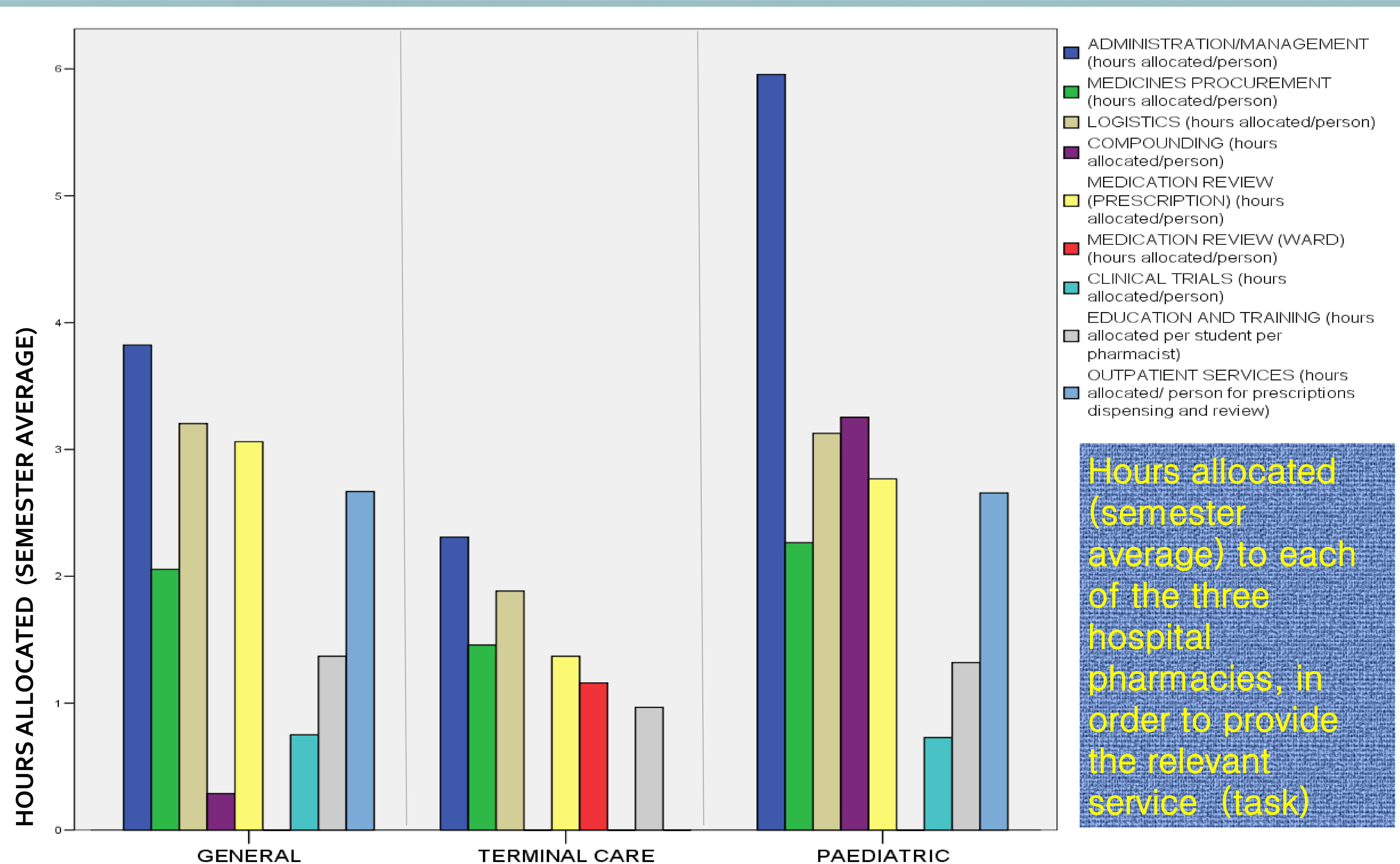
- MO tasks, IC initiatives and relevant attributes were registered in semi–structured diaries, on a weekly basis
- Personnel capacity and appropriateness of infrastructure were recorded

