

Clinical Pharmacy: Standards and Practice in Europe
Pärnu, Estonia, March 08

Clinical Pharmacy Standards and Practice in Europe

Pärnu, March 7, 2008

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Plan

- Clinical pharmacy and competencies
 - WHO/FIP standards
 - ASHP/ACCP standards
 - European standards
- Clinical Pharmacy and Education
 - Pre-grad., post-grad., and continuing education
 - Recommendations (WHO, FIP, ACCP, ASHP, ESCP...)
- Examples and ideas from different countries
- Facilitators and barriers
- Perspectives

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Part I

Clinical Pharmacy and Competencies

International level: WHO / FIP
North American level: ACCP, ASHP
European level: ESCP

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Role of the pharmacist in pharmacy practice (WHO/FIP 2006)

- The role of the pharmacist has changed towards a provider of **services and information** and **patient care**
- Clinical pharmacists provide **patient-oriented** rather than product-oriented **services**
- Development of the concept of Seven-star pharmacist to fulfill this obligation

Developing pharmacy Practice: A focus on patient care WHO/FIP 2006
http://www.who.int/medicines/publications/WHO_PSM_PAP_2006.5.pdf (accessed Feb. 17, 2008)

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The Role of the Pharmacist in the health care system (WHO)

A **Seven-Star Pharmacist:**

- ★ Care-giver
- ★ Decision-maker
- ★ Communicator
- ★ Leader
- ★ Manager
- ★ Life-long learner
- ★ Teacher

Knowledge
Attitude Skills
Behaviours

WHO Pharm 97 599 The role of the pharmacist in the health care system
<http://www.bra.ops-oms.org/medicamentos/site/UploadArea/who-pharm-97-599.pdf> (accessed Feb. 17, 2008)

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Definition of clinical pharmacy (ACCP)

- “That area of pharmacy concerned with the science and practice of **rational medication use**”
 - → Discipline in which pharmacists **provide patient care that optimizes medication therapy** and promotes health, wellness and disease prevention.
 - → The practice embraces the **philosophy of pharmaceutical care**, it blends a **caring** orientation with specialized therapeutic knowledge, experience, and judgment for the purpose of ensuring **optimal patient outcomes**.

Clinical pharmacy defined, American College of Clinical Pharmacy, 2004
http://www.accp.com/clinical_pharmacy.php (accessed Feb. 10, 2008)

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Definition of pharmaceutical care (FIP)

- “The **responsible provision of drug therapy** for the purpose of **achieving definite outcomes** that improve or maintain a **patient’s quality of life**”

Developing pharmacy Practice: A focus on patient care WHO/FIP 2006
http://www.who.int/medicines/publications/WHO_FSM_PAR_2006.5.pdf (accessed Feb. 10, 2008)

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Pharmaceutical care (EAFP)

Philosophy of Pharmaceutical Care

The diagram shows a yellow pyramid with three horizontal layers. The top layer is labeled 'Pharmaceutical Care' and is associated with 'Patient contact' on the left and 'Individual Patient' on the right. The middle layer is labeled 'Clinical pharmacy' and is associated with 'Disease or group orientated'. The bottom layer is labeled 'Supportive pharmaceutical sciences and activities' and is associated with 'Back office' on the left.

23-4-99 EAFP Milan 10th of Sept 1996, Prof Dr Th(Dick)FJ Tromp

EAFP - Report of the Task Force for implementing Pharmaceutical care into the curriculum, May 1999.
Obtainable via EAFP: lvokelen@vub.ac.be

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Competencies of a clinical pharmacist (WHO/FIP 2006)

- **Clinical pharmacy** requires:
 - expert **knowledge** of **therapeutics**
 - **knowledge** of **pharmaceutical products**
 - good understanding of **disease processes**
 - solid knowledge of the **medical terminology**
 - ability to assess and **interpret physical and laboratory findings**
 - strong **communication skills**
 - drug monitoring skills
 - therapeutic planning skills

Developing pharmacy Practice: A focus on patient care WHO/FIP 2006
http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf (accessed Feb. 17, 2008)

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Core competencies of a clinical pharmacist (ACCP 2004)

- **cares** for patients in all health care settings
- applies **evidence** and evolving science, as well as legal, ethical, social, cultural, and economic principles
- assumes **responsibility and accountability** for achieving therapeutic goals
- **manage therapy** in direct patient care settings (involved in direct interaction with, and observation of, the patient)
- practice both independently and **in consultation - collaboration** with other health care professionals

