



Virga Jesseziekenhuis

Implementation of clinical pharmacy services in non- academic hospitals: opportunities and links to university programmes

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8th june 2006



- 1. Link with university program of Leuven**
- 2. Implementation in a non-academic hospital**
- 3. Pilot-project on an oncology service**
- 4. Future plan**
- 5. Conclusion and opportunities**



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Background

- hospital pharmacist at Virga Jesse Hospital since 1995
- 2003: Opportunity: fellowship in clinical pharmacy at university of Leuven

Fellowship

cooperation between

- faculty of pharmaceutical sciences
- university hospital Gasthuisberg
- pharmaceutical industry



1. Link university program Leuven

Basic education to become a hospital pharmacist

- **extensive knowledge ...**

- pharmacology, pharmacokinetics, interactions, antibiotics, cytotoxics, ...

- **but...**

- theoretical knowledge
- insufficiently linked to clinical practice

- **need for additive knowledge ...**

- pathophysiology
- specific domains: intensive care, oncology, pediatrics...



=> Refresh basic knowledge and self-study!



1. Link university program Leuven

Fellowship

trainingscourse of 12 months

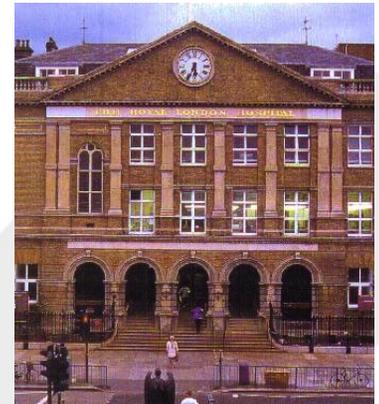
⇒ mainly practical

° UZ leuven: traumatology and MICU

° teaching hospital in London: 14 days

⇒ posters

⇒ script





Develop methodology to evaluate medication therapy

⇒ Start from pathology, clinical status, lab parameters, medication on admission

⇒ Evaluate medication therapy:

- Medication on admission?
- Pathology: what is indicated?
- Correct dose and frequency?
- Correct route of administration?
- Interactions?
- TDM?
- Guidelines for use of antibiotics?
- Enteral and parenteral feeding?
- Adverse effects?



“St. John’s Wort is a great herb for improving your mood. But maybe it’s time to cut back the dosage.”



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2. Implementation in non-academic hospital



Implementation in different steps:

1. Preparation in cooperation with medical director
2. Discuss with management commission
3. Discuss with physician, head of service



2. Implementation in non-academic hospital

2.1 Preparation in cooperation with medical director

→ **determine target:**

- policy of “patient safety” of VJH
- anticipate in “medication-budget”

→ **determine method:** clinical pharmacist $\frac{1}{2}$ time on service and $\frac{1}{2}$ time in pharmacy

→ **choice of service:**

- polypharmacy, polypathology
- patient tour
- consult together

=> oncology ward



2. Implementation in non-academic hospital

2.2 Discuss with management commission

- **supported** the proposal
- **agreement:**
 - pilot project
 - evaluation after 3,6 and 12 months
 - plan for future

