



Pharmacy Patient Bills of Rights at MOH in Saudi Arabia

Yousef A. Alomi, Bsc Pharm, Msc. Clin Pharm, BCPS, BCNSP, DiBA

Past General Manager of General Administration of Pharmaceutical Care

Head of National of Clinical pharmacy and Pharmacy Practice Programs

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yalomi@moh.gov.sa





Disclosure

Yusef A. Alomi

Reports No Relevant Financial Relationship



Learning Objectives

Understand Pharmacy Patients Bill of Rights in KSA

Know the applications of Pharmacy Patients Bill of Rights in KSA

Know How to assess Pharmacy Patients Bill of Rights in KSA

How to Implement Strategic planning to all Gulf countries

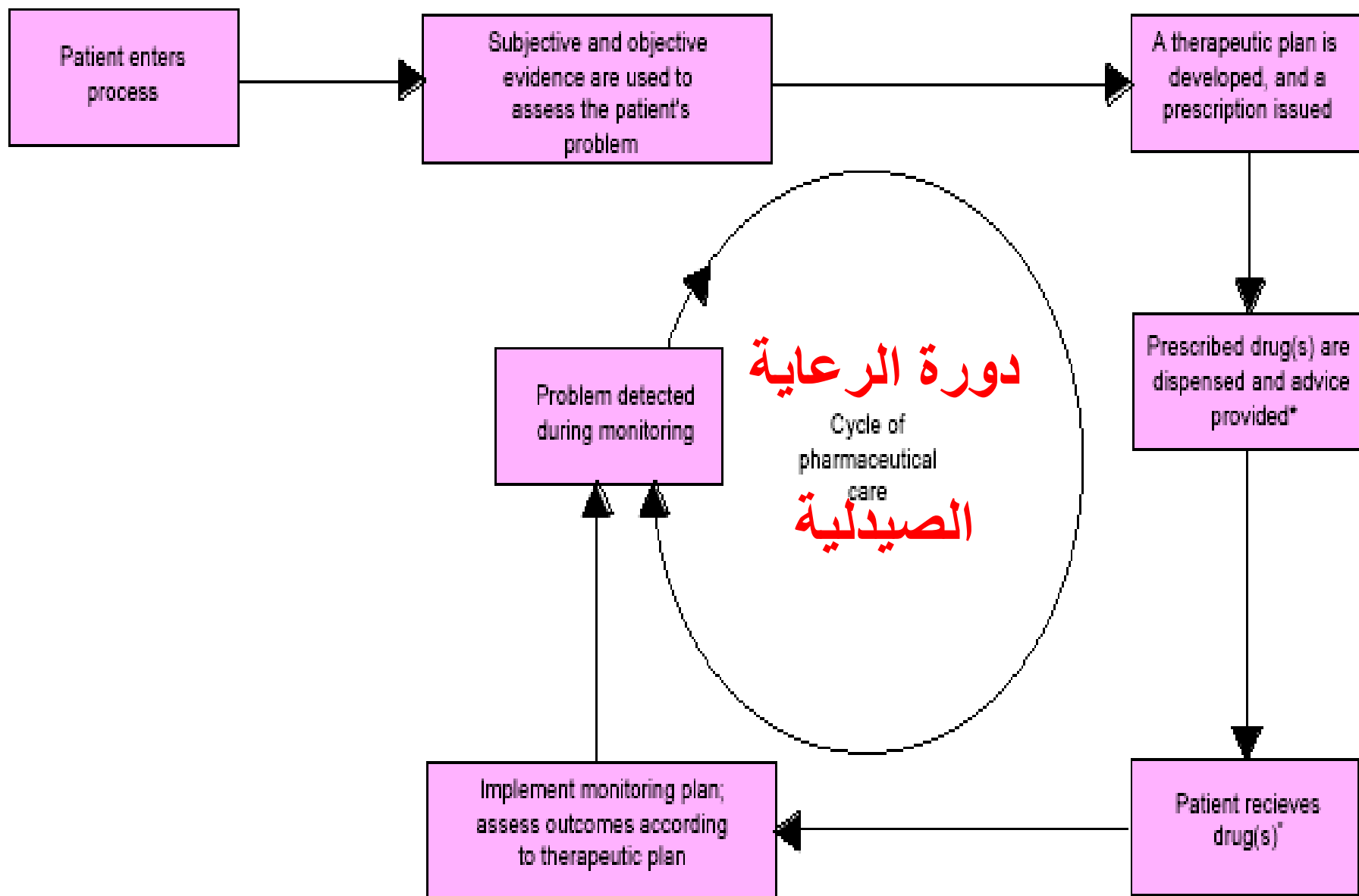
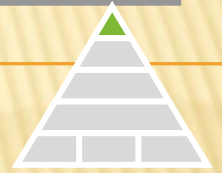


Fig. 1. Schematic representation of a pharmaceutical care system.^[14] * = in a traditional medication-use process, the patient could exit the process at these points by not filling the prescription or not taking the drug.

الخطة الاستراتيجية للرعاية الصيدلانية



الرسالة

تقديم أفضل رعاية صيدلانية وإكلينيكية ذو جودة عالية وبتقنية حديثة و بأفضل تكلفة لجميع مرضي مرافق وزارة الصحة

الرؤية

الوصول إلى رعاية صيدلانية وإكلينيكية وإلكترونية (100%) وموارد بشرية شاملة (صيدلي لكل سرير) مع خفض الهدر و منع كل مشاكل الدواء (0%) والوصول الي مرضي المريض (100%) في جميع مرافق وزارة الصحة في العشرين سنة القادمة (2012-2022).

