2. PHARMACY SERVICE ORGANIZATION AND MANAGEMENT

2.0 INTRODUCTION

Pharmacy service organization and management involves establishing the structure, policies, and procedures for a pharmacy to effectively provide medication-related services. This includes managing inventory, dispensing drugs, ensuring quality control, handling finances, optimizing staff efficiency, and providing essential information to patients and healthcare professionals to improve patient outcomes. A strong organizational structure and rigorous management are vital for maintaining essential drug stocks, controlling costs, and facilitating continuous improvement in medication use. Pharmacy services should be organized and managed in such a way as to ensure patient safety, convenience, privacy and satisfaction. The organization and management should also improve performance and be convenient to practitioners.

Importance of Organization and Management

Ensures Availability of Medicines: A well-organized system guarantees that essential drugs are always in stock.

Cost Reduction: Efficient management reduces waste, optimizes resources, and minimizes unnecessary expenses.

Improved Staff Efficiency: Clear processes and roles help staff work more effectively and save time.

Enhanced Patient Care: Ultimately, effective organization and management contribute to better medication management and improved patient health outcomes

2.1 OBJECTIVES:

- To describe the structure and components of hospital pharmacy service units.
- To ensure patient-centered, efficient, and safe pharmaceutical service delivery.
- To highlight roles, staffing, facilities, and responsibilities in managing pharmacy services.
- To promote integration of clinical and support services for better medication outcomes.

2.2 PHARMACY SERVICE ORGANIZATION

Pharmacy services of the hospital should be organized as outpatient pharmacy services unit, inpatient pharmacy services unit, emergency pharmacy services unit, pharmaceutical supply management unit, drug information services unit, and compounding pharmacy services unit.

Other units shall also be established depending on the hospital complexity and demand. Each unit should be directed by a registered pharmacist.

OPD Pharmacy Service Unit:

Shall be organized in one primary location that is accessible to all categories of patients. But it may also be organized in multiple locations (e.g. general OPD pharmacy, ART pharmacy, chronic care pharmacy, MCH pharmacy, etc.) depending on the arrangement of the OPD clinics, proximity and complexity of the hospital so as to improve accessibility and convenience to patients. Patient waiting areas at OPD pharmacy units should be fitted with adequate seats and shading to ensure patient safety and convenience.

Patients with chronic illnesses should be followed up at respective OPD pharmacy or separate Chronic Care Pharmacies. Depending on hospital's level and service specialization, one or more chronic care pharmacies shall be established. All patients who have follow-up in these pharmacies shall have individual patient medication profile (PMP) records. PMP should be updated by dispensing pharmacist whenever a refill medication or other drugs are dispensed to patient. When a patient presents to pharmacy for a refill, pharmacist must assess patient for signs of compliance/ adherence, effectiveness and safety of therapy. Whenever need arises, pharmacist should communicate with prescriber for any therapeutic modification.

Inpatient Pharmacy Service Unit:

Depending on patient load, number of beds, and accessibility, there should be adequate number of inpatient dispensaries and specialty pharmacies located near major wards. These dispensaries should be led by pharmacists (preferably clinical pharmacists). Inpatient pharmacy services should function under unit dose dispensing system and work for 24 hours and 7 days a week.

Emergency Pharmacy Service Unit:

Should be organized within or near emergency department. The dispensing process should be organized such that medicines reach to the patient as fast as possible. Emergency pharmacies should function for 24 hours and 7 days a week. The unit also prepares ambulance kits for hospital. Pharmacist in charge of unit has to exert necessary efforts to ensure continuous availability of pharmaceuticals at all times in adequate quantities for emergency unit and hospital ambulances.

Besides routine prescription-based dispensing, emergency crash cart system shall be used to avoid delays in availing pharmaceuticals to emergency patients.

Orders received by word of mouth or through telephone during an emergency should later be endorsed by prescriber and be documented in writing before next shift. Quantity prescribed should be limited to emergency period only.

Emergency pharmacy, in addition to supply of pharmaceuticals, shall ensure safe and correct use of medications, as medication error is significantly high in this service area, by integrating clinical pharmacy services within the emergency team.

Extemporaneous Compounding Unit:

In order to respond to specific patient needs, hospital pharmacy should have compounding services with separate premises, equipped with the necessary facilities/materials and meeting all other minimum requirements.