2.3 Discuss with oncologist

- **determine tasks of clinical pharmacist**



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3. Pilot project oncology

Start: november 2004

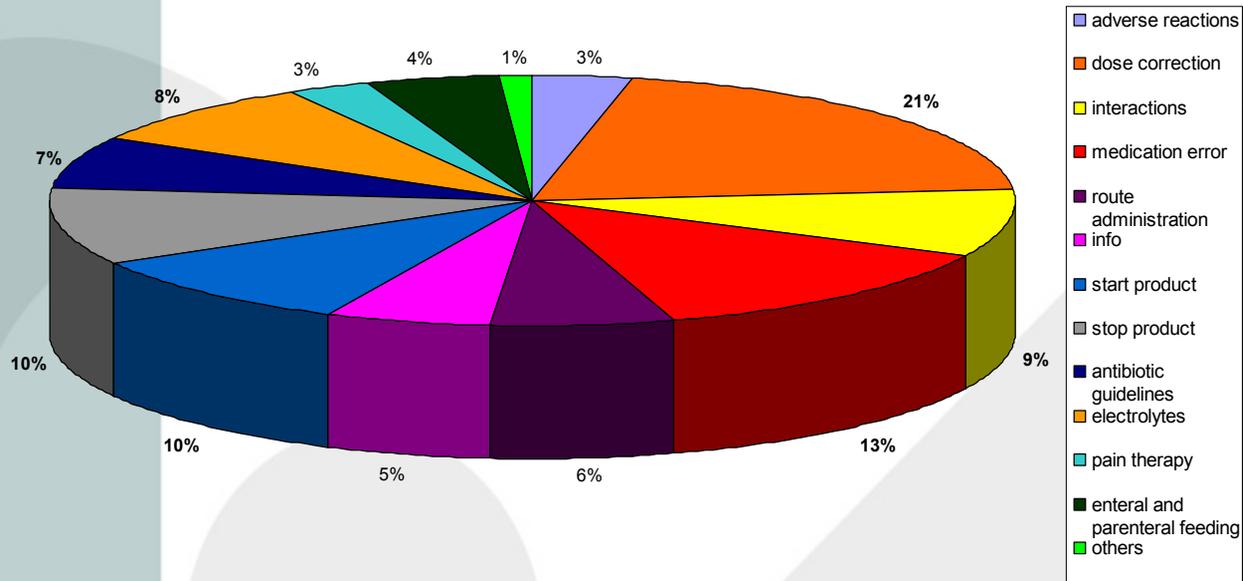
- Oncology service: 30 beds, 1700 admissions/yr
- daily work:
 - preparation:
 - ° new pts: medical file, nursing file, labs....
 - ° others: daily labs, parameters...
 - patient tour
 - look for: interactions, guidelines, literature...
 - discuss possible interventions with physician

Further progress of project

- evaluation 3 months: report interventions
- evaluation 6 months: individual patient + procedures
- endevaluation



