



## INTERNATIONAL JOURNAL OF PHARMACEUTICAL RESEARCH AND BIO-SCIENCE

### A REVIEW ON GOAL AND MANAGEMENT SERVICES OF HOSPITAL PHARMACY

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Accepted Date: 16/07/2017; Published Date: 27/08/2017

**Abstract:** This article describe the profession of hospital pharmacy also role and responsibility, minimum qualification and minimum standards. The Pharmacist's role is to provide adequate and safe supply of effective and high-quality drugs in suitable dosage forms consistent with the needs of the patients and to rationalize drug utilization in association with the medical condition. In this Pharmacist can apply skill & knowledge to the development of medication therapy to correctly and properly utilization of the Pharmacy Service; to provide better patient care and to maximize the patients compliance in drug use process avoiding adverse effect of drug. Hospital pharmacy explains the admission procedure of patient in hospital as well as infection control services and their management in hospital.

**Keywords:** Pharmacy, Clinical Pharmacy, Pharmacist, Pharmacy Technicians, Operation and infection control services etc



PAPER-QR CODE

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Access Online On:

[www.ijprbs.com](http://www.ijprbs.com)

How to Cite This Article:

Sachin R. Patil, IJPRBS, 2017; Volume 6(4): 93-117

## INTRODUCTION

### Hospital: -

The hospital is a complex institute or organization utilizing combination of requirements, specialized technical equipment and working through a qualified and trained (physicians, surgeons & team of technical staff) people educated to the problem of modern medical science. These are all welded together for purpose of restoration and maintenance and preservation of good health.<sup>1</sup>

### Hospital Pharmacy: -

It is one of the most important departments of hospital. The department in a hospital which is under the direction of a professionally competent legally qualified pharmacist, which deals with storage, compounding, dispensing, manufacturing, testing, procurement and distribution of drug or all medications to the nursing units and other services, where special prescriptions are filled for patients in the hospital.<sup>1</sup>

### General Principle of hospital pharmacy:-

The hospital shall maintain a Pharmaceutical Service that conforms with moral and professional values and lawful requirements. The organization of a hospital pharmacy must gratify the need for pharmacists performing their role as the very important link between the general public & policy makers dedicated to patient care. The pharmacist's role is to provide adequate and safe supply of drug also supply effective and high-quality drugs in suitable dosage forms consistent with the needs of the patients and to rationalize drug utilization in association with the medical staff.<sup>2</sup>

### Goals for hospital Pharmacy<sup>2</sup>:-

Just as any institute must have long-range goals toward which its daily activities are directed, so must a profession, its members, and their representative societies. The major goal of hospital pharmacy is given below-

**Goal 1:** Increase the level to which pharmacists help hospital inpatients & non-hospitalized patients achieve the best use of medications without any side effect.

**Goal 2:** Increase the extent to which pharmacists passively apply skill & knowledge to the development of medication therapy.

**Goal 3:** Increase the extent to which pharmacist act as an important role in improving the safety use of medication.

**Goal 4:** Increase the extent to which hospitals and related healthcare settings apply technology effectively to improve the safety of medication use.

**Goal 5:** Increase the extent to which pharmacy departments in hospitals to provide health education to the people and on behalf of their communities<sup>[1,2,3]</sup>

The American Society of Hospital Pharmacists, in its Constitution and Bylaws, sets forth the following major goal for hospital pharmacy:

1. To provide the maximum benefits of a qualified, trained and sophisticated hospital pharmacist to patients and health care institutions, to the allied health professions, and profession of pharmacy.
2. To help in providing an adequate supply of such experienced, educated, trained hospital Pharmacists.
3. To assure a high quality of professional practice through the establishment and maintenance of standards of professional ethics, education, and attainments and through the promotion of economic welfare.
4. To assist research study in hospital pharmacy.

**General Objective: -**

To correctly and properly utilization of the Pharmacy Service to provide better patient care and to maximize the patients compliance in drug use process avoiding adverse effect of drug.