القيم

المهنية

الجودة

الأمانة والشفافية

الفريق الواحد

المشاركة مع المجتمع

المريض أولاً

الرعاية الشاملة

التكامل

العدالة

المبادرة والإنتاجية

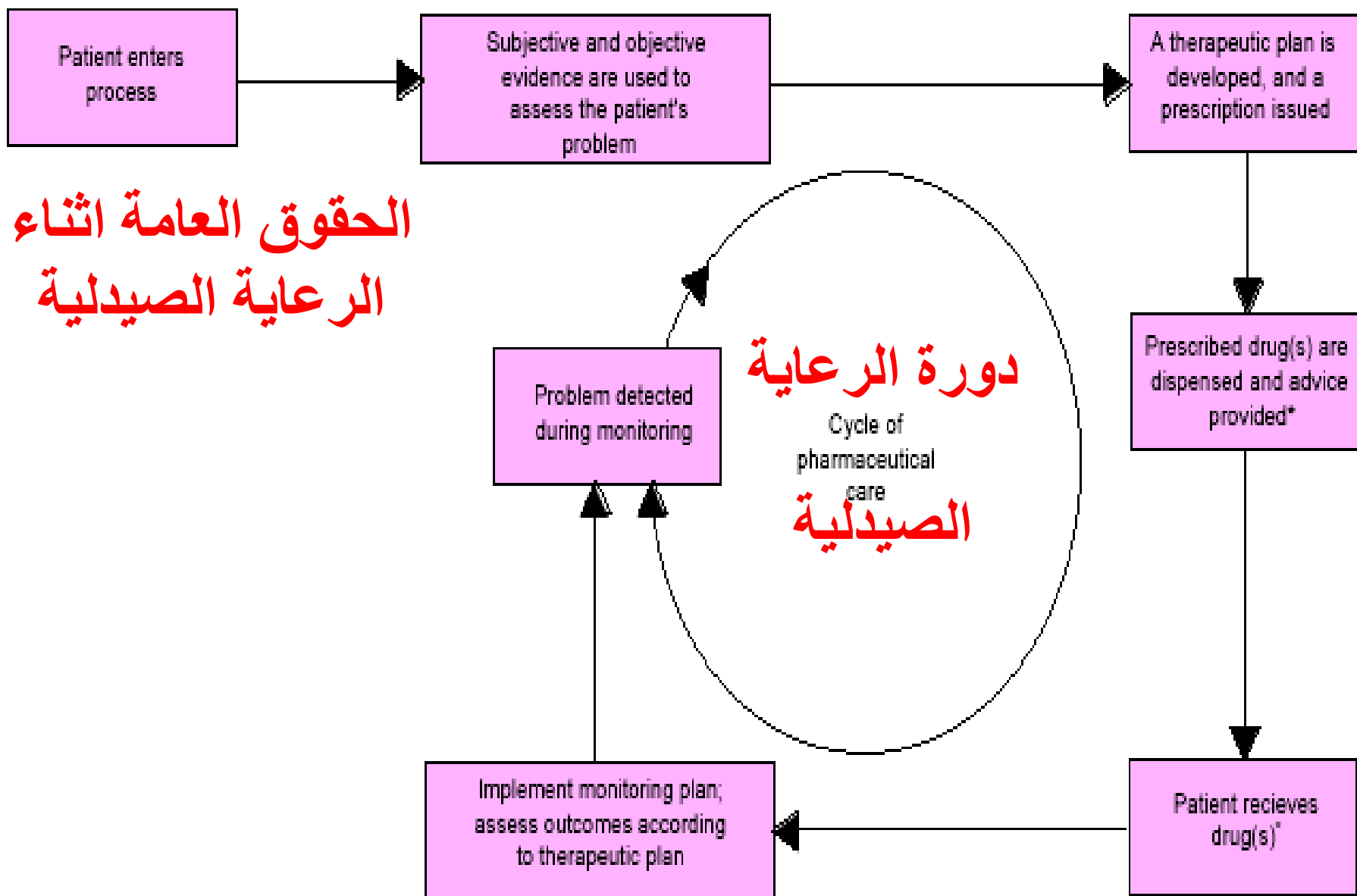


Fig. 1. Schematic representation of a pharmaceutical care system.^[14] * = in a traditional medication-use process, the patient could exit the process at these points by not filling the prescription or not taking the drug.

Pharmacy General Patients Rights

1	The patient has right to receive all pharmaceutical care-related issues according to Islamic regulations, pharmacy law, professional standards in Saudi Arabia	المريض له الحق في الحصول على جميع القضايا المتعلقة الرعاية الصيدلانية وفقا لأحكام الشريعة الإسلامية، وقانون الصيدلة، والمعايير المهنية في المملكة العربية السعودية
2	The patient has right to get awareness and a copy of the pharmacy Patient Bill of rights, or as a posters, pamphlets or advertising banners at pharmacy reception and waiting area of the pharmacy.	المريض له الحق في الحصول حقوق المريض بالرعاية الصيدلية على سواء بالتوعية او نسخة ، أو على شكل ملصقات ونشرات أو لافتات الدعاية في استقبال الصيدلة ومنطقة انتظار للصيدلية.
3	The patient has right to receive medications regardless discrimination of race, religion, belief, creed, language, sex, age or disability.	المريض له الحق في الحصول على الأدوية بغض النظر تمييز على أساس العنصر أو الدين أو المعتقد أو العقيدة أو اللغة أو الجنس أو السن أو الإعاقة.
4	The patient has right to get the medications and drug information with high privacy manner, confidentiality, and understandable language	المريض له الحق في الحصول على الأدوية والمعلومات الدوائية بخصوصية عالية، والسرية، ولغة مفهومة
5	The patient has right to receive continuous updating with new technology pharmaceutical care	المريض له الحق في الحصول على التحديث المستمر الرعاية الصيدلانية وبافضل واحداث التكنولوجيا

Pharmaceutical Care Islamic Regulations provisions

مراعاة الاحكام الشرعية فيما يتعلق بالرعاية
الصيدلية

PHARMACEUTICAL CARE ISLAMIC REGULATIONS PROVISIONS

- × Patient Relationship
 - × Some counseling points
 - Male - Female
 - × During preparation and dispensing medication
 - child – Psychiatry – Addict
 - × Follow Narcotics regulations
 - × Apply Pharmacy law
- × العلاقة مع المريض عاما
 - × اثناء شرح تعليمات الدواء (رجال – نساء)
 - × اثناء صرف الدواء (طفل – مدمن – نفسي الخ)
 - × اتباع تعليمات قوانين الادوية المخدرة والموثرات العقلية
 - × تطبيق قوانين الرعاية الصيدلانية

PHARMACEUTICAL CARE ISLAMIC REGULATIONS PROVISIONS

- × Medication with Alcohol
- × Medication with Pork
- × Medication with Abortion
Adverse drug reaction
- × Medication with Infertility
Adverse drug reaction
- × Medication with Additions
- × Medication assisted suicide
- × Counterfeit Medications
- × Prices of Medication

- × الدواء مع الكحول
- × الدواء مع منتجات الخنزير
- × دواء يسبب الإجهاض
- × دواء يسبب العقم
- × دواء يسبب الادمان
- × دواء يسبب الانتحار
- × الدواء المغشوش
- × سعر الدواء

