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To prescribe or not to prescribe that is the question – part I

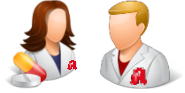
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Conflict of interest: Nothing to disclose



Strategies to deliver clinical pharmacy services without the possibility of pharmacist prescribing



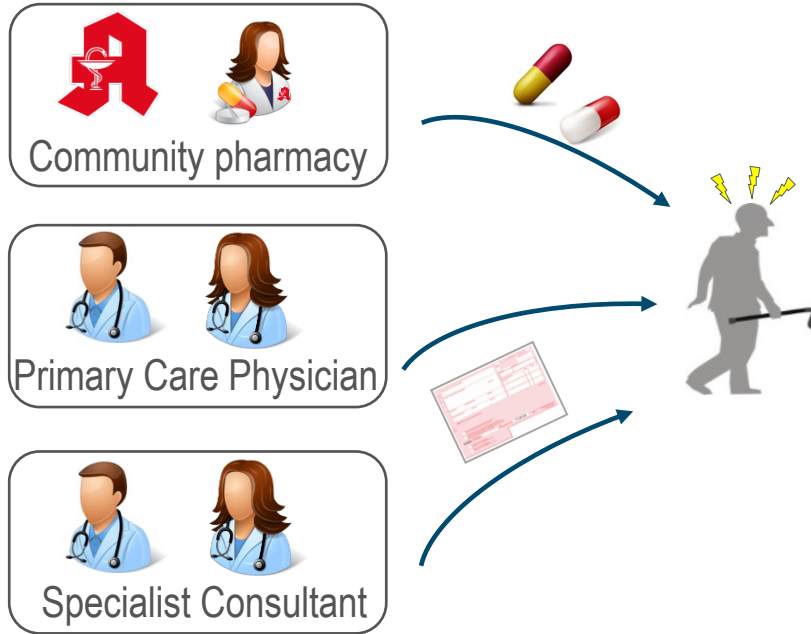
How are clinical pharmacy services and the respective processes designed in these settings



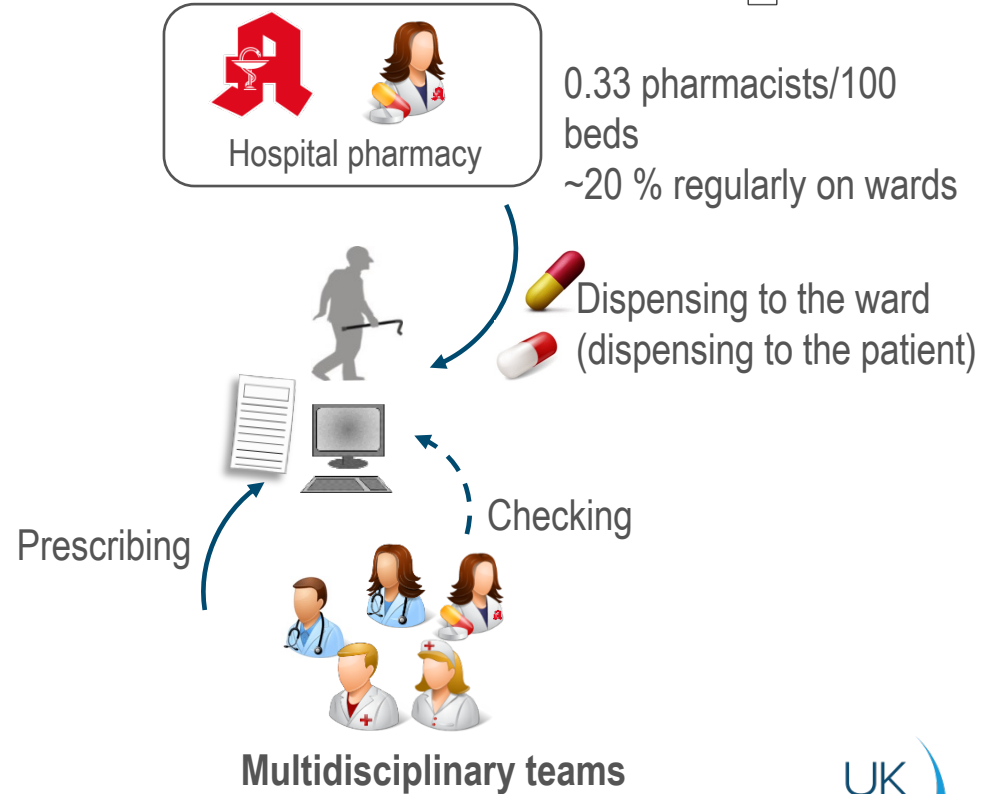
What has facilitated the implementation of such processes

Setting and context - German system

Primary care



Secondary care





Medication harm



Around 16 % of patients experience an adverse drug event (ADE) during hospitalisation

[Pharmacoepidemiol Drug Saf. 2012; 21(11):1139-54]



Between 12-26 % of the patients experience an ADE after patient discharge which in over 50 % of the cases are judged as preventable.