**SPECIFIC OBJECTIVES<sup>3</sup>:-**

1. To provide high quality medications at all times in appropriate dosage forms consistent with the needs of the patients in collaboration with the medical Staff
2. To rationalize drug utilization and procurement in collaboration with the Hospital Pharmacy and PTC.
3. To provide effective and competent professional service to in and out- patients of all economic levels
4. To utilize resources of the hospital pharmacy in the development and improvement of the profession as a whole;

5. To conduct and support medical and pharmaceutical researches appropriate to the goals, objectives and resources of the pharmacy and hospital to develop a new methodology for preparation of drug or increase a stability of a drug.
6. To maintain the appropriate information sources and develop mechanism of evaluating and transmitting information to the institution's trained staff and patients.
7. To maintain the Pharmaceutical Quality Assurance Program.
8. Co-ordinate and cooperate with different department of hospital.
9. Hospital pharmacy acts as counseling department for staff of hospital.

Gaining an appreciation of pharmacy policies and basic managerial philosophies, understanding the functions, responsibilities, and composition of the P&T Committee and other multidisciplinary committees within the institution

The preceptor should evaluate the student's past experience in the area of hospital pharmacy and establish goals for the rotation which complement and build on the student's experience and future plans. Some of the general areas outlined in the objectives follow:

### **I. Drug Distribution**

Receiving and interpreting orders for completeness, accuracy, legal requirements, patient safety, and incompatibilities.

### **II. Consultation with Health Care Providers**

Exercising judgment concerning the information conveyed, verifying the authenticity or clarifying the medication order, answering questions, locating possible interventions using the patient profile and communicating concerns in a tactful manner.

### **III. Preparation of the Drug Order**

Selecting the correct product and dosage form, complying with the institution's formulary, generic or therapeutic substitution policies, and other procedures, correctly preparing any extemporaneously compounded product, correctly packaging, labeling and dispensing the preparation

#### **IV. Preparation of IV Admixtures**

Interpreting orders and checking for accuracy, legality, safety and incompatibilities, correctly preparing various forms of admixtures, properly packaging, labeling and dispensing the preparation

#### **V. Monitoring Utilization**

Inspection of drug storage, administration, and documentation of orders in patient care areas, Interpreting medication histories, patient records, medication profiles, and other records to insure the patient is receiving the appropriate therapy participation in regular quality assurance procedure including drug utilization evaluation studies.

#### **VI. Managerial Procedures and Committees**

Gaining an appreciation of pharmacy policies and basic managerial philosophies, understanding the functions, responsibilities, and composition of the P&T Committee and other multidisciplinary committees within the institution

#### **VII. Drug Information**

Interacting with pharmacists and other providers in an appropriate and professional manner, becoming familiar and proficient in the use of information sources and participating, if possible, in-service or other educational programs for pharmacists or other health professionals at the end of the experience, the preceptor will complete the evaluation document provided.

#### **MINIMUM STANDARD FOR HOSPITAL PHARMACY<sup>4</sup>:-**

Pharmaceutical services in institutions have numerous components, the most prominent being

- (1) The distribution, procurement, and control of all Pharmaceuticals used within the hospital.
- (2) The evaluation and distribution of comprehensive Information about drugs and their use to the institution's staff and Patients.
- (3) The assessment, monitoring, evaluation and assurance of the quality of drug to be use.

The vital function of this document is to serve as a guide for the development, improvement of pharmaceutical services in institutions. It will also be helpful in evaluate the scope and quality of hospital services.

**GENERAL QUALIFICATIONS OF A HOSPITAL PHARMACIST<sup>5</sup>:-**

A hospital pharmacist should be control a hospital staff i.e. his co-workers, as well as the medical, nursing staff and other clients. The pharmacist must be physically and mentally fit to perform his duties. The hospital pharmacist should be energetic, hard-working and cooperative. He must be good public relationship. The hospital pharmacist must be sufficient knowledgeable in pharmacology, pharmacokinetics, pathophysiology, pharmaceuticals, therapeutics, patient care techniques, adverse effect of drug.

The hospital pharmacist should know the rules and regulations to the practice of hospital pharmacy, and habit forming drugs. He should be regularly assisting the health practitioners regarding medication, dose, use and its side effect. The main qualification required is given as below

1. B.S. Degree in Pharmacy;
2. Duly licensed by law to practice pharmacy;
3. With at least three (3) years experience, 1 year on supervisory work and 2 years as dispensing pharmacist with on-the-job training/continuing education; and
4. Physically, structurally, mentally and morally fit to work.

