### THE HOSPITAL

### AND

### THE DEPARTMENT OF

## PHARMACEUTICAL SERVICES

### Introduction

• Pharmaceutical Services have developed over the last 30-40 years

 The practice has changed from a chief concern on product to patient

• The hospital pharmacy has becomes one encompassing all aspects of drug therapy

### Hospital classification

### By ownership

For profit and not for profit hospitals:

- \*GOVERNMENTAL: by MOH, Military, Other
- -not for profit
- -funding and responsibilities by government

#### \*PRIVATE

- for profit
- -funding and responsibilities by the owner

### Hospital classification

- By type of care provided
- \*Chronic care: rehabilitation, psychiatric hospital
- \*Acute care: all other hospital: primary, secondary and tertiary
- Primary: is the starting point for entry to the health system
- Secondary: is referral services that intermediate in intensity
- Tertiary: is a setting where patients are referred for very intensive subspecialty care.
- Tertiary care can be classified further into
- General or Specialty tertiary care hospital

### Hospital classification

- By teaching affiliation
- \*Teaching: operate residency training programs
- \*Teaching-affiliated: site for residency or training programs
- \* Non Teaching

### The hospital governance

- \* Is the body that given the ultimate authority over the actions of the institution
- Consists of a board of directors, governors or trustees
- Responsible to
- -Provide the overall mission and goals of the hospital
- -Evaluate its progress toward achieving the mission and goals
- -Ensure that the hospital serves its community
- -Ensure financial appropriateness

- \* Also, hospitals are responsible to various accrediting and licensing bodies such as JCAHO, MRQP
- \* State and local boards of health, medical, pharmacy and nursing may also have authority for the provision of certain type of services

### Organizational Structure of the Hospital

The uppermost level of hospital management:

The hospital director = Chief Executive Officer (CEO)

Second level managers:

Chief Operating Officer (COO)

Chief Financial Officer (CFO)

Director of Nursing

\* Bigger hospital may have *third level management* to assist second level and called as

Hospital Assistant Director

#### The next level of management:

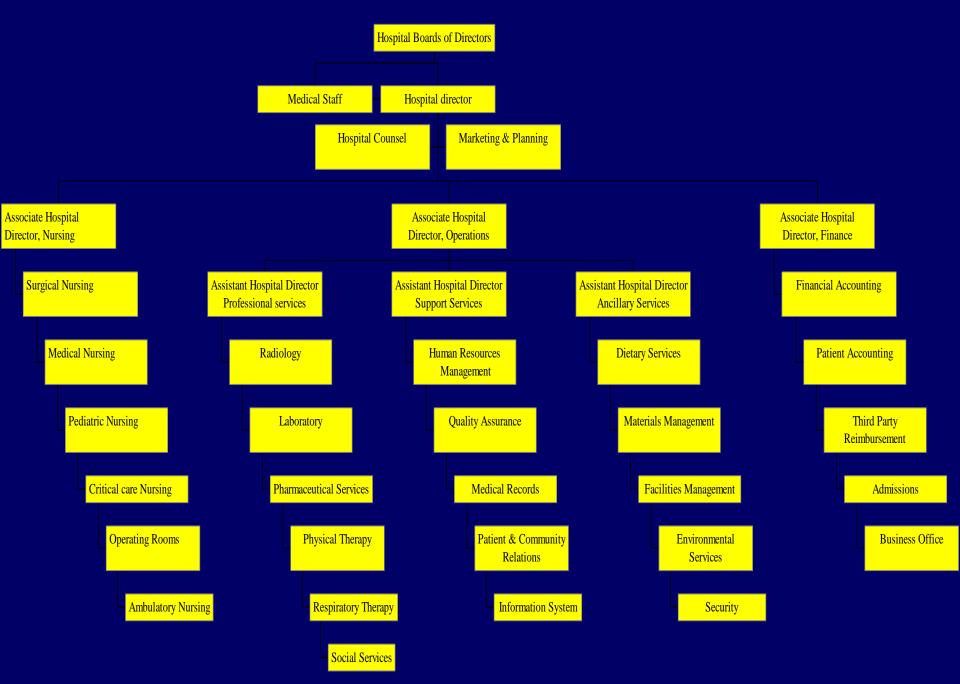
Department heads or directors (pharmacy, nursing, other clinical and support services)

They have responsibility for managing and directing all aspects of particular service such as pharmacy services

Also, hospital my organized by "product lines"

\*Reporting of pharmacy director

Table 1-1 Example of a hospital Organizational chart



### The medical staff

- Generally are not considered hospital staff or dept.
- Not hospital employees, from private practice, self employed
- They may be faculty members or by HMO
- Also, some employed by hospitals such as infection control officer
- They have a chief of staff and governed by an executive committee of the medical staff
- The executive committee have some subcommittee:
- PTC, QAC, Accred. Committee