Clinical pharmacy defined: http://www.accp.com/clinical_pharmacy.php (accessed Feb. 17, 2008)

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Core competencies of a clinical pharmacist (ACCP 2004)

- **generate, disseminate, and apply new knowledge** that contributes to improved health and quality of life
- **expert** in the therapeutic use of medications (recognized as providing a unique set of knowledge and skills)
- **primary source** of scientifically valid information and advice on the best use of medications
- **routinely** provides **therapeutic evaluations** and recommendations

Clinical pharmacy defined: http://www.accp.com/clinical_pharmacy.php (accessed Feb. 17, 2008)

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What about Europe?

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Definition of clinical pharmacy (ESCP)

- “Clinical pharmacy is a health specialty, which describes the **activities and services of the clinical pharmacist** to develop and promote the **rational and appropriate use** of medicinal products and devices.
- The term “clinical” does not necessarily imply an activity implemented in a hospital setting.
- **Clinical pharmacy** is more oriented to the analysis of population needs with regards to medicines, ways of administration, patterns of use and drugs effects on the patients.”

ESCP: What is clinical pharmacy ?
<http://www.escpweb.org/site/cms/content/ViewArticle.aspx?article=1712#definition> (accessed Feb. 17, 2008)

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Principle activities of a clinical pharmacist (ESCP)

- Consulting
- Selection of drugs
- Drug information
- Formulation and preparation
- Drug use studies and research
- Pharmacokinetics/ therapeutic drug monitoring
- Clinical Trials
- Pharmacoeconomy
- Dispensation & Administration
- Teaching & Training

ESCP: What is clinical pharmacy ?
<http://www.escpweb.org/site/cms/content/ViewArticle.aspx?article=1712#definition> (accessed Feb. 17, 2008)

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Common competencies of the clinical pharmacist (USA – EU)

- Expert in therapeutic use of drugs
- Provides evidence and scientifically valid information on drugs
- Provides therapeutic recommendations, therapeutic drug monitoring
- Works in collaboration with other health care professionals
- Contributes to improve health care

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Competencies of the clinical pharmacist

<ul style="list-style-type: none"> ■ Europe (ESCP) <ul style="list-style-type: none"> □ Selection of drugs □ Formulation & preparation □ Drug use studies, research, clinical trials □ Pharmacoeconomy □ Dispensation & Administration □ Teaching & Training 	<ul style="list-style-type: none"> ■ USA (ACCP) <ul style="list-style-type: none"> □ Patient carer □ Responsibility for achieving therapeutic goals □ Routinely provides therapeutic recommendations and manages therapy in direct patient care
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Part II

Clinical Pharmacy and Education

International level: WHO, FIP
North American level: AACP
European level: EAFP

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Educational outcomes (WHO)


- Educational outcomes related to a 7-star pharmacist
- Special attention on the knowledge, skills, attitudes and behaviours
- Focus on educational methods over content

HOWEVER no single formula for curriculum

WHO Pharm 97 599 The role of the pharmacist in the health care system
<http://www.bra.ops-oms.org/medicamentos/site/UploadArg/who-pharm-97-599.pdf> (accessed Feb. 17, 2008)

18
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International Pharmaceutical Federation
Fédération internationale pharmaceutique
PO Box 84200, 2508 AE The Hague, The Netherlands


**FIP STATEMENT OF POLICY ON
GOOD PHARMACY EDUCATION PRACTICE**

- To advise other healthcare professionals on **safe and rational use of medicines**, and **accept responsibility** for this, **the role of the pharmacist**
 - Must be **supported by legislation** and **changes in the basic and continuing education** of pharmacists
 - CPD : lifelong commitment for every practising pharmacist
- **No single, best model** on a world-wide basis
- **Conceptual framework** for the design, implementation and assessment (common concepts, principles and practices)

FIP statement of policy on Good Pharmacy Education Practice, 2000. Obtainable at fip@fip.org

19
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**AMERICAN ASSOCIATION
OF COLLEGES OF PHARMACY**
Center for the Advancement of Pharmaceutical Education

**Educational Outcomes
2004**

<http://www.aacp.org/>

20
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USA Educational outcomes (ACCP)

Educational Outcomes

1. **PHARMACEUTICAL CARE** Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, economic, and professional issues, emerging technologies, and evolving pharmaceutical, biomedical, sociobehavioral, and clinical sciences that may impact therapeutic outcomes.
 - a. Provide patient-centered care.
 - i. Design, implement, monitor, evaluate, and adjust pharmaceutical care plans that are patient-specific and evidence-based.
 - ii. Communicate and collaborate with prescribers, patients, care givers, and other involved health care providers to engender a team approach to patient care.
 - iii. Retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information to patients, their families, and other involved health care providers.
 - iv. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.
 - v. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact patient-specific therapeutic outcomes.
 - b. Provide population-based care.