Interventions by clin pharm on oncology service in 11 months

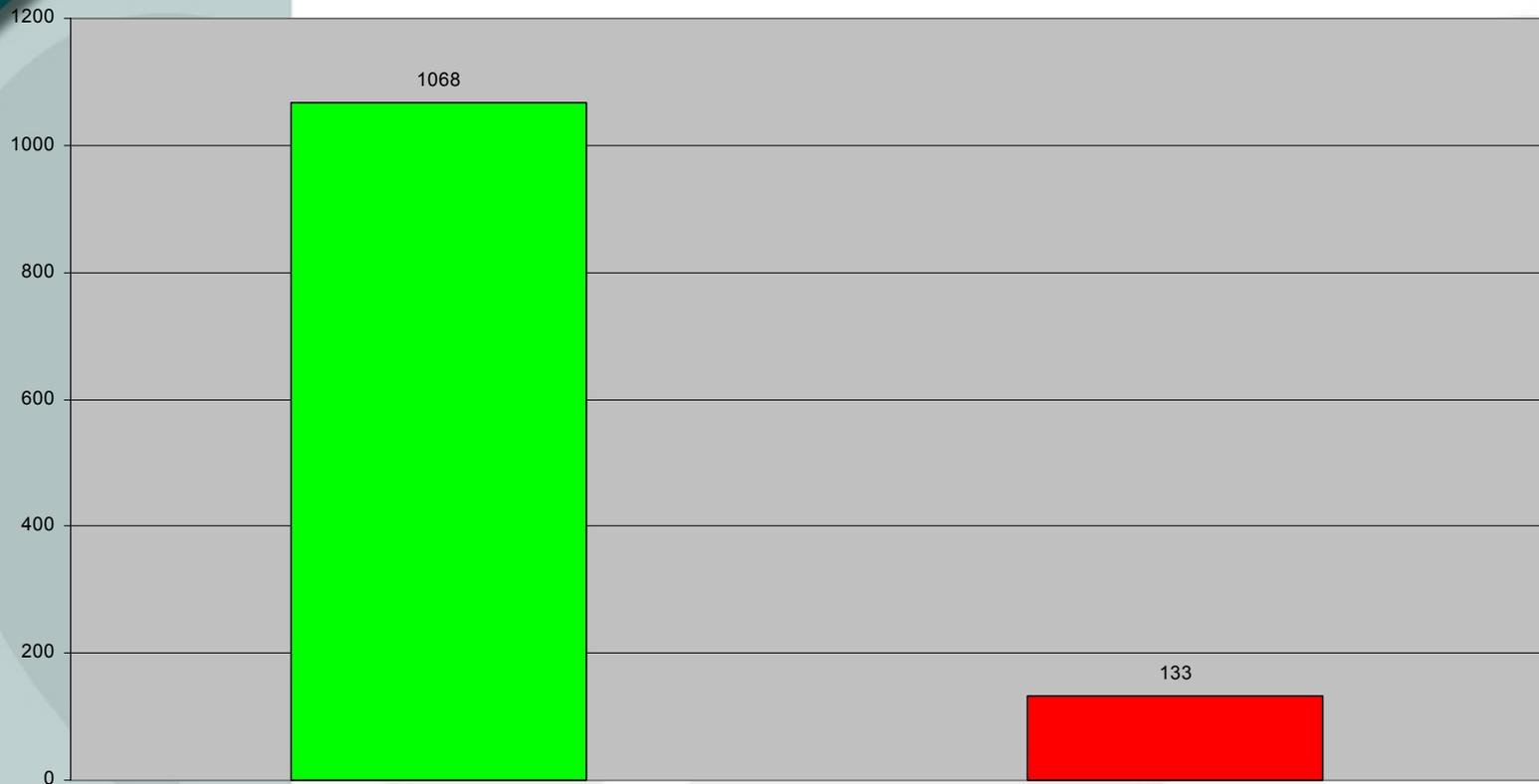


Interventions: every proposal that leads to a change in medication therapy

- report in Access-file
- aim: observe qualitative and financial implications



Rate of acceptancy





Procedures: standardised schemes

Te bewaren in chemoboekje					
Patiëntnaam	Boer wortel	THERAPIE:	mg/m2 * dosis%	mg/m2	dosis%
Kamernummer	B5	Taxol	175	175	100%
Gewicht (kg)	70				
Lengte (cm)	172				
BSA gelimiteerd (m2)	1,83	Carboplatine			
BSA (m2)	1,83	AUC (waarde 5-7)		5	
leeftijd (aantal jaar)	65				
serumcreat (mg/ dl)	0,82	schema:	q 3 wk		
Geslacht (M/V)	M				
Cl creat man (ml/min)	88,9				
Cl creat vrouw (ml/min)	0,0				
	88,9				
Startdatum	5-okt-05				
Cyclus	4				
Dag					
Bijkomende medicatie	Aantal				



Automatic prescribing by physician





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Procedures: standardised schemes

Scheme for
administration by
nurses

Schema voor verpleging							
Cyclus:	4			Patiënt	Boer wortel		
Dag:	0			Kamernummer	B5		
Datum	Paraf	Hoef.	Medicatie	Tijd	Uur	Opmerking	Dosis %
4-okt-05			Glucose 5% 1 liter + 20 meq KCL	12 u		spoeling geen naschrift maken	