### The mission and purpose of the department of pharmaceutical services

Providing and managing all aspects of drug use

product & clinical pharmaceutical services

"to provide optimal drug therapy for all patients and to ensure the highest quality and most cost-effective care"

Also, teaching and research

Annual goals should be developed to achieve the mission

Goals often include the expansion of clinical pharmacy services to improve drug therapy

### Organizational structure of the dept. of pharmaceutical services

### **Director of pharmaceutical services**

- Responsible for all pharmaceutical services delivered in the institution
- Including dept. staff, faculty members, and other healthcare professional such as nurses in the absence of a pharmacist
- Responsible for developing policies & procedures
- Responsible for the implementation of the practice standard
- Manage the services that include the preparation of drugs, the provision of clinical services, teaching and research

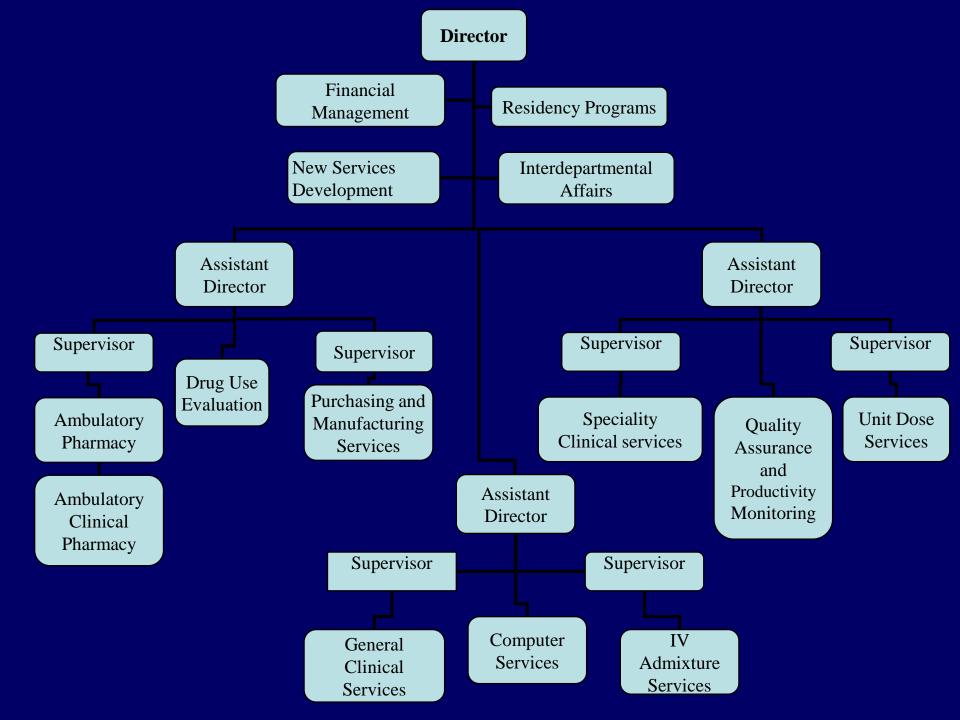
### Organizational structure of the dept. of pharmaceutical services

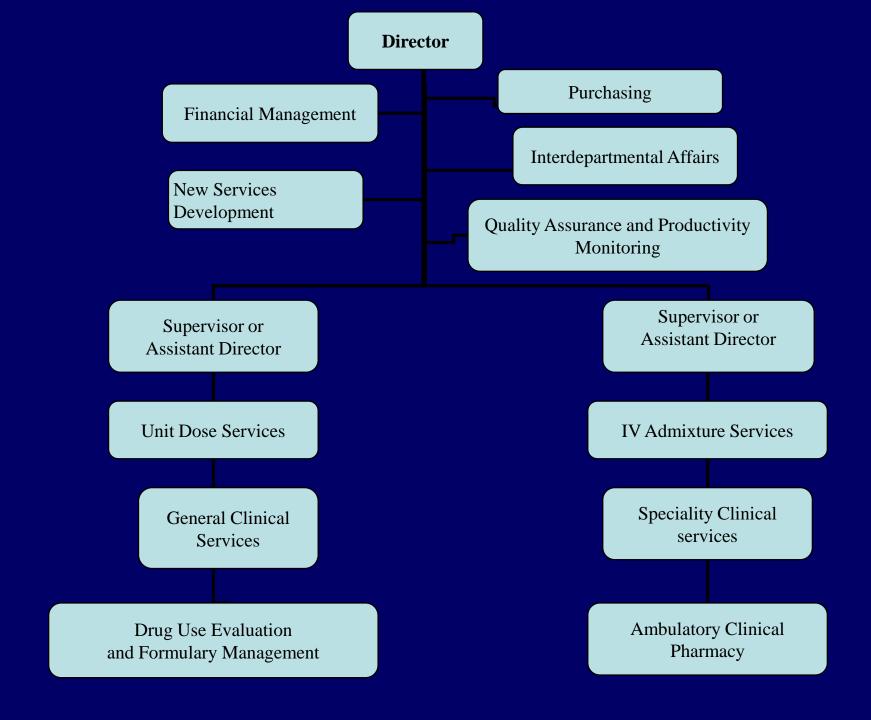
### **Pharmacy managers**

The size and nature of department's management depend on the number of personnel and the scope of services

