

INTRODUCTION

Mater Dei Hospital (MDH) is an acute, general and teaching hospital which provides pharmaceutical services, including the management of drug information (DI) requests, on a 24-hour basis. During after-hours, DI services at MDH fall under the responsibility of shift pharmacists. In order to maintain high quality, such services must be in line with official guidelines [1].

AIMS

To document, analyse and evaluate the pharmacist-provided, after-hours Drug Information services at a General Hospital.

METHOD

A documentation tool entitled “After hours DI documentation form” was first developed for the purpose of recording DI requests received after hours.

The tool was first subjected to a pilot study and later validated. The tool offered the means for shift pharmacists to record both information related to the DI request and the material provided to the requester, such as date and time of request, personal information of the requester, details of the medication, a description of the request and the source consulted to provide such DI.

DI requests received by one group of shift pharmacists were recorded using the tool developed over a period of 6 months.

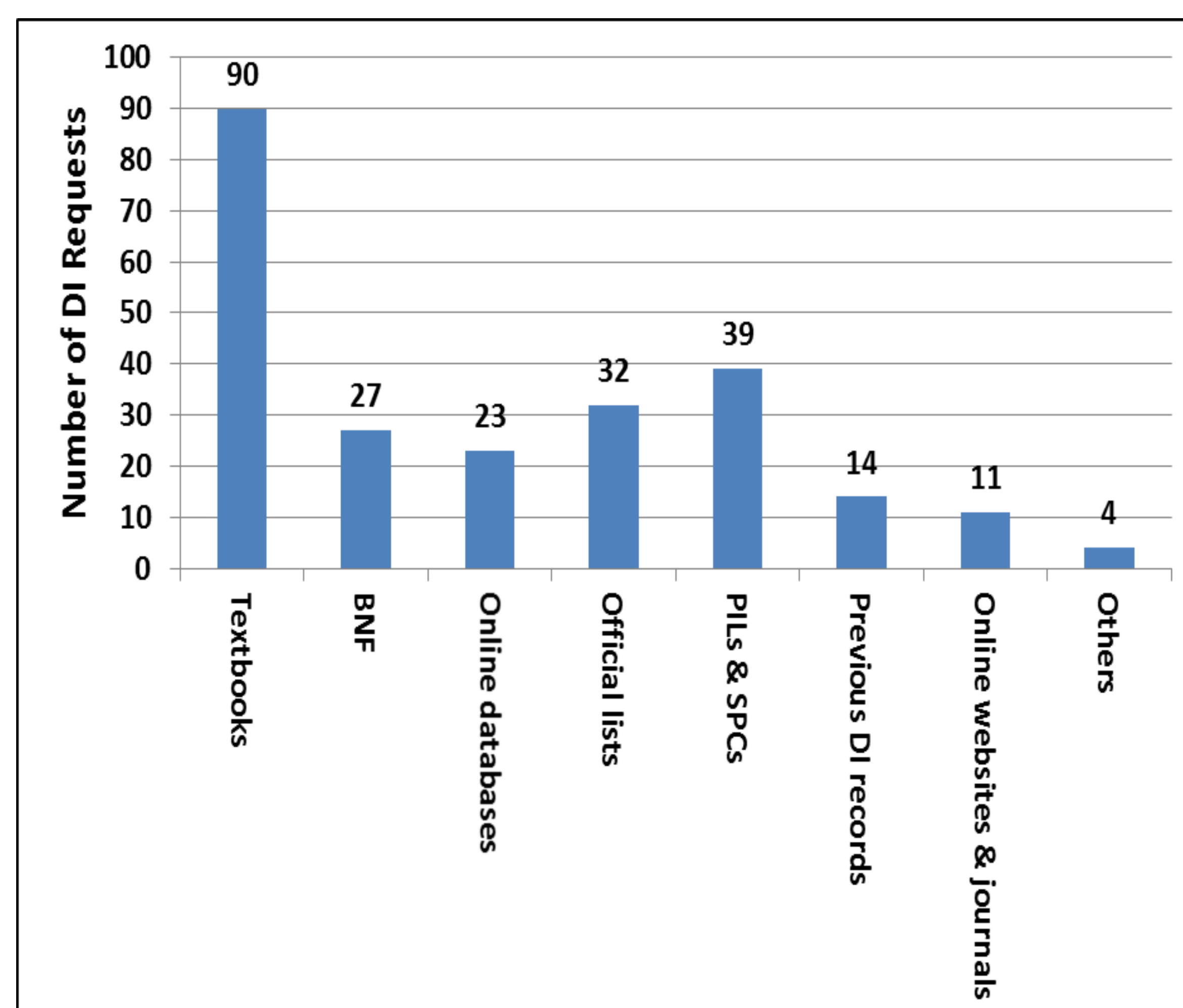
Following conclusion of the documentation phase, a focus group consisting of all of the after hours DI pharmacists was then conducted so as to undertake scenario analysis of the DI services provided after hours.

An analysis of the strengths, weaknesses, future opportunities and threats of the system was then performed.

RESULTS

224 DI requests were received and documented. Of these, 72.3% were placed by nurses. Information was delivered in 91.5% of cases via the telephone, with requests answered within 30 minutes in 99.1% of situations. 240 reference sources were consulted; of these 37.5% were medical textbooks (Figure 1). There were 253 categories of DI requests with 44.7% related to drug administration. A lack of training among pharmacists was noted. Reference sources were evaluated adequately but their proper use was hindered by a slow and outdated IT system as well as organisational defects. The reduction of the workforce in the case of personnel absence was associated with inappropriate time dedication during the provision of DI.

Figure 1: Reference sources used by pharmacists to answer DI requests



CONCLUSION

After hours DI requests can be documented using the tool developed. Corrective actions need to be in force when the workforce number is reduced. The system requires an IT update and more frequent monitoring of printed reference sources. Frequent and regular training for after hours pharmacists will benefit the DI service.

References

[1] American Society of Health-System Pharmacists. ASHP guidelines on the pharmacist’s role in providing drug information. Am J Health-System Pharm 2014: 355-359.