**Following standards are required to hospital pharmacy<sup>6</sup>:-****Criteria 1: Administration**

The pharmaceutical service shall be directed by a professionally competent, legally qualified pharmacist. He or she must be on the same level within the institution's administrative structure as directors of other clinical services. The director of pharmaceutical services is responsible for:

- (1) Setting the long- and short-range goals of the pharmacy based on developments and trends in health care and institutional pharmacy practice and the specific needs of the institution.
- (2) Developing a plan and schedule for achieve these goals of hospital pharmacy.
- (3) Supervise the implementation of the plan and the day-to-day activities associated with hospital pharmacy
- (4) Determining if the goals, plan and schedule are being met and instituting corrective and or good actions where necessary.

The director of pharmaceutical services, in carrying out these tasks, shall employ an adequate number of competent and qualified personnel.

#### **Criteria II: Facilities**

There shall be sufficient space, apparatus, equipment and supplies for the professional and administrative functions of the hospital pharmacy. The pharmacy shall be located at ground floor or first floor of the hospital near to the outpatient department, hospital library, drug information Centre and attached to the manufacturing department of hospital. It must be integrated with the facility's communication and transport systems. The minimum space for hospital pharmacy department is 250sq. feet as per schedule N.

In hospital the separate area provided for distribution, dispensing, and storage of drug for sub departments of hospital pharmacy

#### **Criteria III: Drug Distribution and Control**

The pharmacy shall be responsible for the distribution, procurement, and control of all drugs which is used in a hospital. This responsibility extends to drugs and related services provided to inpatient, outpatient and ambulatory patients. Policies and procedures for drug distribution and control shall be developed by the pharmacist with involving or considering hospital staff and various committees in hospital. In doing so, it is necessary that the pharmacist regularly be present in all patient-care areas, establish rapport with the personnel, and become familiar to medical and nursing procedures relating to drugs.

#### **Criteria IV: Drug Information**

The pharmacy is responsible for providing accurate, comprehensive information about drugs and their use to the institution's staff and patients. The pharmacy act as a drug information center

#### **Criteria V: Assuring Rational Drug Therapy**

A vital aspect of pharmaceutical services is that of Maximizing rational drug use without side and adverse effect. For that the pharmacist, in concert with the hospital staff for development of policies and procedures for assure the quality of drug therapy.

#### **Criteria VI: Research**

The pharmacist should conduct and participate in medical and Pharmaceutical research suitable to the goal, objectives, and resources of the pharmacy and the organization.

**The Pharmacy Service shall expect the following services components<sup>7</sup>:**

### **The Office of the Chief of Hospital**

1. To Supports and approve all authorized necessities related to the hospital pharmacy activities or programs.
2. To supply of safe, efficient and high-quality quality drugs inappropriate dosage forms consistent with the requirements of the patients and rationalizes drug utilization in collaboration with the hospital staff.

### **Administrative Services<sup>8</sup>**

#### **Attends to the following economic matters:**

- Budget requirements.
- Supply - properly documented the actual drug procurement and turn-over of delivered drugs in pharmacy.
- Accounting - availability of finances and replacement of revolving fund.
- Billing –To maintained the record of or report on all drugs paid by the patient based on forwarded charge slips. Also report the billing of other personnel, housekeeping, engineering and maintenance requirements.
- Forwards charge slip to the billing section for drug payment of patients before to their discharge from hospital.
- Preparation of Requisition Issue Vouchers (RIVs) with the Specifications, cost, quantity of drugs based on the authorized Price Schedule with attached individual stock position sheet of each item for the actual procurement of drugs.

### **Medical Social Work Service**

- Responsible for patient classification, and assistance for drug availability to patients in hospital pharmacy.
- Assures availability of drugs for inpatients and outpatient.

### **Nursing Service**

- Responsible for the patient's drug needs and all other drug-related matters.
- To provide patient and doctor needed drug that affect the Nursing Service.
- Nurses fill a requisition form for delivery of drug at each floor

### Medical Service<sup>9</sup>

- Communicate with the Pharmacy and Therapeutic Committee on drug and drug-related matters.-pharmacist offers advice regarding the action and uses of repeatedly used drug to nursing staff
- To provide important guidelines regarding emergency drug in hospital
- To provide the drug necessities through the PTC
- To establish the Hospital Drug Formulary
- Provides the drug requirements of patients in coordinating efforts:
  - I. Assistance in the preparation of the hospital formulary for giving current clinical judgment to the medical staff based on the Philippine National Drug Formulary (PNDF) and the Generics Act of 1988.
  - II. To assistance in the preparation of the yearly Drug Procurement Program (ADPP) and the semi-annual drug requirement for the DOH bidding
  - III. Active participation and inputs on a Adverse Drug Reaction (ADR), Drug Utilization Review (DUR), Infection Control, etc.

