

# Breaking down the silo of the hospital pharmacy

Up till now, many of the hospital pharmacy's tasks can be reduced down to medication delivery to a hospitalized patient. However, with increasing focus on patient centricity and seamless care, the pharmacy needs to move beyond this traditional viewpoint and implement a holistic policy.

## Changing environment

The core responsibility of the hospital pharmacy is and will remain the delivery of the right product to the right patient, at the right time, in the right dose and using the right route. Yet this task has become more complex: the ageing population has led to an increased frequency of patients with multiple pathologies, increasing the likelihood of adverse events. The trend towards day case procedures requires not only well-aligned in-house processes, but also needs integration of care processes across the chain of care. The patient is becoming more demanding, and wants to be more informed about – and even involved in – the care process, potentially impacting (standardized) process design.

These examples illustrate just some of the many challenges that the hospital pharmacy faces, at a time when financial pressure is growing. Hospitals are increasingly faced with budget constraints, probing rational use of resources in terms of staff and time. Financial resources are being diverted from the hospital pharmacy to cover for other loss-making departments such as nursing units, but the margins have also been decreasing, leaving less room for highly needed investments. Legal pressure, like the ever more stringent quality and safety requirements, will continue to put the pharmacy under pressure and lead it to rethink its value proposition and operations.

## A refined value proposition

To respond to the changing environment, the hospital pharmacy has to think about

what value means to them and how they should strategically position themselves to realize this. According to Treacy and Wiersema (1997), organizations in general either strive for having the best product (product leadership), the best total cost (operational excellence) or the best total solution (customer knowledge and satisfaction).

These choices also reflect upon hospital pharmacies: to what extent should we stress the clinical, the operational or the service component to maximize the value for the customer? And who is the customer of the hospital pharmacy: which patient, and which patient needs, are we going to serve? Do we only target in-patients, or also patients leaving the hospital and continuing their therapy at home? A one-stop shop for medication and information is most customer friendly, but is the care chain ready to serve those needs?

The hospital pharmacy needs to move from merely being a product provider to also being a service provider. Not only is the delivery of the right product important to the patient, but also receiving the right information and the right follow up (Elliot and Liu, 2010). In that respect, the clinical expertise of the hospital pharmacy should be integrated into care processes (De Rijdt et al, 2009).

Clinical pharmacists should be involved on a structural basis during multidisciplinary meetings, to inform the medical team of the efficacy of a certain therapy and to warn about adverse events. At the same time, the pharmacy should be available to answer questions from and give advice to every patient if necessary. Especially when moving from primary to secondary or tertiary care, the hospital pharmacy has an important role to play in guaranteeing continuity of care. Lastly, the pharmaco-economical expertise can also add value when determining the medication policy across the entire hospital.

## Breaking the silo, from within and without

Is the hospital pharmacy ready to deliver the above value proposition? Clearly, this cannot be realized alone. The hospital pharmacy can no longer work in isolation, but needs to work closely with other parts of the organization. The hospital pharmacy and medical staff, like physicians and nurses, collaborate together to make sure that the right patient gets the right medication at the right time. This entails sharing of clinical expertise, as well as alignment of operational processes.

The hospital pharmacy also communicates on a regular basis with supporting services within the hospital, like the financing department or management. Yet, not only within but also outside the hospital partners are emerging and seeking collaboration to assure, among other things, continuity of care or operational efficiency. This collaboration can be horizontal, with other hospitals, or vertical with family doctors, community pharmacies, industrial partners and increasingly home care.

In order to efficiently succeed in collaborating and integrating, technology seems to be of vital importance. However, both with respect to digitization and automation, hospitals and many of their partners still have a long way to go (Mettler and Rohner, 2009). Also legislation is crucial in achieving the targets, as the current financing policy often leads to postponement of technological investments and does not support the provision of pharmaceutical services including clinical pharmacy. Finally, processes should be well understood, both those within the organization (the shift towards unit dose dispensing systems) and between organizations, which requires a new skillset of the pharmacist that often needs additional development. The impact of process modifications should not only be assessed within the hospital, but include all partners that are involved in the patient's chain of care. **BJHM**

**Rein Robberecht**

Senior Research Associate  
Technology and Operations Management  
Vlerick Business School  
Belgium

**Brecht Cardoen**

Assistant Professor  
Technology and Operations Management  
Vlerick Business School  
Belgium  
(Brecht.cardoen@vlerick.com)

**Paul Gemmel**

Professor  
Faculty of Economics and Business  
Administration  
Department of Management Information  
and Operations Management  
Ghent University  
Belgium

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**KEY POINTS**

- Environmental changes on both the macro and micro level pose serious challenges to the operation of the hospital pharmacy that call for action.
- The hospital pharmacy operates in a chain of care and can therefore not tackle all these challenges alone. This requires action to break the silo mentality.
- A better understanding of the role of the hospital pharmacy will be the stepping stone to realizing change in the entire care chain. An end-to-end vision of care needs to be embraced.
- In a truly patient-centred era, the care processes should follow the patient – all too often, the patient follows the process.

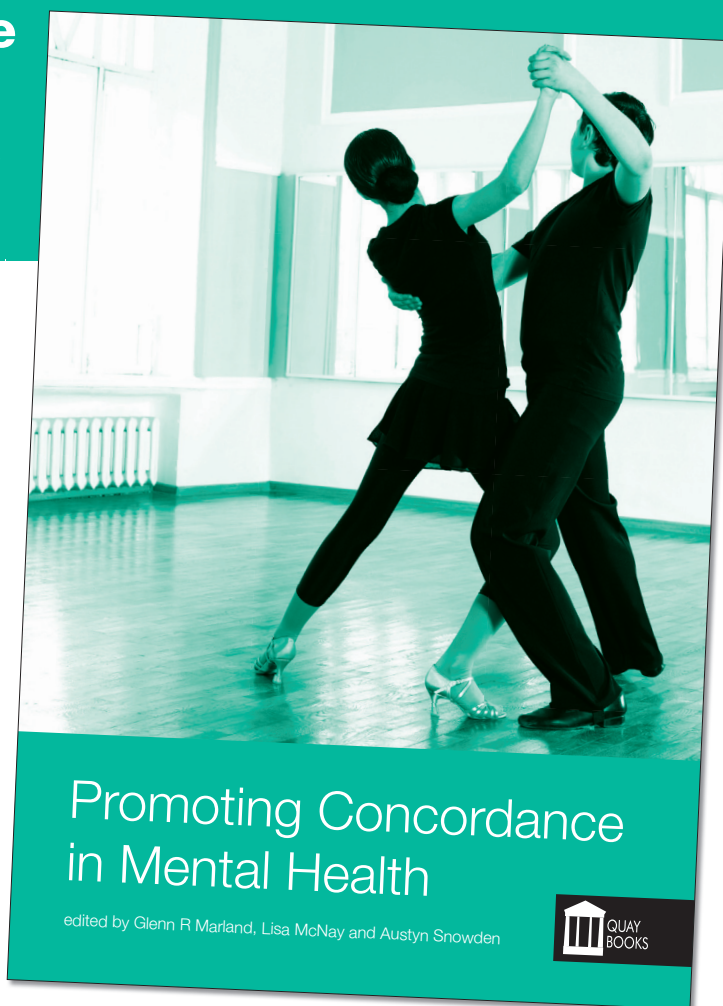
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