Pharmaceutical Supply Management Unit:

To ensure uninterrupted supply of pharmaceuticals, hospital pharmacy should have pharmaceutical supply management unit. The unit shall have separate pharmaceutical stores for medicines and supplies including consumable medical equipment and lab reagents. The overall operation of the unit (selection, quantification, procurement, inventory management, warehousing and distribution) should be coordinated by a dedicated pharmacist and stores should be managed by separate store manager.

Drug Information Service (DIS) Unit:

Hospital pharmacy should have a drug information service unit to effectively provide evidence based and up-to-date drug information for health care providers and patients/ clients.

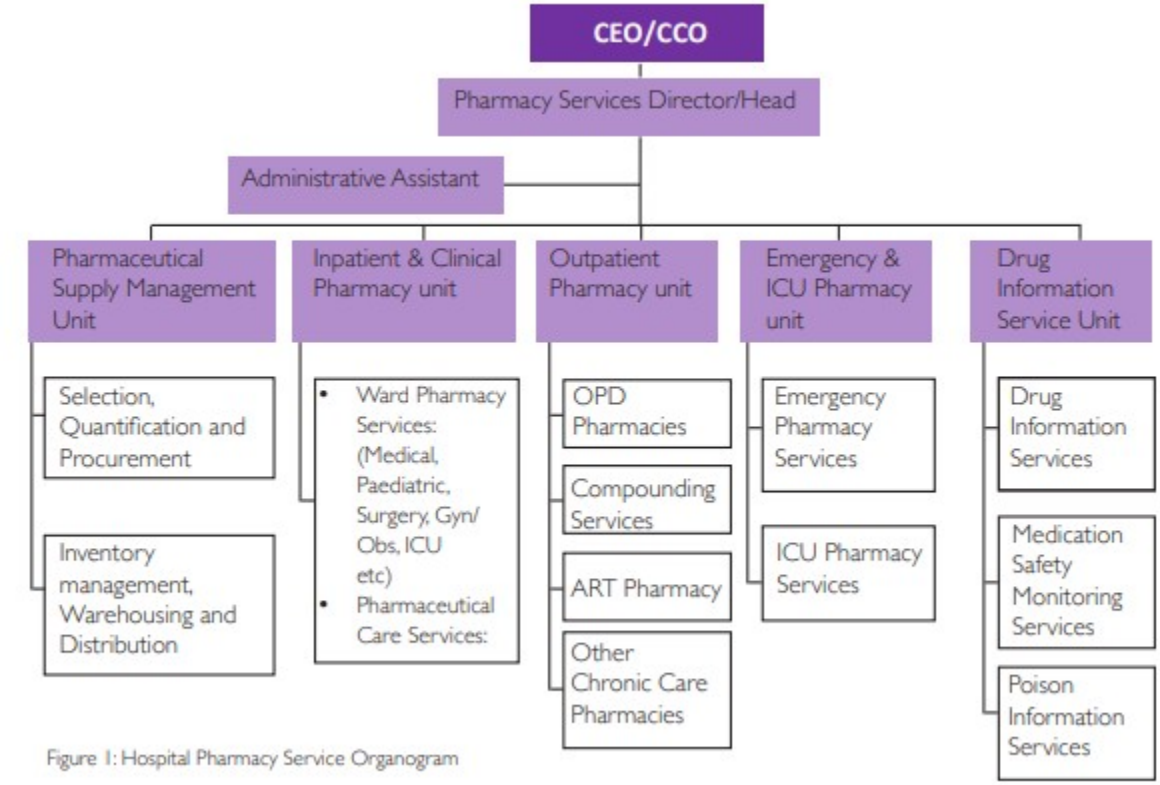

Figure 1: Hospital Pharmacy Service Organogram

Clinical Pharmacy Services:

Hospital pharmacy shall provide clinical pharmacy services in its inpatient, outpatient and emergency departments, service should be well integrated in all clinical departments. All services provided in these departments should be recorded, documented and reported.

2.3 RESOURCES NEEDED FOR PHARMACY SERVICES

To deliver efficient and quality pharmaceutical services, hospital pharmacy should be staffed by professionals with required mix and number based on type of services and workload. Hospital pharmacies should have at least following positions and professional mix:

Pharmacy Services Director/Head: in charge of overall activities of pharmacy services

Pharmacy Unit Coordinators: coordinates the overall activity in each unit. When necessary, there may be team leaders under coordinators.