<http://www.aacp.org/>

21

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What about Europe?



22

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EAFP Task Force Recommendations

- Each country will approach PC from the perspective of their own health service and university structure, but the fundamentals should be the same for all undergrads:
 - the pharmacist should adopt the role of a **carer**
 - **pharmaceutical care** is a fundamental concept, not an optional subject
- Recommendations on **teaching methods** and **curriculum outline** for pharmaceutical care

EAFP - Report of the Task Force for implementing Pharmaceutical care into the curriculum, May 1999.
Obtainable via EAFP: lvokalen@vub.ac.be

23

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EAFP Task Force Recommendations

- Laboratory-based sciences at the beginning
- Patient-based sciences towards the end
- Pharmaceutical care **mandatory** for all pharmacy students
- Adopt multidisciplinary approach to teaching
- Combine classroom, workshop, and practice-based experience
- Teach with a combination of academic pharmacists and practitioners
- Main Pharmaceutical Care Module = minimum 50 teaching hours

EAFP - Report of the Task Force for implementing Pharmaceutical care into the curriculum, May 1999.
Obtainable via EAFP: lvokalen@vub.ac.be

24

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Part III

Where is clinical pharmacy taught and practiced in Europe?

Examples and ideas from different countries

UK, Belgium, Germany, France, Serbia, Turkey, Switzerland

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Common aspects in Europe

- Pre-graduate education = **5 years**
- Curriculum is becoming more **patient-oriented**
- Offer more student-centered teaching, PBL, interactive teaching, etc...
- Offer an **internship** (mostly mandatory in community pharmacy and elective in hospital)
- **Bologna process** promotes a uniform change in pregraduate curriculum

Information collected from several ESCP members, active in the development of clinical pharmacy in their country (questionnaire, phone calls, personal interviews etc...)

26

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Common aspects in Europe

- **Postgraduate education**, not specifically in clinical pharmacy
- Most EU countries do not train official clinical pharmacists, but hospital or community pharmacists who acquire their **additional degree in clinical pharmacy abroad**
- Clinical activities are implemented locally, through **pilot projects**, and individual initiatives (pioneers)
- Most countries have **no definition of clinical pharmacy** (no national society)

Information collected from several ESCP members, active in the development of clinical pharmacy in their country (questionnaire, phone calls, personal interviews etc...)

27

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Societies of Pharmacy in Europe

<ul style="list-style-type: none"> ■ Clinical Pharmacy □ France □ Germany □ Spain (Cataluna) □ Turkey □ United Kingdom 	<ul style="list-style-type: none"> ■ Hospital Pharmacy □ Austria □ Belgium □ Estonia □ Ireland □ Italy □ The Netherlands □ Spain □ Sweden □ Switzerland □ ...
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Information collected from several ESCP members, active in the development of clinical pharmacy in their country (questionnaire, phone calls, personal interviews etc...)

28

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Postgraduate training opportunities

- MSc or certificates in **clinical pharmacy**
 - UK + Scotland
 - Belgium (Bruxelles, Louvain)
 - Germany (Bonn, Tübingen)
 - Sweden (Uppsala)
 - Turkey (Ankara)
 - Serbia
 - Spain
 - Switzerland (Sion)
 - Others?

Information collected from several ESCP members, active in the development of clinical pharmacy in their country (questionnaire, phone calls, personal interviews etc...)

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Examples from different countries: UK (Scotland)

- Pre-graduate content in clinical pharmacy = 25%
- Teacher – practitioners
- Postgraduate education: Diploma/MSc in **Clinical Pharmacy** at most Schools in the UK (min. 1 year fulltime)
- Continuous Professional Development : mandatory. A wide range of CPD events and distance learning packages available free of charge (funded by NHS).