			NaCl 0.9% 1 liter + 20 meq KCL	12 u		spoeling geen naschrift maken	
5-okt-05			Glucose 5% 1 liter + 20 meq KCL + 4 g NaCl	12 u		waakinfuus geen naschrift maken	
			phenergan 1 amp I.M.			toedienen 1 uur vóór taxol	
			dexamethasone 20 mg IV in NaCl 0.9% 50 ml			toedienen 45 minuten vóór taxol	
			zantac 1 amp I.V.			toedienen 30 min vóór taxol	
			kytril 1 amp in NaCl 0.9% 50 ml	10 min		toedienen 30 min vóór taxol	
		320	mg TAXOL in NaCl 0.9% 500 ml	3 u		toedienen met pomp, 0.22 micron filter en infuusleidingen zonder weekmakers	100%
			SPOELEN met 100 ml waakinfuus	10 min			
		570	mg CARBOPLATINE in glucose 5% 250 ml	30 min			
			Glucose 5% 1 liter + 20 meq KCL	12 uur		spoeling geen naschrift maken	
			verdere spoeling navagen			indien verder spoeling ndz: naschrift maken	
			Heparine slot 500 E				
Mee naar huis te geven: Dexamethasone 4 mg 2/d ged. 2 dagen (te starten 12 uur na vorige dexamethasone) Novaban 5 co Litican 12 co zo nodig							
Bijkomende medicatie voorgeschreven:				Aantal			
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	

stempel en handtekening arts



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Procedures: standardised schemes

