HOW AND WHY TO QUANTIFY ACTIVITIES AND PERFORMANCE OF CLINICAL PHARMACISTS ON A ROUTINE BASIS? OUR EXPERIENCE AT CHU MONT-GODINNE

Remy G¹, Artoisenet C¹, Goncette V¹, Michel C¹, Mouzon A¹, Hecq JD¹, Spinewine A^{1, 2}

¹ Université Catholique de Louvain, CHU Mont-Godinne, Department of Pharmacy, Yvoir, Belgium

² Université Catholique de Louvain, Louvain Drug Research Institute, Clinical Pharmacy Research Group

gaetane.remy@uclouvain.be

Introduction

Controlled studies have demonstrated the impact of clinical pharmacy on the quality of patient care. However, limited data have described how to conduct routine evaluation of activities performed by clinical pharmacists, and how such evaluations can contribute to improving performance.

At our teaching hospital, clinical pharmacy has been developed since 2007. Our team currently includes 3.5 full time equivalent clinical pharmacists. Activities include pharmaceutical care on three wards (geriatrics, orthopaedic and digestive surgeries) as well as transversal activities. These activities focus on specific (classes of) drugs or processes of care and aim for optimisation relative to efficacy, safety, cost or compliance at the hospital level (ie not specific to a single ward). They include audit and feedback, clinical decision support, prescription guidelines, patient information leaflets, ...

objective •

To present a set of indicators developed to quantify activities and performance and to illustrate their use with the data collected in 2011.

Method

Indicators include:

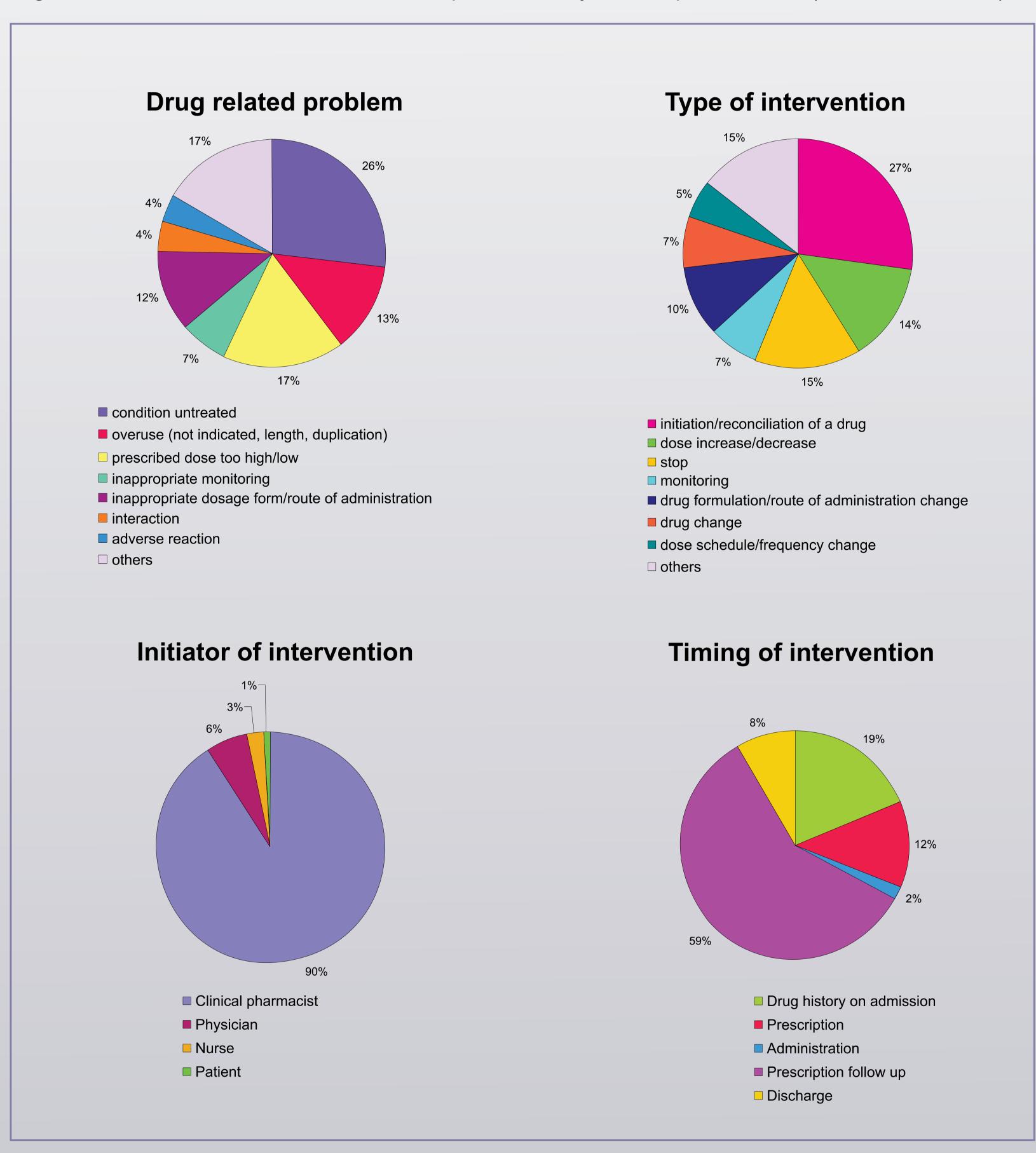
- a) Time spent on pharmaceutical care activities on the ward vs transversal activities (data collected 4 weeks/year)
- b) Number and percentage of patients admitted and cared for by the clinical pharmacist (automated measures)
- c) Number and characteristics of interventions performed; acceptance rate (data collected 4 weeks/year)
- d) Satisfaction of doctors and nurses (hospital-wide survey in 2011)
- e) For transversal activities, indicators are specific to each type of activity (eg number of educational sessions, % of appropriate prescribing, cost savings, ...)

• Results

Data collected in 2011 showed that:

- a) 39% of time spent on pharmaceutical care activities vs 61% on transversal and educational activities
- b) Pharmaceutical care provided to 1499 patients in one year (9.2 % of all admissions)
- c) 432 interventions recorded over 4 weeks; acceptance rate of 86% (Figure 1)
- d) Overall satisfaction: excellent (median at 5/5); several requests for further development

Figure 1: Characteristics of interventions performed by clinical pharmacists (4 weeks, n = 432)



These data have been used to:

- Optimise our processes of work (eg better organisation for training students without decreasing quality of training, better efficiency of meetings, saving of time with IT support to document clinical activities, ...)
- Give feedback to doctors, nurses and hospital managers
- Define the activities to be performed and developed over the next 5 years

CENTRE HOSPITALIER DE DINA CHIUS



No conflict of interest

Conclusion

The application of these indicators is not too time-consuming and has proved to be highly valuable. The methodology developed for the recording of data four weeks per year is now being used at the national level, by all clinical pharmacy projects funded by the Ministry of Health.