Pharmacist: in charge of managing dispensing and related functions at the following service areas:

OPD pharmacist: include evaluators, processors and counselors. They dispense medicines to patients and manage assigned bins in dispensing areas. In addition, chronic care pharmacist provides pharmaceutical care to patients with chronic diseases.

Inpatient pharmacist: provides, records, documents and reports clinical pharmacy service for inpatients. In addition, he/she manages and dispenses in ward pharmacies.

Emergency pharmacist: provides pharmaceutical services in emergency department.

Drug Information Pharmacist: provides up-to-date and unbiased drug information for healthcare provider and patients/clients. He/she shall also monitor and evaluate medicine use and safety, conducts patient education and provide poison information services.

Compounding pharmacist: undertakes hospital based pharmaceutical preparations

Pharmaceutical supply management pharmacist: manages selection, quantification, procurement, storage, inventory and distribution of pharmaceuticals.

Pharmaceuticals Store Manager: manages pharmaceuticals store.

Pharmacy Accountants: in charge of aggregating and documenting pharmacy transactions and services.

Cashiers: receives cash from clients and deposits in banks and delivers financial documents to accountants

Porters: responsible for loading, unloading, delivering and arranging pharmaceuticals under supervision of pharmacy professionals in respective unit.

Cleaners: responsible to keep service delivery premises clean and tidy at all time.

Patient assistant: responsible to keep order at dispensing outlets so that patients could be served in an orderly and secure manner

Admin assistant: responsible for secretarial works and office management of pharmacy director/head

2.4 PREMISES, EQUIPMENT AND FACILITIES:

Hospital should have sufficient space for storage, compounding, counseling and dispensing of medicines and for conduct of related administrative activities. Cashiers should be located within dispensing room in a cubicle to ensure patient convenience. Pharmacy accountant office should be stationed adjacent to dispensaries. Store should be in an area that is accessible for trucks to facilitate loading and unloading activities. Separate office with office assistant should also be arranged for the director/head of pharmacy department.

Hospital should ensure availability of basic equipment and facilities to enable delivery of proper pharmacy services, including: tablet counters, packaging and labeling materials, refrigerators, thermometers, shelves, dispensing counters, lockable cabinets, tables, chairs, calculators, computers, printers, etc. All service areas should be clearly labeled. Access to storage and dispensing areas should be restricted to only authorized personnel. Only designated personnel shall have access to keys for entrance to medicine warehouses and dispensing units.

All pharmacy service units should have a sink with running water and continuous electricity with power backup (connected to hospital generator). Toilet should be available and appropriately located. Telephones and internet services should also be available within each service areas.

2.5 PHARMACY SERVICE MANAGEMENT

Hospital pharmacy services need be effectively managed so as to provide patient-centered services in manner consistent with standards. To achieve this, department shall be led by director/head who is assigned by hospital management. Director/head in turn assigns unit coordinators; and team leaders may be formed to execute activities as deemed necessary.

The director/head of the department performs the following activities (in collaboration with respective service units):

Develops, implements, and monitors annual action plans which are approved by hospital management to fulfill mission, vision, goals, and scope of services of hospital.

• Continually monitor the evolving needs of health care units within the hospital and make the necessary adjustments in pharmacy services (including the selection, procurement, distribution and use of medicines) to respond to the emerging needs of clients.

• Follows new developments and trends in health care and hospital pharmacy practice, and communicates to everyone involved in provision of pharmacy services

• Makes sure national service standards and guidelines pertaining to pharmacy practices are made available and implemented

• Continuously performs workload analysis and alerts hospital management for possible action

• Participates in hospital committees and meetings representing pharmacy department including drug and therapeutics committee (DTC)

• Makes sure that new staffs are properly oriented and supervised.

• Plans and implements professional development programs for all staff as appropriate to enhance their knowledge and skills.

• Organizes periodic meetings for discussion among staffs.

• Communicates and collaborates with other departments and services throughout hospital

• Regularly evaluates performance of pharmacy staffs and takes measures accordingly.

• Produces and communicates performance reports to hospital management and relevant government bureaus and agencies.

2.6 SUMMARY:

This module outlines organization and management of hospital pharmacy services, including outpatient, inpatient, emergency, compounding, drug information, and supply units. It details required staffing, infrastructure, equipment, and leadership roles to ensure safe, efficient, and patient-friendly pharmaceutical care. Also emphasizes clinical integration, service accessibility, and professional accountability in hospital pharmacy operations.