Prescription
pharmacy

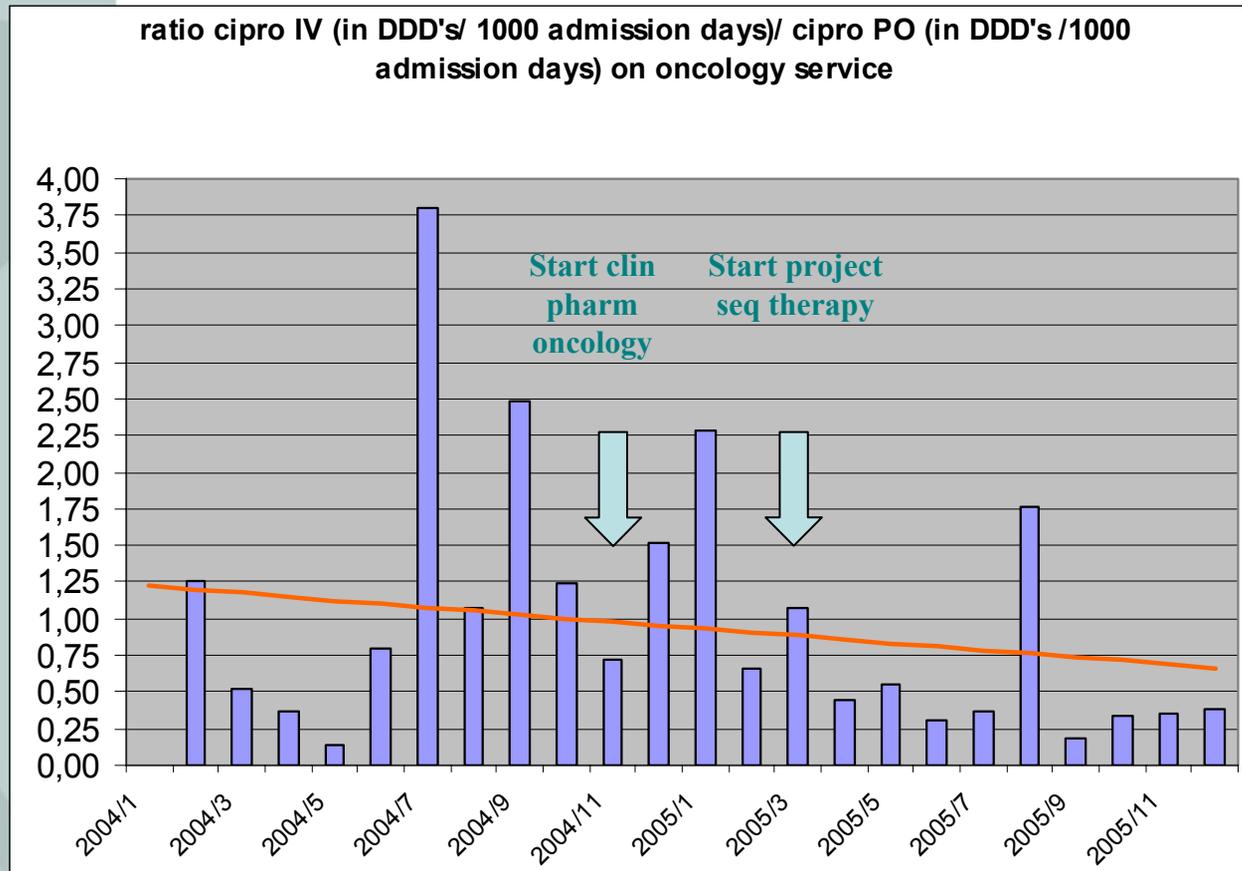
Voorschrift					
Patiënt	Boer wortel			Identificatie sticker	
Kamernummer	B5				
mg/m2		% dosis	lengte (cm)	172	
175	taxol	100%	gewicht (kg)	70	
			BSA gelimiteerd (m2)	1,83	
AUC					
5	carboplatine				
			Datum + Paraf Ap.		
				4/10/2005	5/10/2005
Dosis	Medicatie	Hoev			
	KCL 20 meq/ 20 ml	4 x		o	
	NaCl 2 g MP	2 x		o	
	dexamethasone 20 mg IV in NaCl 0.9% 50 ml	1 x			o
	phenergan 1 amp I.M.	1 x			o
	zantac amp 50 mg	1 x			o
	kytril amp 3 mg	1 x			o
320	mg TAXOL in NaCl 0.9% 500 ml				o
	macoflex				
570	mg CARBOPLATINE in glucose 5% 250 ml macoflex				o
	Dexamethasone 4 mg PO	4 x			o
	Novaban co	5 x			o
	Litican co	12 x			o
	Glucose 5% 1 liter ECO	3 x		o	
	NaCl 0.9 % 1 liter ECO	1 x		o	
	NaCl 0.9 % 50 ml VF	1 x			o
	Heparine 1000 E/ 10 ml	1 x			o
Tarificatie apotheek			Bijkomende medicatie:	Aantal:	
65650	3 x	Glucose 5% 1000 ml ECO		0	0
97030	1 x	NaCl 0.9% 1000 ml ECO		0	0
180272	4 x	KCL 20 meq/ 20 ml MP		0	0
180280	2 x	NaCL 2 g/ 10 ml MP		0	0
500	4 x	aacidexam 5 mg amp		0	0
119510	1 x	phenergan amp		0	0
177700	1 x	zantac amp			
12499	1 x	kytril amp			
158600	2 x	NaCl 0.9% 50 ml VF			
5010450	1 x	NaCl 0.9% 500 ml macoflex			
65600LL	1 x	Glucose 5% 250 ml macoflex			
170505	4 x	dexamethasone 4 mg po			
97047	5 x	novaban co			
83610	12 x	litican co			
211192	1 x	heparine 1000 E/ 10 ml Leo			
13525	x	taxol 100 mg/ 17 ml			
11153	x	taxol 30 mg/ 5 ml			
424136	x	carboplatine 150 mg/15 ml Pharmacia			
424144	x	carboplatine 450 mg/45 ml Pharmacia			
	x	MBH 972000			
			Handtekening en stempel arts		