### Dietary Service

- Provides referrals on request for hyper-alimentation diet and TPN
- To provide drug food information.

### Resident Commission on Audit (COA) Auditor

- Liable for auditing matters of hospital
- Establish a superior Inventory Control System - such as it maintain balance between stock in hand & excessive capital investment no over and under stocking of drugs, expire and deteriorate drugs, breakages, etc.

### ROLE OF PHARMACY TECHNICIANS IN THE PHARMACEUTICAL SERVICES<sup>10</sup>

The pharmacist and pharmacy technician are vital professionals on the healthcare team. The main liability of the pharmacist is to see that drugs are dispensed correctly and used suitably. The technician assists the pharmacist in this endeavor. It has become more and more important for hospital pharmacist to focus their expertise and judgment on direct Patient care and

counsel to the patient regarding the route of administration, drug reaction etc.. Accordingly, responsibilities related to dispensing have shifted to the pharmacy technician. A pharmacy technician is defined as an individual working in a hospital pharmacy who, under the direction of a qualified pharmacist, assist in activities not requiring the professional decision of a pharmacist. The roles and responsibilities vary from country to country. Technicians are involved in drug distribution and control of drug. The few responsibilities include:

- Receiving written prescriptions or requests for prescription refills.
- From patients or their caregivers.
- Checking the information on the prescription is correct and complete.
- Weigh, measure, counting, and mixing the medication.
- Preparation of label for prescriptions and selection of appropriate container.
- Establishing and maintaining patient medication history.
- Order and stock prescription and over-the-counter medication.
- Take part in drug studies.
- Taking prescriptions over the telephone.
- Transferring prescriptions.
- Tracking and reporting errors.

#### **ROLE CHIEF PHARMACIST<sup>11</sup>**

Provide the overall management of the activities of the Pharmacy Service of comparatively in all hospitals and perform other related functions. Specifically, the Chief Pharmacist shall:

1. Set up and apply policies and procedures of the pharmacy in hospital.
2. Educate, train and control all employees of the Pharmacy Service.
3. Assess and grant schedule of duty of the pharmacy staff.
4. Prepare requisitions of drug list and other supplies for procurement of hospital.

5. To provide information regarding new drugs and drug therapy to hospital staff i.e. physicians, nurses and other medical staff of the hospital.
6. Actively participate in the hospital's Pharmacy and pharmacy Therapeutics Committee (PTC) as a member.
7. To Study and assist the evaluation reports on ADR, DUR and Infection Control Programs.
8. To plan and prepare research study on socio-economic pharmaceutical operational and clinical research.
9. Control the posting and checking of deliveries to bulk storeroom of the pharmacy for safety and proper storage of drug.
11. To provide suitable & proper educational programs for hospital staff.
12. To arrange and participated the Quality Assurance Program (QAP).
13. To conduct meetings ,seminar-workshops ,review meetings related to drugs and hospital pharmacy practices.
14. Recommend pharmacy growth, expansion, development or improvement to the COH.
15. To check, observe and evaluate overall performance of the pharmacy staff and approve performance ratings of the pharmacy personnel.
16. Check, observe, control and maintenance of the drug inventory control program.
17. Control harmful, habit formation drug and regulated drug distribution and drug supply activities.
18. To perform other pharmacy related functions.

#### **SUPERVISING PHARMACIST<sup>12</sup>**

To Supervise and control the activities of the Pharmacy Service of smaller, large, private general or special hospitals and/or supervise and control the activities of employees in the Pharmacy Service of comparatively large, smaller, private general or special general or special hospital, and perform other associated functions.

