

# RETHINKING PHARMACY AND THERAPEUTICS COMMITTEE PROCEDURES TO ACHIEVE THE EFFICIENCY REQUIRED TO OVERCOME HOSPITAL COMPLEXITY



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## What was done?

This project seeks to assess and redesign (optimize) existing Pharmacy and Therapeutics Committees (PTC) procedures within a University Hospital Centre (ULS São José – six public hospitals) (Figure 1). The goal is to enable sound decision-making that significantly contributes to the ULS key performance indicators, all while ensuring timely patient access to effective medication.

## Why was it done?

- Shared decision-making between pharmacists and physicians is key to PTC functioning and efficiency.
- Responsibilities include managing policies and procedures for appropriate use of high quality and cost-effective health technologies at hospitals.
- PTC performance is paramount to overall hospital efficiency.



Figure 1 ULS São José: secondary care structure (6 hospitals)

## How was it done?

The project comprises four phases: (1) gathering feedback from stakeholders (PTC members; hospital service/pharmaceutical department directors) regarding their current involvement in PTC information flows, procedures, and decision-making; (2) developing a value-based criteria-matrix, across stakeholders, in a multiple-criteria decision analysis context, to guide future PTC decision-making; (3) rethinking PTC procedures and information flows; (4) assessing the effectiveness of the redesigned PTC model after 12 months. First phase included: a Likert-scale based survey1 for PTC members to evaluate their involvement in activities described in the internal PTC regulation, and a semi-structured interview-based survey2 for all stakeholders to characterize existing information flows and PTC mediated decision-making processes.

## What has been achieved?

**First phase:** eight of 10 PTC members participated in survey1. Activities with 100% engagement of PTC members were: prescription reviews; coordination with National PTC; monitoring of medicine utilization, antibiotics resistance and safety; advise the ULS management board. Activities with major non-engagement: monitoring/reporting of complementary diagnostics prescription (87.5%); medication therapy management programs (62.5%); National pharmacovigilance system activities (62.5%); therapy cost assessment (50%). In survey2 (n=14) authorization process for medicines utilization were accurately characterized, clearly identifying responsibilities for all clinical and pharmaceutical hospital services. Heterogeneity exists between urgent and non-urgent utilization requests. PTC members and hospital pharmacy were more likely to use electronic platforms than clinical services.

## What has been achieved? (cont.)

In the clinical services 67.8% of PTC related activities were managed by the head of clinical service and less frequently (24,7%) by the services' physicians (Figure 2). At the hospital pharmacy level, clinical pharmacy specialist hold the majority of interventions (55.3%) followed by the pharmacy director (35,7%). The later concentrates all pharmacy communications with the PTC. Heterogeneity in responsibilities within clinical services was observed and may impact PTC procedures and its efficiency.

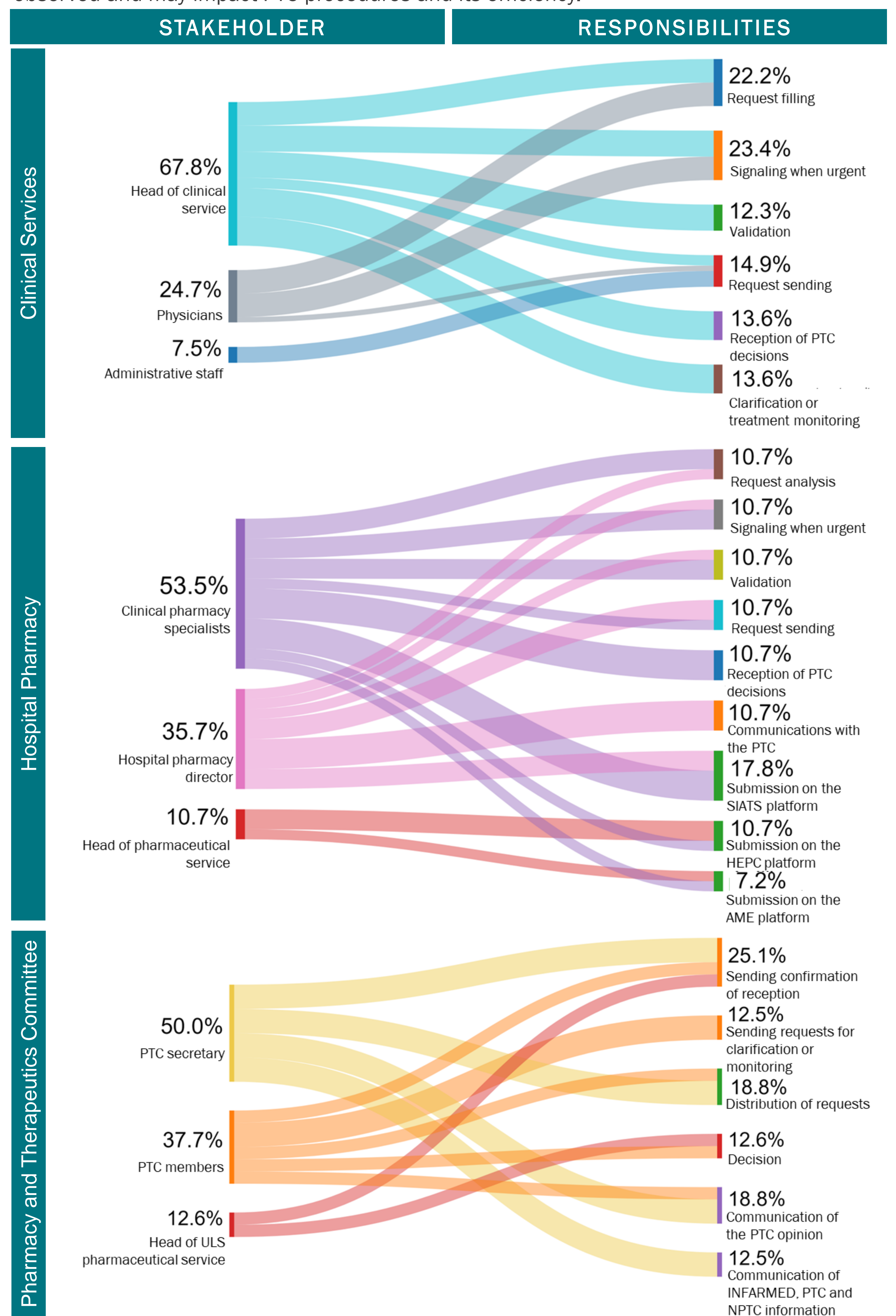


Figure 2 Flow diagram of responsibilities, procedures and decision-making across the ULS São José stakeholders

## What next?

Next phases are under way to better support current competencies, information flows, procedures, and the shared decision-making processes offering an opportunity to rethink the PTC procedures in the University Hospital Centre and leverage efficiency over hospital complexity.

Conflict of Interest: Nothing to declare