

Professional Topics

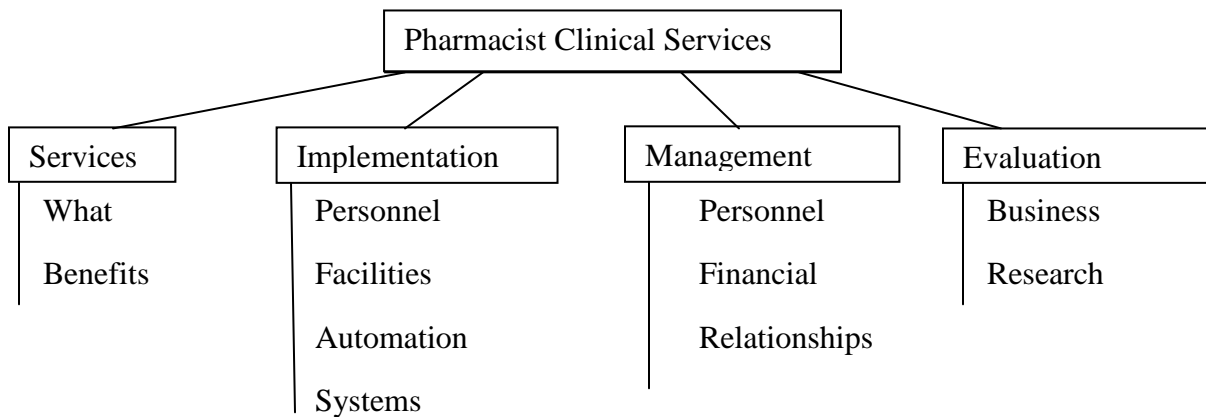
Hospital Pharmacy (section)

#1 – “Model – Change Pharmacy Services”

Change in pharmacy services occurs one practice site at a time! This is a fundamental concept to understand when tackling the challenges of changing hospital pharmacy services and operations. Why? The key variables that impact pharmacy services to make changes in operations and services include: physical facilities of the hospital; management decision making process; decision makers in administration; inter-professional relationships between pharmacy and medical staff, pharmacy and nursing services, pharmacy and administration, pharmacists and physicians, pharmacists and nurses; pharmacy managers; existing status of pharmacy services; philosophy for pharmacist clinical roles and responsibilities; philosophy for utilization of pharmacy technicians..

Over the past 45 years of professional practice, I have been fortunate to accumulate many unique professional experiences in hospital pharmacy and pharmacy education. I have been confronted with these key variables and had to deal with each of them. From these experiences, I have formed a “model for changing pharmacy services in a hospital.” This model is used in my teaching of pharmacy students and residents, and in consulting services and presentations.

The model is shown in the following diagram. (note: Larvel - change diagram with picture 2)



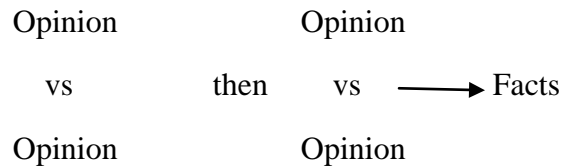
The clinical services to be provided by pharmacists **must first be defined by pharmacy**. As each service is being identified the expected benefits for the patients, the medical staff, the nursing staff, and for the hospital also must be developed. The implementation of the proposed clinical services includes analysis of the personnel required, the facilities to contend with, the use of automation, and other systems required for efficiency and accuracy in pharmacy operations. The next section of the model is management of the clinical services including personnel, financial, and relationships within and external to the pharmacy department. The final section of the model and the one most deficient over the decades of implementing pharmacist clinical services, is evaluation using either a business or a research approach or both.

Services – What, Benefits

In the fall of 1965, I was asked by the Chief Pharmacist at UCSF if I would be interested in developing a “satellite pharmacy program” by placing a satellite pharmacy on the 9th floor of Moffitt Hospital. I can recall sitting at my desk and pondering the question “what should the pharmacist do?” This critical question and in my judgment it still is the most critical question before our pharmacy profession and in all practice settings. “What should the pharmacist do? and Why?”

The answer to this question should take the form of a set of pharmacist practice activities or functions, in essence a job description or practice model. The following diagram (insert pict #1) depicts the essential associations of the pharmacist clinical practice model with nursing, medical staff, hospital and the patient. In designing the pharmacist practice model it is essential for pharmacy to assess the probable reactions by nursing and physicians towards each pharmacist clinical practice activities or functions (services). Which practice activities will be supported? Which practice activities might be rejected? and Why?

If there are disagreements and the pharmacist believes strongly that the practice activity being questioned is important for patients, then the next diagram comes into play. This diagram is “opinion versus opinion” and usually the pharmacist is in less of a power position than nursing, medical staff, or administration. (note: make a pic #3 of the following diagrams ?)



Who wins in an opinion vs opinion discussion? Usually the person with greater power. To contend with an opinion vs opinion discussion, the pharmacist is now confronted to present views using data – data from the literature or more importantly data from the respective hospital. Do not under estimate the power of data that is specific to one’s own hospital! By focusing the discussion on data, often times it will get the discussion out of inter-professional opinion and conflict and on to the issues being discussed for the patients’ benefit.

These diagrams illustrate why change in pharmacy services and pharmacist clinical practice will occur one site at a time. The people in decision making positions will have different views and experiences with pharmacy and medication use. The tailoring of the proposed practice model (position description) to the specific institution is essential to enhance the probability of success and approval to implement the proposed and desired pharmacist clinical services.

The next installment on this Change Model will focus on pharmacist clinical practice activities and expected benefits.