Specifically, the Supervising Pharmacist shall:

1. To perform the duties, responsibilities and functions of the chief pharmacist in his/her absence.

2. To help and assist in the planning, scheduling of extraordinary projects, training guidance of pharmacy interns and Personnel in different areas of the Pharmacy practice.
- 3 To help and assist in the preparation of policy and procedures of the Pharmacy practice.
4. To Supervise and control clerical and record-keeping activities.
5. To Supervise and control the preparation of delicate or fragile prescriptions not commercially available.
6. To control the ADR, Infection and DIJR reports.
7. To Control &Supervise the receiving, checking and proper storage of drugs and other medical supplies.
8. To prepare schedule of duties of pharmacists and other personnel in hospital.
9. Supervise & maintain the drug inventory control program.
10. Assist in the preparation of requisitions of drug to each floor of hospital.
11. To assist in the planning and preparation of research and experimental studies.
12. Assist in the preparation and organization of suitable educational pharmacy programs for medical staff and pharmacy interns.
13. To supervise and give guideline regarding dispensing of drugs to in and out-patients.
14. Check and observe complete work of pharmacist before issuance.
15. To give guideline in the preparation of the Quality Assurance Program of the Pharmacy practice.
16. Attend and participate the meetings, seminar-workshops and consultative meetings related to drugs and hospital pharmacy practices.
17. Assist in the estimation of the overall performance of the pharmacy staff and to review performance appraisal forms of pharmacy personnel.
18. Perform other related functions.
19. Listing of all regulated, habit forming and narcotic drugs on their appropriate books.
20. To Supervise and control clerical and non clerical staff of pharmacy.

21. Record the ADR in hospital and should analyze them.
22. To participate in post-marketing surveillance programs and prevents drug-induced diseases.

### **SENIOR PHARMACIST<sup>13</sup>**

Under general supervision, the Senior Pharmacist shall supervise the activities of a small group of employees of the Pharmacy Service of a general hospital or special hospital and perform other related functions. Specifically, the Senior Pharmacist shall:

1. To perform the functions and farm duties of the supervising pharmacist in his/her absence.
2. Assist the supervising pharmacist for performs other duties relating to the preparation, care, distribution and evaluation or assessment of drugs and supplies.
3. To help and assist the supervising pharmacist in planning, organizing and implementation of pharmacy policies and procedures of the hospital.
4. Guide to other hospital staff in work prioritization and specific tasks to be performed and reviewed.
5. Maintain the record of controlled drugs to registered opium and additional opium books.
6. Supervise drug compounding activities in hospital.
7. Supervise the maintenance of the Drug Information Center with updates, journals and literature files, etc.
8. Supervise the bottling and labeling of stocks from bulk compounded stocks.
9. To observe control & monitor drugs in all treatment areas.
10. Participate in research study & development activities.
11. Discuss performance report with subordinate employees.
12. Inspect and evaluate stocks, equipment and requisitions needed as per requirement of hospital
13. Assist or give guidelines regarding the preparation of intravenous admixtures.
14. Assist in the training of pharmacy interns to the fresher staff.
15. Organize & take part in the QAP of the Pharmacy Service.

16. Perform & carry out other hospital pharmacy related functions.

### PHARMACIST

Under general supervision, the pharmacist fills and dispenses drugs and medical supplies to in-patients and Out-out-patients ordered or prescribed by a licensed physician, dentist or veterinarian specifically, the Pharmacist shall

1. Fill prescriptions and dispense drugs.
2. Compound preparations not available commercially.
3. Label all drug containers issued to various services.
4. Check the manufacture and expiration dates and labels of drugs.
5. Post delivery receipts and record issuances of drugs to ledger cards and accomplish issue report forms after every shift.
6. File prescriptions and maintain them for the required number of years as prescribed by law.
7. Participate in medical rounds when deemed necessary for medication history of patients in promoting rational drug therapy.
8. Notify physicians of any therapeutic incompatibilities, potential drug interactions and duplicate prescriptions.
9. Make certain that the right patient takes the right drug and right dosage at the right time.
10. Maintain follow-up inventory weekly.
11. Prepare/check/sign charges to pay/Medicare patients on medications.
12. Participate in research activities.
13. Attend scientific seminar-workshops/consultative meetings and continuing education on drug-related matters and hospital pharmacy practices.
14. Participate in the QAP of the Pharmaceutical Service.
15. Prepare performance appraisal report.
16. Perform other related functions.

**To the preceding can be added the following objectives<sup>14</sup>**

1. To expand and strengthen institutional pharmacists' abilities to:-

- a) Effectively manage an organized pharmaceutical service.
- b) Develop and provide clinical services.
- c) Conduct and participate in clinical and pharmaceutical research.
- d) Conduct and participate in educational programs for health practitioners, Students, and the public.