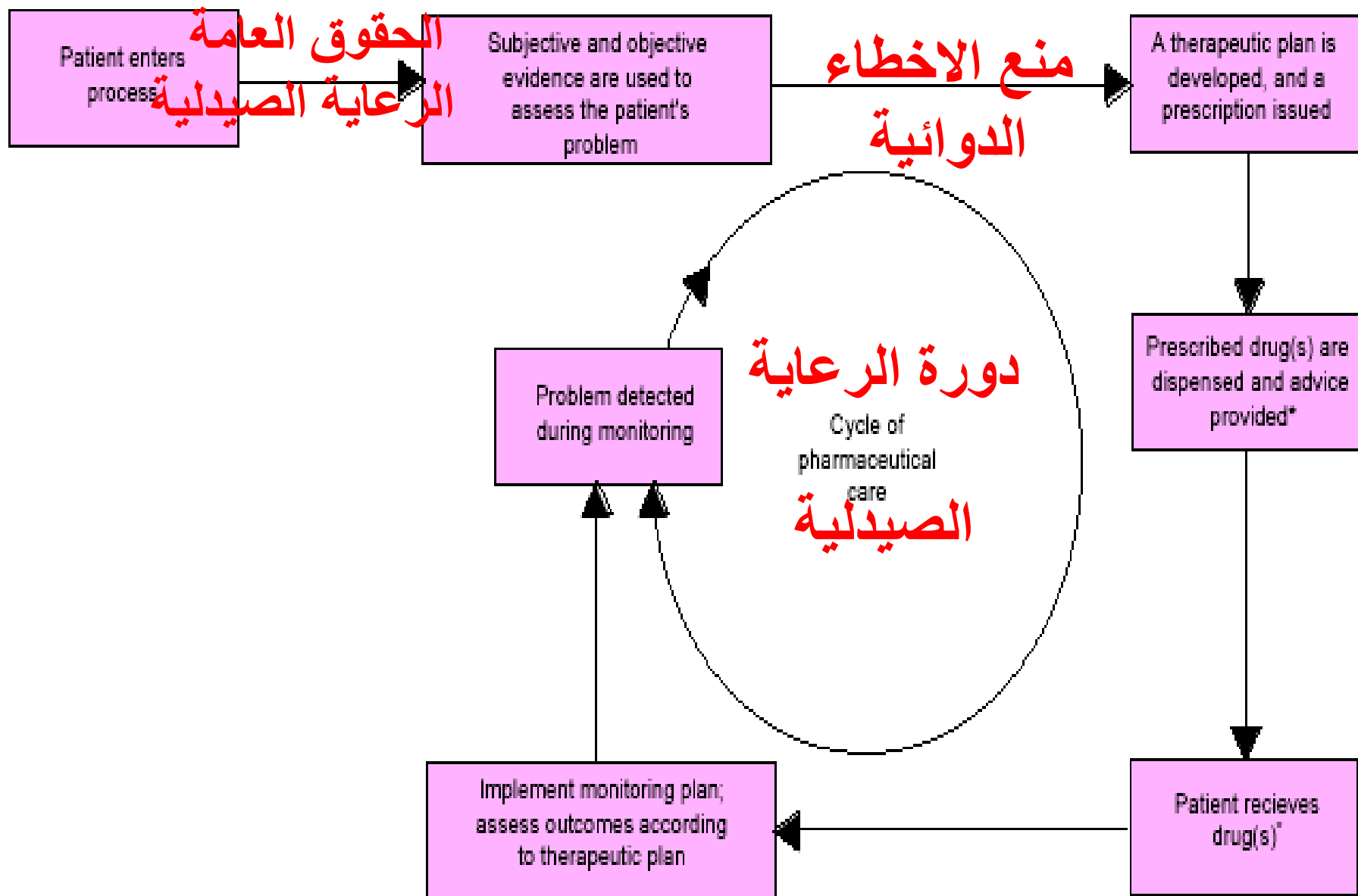


Fig. 1. Schematic representation of a pharmaceutical care system.^[14] * = in a traditional medication-use process, the patient could exit the process at these points by not filling the prescription or not taking the drug.

Pharmacy Waiting Area Section

6	The patient has right to has a waiting area of pharmacy conveniently located, and respects my privacy.	المريض له الحق ان يكون مكان للانتظار بجوار الصيدلية في موقع ملائم ومساحة مناسبة وتحترم خصوصية المريض.
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Pharmacy communication Section

7	The patient has right to communicate easily with pharmacy by contact telephone number, website address, email, and all related social media	المريض له الحق في التواصل بسهولة مع الصيدلية برقم اتصال هاتفي وعنوان موقع الويب، والبريد الإلكتروني، وجميع ما يتصل بها وسائل التواصل الاجتماعي
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Medication Availability Section

8	The patient has right to get all his medication whenever and wherever over 24/7	المريض له الحق في الحصول على الدواء من الصيدلية في اي مكان وفي اي وقت 24/7
9	The patient has right to receive a high quality and effective medication therapy and without any harmful.	المريض له الحق في الحصول على دواء فعال بجودة عالية وبدون أي اضرار

Medication Reconciliation Section

10	The patient has right to review health condition before start medication therapy with emphasis to medication reconciliation	المريض له الحق في مراجعة الحالة الصحية ومناسبة العلاج، ومراجعة الادوية السابقة ومطابقتها لواقع المريض.
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Medication Safety Section

11	The patient has right to evaluate risks, and factors to prevent medication errors; whenever and wherever with a focus on using computerized errors alerting system	المريض له الحق في تقييم المخاطر من قبل الصيدلي، والعوامل لمنع الأخطاء الدوائية مع التركيز على استخدام التنبيه الالي لمنع الاخطاء
12	The patient has right to has pharmacy safety environment appropriate to a health condition.	المريض له الحق في الصيدلية امنة من المخاطر البيئية ومناسبة لحالته الصحية.

منع الاخطاء الدوائية

Prevent Medication Errors

Where do medication errors occur?

Prescribing

Transcribing

Dispensing

Administering



39%

12%

11%

38%

Medication Safety Program

Medication Safety Course
7500

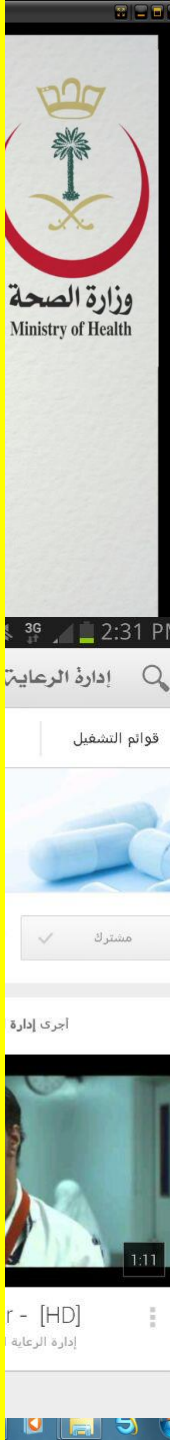
(60% Nurses-35% Physicians-15%
Pharmacists)

ISMP Self Assessment

2012 ----- 15 Drug Related Death Cases
2013 ----- 8 Drug Related Death Cases
2014-----2 Drug Related Death Cases
2015 ----- 0 Drug Related Death Cases

Plan

2016 ----- 0 Drug Related Death Cases
Medication Safety Course 15000





الفلم السينمائي



ERRORS

EDITED BY YACOB NASSER PRODUCTION DESIGNER IBRAHIM BUSHEHAB DIRECTOR OF PHOTOGRAPHY YACOB ALMARZOOG
 CASTING BY ABDULAHA ALJWAISM - ABDULAZIZ ALGHWINM - SAA'D ALHUMAID
 EXECUTIVE PRODUCER ZOOM IN WRITERS BY FAHAD ALGHRAIB - AHMED ALSAGER DIRECTED BY YACOB ALMARZOOG

يومى الأربعاء والخميس ٢٥-٢٦/٥/١٤٣٥ هـ الموافق ٢٦-٢٧/٣/٢٠١٤ م
 والمقام في قاعة المؤتمرات بمندق الاحساء التركوننتنتال

للاستفسار:

(٥٧٥٣١٢١) تحويلة (٢٦٤٧)



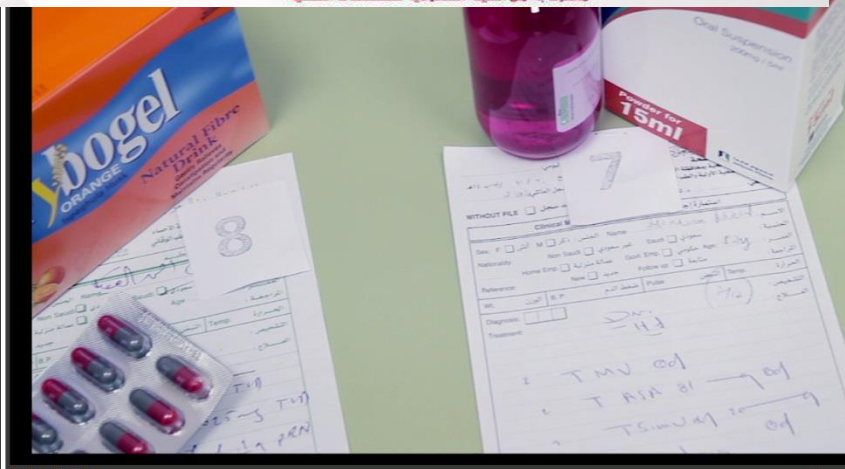
phrmcy-ahsaa@moh.gov.sa / aaljwisim@moh.gov.sa



برنامج السلامة الدوائية



معترف به من الهيئة السعودية للتخصصات الصحية



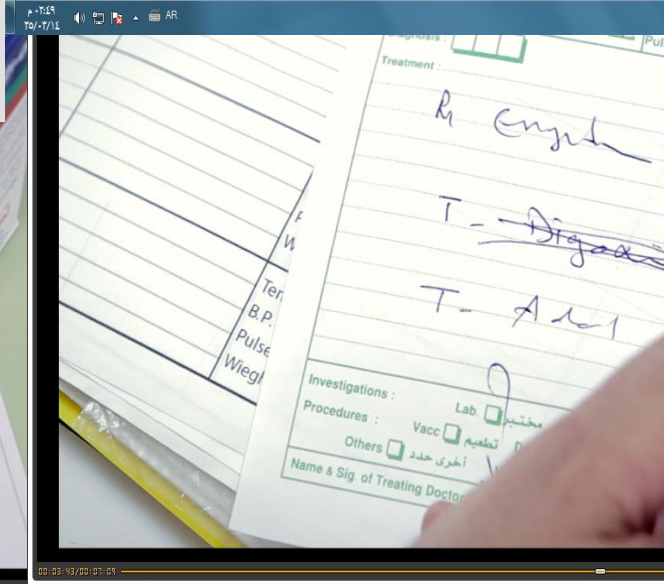
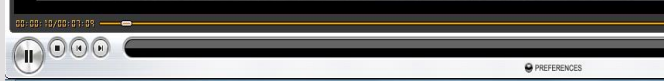
وزارة الصحة
Ministry of Health

