
PHARMACY PRACTICE



Management Considerations to Implementing Pharmaceutical Care

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The profession of pharmacy has placed significant importance and emphasis on the provision of clinical pharmacy services to our patients. Clinical pharmacy has previously been defined as the provision of care to patients through a series of activities that included medication histories, patient counselling, therapeutic drug monitoring, provision of drug information, and therapeutic interventions. While this list is not intended to be all inclusive, within the clinical service paradigm, the pharmacist's attention is focused on the drug rather than the patient.

In the past five years, there has been considerable discussion regarding pharmaceutical care (PC). Hepler and Strand¹ defined PC as the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. Pharmaceutical Care involves designing, implementing, and monitoring a therapeutic plan that will optimally produce the defined therapeutic objective. While PC is carried out in collaboration with the health care team, it is provided for the direct benefit of the patient and is based on that patient's needs. The estab-

lished tools of clinical pharmacy practice are not to be abandoned, but rather to be fashioned for use within the PC model with its focus on the patient. While debate continues regarding the exact definition of what constitutes PC, it has become clear that it is time for a fundamental change in how we provide care to patients. Further, it has become clear that this model can not be implemented without changing the way in which pharmacy services are delivered. Thus, there is a need for pharmacy management to thoroughly understand and be committed to this concept prior to initiating implementation.

Implementation of PC at all practice sites requires considerable support and assistance from professional associations, educational institutions, management, and practitioners. Issues to be addressed include: the educational system and educational requirements; the current level of understanding of PC; the time, financial and personnel resources required; acceptance of the PC philosophy and practice model by all levels of staff; any real or perceived conflicts with other practice models; and adapting to the change in relationship to pa-

tients, physicians, nurses, and other health care workers. Commitment to accepting the responsibility for drug therapy outcomes and to the implementation of this practice model is therefore, fundamentally important.

Approximately two years ago, the Faculty of Pharmacy at the University of Toronto convened a meeting with pharmacy representatives from five affiliated hospitals. The concept of PC was presented and interest in developing a model for application was sought. By the end of this meeting, participants had agreed to work together to develop a PC practice model.

The authors undertook to identify management systems and the support needed for the provision of PC. The following describes some of the issues and suggestions related to the implementation of PC raised during the authors' deliberations and reflects their approach to the implementation process.

The Transition to Pharmaceutical Care

The transition to PC requires a marriage of the clinical practice model with management systems and support. Within these systems, admin-

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istrative structures, processes, policies, and procedures are used to establish an appropriate environment for the practice of PC.

A change to PC is not a short-term project, but rather, a major undertaking involving a lengthy preparation and transition period. It is important; therefore, to have realistic expectations and timeframes for completion. Our working group developed the following series of steps to assist with the implementation of PC.

The Decision to Proceed

The decision to implement PC cannot be taken lightly. Our working group had lengthy discussions regarding the contribution of PC and other traditional pharmacy practice models to patient care and the costs in terms of financial, personnel, and time resources to provide care under the various models. These were healthy and useful discussions which should take place in each pharmacy as the change is explored. Pharmacy management needs to be sure that the philosophy and the extend to which change is required is fully understood. In some institutions, the Director of Pharmacy may require hospital administrative approval or agreement in principle to proceed. Medical and nursing staff support may also be needed. The degree of autonomy of the director of pharmacy and the existing scope of pharmacy services will be factors in deciding whose support is essential.

Development of a Mission Statement

The mission statement must clearly state the intended role and functions of the department. For example, a sample mission statement could read:

"The role of pharmacy is to provide the best possible patient care through Pharmaceutical Care, drug distribution, education, and research".

Staff involvement in developing the mission is essential and provides an opportunity to gain commitment and understanding. The mission statement must be given prominence to remind staff of the intention to implement PC. It must be formally adopted, documented, and practiced.

Development of a Departmental Philosophy of Practice

This is the director's opportunity to involve staff in articulating the new vision. This process is necessary to engender the support which will be so important in later stages of transition to the PC model. Philosophy statements are an effective tool to focus attention on PC. They should also be formally adopted and become part of the daily practice.

An example of a statement of philosophy is:

"We believe that patient care is best provided through the Pharmaceutical Care practice model. Pharmaceutical Care is a means to ensure quality drug therapy by identifying, preventing, and resolving drug-related morbidity and mortality.

We believe the pharmacy is responsible for providing a safe, effective, and efficient drug distribution service. Drug distribution includes selection, acquisition, inventory control, preparation, dispensing, and delivery of pharmaceuticals.

We believe that pharmacists must provide medication- and practice-related education. Education is the provision of information and teaching for patients and families, staff, other health professionals, students, and the community.

We believe that pharmacy must initiate and participate in practice- and drug-related research to ensure continuous improvement in practice methods and medication use."