2. To increase the knowledge and understanding of contemporary institutional pharmacy practice by the public, government, pharmaceutical industry, and other health care professionals.

3. To promote compensation and benefits commensurate with pharmacists responsibilities and contributions to patient care.

4. To help provide an adequate supply of qualified supportive personnel for institutional pharmacy services.

6. To assist in the growth and expansion of the pharmacy profession in order to transform these goals into realities, all hospital pharmacists should broaden and strengthen their abilities in the following areas:

#### **Effective Administration and Management of a Pharmaceutical Service in a Hospital**

The chief of the Pharmacy Service or personnel specializing in its administration must be familiar with the health care system and the specific functions of the hospital so that objectives can be achieved in cooperation with other hospital services and with other programs that ensure continuity of patient care .Broad areas of administrative and management responsibilities include

Planning and integrating professional services, budgeting, inventory control, cost review, cost effectiveness, audit, and maintenance of records and preparation of reports. As a basis for this responsibility, pharmacy personnel must be thoroughly familiar with the organization of a hospital, staff and line relationships and the appropriate lines of communication. Pharmacy activities must be coordinated with medical, nursing and other services and with the administrative elements of the hospital. The chief of pharmacy or his/her designate is responsible and accountable for all pharmaceutical services related to patient care and expenditure of funds. He/she must be able to analyze and interpret prescribing trends and the economic impact of new drug developments, which, for budgeting purposes, are translated into

forecast for future drug expenditures. The chief of pharmacy or his/her designate must maintain an adequate system of stock and inventory control and must have the ability to control operational cost without compromising services. The chief of pharmacy is responsible for recording all other pharmacy operations which may be legally or administratively required.

### **Development and Provision of Patient-Oriented Services<sup>15</sup>**

Pharmacy, as practiced in the hospital setting, is developing a wide spectrum of clinical services which have become part of the overall pharmaceutical services although it may not be directly associated with drug dispensing. Fundamental to these clinical services is the pharmacist's knowledge of drugs, diseases, patient and drug variables, and his ability to interact closely on a personal basis with other health professionals and patients. Academic training in areas such as toxicology, path physiology and therapeutics, as well as clinical experience, provides the background for a pharmacist to function in this clinical role.

#### **The service includes:**

- Drug information, which encompasses the collection, organization, retrieval, interpretation and evaluation of the applicable literature in appropriate fashion.
- Collection of the pharmacy patient data base.
- Patient education.
- Monitoring and auditing of therapeutic regimens.
- Drug-use review
- Monitoring/reporting of specific adverse drug reactions to decrease their incidence; and

Performing other similar functions designed to improve patient care by maximizing drug use. Clinical functions may also extend to the pharmacist's role in primary care as well as in the management of chronic care patients.

### **A. Development and Conduct of Compounding Extemporaneous another Pharmaceutical Preparations and Packaging Program<sup>16</sup>**

The hospital pharmacist must frequently respond to the need for special dosage forms and formulations not available in the market. This would require an adequate understanding of the principles involved in the preparation of pharmaceutical dosage forms. This would involve the concepts of biopharmaceutics, bioavailability/bioequivalence, stability, microbiology and techniques of medication administration. In some instances, as in the case of intravenous admixtures and total Parenterals nutrition, the pharmacist must be familiar with patient

variables such as electrolyte and fluid balance, and other factors such as personal hygiene, environmental control, and equipment performance.

### **B. Provision of Comprehensive Information of Drugs and their Action**

Fundamental to the pharmacist's contribution to health care is the knowledge of drugs and their actions. Being the primary source of information concerning drugs, the Pharmacy Service must maintain the appropriate information sources as well as develop mechanisms for evaluating information and transmitting it to the institution's professional staff and patients. The pharmacist must know the effects of drugs on biological systems in assessing determinants of every action such as absorption, distribution, metabolism and excretion of a drug; drug interactions with other drugs, food or diagnostic agents; effects of a disease state on the drug's action; and miscellaneous patient and drug variables. This would require knowledge in chemistry, pharmacology, toxicology, pathophysiology, pharmaceuticals, therapeutics, and patient care techniques as well as some background in the social sciences.