مديرية الشؤون الصحية بمحافظة الأحساء
إدارة الخدمات الطبية التطبيقية
قسم الرعاية الصيدلية

برنامج
السلامة الدوائية

MEDICATION
Safety
PROGRAM

برنامج السلامة الدوائية
2012



إدارة الرعاية الصيدلانية بصحة الأحساء

قوائم التشغيل مقاطع فيديو النشاط

Pharmaceutical
care
STRATION | AL HASA

إدارة الرعاية الصيدلانية بصحة الأحساء
مشارك

اجرى إدارة الرعاية الصيدلانية بصحة الأحساء تمهيداً

1:11

ERRORS - Official Trailer - [HD]
 إدارة الرعاية الصيدلانية بصحة الأحساء - 71 من المشاهدات

منع العوامل المؤدية للاخطاء الدوائية

Prevent Pharmacy Risk



Institute for Safe Medication Practices

A Nonprofit Organization Educating the Healthcare Community and Consumers About Safe Medication Practices



- Home
- Support ISMP
- Newsletters
- Webinars
- Report Errors
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- Store
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Ministry of Health Hospitals Kingdom of Saudi Arabia

ISMP Medication Safety Self Assessment® for Hospitals

Click here	To view and print a PDF file of the 2011 ISMP Medication Safety Self Assessment® for Hospitals, including the directions, definitions, and FAQs
Click here	To enter and submit your information

- #### Resources
- [Main Page](#)
 - [Bar coding](#)
 - [Community](#)
 - [Hospitals](#)
 - [Antithrombotic](#)
 - [Physician Practices](#)
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KSA vs. USA - ISMP Self Assessment Medication Safety 2000, 2004 and 2011

Key Element	KSMC 2008 n=1	MOH 2014 n=28	2000 n=1435	2004 n=1623	2011 n=1310
1.Patient information	38%	31%	43%	54%	60%
2.Drug information	41%	37%	53%	59%	68%
3.Communication of drug orders and other drug information	46%	59%	46%	59%	74%
4. Drug labeling , packaging ,and nomenclature	51%	69%	51%	69%	74%
5. Drug standardization ,Storage , and Distribution	73%	79%	73%	79%	81%
6.Medication device acquisition, use, and monitoring	24%	29%	69%	66%	70%
7. Environmental factors, workflow, and staffing patterns	70%	77%	70%	77%	78%
8.Competency and staff education	53%	61%	53%	61%	64%
9.Patient education	48%	60%	48%	60%	69%
10.Quality processes and risk management	51%	63%	51%	63%	72%
Total	48%	52%	57%	65%	71%

(Please fill all applicable information and stick it on patient profile, and forward the copy to the Pharmacy Department within 24 hrs)

FILE NO.

NAME: _____

AGE: NATIONALITY: _____ SEX: M F

WEIGHT (ACTUAL/ESTIMATED) _____ KG

HEIGHT _____ CM

ALLERGY: _____

DIAGNOSIS: _____

WARD: _____ BED: _____

CONSULTANT IN CHARGE: _____

Antibiotics order (UTI)

Symptoms and Diagnosis:

Lower UTI—cystitis	Upper UTI—pyelonephritis	Urinalysis
<ul style="list-style-type: none"> ○ Dysuria ○ Frequent urination ○ Urgency ○ Occasionally, gross hematuria ○ Occasionally, foul-smelling urine 	<ul style="list-style-type: none"> ○ Frequency, dysuria, hematuria ○ Suprapubic pain ○ Costovertebral angle tenderness—flank pain ○ Fever, chills ○ Increased WBC ○ Nausea, vomiting 	<ul style="list-style-type: none"> ○ Positive blood cultures ○ Pyuria (WBC greater than 5–10/mm³) ○ Bacteriuria (greater than 10² CFU [colony-forming units]/mL) ○ Red blood cells ○ Cloudiness ○ Nitrite positive ○ Leukocyte esterase positive ○ Casts (if pyelonephritis)

Therapy for UTI (for renal failure patient appendix)

Patient Group	Therapy (Days) pt. with normal renal function		
Empirically therapy of Acute Cystitis	<ul style="list-style-type: none"> ○ TMP-SMX (160/800 mg [1 DS] q 12hr (3)) ○ Nitrofurantoin 100 mg q12hr (5) ○ Fosfomycin trometamol (3 g in a single dose) ○ Ciprofloxacin ER 500 mg q24hr (3) ○ Levofloxacin 250 mg q24hr (3) ○ amoxicillin-clavulanate 875mg q 12hr (5-7) 	-choice between these agents should be based on local resistance data	
<ul style="list-style-type: none"> ○ Empirically therapy of Uncomplicated Pyelonephritis 	<ul style="list-style-type: none"> ○ Oral ciprofloxacin 500 mg q12hr (7) ○ Levofloxacin 750 mg IV q24h (5-7) ○ Ampicillin 2 gm IV q6h + Gentamicin 5 mg/kg q24h 14 days ○ Ceftriaxone 1-2 gm IV q24h 14 days ○ Pip-Tazo 3.375 gm IV q4-6h 14 days 	For clinical settings in which the prevalence of fluoroquinolone resistance is >10%, administer 1 gm of Ceftriaxone or 5-7 mg/kg of Gentamicin or Tobramycin (if normal renal function) as a one-time dose.	
<ul style="list-style-type: none"> ○ Inpatient therapy ○ Outpatient therapy 	<ul style="list-style-type: none"> ○ Once-daily oral ciprofloxacin (1000 mg ER)(7) day ○ levofloxacin 750 mg (5) ○ Oral trimethoprim-sulfamethoxazole 160/800 mg [DS] Q12hr (14) 		
<ul style="list-style-type: none"> ○ Complicated UTIs 	<ul style="list-style-type: none"> ○ Inpatient therapy 	<ul style="list-style-type: none"> ○ Ampicillin 2g q4hr + Gentamicin 5 mg/kg q24h ○ Pip-Tazo 3.375 gm IV q4-6h or ○ Imipenem 0.5 gm IV q12h (max 4 gm/day) or ○ Ciprofloxacin 400 mg IV q12h or ○ Levofloxacin 750 mg IV q24h) ○ Ceftazidime 2 gm IV q8h or ○ Cefepime 2 gm IV q12hr 	2–3 weeks
<ul style="list-style-type: none"> ○ Pregnancy or asymptomatic 	<ul style="list-style-type: none"> ○ Symptomatic or asymptomatic 	<ul style="list-style-type: none"> ○ Seven-day treatment regimen ○ Amoxicillin 500 mg q12hr (7) ○ Amoxicillin/clavulanate 875mg q 12hr (7) ○ Nitrofurantoin 100 mg q12hr (7) ○ Cephalexin 500 mg q12hr (7) ○ TMP/SMZ 160/800 mg [DS] Q12hr (7) 	TMP/SMZ (used frequently but avoidance recommended, especially during the late third trimester)

2014 ----- 0 Region
2015 ----- 18 Region

Antimicrobial
Stewardship

Anticoagulation Program

Venous Thromboembolism
Prophylaxis
Elective Knee
Replacement

Venous Thromboembolism
Prophylaxis
Trauma

Cost avoidance
SAR 102,639,346/year – SAR 122,505,313/year

All patients

Foot impulse devices, or
Pneumatic compression devices
PLUS
Enoxaparin 30mg BID, or
Tinzaparin 4500U OD, or
Fondaparinux 2.5 mg SC OD, or
Vitamin K antagonist, INR 2-3

Evidence Based Health Center

All Patients

Enoxaparin 30 mg BID, or
Dalteparin 5000 U OD

2014 ----- 1 Hospital
2015 ----- 8 Hospitals

- Enoxaparin started 12-24hr postoperatively,
Fondaparinux started 6-8 hr postoperatively,
evening of the surgical day

- Duration : administer for at least 10 days and up to 14 days, for either Fondaparinux,
VKA or LMWH.

