

A Pharmacist Day in Oncology Pharmacy



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P104

Introduction

For more than 25 years Oncology Pharmacy represents a solid component in the treatment of cancer patients. Its fields of activity had to be redefined and processes redesigned and tested for feasibility. The contribution of Oncology Pharmacy is used daily by members of the healthcare team. The action of a pharmacist is not sufficiently documented; therefore we want to bring some light into the darkness.

Materials and methods

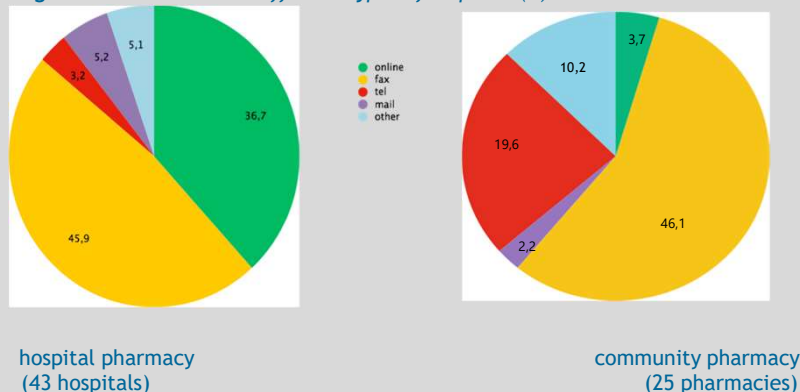
To find out how pharmacists make practical contribution throughout the day, we invited members of the DGOP to document their activities for one week. In the end we asked them to give us the summary of their daily routine in Oncology Pharmacy field. All activities that are not related to oncology should be disregarded.

We asked about the following:

- The manner in which the request has been processed: online, fax, mail or phone.
- The number of preparations per day, classified by: cytostatic drugs and antibodies, parenteral nutrition, analgetic formulations and antibiotic solutions.
- The number of dispensed oral anticancer drugs per day.
- The time required for the manufacture, treatment management of i.v. as well as oral medication, billing, and internal QMS.
- The amount of daily contacts with physicians, patients, their families and payers, as well as the kind of contact: personally, by mail or by phone.

Results and discussion

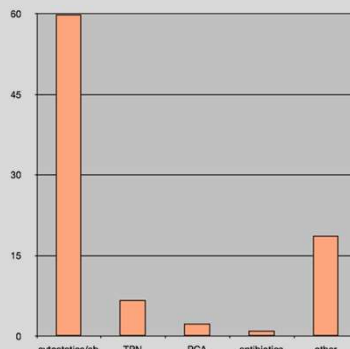
Figure 1: Mean Values - Different types of requests (%).



According to §7 of the pharmacy operation rules in Germany, the pharmacist has the duty to check the requests regarding correctness and plausibility. Almost 20% of prescriptions in community pharmacies are taken by phone. By using this kind of communication we presume a higher risk of misunderstandings and therefore mistakes (fig. 1).

When evaluating the responses of pharmacists, we asked ourselves whether there would be differences between hospital pharmacies and community pharmacies and which priorities are available. Since in Germany cytotoxic infusion solutions are prepared in both, hospital and community pharmacies, it was interesting to see that the average daily amount of about 60 preparations was nearly equal (fig. 2). The higher amount of nutritional solutions and other recipes in hospital pharmacies is due to the acute situations.

hospital pharmacy (40 hospitals)



community pharmacy (29 pharmacies)

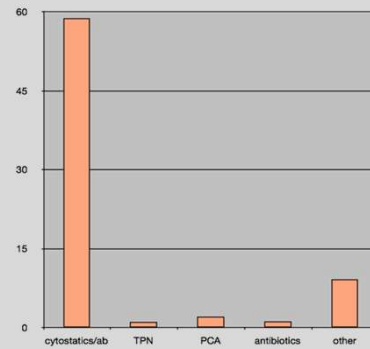


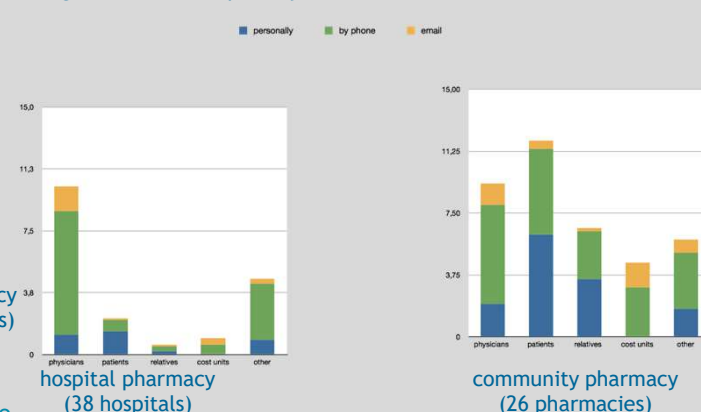
Figure 2: Preparations per day.



Figure 3: Investment time - mean values in hours.

Also, the time required for the production of cytostatic solutions behaved similarly (fig. 3). Differences exist with regard to the management of parenteral and oral therapy. As in Germany the oral cancer drugs are handled only in community pharmacies, the time investment in the hospital mostly refers to treatments of comorbidities.

Figure 4: Contacts per day.



The way of communication with physicians is approximately equal in both areas (fig. 4). In community pharmacies it is naturally much more common to speak with patients and relatives and in addition the settlement of accounts requires more effort in conversations.

Conclusion

25 years after implementing pharmacist in the treatment process, a considerable demand for process improvement is needed. Consulting activities of the pharmacist must assume an even greater extent, in order to provide all the necessary support to the patient.

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Results and discussion

It regards both, hospital and community pharmacies. Around 600 pharmacists were contacted. At the time of preparation of this abstract, 40 responses had been received. More answers are about to be collected and evaluated in the following weeks. For ECOP representative results will be presented.

Conclusion

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