### **C. Conduct and Participation in Pharmaceutical Research**

The hospital pharmacist must be prepared to participate in clinical research designated by the medical staff and to conduct pharmaceutical research or initiate it. The pharmacist may act as the principal or co investigator or may use the resources of the pharmacy to support a particular research study. Equally important, is the pharmacist's ability to collect appropriate data, interpret them, apply the conclusions drawn from the data, and transmit the results effectively. An educational background with an appropriate orientation and training in research methodology including criteria for the structure of a research reports therefore recommended.

### **D. Conduct and Participation in Educational Programs/Activities**

A wide range of educational programs/activities involving all health practitioners and students of various health professions is performed routinely in the hospital. The chief of the Pharmacy Service or his/her designate, is responsible for coordinating the pharmacy's contribution to these educational programs. He/she is also responsible for training new personnel and carrying on continuous educational programs for pharmacists, pharmacy support personnel, pharmacy students, etc.

### **E. Development and Conduct of a Quality Assurance Program for Pharmaceutical Services.**

A major responsibility of the Pharmaceutical Service is the assurance of the quality of its services and products dispensed, strictly following the hospital's control program for drug dispensing. The pharmacist must conduct audits to assure that patients are provided with

appropriate benefits of all pharmaceutical services and that quality patient care services are rendered to them.

### **ADMISSION TO THE HOSPITAL<sup>17</sup>**

Person staying at a hospital one day or more is called hospital admission. This is because of person is sick and required 24hr nursing care or carry out a different test or receiving a medication under observation of medical supervisor or operation can be performed in the hospital.

#### **Purpose**

Staying in the hospital overnight is done because the individual is too sick to stay at home, requires 24-hour nursing care, and/or is receiving medications and undergoing tests and/or surgery that can only be performed in the hospital setting.

Mainly 2 types of hospital admission 1) Emergent hospital admissions usually happens when a patient seen in the emergency department 2). Elective hospital admissions - bed be reserved for a patient on a specific day for the request of doctor

For the hospital admission following point or factor to be considered

- Factors that influence whether you will be admitted to the hospital
- What happens once you are admitted
- Your rights as a patient
- How to improve you're or a family member's care during and after the admission process

#### **Description**

A person may be admitted to the hospital for a positive experience, in the emergency department. Being admitted through the emergency department is the most stressful of these circumstances because the event is unexpected and may be a major life crisis.

Before the person is admitted in hospital, the admitting procedures are performed. That is the personal information of patient should be filled in compute. This information may be including:

- name of patient
- address of patient
- home and work telephone number

- date of birth
- place of employment
- occupation
- emergency contact information- if the person being admitted needs emergency care or their condition worsens significantly
- [insurance](#) coverage
- reason for hospitalization
- allergies to medications or foods
- religious preference, including whether or not one wishes a clergy member to visit

There may be several forms to fill out. In that one form may be filled the past history of patient or medication history of patient. This information is helpful for physician to diagnosis purpose. This history also includes past hospitalizations and surgeries. this information readily available which is helpful for the process move faster, and easily.

Once the admitting information has been completed, then one room to be provide to the patient. This is may be semi-private room or private room, on the basis of patient condition he choose the type of room. If the patient, choose private rooms then the individual is willing to pay the extra cost (but the insurance companies cover the cost of a semi-private room).

When extremely close observation is needed to patient that can only be given in specialized care called an [intensive care unit](#) .In that unit visiting hours are more limited than in the regular rooms. Patient condition is improved then patient is transferred to a room.

#### **PATIENT REGISTRATION FORM<sup>18</sup>**

##### **HOSPITAL INFORMATION**

- Hospital Name
- Hospital Address
- Street Address Street Address Line 2
- City State / Province
- Postal / Zip Code Country

- Hospital Phone Number
- Registration Location ex: ER, Clinic, etc      Registration Date and Time \*

#### **PATIENT PERSONAL INFORMATION**

- Patient Name
- Marital Status      Single/ Married
- Birth date      Age      Sex
- Address      City      State      Zip Code
- Home Phone Number      Cell Phone Number
- E-Mail Address
- Occupation
- Referred by Dr. \_\_\_\_\_
- Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **RESPONSIBLE PARTY INFORMATION**

- Name
- Address
- Home Phone Number
- Birth Date
- E-Mail Address

#### **INSURANCE INFORMATION**

- WORKERS COMPENSATION (WC)
- OCCUPATIONAL MEDICINE (OM)
- MOTOR VEHICLE ACCIDENT (MVA)