[Br J Clin Pharmacol. 2016; 82(6):1660-1673 | J Gen Intern Med. 2005; 20(4):317-23]



2/3 patients (n=187) have drug related problems (DRP) at admission or discharge in Germany.

[BMC Health Serv Res, 2015 13;15:197]



The DRP rate on a German ICU is reported to be around 14 %.

[Int J Clin Pharm. 2019; 41(5): 1184–1192]



Setting and context - evidence Interventions



Hospital pharmacists can reduce ADE during the hospital stay.

[Arch Intern Med. 2006 8;166(9):955-64]



Hospital pharmacists can reduce drug-related readmissions and ER visits.

[Cochrane Database Syst Rev. 2016; 20;2:CD008986]



Medication histories performed by hospital pharmacists are more accurate

[Eur J Clin Pharmacol. 2012; 68(8):1191-9]



DRP rate on a German ICU could be significantly reduced by hospital pharmacist counseling.

[Int J Clin Pharm. 2019; 41(5): 1184–1192]



The English setting

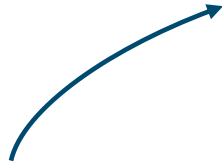


The German setting

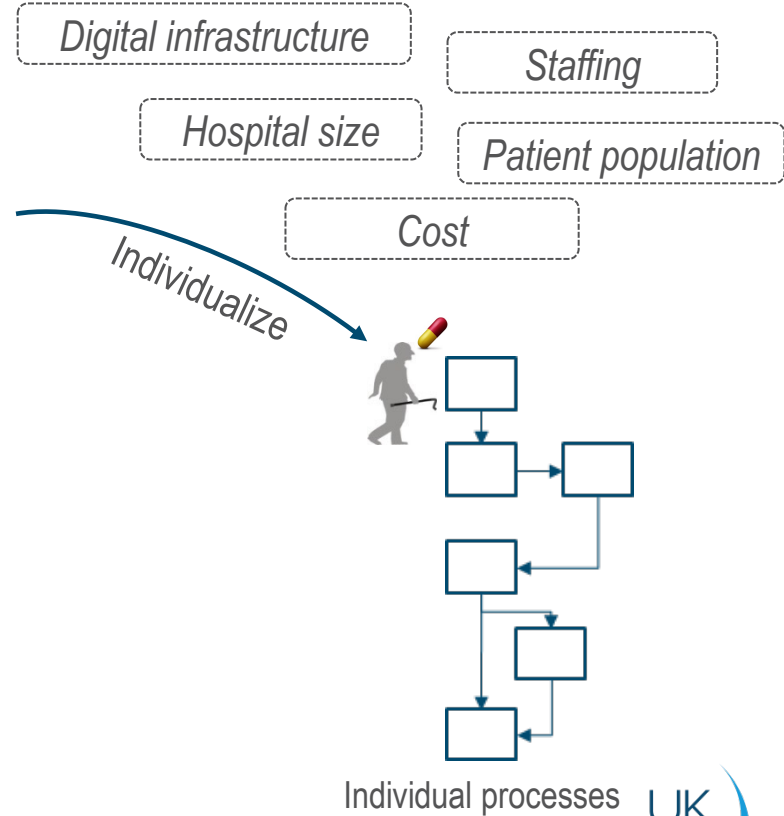
How do we get the motorcycle to surf the wave?

