

Fatma Al Raiisi¹, Derek Stewart¹, Caroline Ashley², Mustafa Fahmy³, Scott Cunningham¹

1. Robert Gordon University, Aberdeen, UK; 2. University College of London, London, UK; 3. Oman Pharmacy Institute, Muscat, Oman

Background

Chronic kidney disease (CKD) is a comorbid condition with high economic burden. Patients need multiple medications and pharmacists provide care that improves outcomes. Al Raiisi et al recently completed a systematic review showing a paucity of information on the structures and processes of clinical pharmacy services (CPS) and a need to define core outcomes. More work is needed to describe renal CPS which reflects developments such as non-medical prescribing (NMP).

Purpose

To describe behaviours and experiences of clinical pharmacists on provision of care to patients with CKD.

Methods

Development of the survey tool

- An online survey tool was developed based on the Theoretical Domains Framework (TDF) to generate items relating to influences on behaviours and the CFIR to develop questions on the implementation of the service.
- The development of the survey tool followed a rigorous iterative process.

Setting and participants

- The participants were the members of UK renal pharmacy group who are currently practising clinical pharmacy in the care of patients with CKD in the UK.

Results

- 71 responses (50% response rate), (n = 64) currently practising clinical pharmacy in the care of patients with CKD in the UK.

Title	Categories	n (%)
Gender	Male	14 (21.9)
	Female	50 (78.1)
Age	Less than 30 years	14 (21.9)
	31 - 40 years	33 (51.6)
	41 - 50 years	10 (15.6)
	51 - 60 years	7 (10.9)
	61 year and above	0 (0)
Geographical area of practice	England	48 (75)
	Scotland	10 (15.6)
	Wales	4 (6.3)
	Northern Ireland	2 (3.1)
Academic qualifications (Multiple selection allowed)	BSc	16 (10.2)
	MPharm	46 (29.3)
	Postgraduate diploma	49 (31.2)
	Postgraduate certificate	11 (7)
	MSc	16 (10.2)
	PhD	3 (1.9)
	Other	16 (10.2)
Years qualified as a pharmacist	less than a year	0 (0)
	1-5 years	9 (14.1)
	6-10 years	13 (20.3)
	11-15 years	17 (26.5)
	16 - 20 years	10 (15.6)
	More than 20 years	14 (21.9)
	Missing	1 (1.6)

Table 1: Demographic characteristics (N=64)

Results

Service	Inpatient n (%)	Outpatient n (%)
General Pharmaceutical Care	56 (87.5)	40 (62.5)
Dialysis	54 (84.4)	38 (59.4)
Transplant	46 (71.9)	37 (57.8)
Polypharmacy review	50 (78.1)	28 (43.8)
Targeted CKD medication review	50 (78.1)	27 (42.2)

Table 2: Characteristics of clinical pharmacy services you provide for with CKD (N=64)

