

# Hospital clinical pharmacy services in Vietnam

## **Presented by**

Hieu Trinh, BPharm, MEpi

PhD Candidate

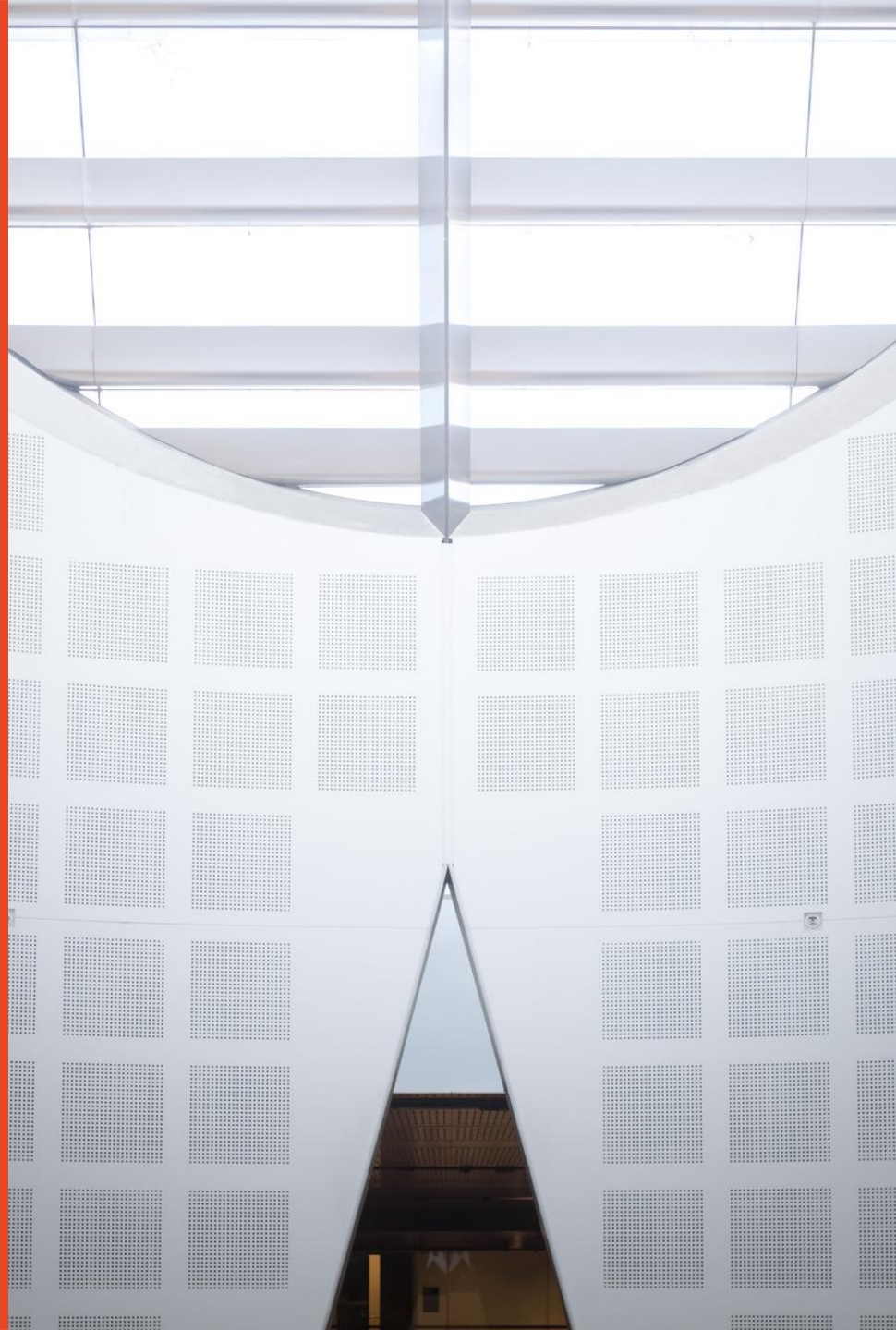
Faculty of Pharmacy, The University of Sydney

Department of Clinical Pharmacy,

Hanoi University of Pharmacy



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# Introduction

## Vietnam

Location: Southeast Asia

Area: ~ 333,000 km<sup>2</sup>

Population (2015): ~  
92,000,000 (14<sup>th</sup>)

GDP per capita (2015): \$ 2,300

Capital: Hanoi

Capital



# Clinical pharmacy in Vietnam

- Clinical pharmacy was introduced in Vietnam from 1990s<sup>1</sup>
- The first policy guideline of Ministry of Health about hospital clinical pharmacy issued in 12/2012<sup>2</sup>
- No research to investigate the implementation of the policy guideline

<sup>1</sup>: Ministry of Health (2006), *Clinical pharmacy textbook*, Vietnam Medical Publisher

<sup>2</sup>: Ministry of Health (2012), *Policy guideline 31 for hospital clinical pharmacy in Vietnam*

# Aims

## Quantitative and Qualitative research

- Describe the clinical pharmacy services in hospitals in Vietnam



Online survey

Face-to-face interviews

- Identify the enablers and difficulties for hospital clinical pharmacy services in Vietnam



