Development of a Centralized Clinical Trials Unit: The Strategic Importance for Hospital Pharmacy

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Keywords: Clinical pharmacy, Clinical trials, Drug information, Pharmaceutical counseling, Therapeutic education of patients.

Why was it done?

Due to the connection with the clinical area and innovation, trials in our pharmacy services were previously assigned to each pharmacist specialized in the corresponding therapeutic area. In the beginning of 2024, with the increasing number of clinical trials, coordination and investigational drug management challenges emerged and proved that the previous model was inefficient.

Our aim is to develop a centralized unit that is the key to coordinate pharmaceutical activity and improve patient care in clinical trials. In addition to dispensing process, pharmacists become responsible for ensuring therapeutic reconciliation, patient education and treatment adherence, improving medication safety.

What was done?

During a time of continued growth in clinical trials number, it was defined as a pharmacy services' goal the creation of a centralized clinical trials unit. Additionally, the need to structure a pharmaceutical consultation has arisen.

How was it done?

1 Team structuring

Lead pharmacist → coordinator

- Backup
- 3 pharmacists in oncology + 3 in non-oncology

2 Logistical reorganization

The unit was reorganized into a larger area, including workstations, medication storage and a meeting room.

3 Consolidation of the pharmaceutical care process

The pharmaceutical consultation was structured into an:
Initial evaluation: patient assessments, medication education, toxicity management information and drug/herbal interactions checking.
Follow-ups: focused on medication dispensing, compliance, adverse effects and patient concerns.

The major limitation was the establishment of the pharmaceutical team and their training for the several ongoing trials.

What has been achieved?

66 clinical trials

- 37 oncologic
- 29 non-oncologic

7 oncologic trials regularly include pharmaceutical consultations, representing an average of 10 appointments/month.

Given the benefits of pharmaceutical intervention, particularly in terms of increased adherence, reports of drug safety and compliance, the importance of this centralization is clear.

What next?

Due to logistical challenges, pharmaceutical consultations have only been implemented for oncologic oral medications. With the robustness of the centralized unit, the next goal is to expand pharmaceutical consultations to oral non-oncologic trials, following the successful model used for oncologic trials.

COPENHAGEN 2025
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