Development of an Action Plan

An action plan is required to bring about the necessary changes in the department's focus and operation. This requires specific goals and objectives to be set, along with time frames and assignment of responsibility. With a goal such as "to make measurable progress in the implementation of Pharmaceutical Care", objectives would then be designed to describe the tasks which have to be completed to achieve implementation. These tasks are listed in Table I and fall into four major categories for consideration: department structure and function; human resources; education; and systems and processes.

a) Structure and Function

A department's organizational structure may require revision to best support the provision of PC. The organization and delivery of each service provided by the pharmacy department must be critically assessed. Questions must be asked and responded to in an open, comprehensive manner. Several issues need to be addressed. Does this task/service truly serve the patients' needs? Can productivity be improved? What tasks/services can be centralized/decentralized/eliminated? How can patient care and drug distribution functions be integrated? Should they be integrated? Should consult services e.g., pharmacokinetics be maintained or integrated into pharmacists' responsibilities? Is the appropriate level of staff performing the task? Are support staff maximally utilized with respect to nature of responsibilities? How can technology assist?

Providing services in the most efficient and effective manner may provide time to allow pharmacists a greater direct patient care role.

b) Human Resources

With changes in the way pharmacists perform their patient care responsibilities and the assignment of

Table I: Implementation Considerations

Structure & Function	<ul style="list-style-type: none"> • Examine organizational structure • Critically assess how services are currently organized and delivered • Examine job assignments to maximize efficiency and effectiveness
Human Resources	<ul style="list-style-type: none"> • Assess staffing requirements • Revise job descriptions • Develop recruitment plan • Modify performance appraisal system
Education	<ul style="list-style-type: none"> • Educate stakeholders to develop external and internal support for PC. • Revise orientation program • Develop training program • Develop continuing education and clinical data base • Ensure resource availability e.g. DI
Systems & Processes	<ul style="list-style-type: none"> • Revise the Quality Management program • Revise the Workload Measurement system • Develop a method of outcome evaluation

additional responsibilities to support staff, an evaluation of staffing needs is required. The needs are assessed in terms of current skills, needed skills and knowledge, and workload assignments. A recruitment plan which incorporates new performance expectations may need to be developed. Job descriptions will need to reflect the new expectations. The performance appraisal system will require revision to allow the identification, monitoring, and assessment of the appropriate skills and knowledge for each position.

c) Education

Initially a decision is required as to who should know about PC and the department's plans regarding it, and how much they should know. The appropriate level of information is provided to the stakeholders both within the department and external to it and commitment relevant to the stakeholder's role with respect to pharmacy is sought. Orientation programs incorporating the PC philosophy, departmental training programs to prepare pharmacists to provide PC, and continuing education programs to reinforce and upgrade PC skills and knowledge will become ongoing efforts. Developing a clinical data base and ensuring

resources, such as drug information and clinical experts, will facilitate provision of PC.

d) Systems and Processes

The quality management system, the workload measurement system, and a method of evaluating outcomes need to be developed for PC. New quality indicators may need to be developed. Outcome evaluation could look at financial and workload impacts as well as contributions to patient care. Other areas to evaluate may include staff satisfaction, impact on department operations, perceptions of the health care team, etc.

A sequential plan of activities is developed by determining what has to be done first, what can be done concurrently, and what needs to wait until other activities are complete. Then each task can be assigned to an individual or a group, along with a realistic time frame. In a small department, much of the work may have to remain with the director, but larger departments will be able to draw on resources within and outside the department. For example, the human resources department may be able to help with job assessments and redesigning job descriptions. The staff development department may be able to

offer assistance with the design of training and educational programs.

During the transition years, staff will require ongoing support. Ensuring that a communication and support system is in place will be essential to the success of the implementation of change.

Implementation

Each institution needs to develop an implementation plan which suits its own environment. The approach to implementation within our group has varied. Currently, efforts are still being directed at educating staff and developing structures and processes. Hospital-wide implementation has yet to be achieved. However, all of the participating institutions are providing PC to selected patients.

Summary

Progressing towards the goal of PC requires a fundamental change to pharmacy practice. Strong leadership and management skills will be needed to facilitate this change. Even with enthusiastic and capable staff, implementation of the PC model will require considerable effort.

Changes to the department's mission statement and organizational structure will be required. From this beginning, an action plan for the department can be developed. This plan includes the training of individuals and/or recruiting the necessary personnel. An ongoing education program, as well as determining the value of your service, is required.

With successful implementation the PC model will lead to the acceptance of the pharmacist's role as the person responsible for identifying, preventing, and resolving drug-related problems. ☒

REFERENCES

1. Hepler C, Strand L. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm* 1990;47:533-43.