- Patients with Crcl< 30 mL/min: use LDUFH, adjusted enoxaparin dose or VKA.

e the adjusted enoxaparin dose or VKA.

- Duration: Continuation of thromboprophylaxis until hospital discharge and mobility

no longer significantly reduced, with either LMWH or VKA INR2-3.

استخدام التقنية الحديثة للرعاية الصيدلانية

Use Pharmacy New Technology

CPOE

16/09/2006 Riyadh Medical Complex 1427/08/23 (12:36)

Window

D/C Order Select One(D/C Order

PH : Add Physician's Order(PROD) - IPMU0022

Nursing Station: 1140 100D-Medical Male Room: 0MFS F/M DENTAL

Pat. No.: 00070067 HUSSAIN NASIR P 69 YY 0 MM Sex: Male

Bed #: 1A Diagnosis: باطنية Date: 12/08/1427

Admit Doc.: KAMAAL, AFZAL MAHMOOD Episode No.: 2 Slip#:

Slip#	Generic Code	Forms Of Drug	Route	Strength	Instruction
0000137260	2098 FUROSEMIDE	01 TABLET 04	ORAL	40 mg	Instruction
0000136073	2098 FUROSEMIDE	01 TABLET 04	ORAL	40 mg	Instruction
0000135308	1038 AMLODIPINE	01 TABLET 04	ORAL	5mg	Instruction
0000135308	1534 INDAPAMIDE	01 TABLET 04	ORAL	1.5 mg	Instruction
0000135308	1509 HYDRALAZINE	01 TABLET 04	ORAL	25 mg	Instruction
0000134884	1844 POTASSIUM CHLORIDE	21 INJECTION 01	Intra-Venus	30meq	Instruction
0000134815	1191 CEFTRIAXONE	21 INJECTION 01	Intra-Venus	2 gms	nstruction

Entry User: jawaid iqbal khan 09/09/2006 Print Prescription Generic Info Next Form

Record: 7/7

start Presentation1 16/09/2006 12:23 م

High Properties more 350
Beds

Moderate Properties 150-350
Beds

Low Properties less than 150
beds

CPOE For PCC

ASHP Standard CPOE

Pharmacy IT Committee

Pharmacy Informatics

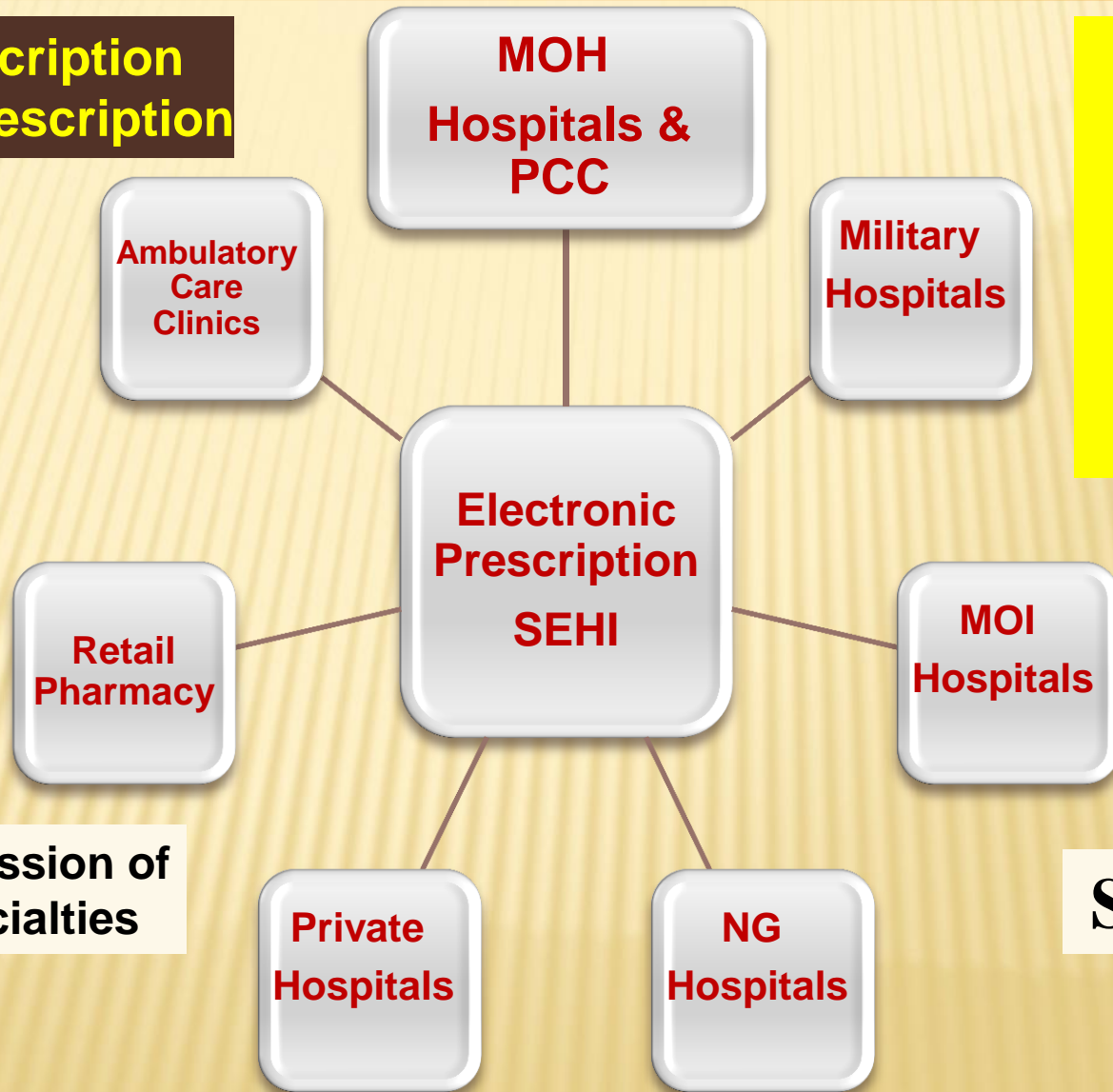
National Electronic Prescription Project

