

# Abstract Submission for Lyon

## *Patient related services (PRS)*

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### What do physicians expect from clinical pharmacists ?

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**Is this work original?:** Yes

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**Introduction:** Clinical pharmacy is developing positively in Belgium since few years. At the CHU of Liège, a pilot project of the Federal Public Service for Health began in July 2007 and the department of clinical pharmacy was created in February 2008. Currently, the presence of a clinical pharmacist is provided in various departments (geriatrics, oncology, hematology, intensive care). Echoes of pilot projects showed that besides the common characteristics of some patients (heavy conditions, heavy treatments), the success of a project also depends heavily on the context in which it develops (openness and desire of collaboration of other health professionals).

After 2 years of activity, we wanted to compile an inventory on the perceptions, needs and expectations for clinical pharmacy in 2010 in our institution.

**Materials & Methods:** In December 2009, we sent a questionnaire to 600 doctors (professors, assistants and seniors) and 60 nursing unit heads of our hospital. In this questionnaire, partially inspired by Ampe et al. [1], people were asked to position themselves on the needs, activities to develop and expected benefits of clinical pharmacy.

**Results:** The response rate is 25.3%, or 167 forms filled (out of 660 sent)

48% of respondents have already had contact with a clinical pharmacist. 88% are in favor of the presence of a clinical pharmacist in their service and 79% feel that a clinical pharmacist would be interesting in their unit. Only 17% believe that the clinical pharmacy represents an obstacle to their therapeutic freedom.

The most interested services are Geriatrics, Nephrology, and Intensive Care. The less interested services are Medical Psychology and Emergencies.

Of the 16 planned activities, the five most frequently requested activities are: to signal interactions (99%), pharmacovigilance activities (97%), inform / train staff (97%), propose alternatives (96 %) and suggest adjustments to therapy (92%).

The greatest benefits are expected for quality and security of the therapy mainly by preventing drug interactions and adverse drug reactions, and by improving knowledge.

Profits are expected to be weaker on costs reduction associated with length of stay and compliance with guidelines, protocols and recommendations.

**Discussion, Conclusion:** The results of this survey allowed us to identify the services most interested by clinical pharmacy and the type of activities to develop in priority. It also help us to make our services most appropriate and most complementary to the expectations and needs of other healthcare professionals.

Recognition of specific competences of the clinician pharmacist and contributions of its presence in the units can still be greatly improved.

In repeating this survey in 5 or 10 years, we hope to assess progress and find new ways of development for clinical pharmacy.

**Bibliographic references:** 1. Ampe et al., Klinische Farmacie, een positieve ontwikkeling op de weg naar een betere patiëntenzorg in de Belgische ziekenhuizen, Tijdschrift voor Geneeskunde (2006) 62:1273-1284

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