

COVER SHEET

2015 SHPA Hospira Young Pharmacist Grant report (HYPA1505)

From turning ships to hoisting sails: An international preceptorship with Chief Pharmacists in Stockholm and London

Angela M Young BPharm(Hons), GradDipClinPharm
Director of Pharmacy
Alice Springs Hospital, Central Australia Health Service
Alice Springs NT 0870
e: angela.young@nt.gov.au
p: 08) 89517570
f: 08) 89517766

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As a young pharmacist, I feel privileged that I have been able to undertake so many incredible professional opportunities that may not usually be presented until later in one's career. I attribute this to my unique and supportive workplace in the Northern Territory, encouraging professional mentors and peers, as well as a desire to continually strive for beneficial change. With assistance provided from the 2015 SHPA Hospira Young Pharmacist Grant, I expanded my horizons on medication management, leadership and nourished international relationships with pharmacists from Stockholm and London.

Background of the preceptor sites

The Karolinska University Hospital (KUH) in Stockholm caught my attention when I learned they were one of Europe's leading hospitals that aims to put "patients first" and "translate innovation into practical and specialised care". With 1600 beds, 1.6 million patient visits per year, and in 2014 published 2450 articles and generated SEK\$16.2 billion (equivalent to AUD\$2.6 billion), I was intrigued to see how pharmacy services supported such a large facility through their 5 key areas: Karolinen (Pharmacy Dispensary), Läkemedelsservice (Imprest supply), Radiumhemmet (Oncology pharmacy), Kliniska prövningar (Clinical trials) and Hemofiliapoteket (Haemophilic clinic).

I had the pleasure of meeting the Chief Pharmacist of the Charing Cross Hospital (CXH) in London (part of Imperial College Healthcare NHS Trust) in 2014 and was impressed by the continual achievements of the pharmacy department in improving efficiencies and medication safety under pressures from recent adversities such as the Global Financial Crisis and Mid Staffordshire Inquiry. I was keen to follow up on these and learn more about the strategies and leadership style that made this hospital department successful.

Whilst I gained oversight over a variety of clinical and management aspects, two key themes have continued to resonate with me since completing the preceptorship: expanding pharmacy services in challenging environments and leadership strategies and styles.

Pharmacy services and strategies: Karolinska University Hospital, Stockholm

I arrived on site to see that KUH ran a tight ship for medicines supply and distribution. They recently implemented technological medication safety systems including automated dispensing machines on every ward, the electronic prescription, and barcoding and scanning systems in the dispensary that utilised random storage. However, I also learnt that of the 15800 employees at KUH, only eight were pharmacists – their primary roles were to manage the automated dispensing machines and supply contract with the external pharmacy, and oversee the five aforementioned key areas (dispensary, imprest, oncology, trials and hemophilic clinic). Sweden was still in the process of establishing clinical pharmacy services at the ward level into their public hospitals.

Deregulation of the pharmacy industry in 2009 from a government monopoly to a mostly private market probably wasn't helping. Deregulation increased competitiveness and benefited clients in the community through an increased number of pharmacies, extended opening hours, price reductions and a greater focus on the customer through models such as forward dispensing. However, it also placed a greater emphasis on financial viability and increased the challenge for contracted hospital pharmacies to justify pharmacists on the wards that didn't generate clear revenue. It is now up to the 21 county councils of Sweden to decide whether they want to pay for hospital clinical pharmacy services in each of their jurisdictions. I was told that Uppsala county is leading the way with approximately 20 ward pharmacists employed within their large University Hospital.

I was fortunate to speak with a number of pharmacists from KUH, the contracted pharmacy and their headquarters, about the future of clinical pharmacy at KUH. They were fascinated by my description of a clinical pharmacist's standard day at our hospital that involved spending the majority of their time on the ward speaking with patients, nurses and doctors, optimising medicine regimens and providing advice. One pharmacist likened the culture change that would be required amongst the KUH doctors, "who have been operating for centuries without us [pharmacists]", to "turning a very large ship around".

A senior advisor pharmacist presented his visions that resembled the clinical pharmacist role in Australia, as well as pharmacy practice research they were leading in Sweden to help their cause. I found myself sharing resources and tools that have recently helped support clinical pharmacy development in Australia, such as the Medication Safety accreditation standard, Medication Safety Self-Assessment, National QUM Indicators and SHPA Practice Standards. In this moment I learned that the value of international published literature and tools in supporting our peers to further develop clinical pharmacy couldn't be underestimated.

One thing was clear, this advisor could articulate the essentials: he knew the key people he needed to sell clinical pharmacy to, what the service would entail, when and where it should occur, and most importantly, why it needed to happen: primarily for patient safety. Although it might seem he is sailing against the wind, we know it is not impossible.

Pharmacy services and strategies: Charing Cross Hospital, London

Across the North Sea, in London, the Imperial College Healthcare NHS Trust employs over 200 clinical pharmacists throughout their 3 major hospitals totaling 1200 beds. Some of the recent improvements I saw were in renal services, Antimicrobial Stewardship, medicines information, increased capacity with the use of accredited checking technicians, automated storage and picking machines, and an agreement with a community pharmacy to supply outpatient medicines. During my visit they were also amidst preparations for their electronic medicines management system go-live in two weeks.

I was intrigued by a seemingly new role for pharmacists managing high cost medicines not covered by the NHS for outpatients. With the reallocation of NHS

resources from UK public hospitals to General Practitioners through Clinical Commissioning Groups (CCG) in 2013, the hospital pharmacist now plays a role in advocating for the specialist and patient when requesting the CCG to fund a high-cost medicine for an individual patient. The request is weighed by the CCG against other public health initiatives that could be commissioned such as disease prevention medicines and programs. A pharmacist told me that in most instances, a suitable compromise can be reached between the CCG and hospital but it was important to enter the discussions with a good understanding of public health and health economics in addition to the individual patient's interests.

I was invited to join a ward round in my clinical area of interest: renal. Here I learnt that the team of seven renal pharmacists is now the best-resourced team in the Trust. When asked to describe how this occurred, the Lead Pharmacist informed me they had a very supportive medical champion (nephrologist) who believed in pharmacy and allowed them to demonstrate the value they could add, then championed the integration of further pharmacy services. The team now has pharmacists varying from early career to advanced practitioners and prescribers that contribute to daily ward rounds and outpatient clinics, and are actively involved in research topics such as medicine adherence in transplant patients.

My visit also coincided with the Trust's annual half-day research symposium. Presentations and posters showcased in-house research, some of which have been funded by the Trust through innovation grants (of which a pharmacist was one of five recipients). I learnt that the pharmacy department has collaborated with the local school of pharmacy in key topics such as embedding behaviour change in infection prevention, infection surveillance and capacity building. Importantly, research by the department continues to be supported through the Centre for Medication Safety and Service Quality, directed by a research Pharmacist, and aims to conduct translational research in order to benefit patients.

Summary

Some of the key messages I have taken on board and shared with my peers since returning include:

- Feeling grateful for established hospital clinical pharmacy services in Australia, yet looking forward to advancing pharmacist and technician roles and other unique opportunities to improve capacity and services to consumers
- Maintaining a clear vision and articulating the 'who, what, when, where and why' is important when building cases for expanding services/technology, as well as ensuring current services continue to be understood and highly valued
- Contribution to translational research may not only support improving patient care but also assist our peers to advance the pharmacy profession
- Genuinely believing in what you do and want will help maintain persistence especially when it seems like you are sailing against the wind
- 'Hoist your sail when the wind is fair' and continually seek opportunities that can be used to an advantage, such as the identified champion and national accreditation and benchmarking schemes.

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