(Pharmacy Informatics) المعلوماتية الصيدلانية

Telepharmacy الصيدلة الاتصالي

مشروع الوصفة الطبية الالكترونية

**OPD Prescription
Inpatient Prescription**



90 Hospitals
HIS
45 Hospitals
Pharmacy
Information
System

MOI

**Saudi Commission of
Health Specialties**

SFDA

Tele-pharmacy



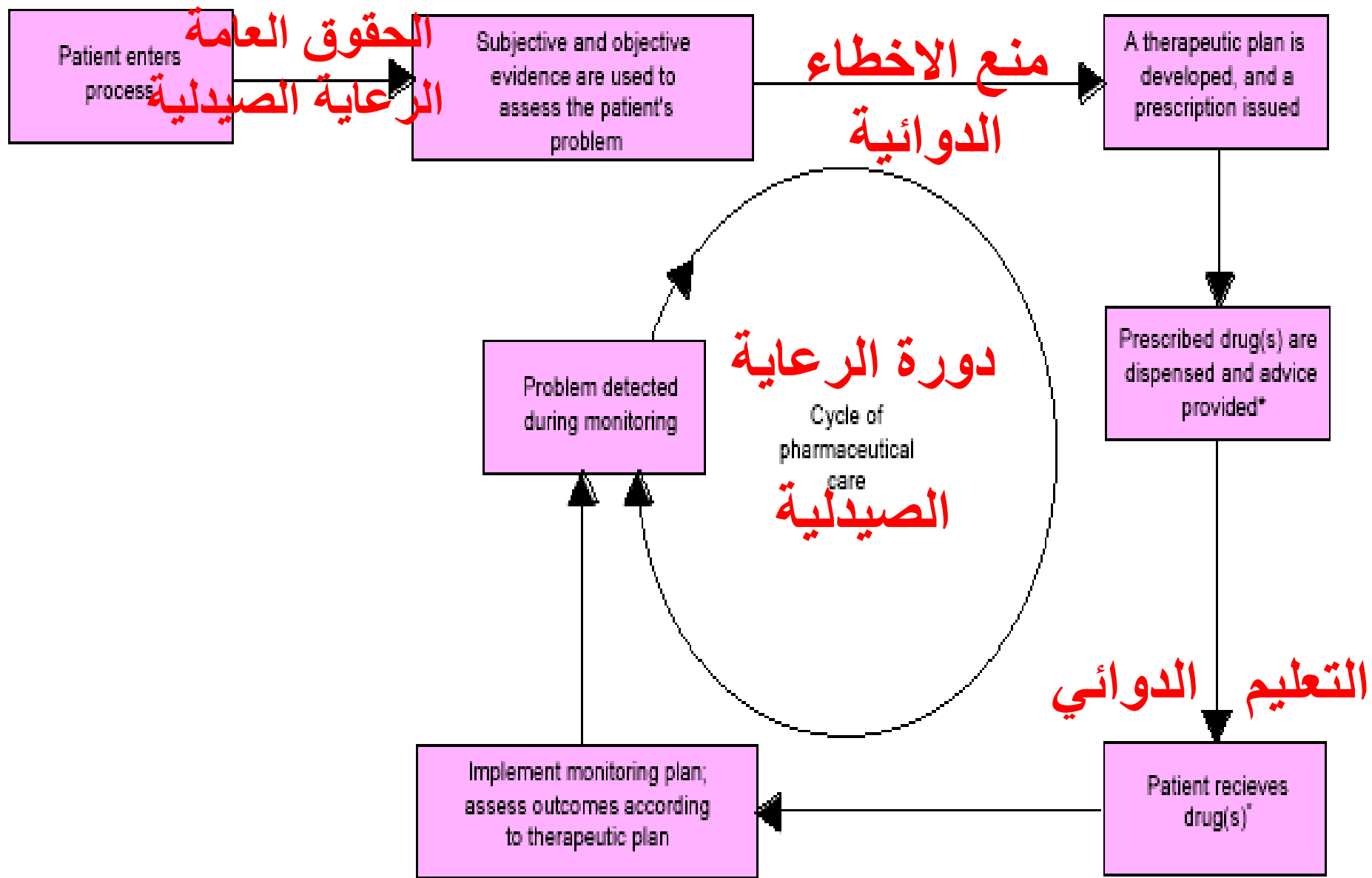


Fig. 1. Schematic representation of a pharmaceutical care system.^[14] * = in a traditional medication-use process, the patient could exit the process at these points by not filling the prescription or not taking the drug.

Medication Therapy Management Section

13	The patient has right to have specialized clinical pharmacist in different clinical field to follow his condition	المريض له الحق في أن يقدم له الخدمة الصيدلي السريري المتخصص، بجميع مجالات الصيدلة السريرية المتخصصة ولمتابعة حالته
14	The patient has right to receive adequate parenteral nutrition, and pain management appropriate for a health condition.	المريض له الحق في الحصول على التغذية الوريدية كافية، وإدارة برنامج علاج الألم المناسب لحالته الصحية.
15	The patient has right to receive specialized pharmaceutical care during the holy month of Ramadan and Mass gathering (Hajj and Omra).	المريض له الحق في الحصول على الرعاية الصيدلانية المتخصصة خلال شهر رمضان المبارك واثناء مواسم الحج والعمرة.
16	The patient has right to receive specialized pharmaceutical care to pediatrics, geriatrics, psychiatric, oncologic population.	المريض له الحق في الحصول على الرعاية الصيدلانية المتخصصة في طب الأطفال، طب الشيخوخة، الأمراض النفسية، وعلاج الأورام.
17	The patient has right to know micro-cost macro-cost of medications, and health insurance limitation.	المريض له الحق في معرفة التكلفة الكلية والدقيقة من الأدوية، وحدود التأمين الصحي.
18	The patient has right to refuse any medications or manufacturer and get alternative of medications after refusing.	المريض له الحق في رفض أي أدوية أو اي شركة مصنعة والحصول على بديل من الأدوية.

الرعاية الصيدلانية المتخصصة

**Implement of Special Pharmacy
Program**

الرعاية الصيدلانية للحشود



1. Mass Gathering Pharmaceutical Care Committees
2. Mass Gathering Pharmacy Practice
3. Mass Gathering Pharmacy Infection Control
4. Mass Gathering Drug Information
5. Mass Gathering Clinical Pharmacy
6. Mass Gathering Emergency Pharmacy and Disaster Management
7. Mass Gathering Medication Safety
8. Mass Gathering Medication Reconciliation
9. Mass Gathering Primary Care Centers
10. Mass Gathering Community Pharmacy
11. Mass Gathering Pharmacy Human Resources
12. Mass Gathering Pharmacy Corporate Communications
13. Mass Gathering Pharmacoeconomics
14. Mass Gathering Pharmacy Research
15. Mass Gathering Pharmacy Statistics and Surveillance

**2014
Makka
Almadina**

**2015
Makka
Almadina
Altaif
Alqinfitha**



الرعاية الصيدلانية لشهر رمضان المبارك

RAMADAN PHARMACEUTICAL CARE PROGRAM



Update 2015- Drug Therapy during Holy Month of Ramadan

Yousef A. Alomi, Bsc, Msc., BCPS, BCNSP, DiBA

yalomi@moh.gov.sa

yalomi@gmail.com

Head, General Administration of Pharmaceutical Care

Consultant Critical Care Clinical Pharmacist

Consultant Nutrition Support Clinical Pharmacist

Ministry of Health

Patient Counseling Section

19	The patient has right to receive medication with excellent packaging with child resistance containers, labeling, complete medication instruction, and full address of hospital, prescriber and pharmacist	المريض له الحق في الحصول على الدواء مغلف ومعبأ بطريقة ممتازة في علبة مقاومة لفتح الاطفال موضح عليها تعليمات الدواء كاملة بما فيها عنوان الصيدلية واسم الطبيب المعالج والصيدلي
20	The patient has right to receive comprehensive patient education and counseling on their medication	المريض له الحق في الحصول على التعليم الدوائي الشامل وتقديم المشورة لادويتهم من قبل الصيدلي
21	The patient has right had unified an electronic medication profile through an electronic patient medical record	المريض له الحق ان يكون ملف الكتروني دوائي موحد ضمن الملف الطبي الاكتروني الموحد

Emergency Pharmaceutical Care Section

22	The patient has right in the emergency to receive the best emergency pharmaceutical care with considering all available option to get excellent care and risk reduction.	المريض له الحق لاي حالة الطوارئ لتلقي أفضل رعاية صيدلانية للطوارئ مع النظر في جميع الخيارات المتاحة للحصول على افضل عناية والحد من المخاطر.
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Patient & Pharmacist Relationship Section

