Clinical pharmacy at Danish hospital pharmacies 2013

Clinical pharmacy at the hospital pharmacies in Denmark has undergone a significant development within the recent years. To document this, this survey was performed. Hence, the aim was to describe the extent and nature of clinical pharmacy performed at the Danish hospital pharmacies in 2013, and to describe the development of clinical pharmacy at ward and management level from 2008 to 2013 and on patient level for 2003 to 2013.

The current report is based on a questionnaire answered by all hospital pharmacies in Denmark, and the results showed that clinical pharmacy at Danish hospital pharmacies has been developed significantly during the last 5 and 10 years, and that a large diversity in use of resources as well as the type of clinical pharmacy tasks performed at the individual hospital pharmacies.

The study documented an increase of 43% in the number of pharmacies performing clinical pharmacy tasks at Danish hospital pharmacies. One-hundred-and-thirty-six clinical pharmacists, corresponding to about half of the pharmacists employed at hospital pharmacies, are performing clinical pharmacy tasks at various levels. Additionally, 306 pharmaconomists (pharmacy technicians) perform clinical pharmacy tasks. On a weekly basis, 7,550 hours (2,974 by clinical pharmacists and 4,576 by pharmaconomists) are spent on clinical pharmacy tasks.

All hospital pharmacies in Denmark are involved in clinical pharmacy on all three levels, which is an improvement form a similar survey conducted in 2008. The most significant development was documented for clinical pharmacy at patient level. Hence the number of clinical pharmacists performing tasks at this level had increased with 93% since 2008 and 160% since 2003. The development is most likely caused by a combination of several initiatives, e.g. "Operation Life" and "The Danish Safer Hospital Programme", the wish of clinical pharmacists to perform tasks at this level, and an international focus in the literature, which supports the effect of clinical pharmacy. An increase in clinical pharmacy at management level was also documented – primarily due to tasks in relation to 'The Council for Use of Expensive Hospital Medicine' (RADS). The amount of time used by the clinical pharmacists on tasks at ward level has decreased; however, this is most likely caused by a shift of these tasks to pharmaconomists.

Despite the focus on improving medication care at the interface between primary and secondary care, the hospital pharmacies do not seem to have positioned their role within this area at this time. However some administrators and practitioners seem to expect that when the "Shared Medication Record" (a Danish national registry of all citizens’ currently prescribed medicines) has been implemented and optimized, this technical solution will prevent the majority of medication related problems associated with interface challenges.

Within the future 5 years, the hospital pharmacies predict that further development and implementation will take place of existing tasks – especially medication reviews and medication reconciliation. This corresponds with the development documented for the previous 5 years. Tasks regarding mediation care at the interface between primary and secondary care are expected to obtain further focus, and tasks related to clinical pharmacy at
the future “super hospitals” are also predicted to receive further focus. Finally, more tasks regarding RADS are foreseen – e.g. audits of adherence to recommendations.

Clinical pharmacy at hospital pharmacies has developed significantly during the previous 10 years, and as a profession clinical pharmacy seems to be established at the hospital pharmacies. Some time, a slower growth in the number of clinical pharmacists and resources used for clinical pharmacy may be expected. It is, however, uncertain, when such a slowing down will appear. Under all circumstances, a targeted effort is needed to ensure further development and implementation of clinical pharmacy by e.g. introducing specialization of clinical pharmacists, authorization, a clear payment model for the services and a continued communication of research and development activities.

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