● ACCIDENT DATE \_\_\_\_\_

● Does the patient have healthcare coverage?  YES  NO

● Name of Insured Social Security Number Birth Date Effective Date Group ID Subscriber ID  
(Policy Number)

● Patient Relationship to Insured  Self  Spouse  Child  Other

\_\_\_\_\_  
● Name of Secondary Insurance

● Name of Insured Date of Birth Group ID Subscriber ID (Policy Number)

● Patient Relationship to Insured  Self  Spouse  Child  Other \_\_\_\_\_

### EMERGENCY CONTACT

● Name

● Relationship to Patient

● Home Phone Number

● Other Phone Number

### Declaration

I agree that the information supplied on this form is accurate and up-to-date to the best of my knowledge. I consent to receive text messages and/or email messages from the practice to any cell number and/or email provided which may include appointment reminders, bills, payment receipts, or marketing materials.

\_\_\_\_\_  
Patient/ Guardian Signature Date

### ADMISSION PROCEDURE FOR OPERATION<sup>19,20</sup>

1) Surgical patient shall have a pre-operative assessment and a provisional diagnosis documented to surgery.

2) An informed consent shall be obtained by a qualified member of the surgical team prior to the procedure on formal consent form of hospital

3) The plan shall also include monitoring of surgical site infection rates.

- 4) Patient shall be admitted to the ward with the permission of MO.
- 5) In evening round investigation, patient fitness and OT medicine shall be checked.
- 6) Deficiencies shall be corrected and those found unfit will be postponed from operation
- 7) Children, elderly, diabetic and seriously ill patient will be given priority on OT list.
- 8) Minor cases, stable patient, infected and hepatitis patient will be put last on OT list.
- 9) For high risk patient needing ICU, a bed in ICU will be arranged a day before.
- 10) For high risk patient anesthetist will be informed a day before.
- 11) Diabetic patient will be converted to injectable insulin after consultation with an endocrinologist for major operation.
- 12) Blood will be arranged a day before surgery and will be made available in the theatre before operation
- 13) When the patient arrives in theatre, the consent form, investigation and OT. Medicine will be again checked by the Doctor authorized by the I/C unit.
- 14) Patient needing major gut surgery will be admitted 2 days before surgery and bowel preparation will be done ward.
- 15) In operation theatre investigation, consent and site of operation will again be checked by the operating surgeon.
- 16) Antibiotics will be given at the time of induction of anesthesia.
- 17) Detailed operation notes will be written by operating surgeon in patient chart and also written in operation register. Post operative treatment shall be written clearly in capital letters on treatment chart.
- 18) After completion of surgery, patient will be shifted to recovery room in supervision of first assistance until fully recovered.
- 19) Only after anesthetist consent the patient will be shifted to ward.
- 20) After operation, SR along with MO will conduct a post op round at 2 and 10pm.

## **INFECTION CONTROL SERVICES IN HOSPITAL<sup>21</sup>**

### **Purpose**

To provide safety for patient and employee within the hospital environment through an infection control program,

**Scope and Objective: -**

- As stated above, the goals of the hospital infection control programme are to prevent or minimize. The potential for infection to patient as well as to staff. The programme itself will have the following objective & scope: -
- To develop written policies, procedures and standards for cleanliness, sanitation and asepsis in the hospital.
- To interpreted, uphold and implement the hospital infection control policies and procedure in specific situation.
- To provide surveillance for different types of infection.
- To review and analyze infection, those occur in order to take corrective step
- To develop preventive measure designed to control, prevent or minimize the risk of nosocomial infection.

**Role and Responsibilities<sup>22</sup>: -**

- To ensure the proper conduct of sterilization and disinfection practices
- Ensure that Bi-Medical waste management is being carried out.
- Conduct Internal Surveillance of Hospital Acquired infection.
- Develop and implement preventive and corrective Programmes in specific situation where infection hazards exist.
- Advice the Medical Officers on matter related to the proper use of antibiotics, to develop antibiotic policies and to recommend remedial measures when antibiotics resistant strains are detected.
- Review and update hospital infection control procedures from time to time.
- Help provide employee training regarding matter related to hospital acquired infection.
- The hospital infection control committee review meetings should be every month.
- To act on recommendation related to infection control, received from the administration, department, services and other hospital committees.

- To analyze and interpret data arising out of surveillance and reporting to recommend remedial measures and to ensure follow up action.

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