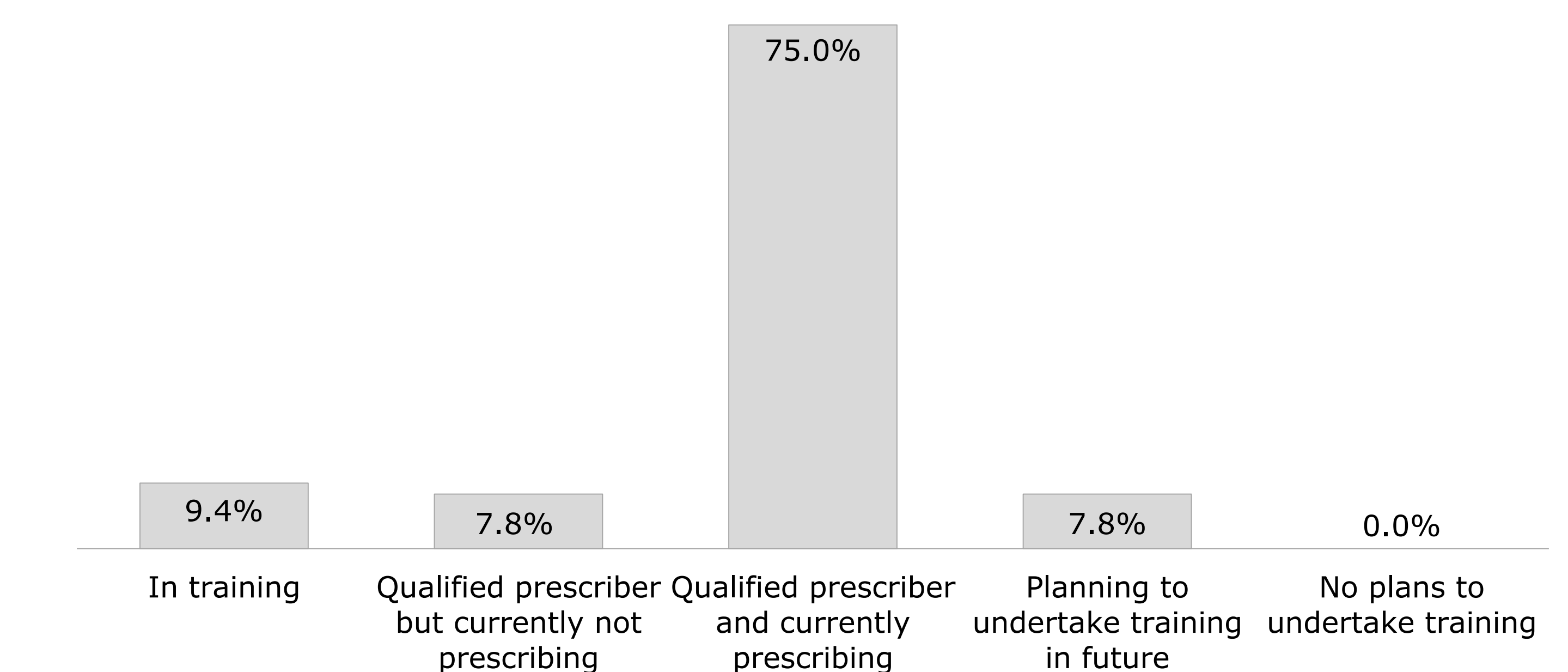


Figure 1: Status of prescribing for patients with CKD (N=64)