Medication review

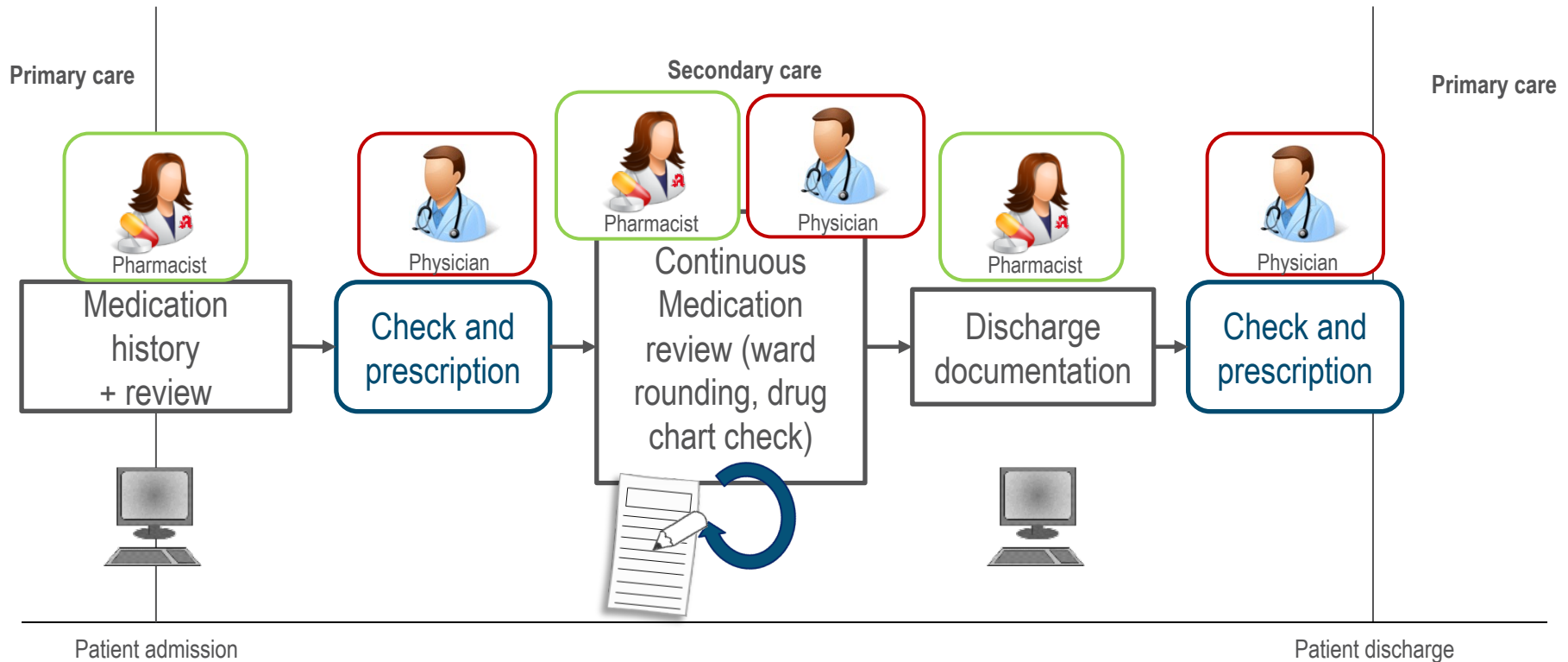
- Taking medication history
- Medication reconciliation
- Patient chart checking
- Ward rounding
- Unit dose medication validation
- Preparation of discharge medication
- Preparation of patient medication schedule
- Patient counselling



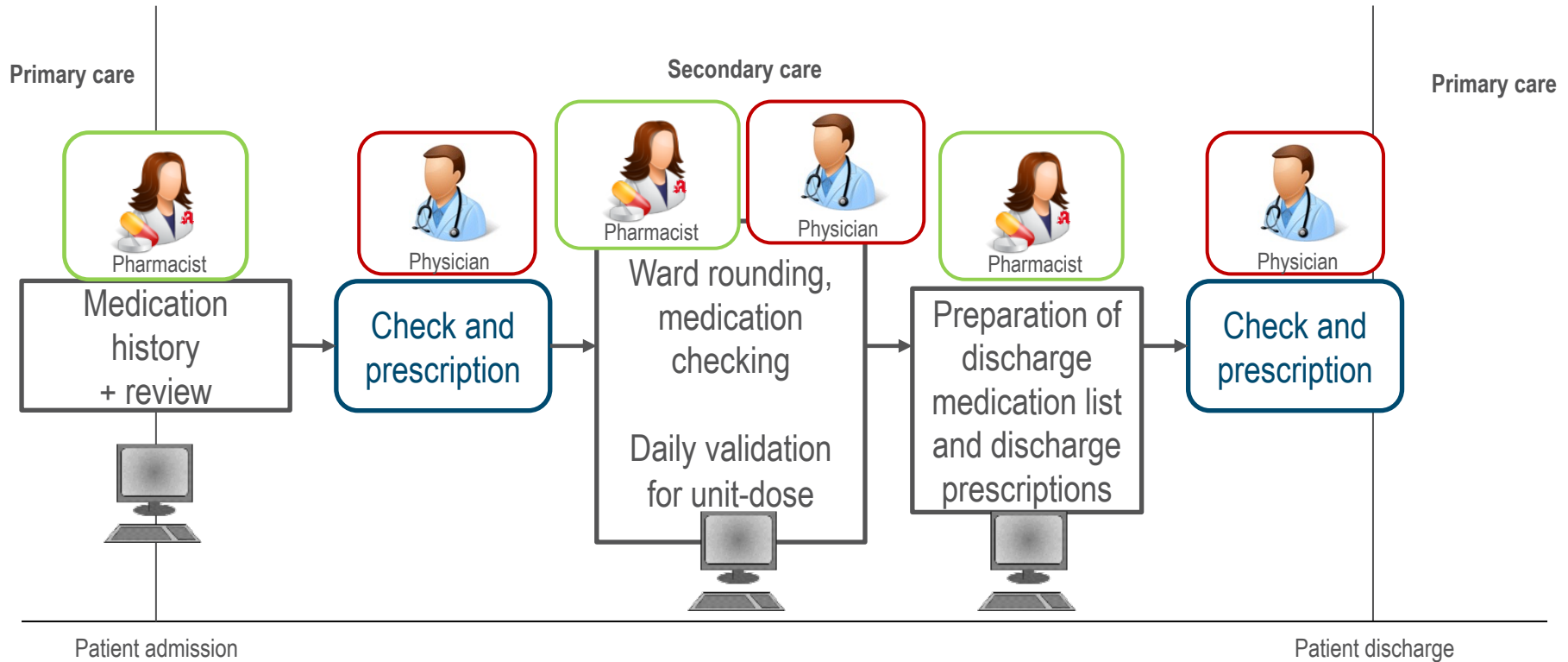
Toolbox to design individual medication processes