Anticipate in medication budget

Price Cipro IV 400 mg = 27,88 €

Price Cipro PO 500 mg = 1,07 €



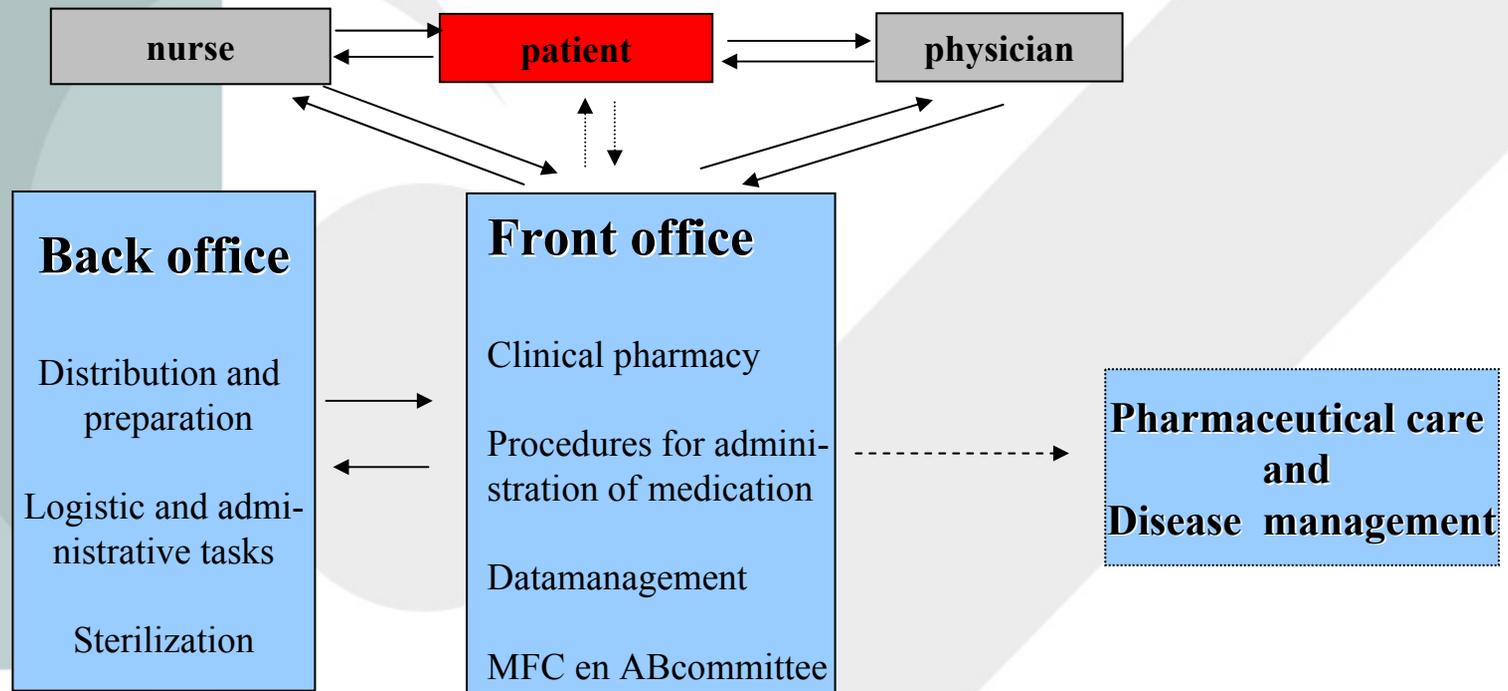


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4.1 Management of the hospital:

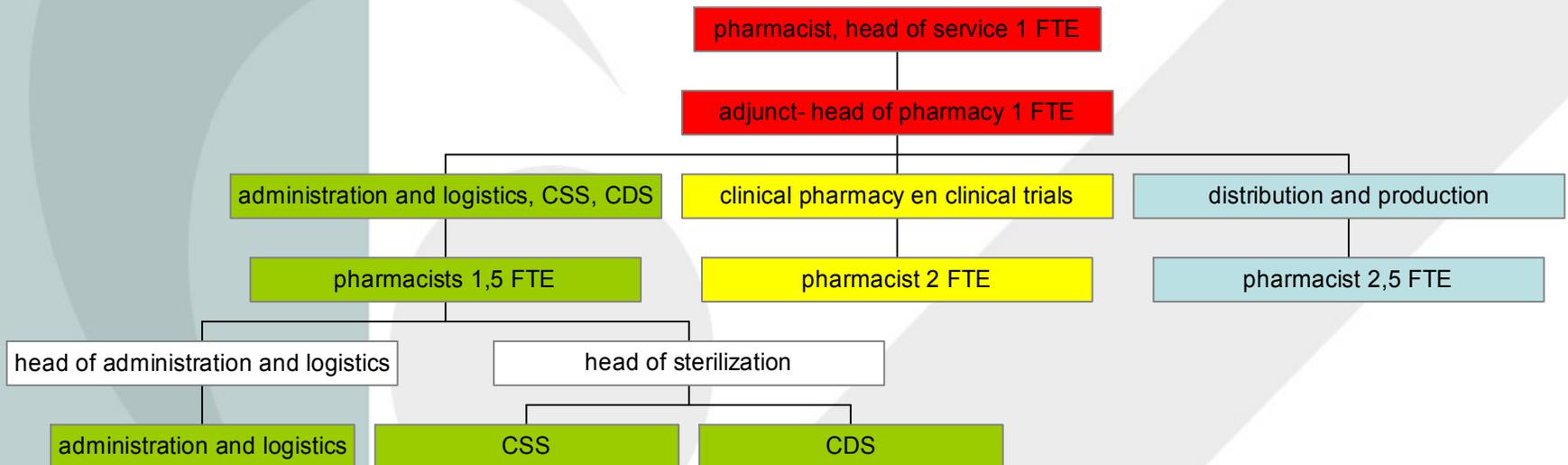
→ **Vision text:** development of hospital pharmacy next 5-10 years





4. Future plan

→ **change organogram pharmacy: clinical services as a separate division**





4.2 Medical director: consultation of different medical and surgical disciplines

4.3 Plan

- End 2006: Enlargement of clinical pharmacy services to 3 wards
- 5-10 years: every pharmacist spends $\frac{1}{2}$ time on clinical activities



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5. Conclusion and opportunities

- clinical pharmacy is possible in a peripheral hospital
- pharmaceutical added value for patient
 - positioning of hospital pharmacist in future
- More rational use of medication
 - medication-budget = opportunity to enlarge clinical activities for pharmacist in Belgium