23	The patient has right to receive medications; the pharmacist delivers in a polite way with courtesy and respectfully.	المريض له الحق ان يستلم الأدوية بطريقة مهذبة وبافضل تعامل راقى
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التعليم والاستشارة الدوائية

**Patient Medication Education and
Counseling**

Patient Medications Education and Counseling Program



صيدلي الصحة العامة



2013 -----4 World days 4 Regions
2014 -----8 World days 8 Regions
2015 -----8 World days 4 World days 20 Regions
Patient Medication Education Program
Chronic diseases
DM



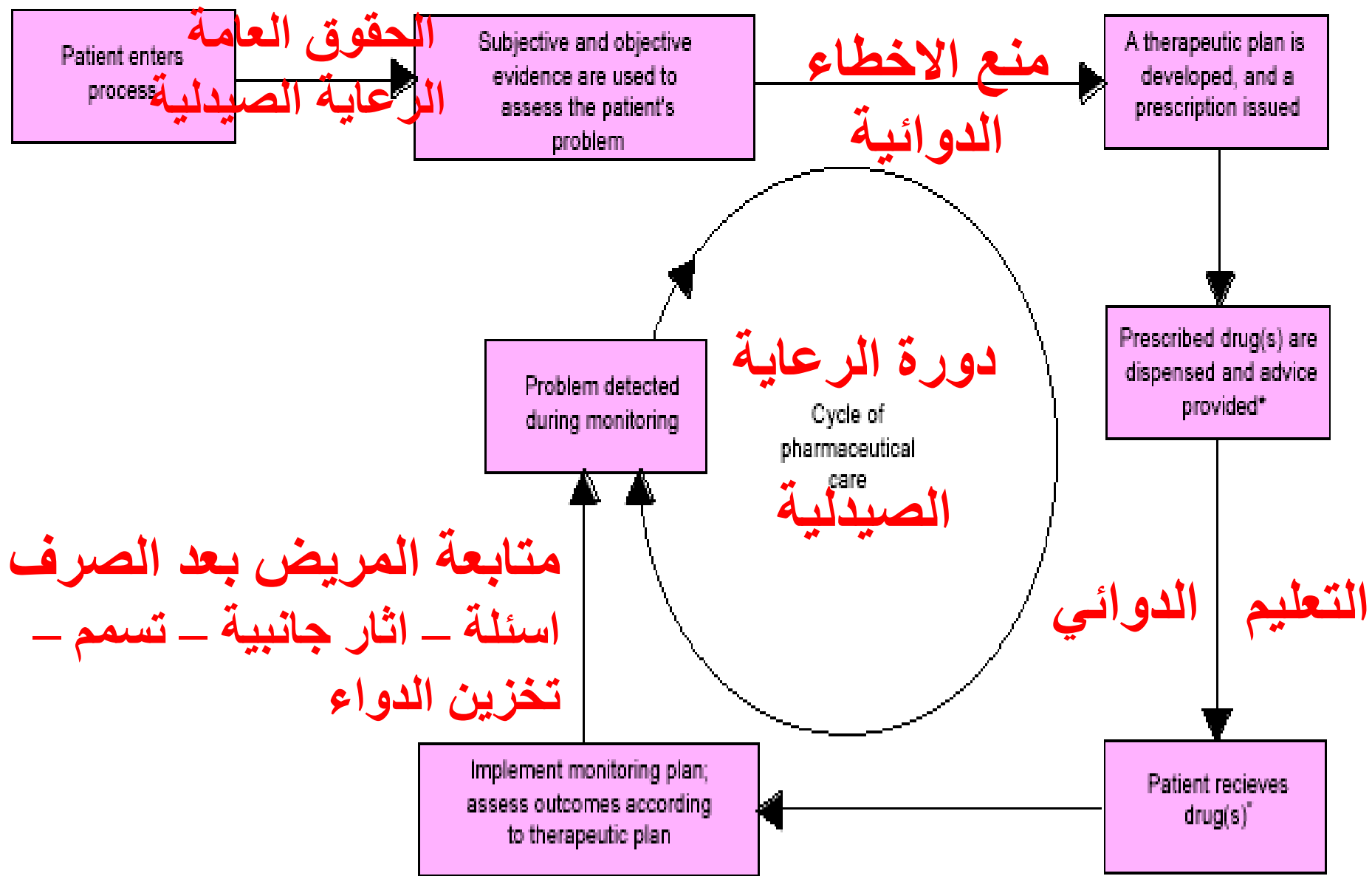


Fig. 1. Schematic representation of a pharmaceutical care system.^[14] * = in a traditional medication-use process, the patient could exit the process at these points by not filling the prescription or not taking the drug.

المركز الوطني لمعلومات الادوية

Answering Pharmacy Inquiries

المركز الوطني لمعلومات الادوية CALL CENTER



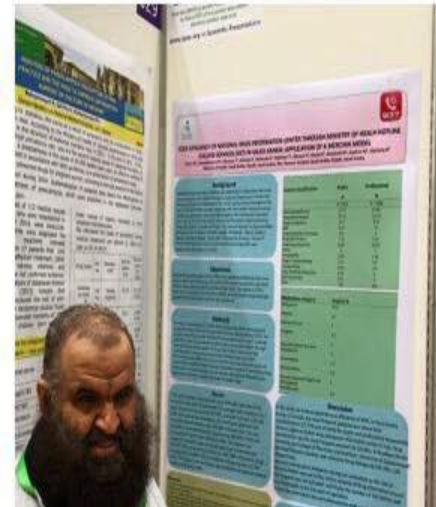
معلومات عامة - الأعراض الجانبية - تداخل الأدوية - وقت أخذ الدواء
المكملات الغذائية التجميلية - الجرعات الصحيحة ومدة العلاج
عدم توفر الأدوية - تناول الدواء بالطريقة الآمنة - تخزين الدواء

Call Center 937
Public

15 Clinical
Pharmacists
24/7

2014 ----- 20 RPh
2015 ----- 45 RPh

National Drug Information Call Center 2015



PIH16 COST-EFFICIENCY OF NATIONAL DRUG INFORMATION CENTER THROUGH APPLICATION OF A MERCIAN MODEL
Alamri YA¹, Almadfaheem HY¹, Alenous T¹, Alshurei S¹, Alsharafa A¹, Alsharara T¹, Alsharara M¹, Alsharara K¹, Alsharara M¹, Alsharara M¹, Alsharara N¹
¹Ministry of Health, Saudi Arabia, Riyadh, Saudi Arabia, ²Ras Tanoura Hospital, Saudi Arabia, Riyadh, Saudi Arabia

