

# WORKSHOP 5

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**To empower community pharmacists to provide pharmaceutical care for PWID who live at home/independently**

- **Aim:** To develop and test a service that will empower the pharmacist with the ability to identify and address pharmaceutical care needs and improve the care of cognitively impaired patients with complex clinical needs, living at home.
- **Method:** Model for improvement
- **Intervention:**
  - Develop a screening tool
  - Needs assessment
  - Communication tools
  - Tool for teambuilding in pharmacy

**Multi-morbidity guideline: resolving competing & conflicting priorities in medication use**

- **Aim:** Develop & test pharmaceutical care intervention in order to improve care for people with cardiovascular disease (complex patients), with at least 2 other comorbidities in community pharmacy.
- **Target population:** Underprivileged populations, patients with cardiovascular disease
  - Patients on ace-inhibitor & beta-blocker and at least two other co-morbidities
    - Cardio-vascular disease
    - Depression
    - Painful conditions
    - COPD
    - Diabetes
- **Design:** Multiple baseline study
- **Intervention:** Adapt the Ariadne principles to a pharmaceutical care intervention.

MUTH et al. 2014, BMC

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**Multi-morbidity guideline: resolving competing & conflicting priorities in medication use**



# RESULTS WORKSHOP 5

## Model for improvement: PDSA

## Adapt Ariadne principles to pharmaceutical care intervention



### MODEL FOR IMPROVEMENT DATE: 2<sup>nd</sup> of February

#### Objective for this PDSA Cycle:

Is this cycle used to develop, test, or implement a change?  
What question(s) do we want to answer on this PDSA cycle?

1. This SDO is accepted in a sample of 10 general practices with CCG, in legal form.
2. And how long will it?
3. And how prevalent?

#### Plan:

Plan to answer questions: Who, What, When, Where

Who: The two, three pharmacists

What: Introduction SDO to 10 general practices via website, address and fax

When: Tuesday 13<sup>th</sup> - 17<sup>th</sup> of February

Where: Community Pharmacy

Plan to monitor: How, What, When, Where

1. Does the GPs think that the tool is valid? - 10/10
2. Does the pharmacist think that the tool is valid? - 10/10
3. Is the patient willing/happy to use the tool? - 10/10

Predictions: In questions above based on plan:

1. Does the GPs think that the tool is valid? - Yes and they will think that it is a good idea - and they will have comments on the layout - presentation and use of the tool.
2. Does the pharmacist think that the tool is valid? - Yes - but there might be some resistance to use it because the information the pharmacist gets is very limited - and maybe it will create more Q than A's.

3. Is the patient willing/happy to use the tool? - 10/10 GPs will - so we will - 80% - 100%

#### Do:

Carry out the change or test. Collect data and begin analysis:

	Patient acceptance	Carer/pharmacist	Pharmacist/clinician
Pharmacist 1	10/10	10/10	10/10
Pharmacist 2	10/10	10/10	10/10
Pharmacist 3	10/10	10/10	10/10
Pharmacist 4	10/10	10/10	10/10
Pharmacist 5	10/10	10/10	10/10
Pharmacist 6	10/10	10/10	10/10
Pharmacist 7	10/10	10/10	10/10
Pharmacist 8	10/10	10/10	10/10
Pharmacist 9	10/10	10/10	10/10
Pharmacist 10	10/10	10/10	10/10
TOTAL	100%	100%	100%

#### Study:

Complete analysis of data:

- There are differences between Patient, Carer and Pharmacist assessment.
- Only two patients have agreement between all three respondents.

Patient acceptance is lower than expected.

Prediction of pharmacist reaction was confirmed and needs further investigation.

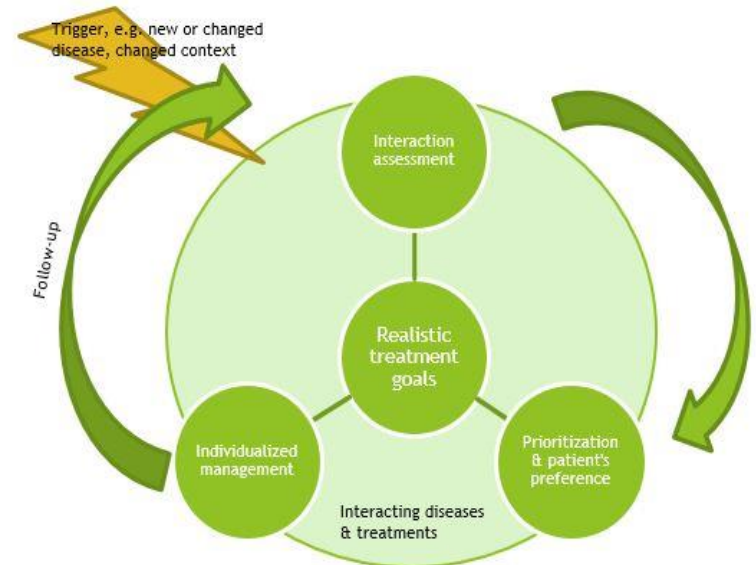
Carer/pharmacist not as predicted.

Compare the data to your predictions and summarize the learning.

#### Act:

Are we ready to make a change? Plan for the next cycle:

We need to know more about the Pharmacist acceptance of the tool and if it will be used in this group of patients.





**TO BE CONTINUED...**