M. Kinnear, S. Hudson, personal communication

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Examples from different countries: UK (Scotland)

- UK Clinical Pharmacists Association
- Clinical pharmacy is an **integral part of hospital pharmacy**
- Community Pharmacy Contract : pharmaceutical care services are part of **core contract** (Scotland) or as part of **special services** that community pharmacists may choose to provide for extra income (England and Wales).

M. Kinnear, S. Hudson, personal communication

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Ideas from other countries : Belgium

- Pre-graduate education: lectures given by clinical associate from Montréal, training opportunities (clinical pharmacy) in Canada, France, Switzerland
- Postgraduate education (Fellowships, PhD)
- Centre for clinical pharmacy (UCL-Bruxelles)
- Pilot project on the development of clinical activities (hospital)
- Ministry of health funding for 28 pharmacists

Personal communication, A. Spinewine
Centre for clinical Pharmacy: <http://www.farm.ucl.ac.be/cclcrintro.htm> (accessed Feb. 17, 2008)

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32



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Ideas from other countries: Germany, University of Bonn

- Context: pilot project, 2 years
- A teacher-practitioner from USA was hired
- Clinical pharmacy professor and teacher-practitioner developed curriculum for students
- Choice of a hospital to be the « laboratory »
- Very positive feed-back from students, medical doctors, wards, etc.
- But no financial resource to pursue the project!

M. Eckhardt, A. Snyder, et al. Der "Teacher-Practitioner" als Brücke zwischen Universität und Patient. Krankenhauspharmazie Nr. 1, 2007, 5-10

33

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Ideas from other countries: France

- 3rd/4th year: "enseignements coordonnés" lectures on the management of pathologies (e.g. diabetes)
- 5th year at hospital : students must spend minimum 6 months on a clinical ward (morning)
- Interactive teaching (5th year) : students presenting different pathologies
- Development of a measurement tool for clinical pharmacy activities (valorisation and intervention quotation)
- Development of the Patient Centered Teaching course in France

A. Rieutord, personal communication

34

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Ideas from other countries: Serbia

- Funding from the European Agency for reconstruction → medicine management in Serbia
- Curriculum reform with the 5th year exclusively clinical pharmacy-oriented
- Development of a Master in Pharmaceutical Care (based on the MSc of the Robert Gordon University)
- In 2005, the first 65 specialists in clinical pharmacy graduated (European scholarship)

B. Mijlkovic, personal communication

35

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Ideas from other countries: Turkey

- Pharmacists training abroad
- Implementation of pharmaceutical care in the pregraduate curriculum in Turkey
- Instruction to other pharmacists (teachers)
- Development of a MSc and PhD in clinical pharmacy
- Clinical pharmacy practiced in community pharmacies and some private hospitals

A. Bayraktar, personal communication

36

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Ideas from other countries: Switzerland (Genève-Lausanne)

- Chair of « pharmacy practice » : community/hospital
- Pharmaceutical care introduced in the 7th semester
- 5th year = practice year
 - 1 week training at hospital (mandatory)
 - 12 months of practice (community +/- hospital)
- Postgraduate training
 - hospital pharmacy (including clinical pharmacy)
 - community pharmacy (including pharmaceutical care)
 - clinical pharmacy : ESCP accredited programme in Sion (13 months, hospital based)
- Inclusion of clinical activities in the legal definition of the mission of hospital pharmacists (*Directives valaisannes*)

37

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Part IV

Facilitators and barriers to the development of clinical pharmacy

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Key factors for the development of clinical pharmacy

- Motivation, enthusiasm
- Training opportunities
- Close faculty – hospital collaboration
- Definition of the “clinical pharmacist’s job description”
- Local support (authorities)
- Creation of clinical pharmacist positions
- Reimbursement systems
- Role models

Questionnaire sent to several ESCP members, Summer 07

39

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SWOT : Strengths

- Clinical Pharmacy and Pharmaceutical Care is spreading all over Europe
- Increased knowledge about drug-related problems
- Increasing interdisciplinary activities, collaboration
- Highly motivated pharmacists
- Launching of specialized programmes in clinical pharmacy

40

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SWOT : Weaknesses

- Lack of specific education and training
- Lack of local research proving the benefits
- Administrative workload
- Lack of resources (financial and human)
- Lack of authority in drug recommendations
- Human attitude

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SWOT : Opportunities

- Aging population
- Increased medication risks
- Need for a better continuum of care
- Political change for drug reimbursement
- Smaller drug budgets
- High workload of physicians
- Local funding opportunities
- New, challenging opportunities for the profession

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SWOT : Threats

- Resistance from physicians, competition with other professionals
- Lack of authority inside system
- No reimbursement, no financial incentives
- Decreased quality of traditional tasks?