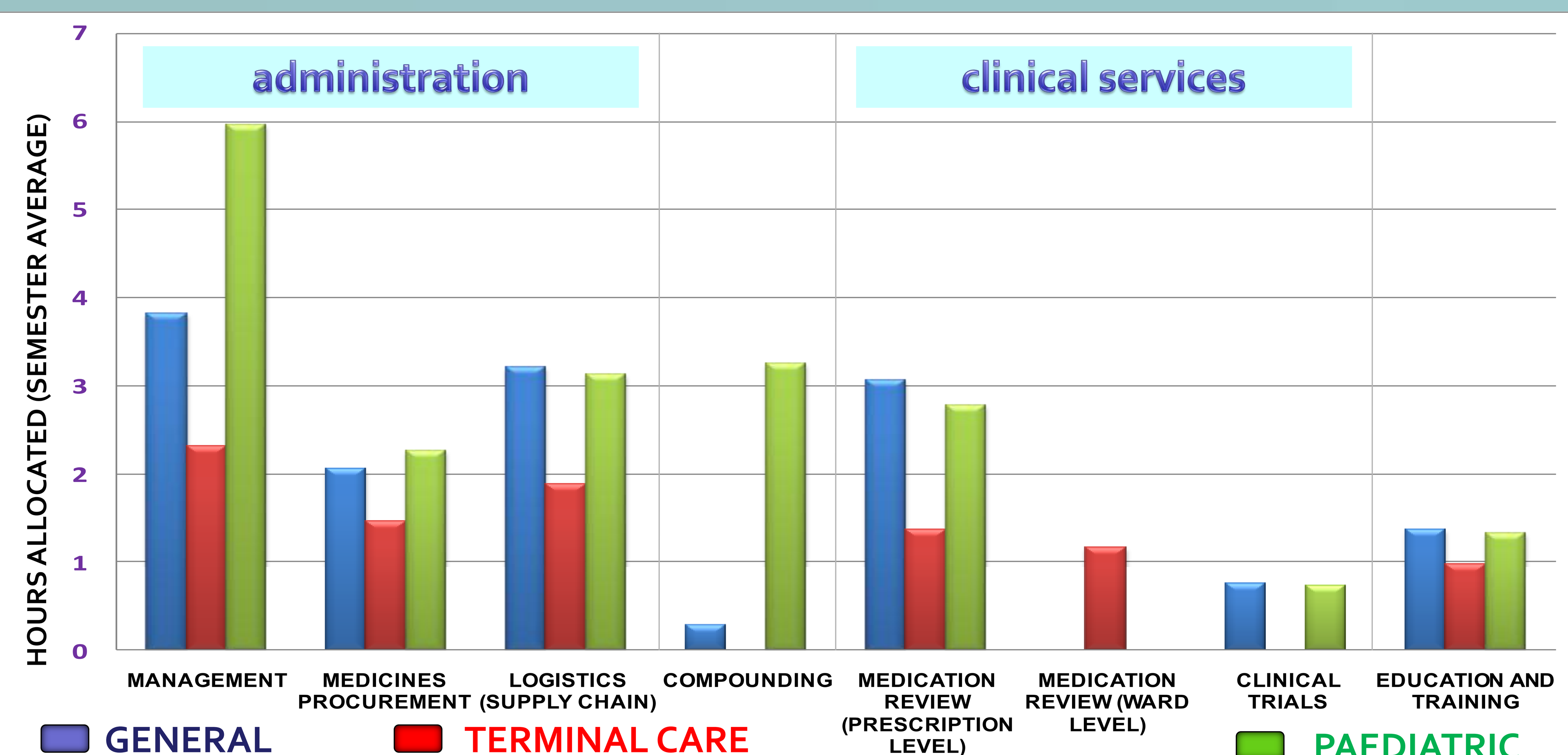
Data were analysed by Excel® and SPSS®.

Results

JANUARY – JUNE 2018	GENERAL	TERMINAL CARE	PAEDIATRIC
No of beds	500	30	400
No of hospital pharmacists	2	1	3
No of pharmacy technicians	2	0	1
No of supportive staff	1	0	1
CPOE	yes	yes	yes
CDSS	no	no	no
Compounding	limited	rare	yes
PPU	no	no	yes
EHR	no	no	no
PhPR	limited	yes	limited
IDCR	no	no	no
SCMS	no	no	no
Satellite Pharmacies	no	no	no
Budget (euros)	6.757.068	62.738	2.500.000
Outpatients (No of patients)	720	0	700
No of outpatients prescriptions	4.189	0	3.250
Occupancy (beddays)	58.284	4.680	30.145
No of inpatients prescriptions	20.592	4.314	15.000

Computerized Physician Order Entry (CPOE)
Clinical Decision Support System (CDSS)
Parenteral Preparations Unit (PPU)
Electronic Health Record (EHR)
Pharmaceutical Patient Record (PhPR)
Integrated Digital Care Record (IDCR)
Supply Chain Management System (SCMS)





Conclusions

- **Due to lack of human resources rather than infrastructure, hospital pharmacists are obliged to prioritize administrative and supply chain services over their clinical ones.**
- **Pharmaceutical care remains fragmented and a multidisciplinary approach to patient care is difficult to be achieved.**
- ***"When there is a will, there is a way"* ...**

References:

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