

Clinical Pharmacist Resources for Consistent Clinical Services

In the June 2007 "Point Counterpoint", John McBride¹ and Derek Jorgenson² debated the question of whether clinical pharmacy services should be distributed equally or focused on a limited group of patients. This issue has been debated for many years within most hospital pharmacy departments, given that staffing levels generally preclude the provision of comprehensive pharmaceutical care to all admitted patients. We noted with interest Dr Jorgenson's comments suggesting that there was no research comparing the 2 approaches to providing clinical services, which brought to mind a situation that we encountered in 1994 when faced with the task of implementing pharmaceutical care at Lion's Gate Hospital, North Vancouver, British Columbia, in place of a selective drug monitoring service.

At first, the institution's clinical pharmacists were resistant to the change, primarily because they feared that important drug-related problems (DRPs) would be overlooked if we focused on selected patients. The lack of evidence of any benefit of changing from a traditional clinical service to pharmaceutical care was the main point of contention, so, after much debate, we undertook a study to evaluate the impact of changing our clinical program. Pharmaceutical care was a "hot topic" at the time and was the focus of the 1994 Canadian Society of Hospital Pharmacists' Research and Education Foundation grant competition. We submitted an application and were fortunate to receive funding for the proposed study. We found that focusing clinical services on selected patients and providing comprehensive pharmaceutical care to these patients resulted in the identification and resolution of significantly more DRPs than using equivalent staff to carry out drug-specific or problem-specific monitoring for a larger number of patients.³

We are not suggesting that our study should be considered sufficient evidence to conclusively sway the debate between focused or evenly distributed clinical services. However, we find it interesting that this debate continues so many years after we attempted to address it in our department. As a result of our study, Lion's Gate Hospital adopted pharmaceutical care without sufficient staffing levels to provide this service to all patients. However, rather than focusing on specific wards, we have attempted to triage patients on the basis of greatest need (for example, drug-related admissions and patients with a high number of medications plus comorbidities). The study revealed to us that comprehensive pharmaceutical care is an efficient way of identifying and resolving DRPs, and it provided evidence to convince our staff that pharmaceutical care should be the goal for all patients. Until staffing levels allow this goal to be achieved, however, there will always be undetected DRPs,

regardless of whether clinical services are focused on specific patients or distributed throughout an institution. If we are forced to limit the availability of our clinical pharmacists, then we have a responsibility to ensure that patients with equal needs have equal access to clinical pharmacy services.

References

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Response from Dr Jorgenson

Stephen Shalansky and Mark Collins provide a thoughtful perspective on this issue. The model they have adopted seeks to provide comprehensive pharmaceutical care for patients with the greatest need, irrespective of admitting service. I believe this is consistent with the approach we have adopted at our institution.

As managers, our responsibility is to allocate pharmacist resources across services on the basis of available evidence and knowledge of the health care needs of each service. Individual pharmacists must then apply their skills and knowledge to achieve the greatest benefit possible within a group of patients. Every day, pharmacists are forced to make choices that will mean some patients receive more attention than others, because they are perceived or known to be at higher risk of drug-related harm. The challenge is to ensure that we strike a fair and equitable balance between the needs of our patients and our limited resources

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