Represent the second level of management

The third level of management is the supervisors





### Personnel in a dept. of pharmaceutical services

- Professional: pharmacist (general, clinical, specialist, resident)
- Technical: pharmacy technicians
- Support: IT, secretaries, buyers, clerks

### Scope of pharmaceutical services provided in institutions Pharm.Services offered in hospital may be categorized as

- Product
- Clinical
- Teaching
- Research
- Other support services
- They may be further differentiated as for
- Hospitalized patients
- Ambulatory patients

### **Product Services for Hospitalized Patients**

Preparation and provision of all

- Drugs
- •Intravenous solutions

Should be

- In unit use
- Appropriately labeled
- Delivered to the patient care area in a timely fashion

Via a UD and IV distribution systems

### Advantages of UD and IV distribution systems

- Minimize prescribing errors
- Minimize preparation and administration errors
- Minimize waste
- Minimize drug inventories
- Minimize drug cost
- May be provided from
- Central pharmacies
- •Satellite pharmacies
- •Mobile drug carts or combination thereof

### **Procedures of UD distribution system:**

- •Pharmacist first reviews direct copy of the physician's order
- •Evaluate the order for appropriateness of the drug for the disease, dose, route and frequency
- •Review the patient's drug profile for drug interactions, therapeutic duplication and drug allergies
- •Then, drugs prepared and dispensed in 24-hour supply with each dose individually labeled with the drug name and dose

Pharmacy computer systems are used extensively in the provision of inpatient pharmacy services

More hospital pharmacies are beginning to use automated drug preparation and distribution system

### **Product Services for Ambulatory patients**

Ambulatory pharmacy serves the medication needs of:

- Discharged patients
- Patients seen in hospital clinics
- Emergency rooms
- Physicians office buildings
- Hospital employees
- Patient education and counseling is provided
- Patient drug profile is maintained

### It differ from community pharmacies in

- •Extensive clinical services provided
- •Often prepare and provide drugs that are not available outside

### **Clinical Services for Hospitalized Patients**

- To ensure that drug therapy is appropriate and cost effective
- This services can be provided by
- \*Pharmacists who also provide product services
- \*Pharmacists who specialize in the provision of these direct patient care services

### Minimally clinical pharmacy include:

- -Formulary system management
- -Drug use evaluation (DUE)
- -Maintenance of patient drug profiles
- -Review of every drug order for therapeutic appropriateness

#### Decentralized clinical pharmacist may provide clinical services for

- -a geographic area of the hospital
- -a specific medical or surgical services
- -all patients hospital-wide on a particular therapy

#### It include:

- Medication histories
- Provision of drug information
- •Consultation in the selection and change of drug therapy
- Therapeutic drug monitoring
- •Selection of the most appropriate drug delivery device
- Accompanying the medical team on rounds
- Discharge consultation

Dept. of pharm. services may provide various specialty clinical pharmacy services focus on patients receiving extremely intensive and complex drug therapy:

- \*critical care \*nutritional support \*infectious disease
- \*transplantation services

Other clinical specialist may provide:

- •Drug information services through a formal center
- •Manage a pharmacokientic consultation services
- •Drug use evaluation services

### Clinical Services for Ambulatory patients

Ambulatory clinical pharmacists in hospital are becoming increasingly **involved** in

- •The selection and monitoring drug therapy for patients seen in a hospital's clinic
- Patient counseling
- •Maintenance of patient drug profile
- Drug interaction monitoring

A dramatic improvement in disease state when pharmacists are integrally involved in compliance enhancement

- -Refill clinics
- -Medication monitoring clinics
- -Pharmacy-directed primary care clinics
- -Pharmacy-directed specialty clinics

Also provide home IV therapy (product & clinical)

### Teaching and research

### Teaching activities include:

- •In-service education to pharmacy staff and other professional
- Teaching sites for pharmacy students
- •Postgraduate education, training and accredited residencies

### Research programs include:

- •The management of investigational drug studies
- •Evaluation of new drugs
- •Evaluation of new drug therapies
- •New type of services, quality and cost of care
- Outcomes studies of ambulatory services
- Pharmacy fellowships to teach research skills

### **Support Services**

The support functions for drug distribution and clinical services are:

- \*Drug purchasing
- \*Inventory management
- \*Manufacture of drugs and dosage form
- \*Repackaging of drugs
- \*Maintenance of computer systems
- \*Various clerical activities

### **Future Directions for Pharm. Services**

To provide comprehensive services

- •Clinical pharmacy will continue to expand
- Automating the preparation and distribution of drugs
- •The role and responsibilities of pharmacy technicians will grow

# THANK

# YOU