Face-to-face interviews

## Method: online survey

- Aug. to Sep. 2015: questionnaires sent to 39 (all) public hospitals which were administrated by Hanoi Department of Health, Vietnam
- Participants: head or deputy head of pharmacy departments or leader of clinical pharmacy teams (one per hospital)
- Four main sections: clinical pharmacy activities, manpower, facilities, relevant policies

## Method: face-to-face interview

- 10 hospitals which had had most clear and informative answers about clinical pharmacy activities were selected for face-to-face interviews
- Open ended questions were used to explore more about clinical pharmacy services, difficulties and enablers for clinical pharmacy services
- Interviews was transcribed, then analysed by themes using NVIVO®10

# Hospital clinical pharmacy services<sup>1</sup>

## Non patient-specific

- Building therapeutic guidelines
- Monitoring and reporting ADRs
- Providing drug information (to inform hospital policies)
- Clinical pharmacy research
- Medication Use Evaluation
- Involvement in formulary approval of new drugs
- Building medication use protocol
- Build TDM protocol
- Education and training HCPs and patients

## Patient-specific

- Obtain medication history of patients
- Review medications and discuss with physicians
- Instruct nurses about medication administration
- Collaborate with physician to counsel patients about medications.

<sup>1</sup>: Ministry of Health (2012), Policy guideline 31 for hospital clinical pharmacy in Vietnam

## Online survey hospitals' characteristics (N=39)

Characterstics	No (%)
District	17 (39)
Provincial	22 (61)
General	30 (77)
Specialist	9 (23)
Beds*	244 (20-755)
Doctor*	59 (9-200)
Nurse*	139 (13-355)
Pharmacist*	4 (1-10)

\* Mean (range)



## Clinical pharmacy services

- 34/39 (87%) hospitals established clinical pharmacy teams.
- Other 5 hospitals (13%) did not have official clinical pharmacy teams but still implemented some clinical pharmacy activities.

## Non-patient specific services (N=39)

Services	No of hospitals (%)
Providing drug information for patients and health care providers (HCPs)	38 (97)
Monitoring and reporting ADRs	38 (97)
Monitoring drug usage in hospitals	38 (97)
Participating in building the Essential Medication List	37 (95)
Participating in clinical case discussions	33 (85)
Monitoring drug use by using approved protocols	32 (82)

## Non-patient specific services cont'd (N=39)

Services	No of hospitals (%)
Participating in building medication monitoring protocol	23 (59)
Education and training in clinical pharmacy for other HCPs	22 (56)
Medication use evaluation	17(44)
Clinical pharmacy research	17 (44)
Participating in drug consultants in severe cases	14 (36)
Build and implement the TDM	0 (0)

## Patient-specific services (N=39)

Services	No of hospitals (%)
Obtain medication history of patients	12 (31)
Review medications and discuss with physicians	12 (31)
Instruct nurses about medication administration	12 (31)
Collaborate with physicians to counsel patients about drugs.	8 (21)

## Face-to-face interviews: Interviewee characteristics (N=20)

- 20 interviewees (10 interviews): 5 BPharm, 15 MPharm degree.
- 6 head of pharmacy departments, 1 leader of the clinical pharmacy team, 13 pharmacists working at hospitals.
- The median of working time participants was 9 years (IQR: 3.5 to 13.0 years; range: 0.5 to 30 years).

# Clinical pharmacy services varies widely

## Drug information service

- “Clinical pharmacists often get information from internet and (paper) documents from Vietnam Drug Administration, then they *collect* and *send paper documents* to clinical wards”. [B6].
- “Clinical pharmacists *provide drug information for health care providers (HCPs) and patients*. The information includes drug availability, drug shortage, new drugs, and drug with severe ADRs. They also *answers HCPs’ drug information questions when asked*. Some physicians even asked information at night!”. [B7]

# Clinical pharmacy services varies widely

## Patient-specific service

- “Every week ... pharmacists randomly check 3-4 medical records [per department]. In each prescription [they] **check the appearance, drug names, concentration and strength... expired dates,** storage conditions, drug and substance management ... remind the nurses about how to storage and administer drugs.’ [B4]
- “The common tasks of clinical pharmacists in clinical wards are checking the indications and contraindications, **evaluating the drug choice, dosage, time and therapeutic periods, drug interaction, ADRs, identifying DRPs,** monitoring patients ... **discuss the interventions with doctors.**” [B9]

# Enablers and difficulties for clinical pharmacy services

Enablers	Difficulties
Support from hospital director boards	Not confident due to lack of knowledge and skills
Increased manpower (due to policy guideline)	Lack of clinical pharmacists
Equipped with more computers and hospital software (due to policy guideline)	Lack of drug information documents
Good relationships with nurses and doctors	



# Summary

- Clinical pharmacy activities varied widely
- The common difficulties were lack of manpower, lack of knowledge and skills for clinical pharmacists, lack of up-to-date drug information resources
- The common enablers were good relationships and support from other HCPs, increased resources (due to policy guideline)

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