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Pharmaceutical Care: Information Paper on Optimizing the Use of Limited Resources to Provide Pharmaceutical Care (1997)



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Pharmaceutical Care: Information Paper on Optimizing the Use of Limited Resources to Provide Pharmaceutical Care

PREPARED BY THE PHARMACEUTICAL CARE
ADVISORY COMMITTEE OF THE CANADIAN SOCIETY
OF HOSPITAL PHARMACISTS.

The beneficial effects of pharmaceutical care on patient outcomes drive pharmacists to extend this high level of care to more patients. With this challenge comes a desire to select patients who are in greatest need of pharmaceutical care in an effort to maximize the use of the pharmacist's time.

Standardized mechanisms for selecting the patients with the highest priority for pharmaceutical care are not applicable to every practice setting. For example, selecting patients based on number of drugs taken may exclude patients with drug related problems related to the need for additional therapy. Similarly, basing selection on disease states may not be applicable for a newly diagnosed patient with a single disease but many drug related needs. Therefore this summary presents factors which pharmacists should consider when determining who may require pharmaceutical care or when a pharmacy department or health care team is developing a strategy for expanding pharmaceutical care practice.

Factors to consider

Note: *It is intended that these factors be applicable to all practice settings.*

- Which patients will gain the greatest benefit?
- Where are patients most accessible?
- Where is the greatest support from patients and other health care providers?
- Which patients have known drug-related needs?
- Where are the progressive programs within your institution?
- What data collection mechanisms are available?
- How can you improve your time management to facilitate patient care?
- What have been your successes and failures?

Which patients will gain the greatest benefit?

The pharmacist should attempt to direct efforts to those patients who have actual or potential drug related problems. Criteria to assist the pharmacist to select the patients at greatest need may include: adverse drug reactions or misadventures; potentially "toxic" therapy; and those patients who have had the least interaction with caregivers prior to admission. The pharmacist should always recognize that the patient with few medications or medical problems may still have significant drug-related problems and should not be excluded from potential provision of pharmaceutical care based on drug and disease characteristics alone.

On an institutional or program-wide basis, the pharmacy or health care team needs to consider where the potential for greatest impact of pharmaceutical care services will be demonstrated across a patient population. This requires an assessment of need, resources and achievable patient outcomes.

Where are patients most accessible?

A factor that may hinder the provision of pharmaceutical care to patient populations is lack of access to individual patients. For example, in some institutions access to patients in an ambulatory setting is difficult, requiring considerable time to meet with the patient and gather necessary information. More benefit may be obtained by applying the same time and effort to a larger number of patients. Obviously this example does not apply to all practice settings. Each pharmacist should determine what improvements can be obtained from increasing care to patients who are easily accessible versus the time and effort to achieve benefits for relatively inaccessible patients.

Sometimes, an initial investment of time and effort is required to improve methods of access so that long term gains in care can be achieved.

Where is the greatest support from patients and other health care providers?

If patients and health care providers are requesting and acknowledging the input of pharmacists in the care of individual patients, pharmacists should utilize this support to maximize their impact on patient care. Effort and frustration can be reduced if patients and their other health care providers (nurses, respiratory therapists, nutritionists, etc.) are interested in having the pharmacist involved in patient care. If a patient or groups of patients are not interested in pharmaceutical care services, the pharmacist should take this into consideration when assessing the potential benefits of sustained time commitment. Although patients cannot be ignored, efforts should be directed at those with a demonstrated interest in participating in their own care. The pharmacist should utilize the assistance of the patient and care team wherever possible.

Pharmacy administration should take advantage of support from interested individuals or health care teams to initiate or expand pharmaceutical care activities

Which patients have known drug-related needs?

The greatest potential for beneficial impact on patient outcome from pharmacist involvement occurs with patients who have known drug-related problems. Techniques to determine drug-related problems may be as simple as word-of-mouth communication of patient complaints or may involve programs where drug-induced or compliance problems are identified and noted on the patient's health care record. The pharmacist should establish mechanisms of referral from other health care

providers in the identification and monitoring of patients with drug-related problems. These health care providers can become a screening mechanism and should reduce the time and effort required by the pharmacist to identify which patients need the pharmacist's attention. However the pharmacist should also use proactive, independent mechanisms for screening patients. Pharmacists should demonstrate and promote their ability to add a unique dimension to the patient's care.