Medication process - semi digital/paperbased



Medication process - digital



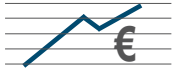


Trigger events – group discussion ③



Incident/accident/'tragedy'

National | Regional | Local



Cost/budget analysis and consulting

Local



Law changes

National | Regional



Research/evidence

(National)| Regional | Local



Staff changes

Local



Quality improvement strategies

Local



Crime/ tragedy

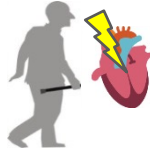
Trigger events – German examples



Niels H.

Nurse and serial killer

Ajmaline



Cardiothoracic
ICU patients

322 cases investigated

Pled guilty for murder in 85 cases



New law in the state of Lower Saxonia specifies that
ward pharmacists are mandatory from 2022 for every hospital



Law changes

New law specifying discharge procedures in Germany:

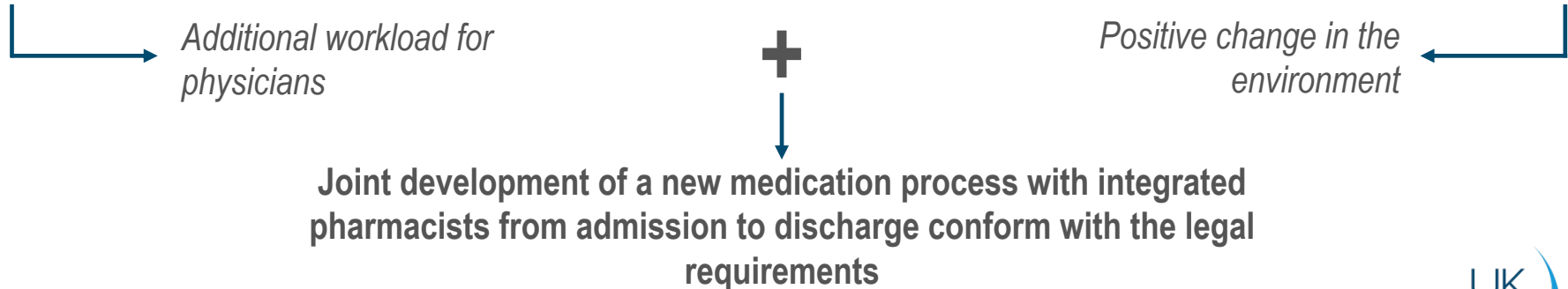
- Discharge medication (including reasons for changes)
- Patient must receive a medication schedule
- Special discharge prescriptions can be issued



Staff changes

New consultant on cardiac surgery ward:

- Has worked before with clinical pharmacists
- Appreciates clinical pharmacists perspective
- Responsible for implementation of new discharge law





Quality improvement strategies

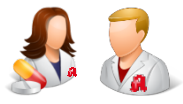
Roll out of unit dose process in order to improve dispensing of drugs



Provision of unit dose process was coupled on a mandatory ward pharmacist



Now there are around 29 pharmacists solely on the wards in this clinic



It is possible to integrate comprehensive clinical pharmacy services in settings without the legal possibility of pharmacist prescribing.



A theoretical 'toolbox' could facilitate the development of new pharmacy services and medication processes which subsequently can be individualized to local setting factors



Often the implementation of new processes is secondary to 'trigger events' or can be supported by these.

How do we get the motorcycle to surf the wave?



The German setting

Surfing with a motorcycle