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Part V

Perspectives

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Perspectives

- **On the European Level**
 - Define the core competencies of the clinical pharmacist
 - Develop a framework for the implementation of teaching and practice of clinical pharmacy (EAFP framework)
 - Create enthusiastic professionals
 - ESCP to offer support to members & platform for networking
- **In each Country**
 - Universities
 - Existing structures
 - Adapt to local environment**
 - National professional societies
 - Health authorities

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Development of clinical pharmacy

Educational aspects: Training, knowledge, communication skills, carer, CPD, EAFP framework

Recognition: Added values, acceptance, local support, reimbursement, networking

Political and legal aspects: Faculty collaboration, new positions, core competencies, authority

Highly motivated pioneers

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Thanks...

- Estonian Society of Hospital pharmacy for their invitation
- ESCP members who shared their experiences: A. Bayraktar, M. Bouvy, O. Bugnon, S. Hudson, D. Jonjic, M. Kinnear, H. Kreckel, B. Miljkovic, T. Olivar Rivas, A. Rieutord, A. Spinewine, F. van Mil

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ROUNDTABLE DISCUSSION

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The situation in the Baltic countries

- Societies of Clinical Pharmacy?
- Clinical Pharmacy in pre-graduate education?
- Post-graduate training in Clinical Pharmacy?
- Who can teach clinical pharmacy?
- Continuing education?
- Where is clinical pharmacy practiced?

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Where to start ?

- NO START, NO END, some key points
- Structure
 - Approval from direction
 - Support from medical staff
 - Time (on top of regular business)
 - Activity indicators, documentation
- Knowledge – Skills – Attitude
 - Shouldn't be barriers for implementation
 - Balance between theory and practice
 - Hard to acquire attitude and skills in books

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Where to start ?

- Fundamentals (before going on the ward)
 - Have the correct attitude (professional, humble, communicator, open-minded, ...)
 - Know how to read a patient profile
 - Know where to find and how to interpret laboratory findings
 - Basic knowledge of the therapeutics of the specific area
 - How ? Readings, workshops, problem-based learning, role plays, case studies ...

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Where to start ?

- Centralized activities
 - Drug information centre
 - Allows to gather data, document activities
- Which ward ?
 - General Medicine
 - General Surgery, Orthopaedics
 - Geriatrics
 - Specialties: Intensive Care, Paediatrics, Oncology, Gynaecology, Transplant unit, ...

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What activities ? (examples)

- Centralized activities
 - Drug utilization reviews
 - Tools for physicians (guidelines) or nurses (IV compatibility table)
- Activities on the ward
 - Search for interactions in patients with strong CYP inhibitors or inducers
 - Medication profiles of all patients (specific ward)
 - Antimicrobial prophylaxis in surgical patients
 - Switch from IV to oral antibiotics
 - Medication profile at entrance, discharge counselling, medication reconciliation

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The way towards implementation: Document your activities !

- Classification of activities (PCNE, SFPC)
- Process indicators:
 - Time, number, type (DRPs, discharge counselling)
- Impact (accepted or not)
- Investment
- Publication
- Authority and recognition → more Rx positions
- Clinical and economic impact

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Clinical Pharmacy: Standards and Practice in Europe
Pärnu, Estonia, March 08

« The future success of pharmaceutical care models is increasingly dependent on our ability to provide compelling evidence of the value of clinical pharmacy services and to articulate that value to financial decision makers. »

2002 Task Force on Economic Evaluation of Clinical Pharmacy Services of the ACCP. Evidence of the Economic Benefit of Clinical Pharmacy Services Pharmacotherapy 2003;23(1):113-132

On the other hand..

« While the paired t test and a p value of 0.05 or less are important for a peer-reviewed journal, they may not be important to a CEO who wants results next month...
Supporting data to persuade the decision-maker may not require an academic exercise. »

Helling DK, Nelson KM. How to develop and implement a program to continuously demonstrate the value of clinical pharmacy services. Pharmacotherapy. 2000 Oct;20(10 Pt 2):340S-344S.

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Clinical Pharmacy: Standards and Practice in Europe
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