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Original Research

Pharmacists' influences on prescribing: Validating a clinical pharmacy services survey in the Western Pacific Region

Jonathan Penm, B.Pharm. (Hons.)^{a,*},

Betty Char, B.Pharm., M.H.Law, Ph.D.^a, Grenville Rose, B.A., Ph.D.^b,
Rebekah Moles, B.Pharm., Dip.Hosp.Pharm., Ph.D., Grad. Cert. Ed.
Stud. (Higher Ed.), F.S.H.P.^a

^aFaculty of Pharmacy, World Hospital Pharmacy Research Consortium, The University of Sydney, Camperdown, NSW 2006, Australia

^bAftercare, Rozelle Hospital, Church Street, Lilyfield, NSW, Australia

Abstract

Background: Hospital pharmacists around the world are becoming increasingly involved in promoting the responsible use of medicines through clinical pharmacy services. This is reflected in the Basel Statements developed by the International Pharmaceutical Federation Hospital Pharmacy Section, particularly the theme 'Influences on Prescribing.' Some countries, particularly in Asia, are currently establishing clinical pharmacy services and would benefit from identification of facilitators.

Objectives: To validate a survey exploring clinical pharmacy services focusing on pharmacists' influences on prescribing, based on Basel Statements 28–31, and the factors that affect their implementation in the Western Pacific Region (WPR).

Methods: Content and face validity of the survey (BS28-31) was established. This resulted in the BS28-31 consisting of 20 questions, which included a Clinical Pharmacy Services Facilitators (CPSF) scale (25 items) to measure respondents' perceptions of facilitators of clinical pharmacy services. The BS28-31 was emailed to hospital pharmacy directors in the WPR. The survey was made available in English, Japanese, Chinese, Vietnamese, Lao, Khmer, French and Mongolian. Principal components and internal consistency analyses were conducted to assess the reliability and construct validity of the CPSF scale.

Results: The final survey was sent to a total of 2525 hospital pharmacy directors in the WPR of which 726 were returned from 31 nations yielding a response rate of 29%. Two items in the scale were removed due to low communalities (0.22 and 0.16). The resulting 23 item scale produced a parsimonious two-factor solution, divided into internal (e.g. individual pharmacist traits and pharmacy departmental structure/resources) and environmental facilitators (e.g. government support, patient and physician expectations). This two factor solution explained 51.5% of the variance. In addition, the Cronbach's α for the internal and environmental subscales were 0.94 and 0.78 respectively.

The authors have declared no conflict of interest.

* Corresponding author. Tel.: +61 2 9036 5035; fax: +61 2 9351 4391.

E-mail address: jonathan.penm@sydney.edu.au (J. Penm).

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Conclusion: The BS28-31 survey was found to be a reliable and valid instrument for assessing hospital pharmacy directors' perceptions of clinical pharmacy services regarding pharmacists' influences on prescribing and their facilitators in the WPR.

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Keywords: Western Pacific Region; Hospital pharmacy; Clinical pharmacy services; Validation; Basel Statements

Introduction

It is estimated that more than half of all medications prescribed, dispensed or sold worldwide are inappropriate.¹ Inappropriate prescribing can lead to avoidable adverse drug events in patients and potential harm.² To promote responsible use of medicines, pharmacists have endeavored to expand their role to promote patient safety and influence prescribing.³ Hospital pharmacists are well placed to pursue this role due to their close proximity to prescribers and have been shown to improve prescribing practices, prevent adverse drug events, reduce medication errors, costs and patients' length of stay, and lower mortality.^{4–10}

The movement toward pharmacists' focus on patient safety is further reflected in the Basel Statements, which represent the unified vision of preferred hospital pharmacy practice services and functions around the world.¹¹ The Basel Statements were agreed upon by 98 nations at the inaugural Global Conference on the Future of Hospital Pharmacy, hosted by the International Pharmaceutical Federation (FIP) in 2008 in Basel, Switzerland. The Basel Statements included 75 statements that were subdivided into 'Overarching Statements' and six themes, with medication safety being a core consideration for all the statements.¹¹ Basel Statements 26–32 in particular, constitute the theme 'Influences on Prescribing,' a topic that is the main focus of this study.

Hospital pharmacists' influences on prescribing incorporates a large range of activities affecting prescribing at both institutional and individual prescriber levels. At the institutional level, hospital pharmacists are usually the key members of Pharmacy and Therapeutics Committees responsible for managing the hospital's medicine formulary system and the responsible use of medicines within the hospital, as stated in Basel Statements 26 and 27.^{12–14} Basel Statements 28–31 outline the additional responsibilities of hospital pharmacists to extend their role to educate prescribers on the appropriate use of medications (Table 1).³ In response to this, hospital pharmacy services in some countries have incorporated pharmacists

into regular patient rounds and allocated to them the responsibility of reconciling patients' medications on admission.³ These expanded clinical pharmacy services have further developed pharmacists' influences on prescribing and increased their responsibility over patient outcomes.¹⁵

Bond and colleagues have published a number of studies showing the beneficial effect of such expanded clinical pharmacy services on major health care outcomes, such as mortality.^{7–9,16} In particular, clinical pharmacy services that influence prescribing like ward round participation, reconciling patients' medications on admission and providing drug information or in-service education have been associated with decreased total costs of care,¹⁶ mortality rates,⁸ medication errors⁹ and adverse drug reactions.⁷

A number of facilitators have been recognized that could assist pharmacy departments develop

Table 1
Basel Statements 28–31 in the theme 'Influences on Prescribing.'^a

Number	Basel statement
28	Hospital pharmacists should have a key role in educating prescribers at all levels of training on the access to and evidence for optimal and appropriate use of medicines, including the required monitoring parameters and subsequent prescribing adjustments.
29	Hospital pharmacists should be involved in all patient care areas to prospectively influence collaborative therapeutic decision-making.
30	Hospital pharmacists should be an integral part of all patient rounds to assist with therapeutic decision-making and advise on clinical pharmacy and patient safety issues.
31	Hospital pharmacists should provide continuity of care by transferring patient medicines information as patients move between sectors of care.

^a Reproduced from: The Basel Statements on the future of hospital pharmacy. *Am J Health Syst Pharm* 2009;66:S61-66.

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