

Implementing a clinical pharmacy service in palliative care in a comprehensive cancer center in the Middle East

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Introduction

- •There is limited data in the literature regarding the implementation of a clinical pharmacy service in palliative care in the Middle East.
- •We describe our experience with implementing a palliative clinical pharmacy service at a comprehensive teaching cancer center in Amman, Jordan.
- In addition, we report the impact of this service on patient care.

Methods

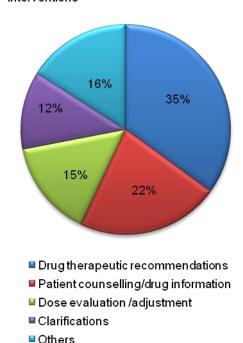
- •In 2005, a pharmacist with clinical background was assigned to lead the palliative clinical pharmacy service.
- She started by receiving didactic and clinical training in the area of palliative care from local and international experts.
- The following year, she was appointed as a full time palliative care pharmacist. She daily interdisciplinary rounds, attended profiles, medical developed reviewed conducted pharmaceutical care plans. medication reconciliation, provided bedside patient education upon admission and at discharge and documented interventions.
- •Two years later, the palliative clinical pharmacy service was expanded to cover the palliative outpatient clinics, where the pharmacist directly interacted with the patients to enhance compliance with their medications.

Methods Cont.

- •Other responsibilities included a wide range of educational and research activities.
- •The clinical pharmacist's interventions were entered into the pharmacy interventions recording system Quantifi®.

Results

Figure 1 :Palliative clinical pharmacist interventions



Results Cont.

- Five years after introducing the palliative clinical pharmacy service, the palliative care team continues to view the pharmacist as an essential member.
- About 500 patients per year were referred to the palliative service and about 450 patients per year were admitted to the hospital under their service.
- Over the 5 years, a total of 3452 interventions were reported and the physician acceptance rate was >95%.
- •The most common types of interventions were drug therapeutic recommendations (n=1209, 35%), patient counseling/drug information (n=761, 22%) dose evaluation/adjustment (n=527, 15%), and clarifications (n=430, 12%), others (n=525,16%).(Figure 1)
- •The most common medication classes associated with the interventions were antimicrobials (n=563, 21%), analgesics (n=283,11%), anticonvulsants(n=225,9%), and acid suppressing drugs(n=180,7%).

Conclusion

- •In a country with limited resources, the implementation of a clinical pharmacy service in palliative care was feasible.
- •In addition, the presence of a palliative clinical pharmacist had a significant impact on optimizing the therapeutic management of patients .