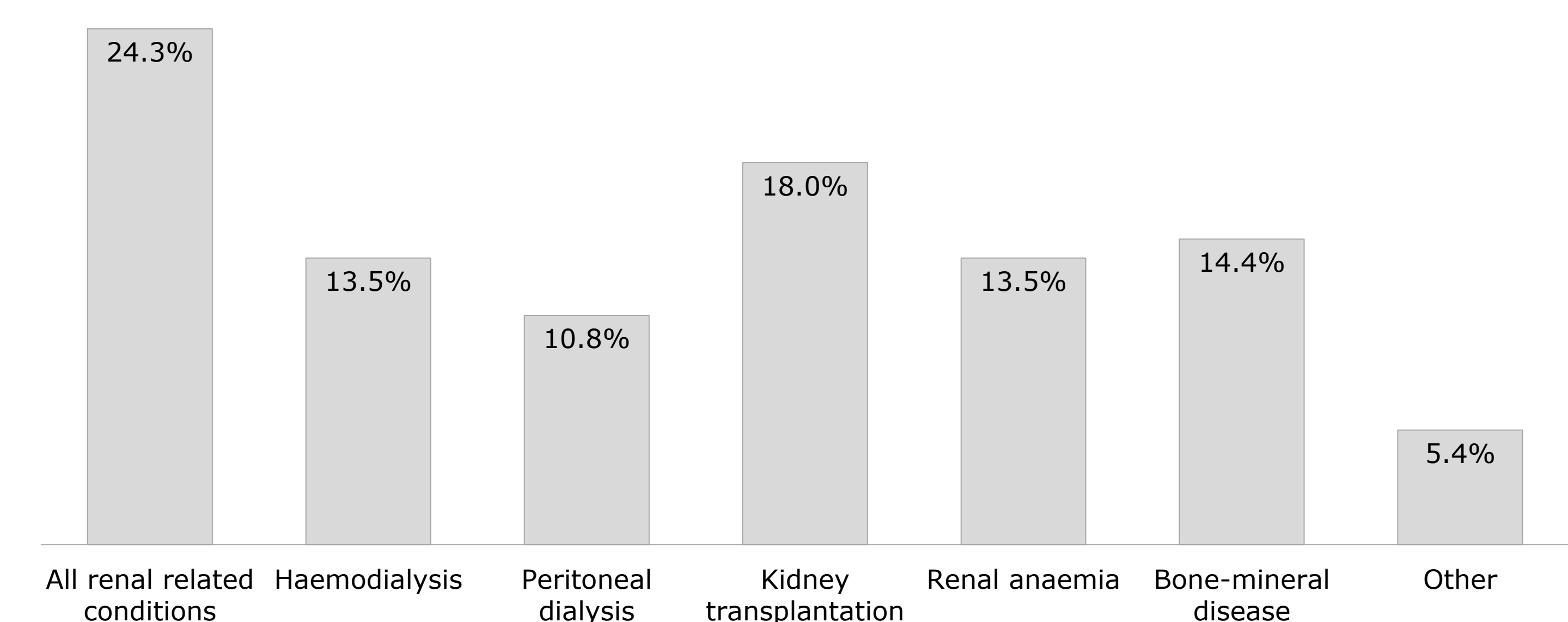


Figure 2: Area(s) of clinical practice relating to the care of patients with CKD do pharmacists prescribe in (N=48)

Statement	Agree	Neither agree nor disagree	Disagree	Missing
	n (%)	n (%)	n (%)	n (%)
I feel there is a need for more evidence for the benefits of my role	39 (61)	14 (21.9)	9 (14.1)	2 (3.1)
I feel that colleagues in other organisations are ahead in implementing the role	38 (59.4)	16 (25)	8 (12.5)	2 (3.1)
I feel I have sufficient time to practise in my role	11 (17.2)	5 (7.8)	47 (73.4)	1 (1.6)
I feel that I am burdened with having to provide other services that take me away from providing care for patient with CKD	42 (65.6)	8 (12.5)	13 (20.4)	1 (1.6)
The actions and views of other members of the multi-disciplinary team influence my practice	60 (93.8)	2 (3.1)	1 (1.6)	1 (1.6)
I feel my role as a clinical pharmacist for patients with CKD is not fully supported by my organisation	17 (26.6)	13 (20.3)	33 (51.5)	1 (1.6)
I am confident in my ability as a member of the multidisciplinary team	55 (85.9)	5 (7.8)	2 (3.1)	2 (3.1)

Table 3: Development and implementation of your CLINICAL PHARMACY practice based on CFIR constructs (N=64)

Conclusion

Although the literature suggest that there is still lack of good quality evidence of pharmacists role in caring for renal patients and the outcomes are diverse. Yet it is apparent with the best available evidence that pharmacists caring for renal patients may have positive impact on the outcomes of these patients. Emerging results of the survey indicate high levels of clinical practice including prescribing.

References

1. Al Raiisi F, et al. The structures, processes and related outcomes of clinical pharmacy practice as part of the multidisciplinary care of patients with CKD: a systematic review update. PROSPERO (2017):CRD42017065258.
2. Atkins L, et al. A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems. Implement Sci (2017);358:77. doi:10.1186/s13012-017-0605-9 pmid:28637486.
3. Damschroder L, et al. Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. Implementation Science, (2009), 4, pp. 50.