The pharmacy department or health care team can assist the pharmacist in identifying patients at greatest risk by establishing means for identification of patients with drug-related needs. Through the establishment of relationships and methods of communication with other health care workers, pharmacy administration can streamline techniques for information transfer. This will improve the efficiency of the pharmacist in screening patients.

Where are the progressive programs in your institution?

Pharmacists should invest their time and effort in strategic patient populations, particularly if the number of patients or intensity of care is to increase in the near future. Pharmacists can maximize their impact on the greatest number of patients if they entrench pharmaceutical care in total patient care programs that are progressive, expanding and supported.

Similarly pharmacy administration should be aware of the "politics" within the institution and be knowledgeable of which patient care programs are supported by the hospital administration and the medical staff. Aligning pharmaceutical care efforts with these programs will most frequently result in long term support of pharmacists in the care of the greatest number of patients.

What data collection mechanisms are available?

The pharmacist should use available data that has been collected by other health care team members in order to reduce duplication of effort. For example, the patient's health record or pharmacy drug profile should be used extensively in identifying patients with potential drug-related problems. The use of computers will allow for more efficient transfer of data between the pharmacist and other disciplines. Pharmacy administration can assist greatly by establishing working relationships with other disciplines within the institution and in the community to allow for seamless transfer of care between the community and the hospital.

How can you improve your time management to facilitate patient care?

The major factor restricting pharmacists from providing care to more patients is the lack of time. Each pharmacist should evaluate his/her activities to determine if each activity has value equal to the time invested. Can the activity be done by someone else who is more available and can complete the activity without a reduction in patient care? Can the activity be automated or completed electronically? Is the activity necessary or can it be discontinued completely? By eliminating activities with little or no value, the pharmacist should increase the time available to focus on patient care. Examples of frequent drains on time with little benefit include attending meetings which do not require your input; writing reports which do not alter care; recopying data into a pharmacy record or profile; and seeking data which is in alternate health care records. A common concern of pharmacists is the need to attend team rounds even when their input at such rounds is minimal. Attendance at such multidisciplinary sharing sessions may assist others on the team to understand the role of the

pharmacist in the patient's care. The pharmacist must evaluate their impact on patient outcomes at rounds versus the impact of other activities. If rounds are not an effective method of identifying and resolving patient's drug-related problems then they should be avoided and more efficient activities initiated.

On a department or hospital wide basis pharmacy administration needs to assess time utilization by pharmacists. If time is being spent by pharmacists on technical or clerical activities, reorganization of these activities is needed. A review of the drug distribution system and the activities which require a pharmacist's expertise may identify functions which may be delegated to clerical staff, technicians or both.

What have been your successes and failures?

Once the pharmacist has some experience with providing pharmaceutical care to a patient population, an evaluation of the impact on outcomes is necessary. It is inappropriate to continue investing time and effort in the care of patients where the impact on outcome is minimal. The level of care will differ between patients and patient populations, based on their needs and the potential frequency and consequences of drug-related problems. The pharmacist should not feel guilty for not providing in-depth care to every patient and the pharmacist should not continue to provide care to a population where the impact cannot be discerned. If efforts have had a significant impact on the outcomes of a particular population consider increasing the time and effort spent in caring for those patients. The pharmacist should assess the impact of discontinuing or reducing the level of care to a patient population in order to focus on a population with identified needs.

Pharmacy administration must also put in place a quality assurance process for ensuring that patients with the greatest potential benefit are those who

receive care from limited pharmacy resources. Re-alignment of resources is appropriate if areas of inefficiency are identified.

Conclusion

The above factors/questions should be applicable to all pharmacists in all care environments and may guide the pharmacist in optimizing the impact on patient care for the effort invested. The relative weight placed on any individual factor will differ from institution to institution, from pharmacist to pharmacist, from time to time, and may even differ between patient care areas in a given institution. By assessing where the greatest impact can be achieved with the available resources, (pharmacists, time, expertise, access, etc.), the individual pharmacist or pharmacy administrator can develop an approach to pharmaceutical care with the greatest opportunity for success.