

# Indicators of Quality of Services Check List for Community Pharmacy

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Belgrade Summit 23-25 Oct 2015, SEE Quality in Pharmacy Initiative

# Learning objectives



- Apply appropriate strategies to evaluate quality indicators in pharmaceutical care
- Apply the list of quality indicators model to identify and assess the area for improvement in pharmaceutical care
- Creating list of indicators for community and hospital pharmacy
- Understand structure, outcomes and process indicators
- Connect educational outcomes with competency development and quality of services
- Identify areas for improvement using principle of “Commitment to Change”

# Pharmacy practice – drivers?





- ✓ Pharmaco-economic analyzes and quality indicators used internationally show that the business development necessary must integrate pharmacy services based on knowledge, skills and motivation of the pharmacy teams, assured by quality organization and professionalism.



# Quality indicators





**Quality of patient care:  
how would you define it?**

# Quality indicators in pharmaceutical care

Assessing the pharmacy, not a pharmacist

- ✓ The ratio of the number of pharmacists and the number of patients
- ✓ Continuing education in the field of pharmaceutical care
- ✓ Dispensing of drugs, the time devoted to patient counseling
- ✓ Public health
- ✓ Taking medication and medication therapy management
- ✓ Documenting the observed side effects, interactions, interventions
- ✓ Inter-professional collaboration
- ✓ Self-treatment, monitoring the outcomes of therapy
- ✓ Additional services and control measurements

# Indicators of quality of pharmaceutical care

- equally appropriate **different settings** and **different regions** of the world
- provide information about the range; **quantity and quality** of pharmaceutical care interventions/services delivered
- provide an opportunity to gather in-depth knowledge on pharmaceutical care practices **regionally, nationally, and internationally**
- are rather **broad**, and can be **further developed** and refined over time
- **easily understood** and will help pharmacists, other healthcare providers, and professional regulators to formalize **and develop the pharmaceutical care** philosophy and its working methods



Focus  
on  
Quality



- Structural indicators - evaluation systems, organization, programs
- Process indicators - assessment of specific indicators of **competence of pharmacists**
- Outcome indicators - impact assessment on pharmaceutical care and patient safety



- **E – economic**
- **C – clinical**
- **H – human**
- **O - outcomes**



# Excellence in patient care



# New face of pharmacist in primary patient care



Pharmae**x**pert

**Pharmaceutical care** is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. These outcomes are:

- Cure of a disease
- Elimination or reduction of a patients' symptomatology
- Arresting or slowing of a disease process
- Preventing a disease or symptomatology

Pharmaceutical care involves the process that a pharmacist co-operates with the patient and healthcare professionals in designing, implementing, and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient. This in turn involves three major functions:

- Identifying potential and actual drug-related problems
- Resolving actual drug-related problems; and
- Preventing drug-related problems.



## **SEE PHARMACY**

**is envisioned to have high level of Implementation of Pharmaceutical Care.**

**Join us in creating new face of pharmacy in SEE region, based on access, innovation, dedication and education.**



# Clear therapeutical goal



- Adherence
- Prevention
- Self care diaries
- Better therapeutic outcomes
- Including the patient in decision making process



# Pharmacist's opinion

- Status
- Exacerbation
- Therapeutical goal
- Individualisation of therapy
- Priorities
- Pharmacist interventions
- Patient care plan



Hammond R et al. Collaborative Drug Therapy Management by Pharmacists. American College of Clinical Pharmacy. The Journal of Human Pharmacology and Drug Therapy 23:9\_pages 1210–1225, September 2003

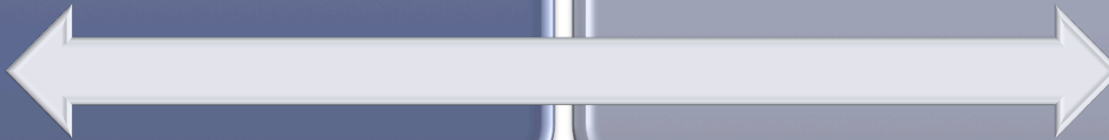
# Receipt (prescription) - Percept



Medical doctor to  
pharmacist



Pharmacist to medical  
doctor



# Documenting the contribution to patient care

- Visits
- Interventions
- Decisions made in collaboration
- Status changes
- Achieving the therapeutical goal
- Guidelines
- Clinical evidence
- Screenings



# Competency limitations and borders

- The pharmacist will not deal with the diagnosis, but can take pharmacological history
- The pharmacist will not change the regimen, but it can detect the drug related problems (DRP)
- The pharmacist shall not suspend the therapy but he/she can detect and report side effects and check interactions
- The pharmacist will not suggest, but can explain other options and ways of treatment



# Trans- national visibility



Tradition / Access

Dedication

Education

Innovation



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