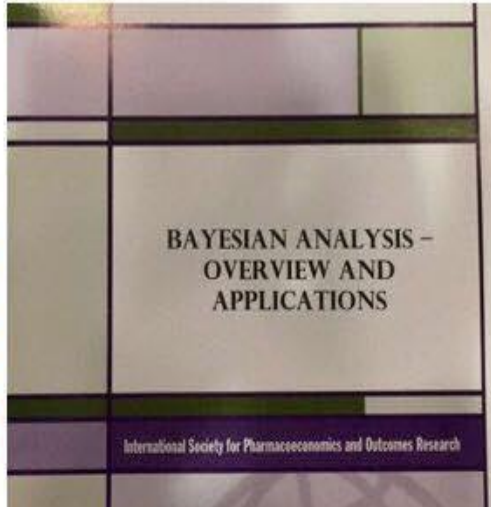
OBJECTIVES: National Drug Information Center (NDIC) has started providing services since January 2013, and answering public and professional inquiries through MOH-Hotline Calling Services (937) since December 2013. The objective of this study of drug information inquires cost avoidance. **METHODS:** Simulation including 12-month 2014 of receiving adults and pediatrica drug information inquiries expert trained pharmacists were receiving calls from public and professional asking about drug information, through manual documentation system of drug information inquiries by data collecting form. Using international study Model (Kinsky et al. Ann Pharmacother 1999), the cost considered were the expected results of drug related problems sequel of drug information inquires if not existing drug information services and were not answered, starting from Physician visit, additional treatment, hospital admission to death stage. **RESULTS:** The total number answered calls were 976 calls, with 264 (27%) answered calls were documented; the average costs avoidance per each answered call was (415.78 USD), and total cost was (109,768 USD) with partial documentation, the estimated total cost with complete documentation was (405,801 USD) per year. The cost avoidance of answering public inquiries was (80,806.5 USD) and Professional Inquiries was (28,961.5 USD). The highest cost avoidance based on type of inquires was dose standardization (34,195 USD), drug administration (21,324 USD) followed by drugs in pregnancy (15,826 USD) and

P
Research Posters - V - Wednesday
INDIVIDUAL'S HEALTH - Cost Studies
J29

PIH16: COST-EFFICIENCY OF NATIONAL DRUG INFORMATION CENTER THROUGH MINISTRY OF HEALTH HOTLINE CALLING SERVICES (937) IN SAUDI ARABIA: APPLICATION OF A MERCIAN MODEL
Research Posters - V - Wednesday
INDIVIDUAL'S HEALTH - Cost Studies
J30

البوستر للرعاية الصيدلانية المشاركة بالمؤتمر

PIH17: ECONOMIC IMPACT OF TREATING CHINESE POSTMENOPAUSAL WOMEN WITH 17-B-ESTRADIOL COMBINED HORMONE REPLACEMENT THERAPY (HRT) COMPARED



Cost avoidance
the average costs avoidance per each answered call was (415.78 USD), the estimated total cost (405,801 USD) per year.

OBJECTIVES: National Drug Information Center (NDIC) has started providing services since January 2013, and answering public and professional inquiries through MOH-Hotline Calling Services (937) since December 2013. The objective of this study was to estimate cost avoidance of drug information inquires through MOH-Hotline Calling Services (937). **METHODS:** Simulation including 12-month 2014 of receiving adults and pediatrica drug information inquiries expert trained pharmacists were receiving calls from public and professional asking about drug information, through manual documentation system of drug information inquiries by data collecting form. Using international study Model (Kinsky et al. Ann Pharmacother 1999), the cost considered were the expected results of drug related problems sequel of drug information inquires if not existing drug information services and were not answered, starting from Physician visit, additional treatment, hospital admission to death stage.

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Thursday, 10 November
7:30 to 9:30 in Rooms 1-2 (L2)

ISPOR Mission
To promote health economics and outcomes research excellence to improve decision making for health globally.

ISPOR Vision
To be the leading global scientific and educational organization for health economics and outcomes research and their use in decision making to improve health.

ISPOR Strategic Platform
As we celebrate our 20th Anniversary year of ISPOR, we have been planning for continued future success with an update to the strategic plan. The updated plan includes five strategic pillars: Education, Member Engagement, Scientific and Research Excellence, Organizational Status, and Communication.



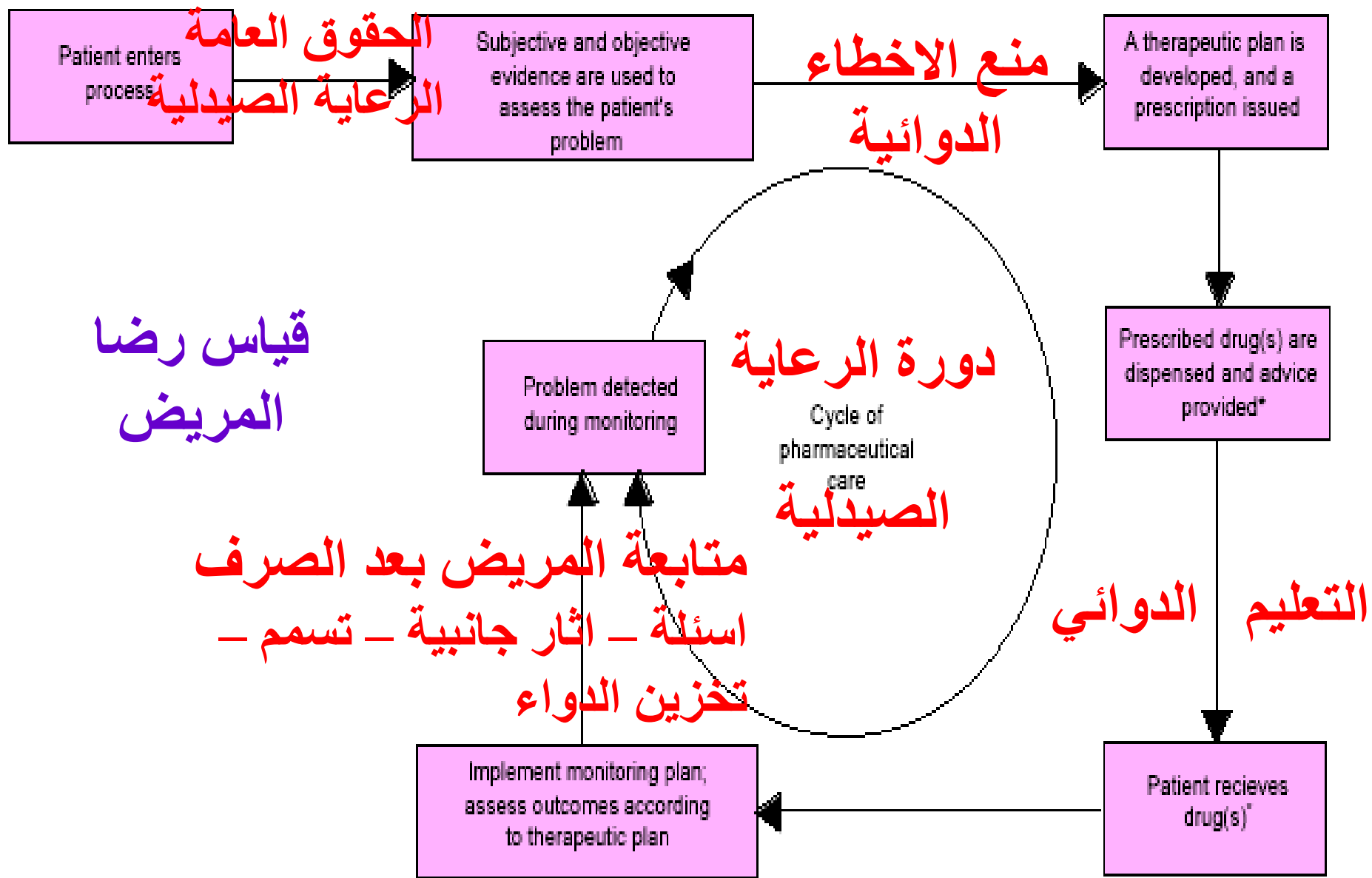


Fig. 1. Schematic representation of a pharmaceutical care system.^[14] * = in a traditional medication-use process, the patient could exit the process at these points by not filling the prescription or not taking the drug.

Medication Adherence Section

24	The patient has right to assess, prevent and an electronic documentation of drug related problem including but not limited to Medication errors, adverse drug reaction, medication compliance... etc	المريض له الحق في تقييم ومنع وتوثيق الالكتروني لاي مشكلة تتعلق بالادوية بما في ذلك سبيل المثال لا الحصر الأخطاء الدوائية والاثار الجانبية والتسمم، وسوء استخدام الدواء ... الخ
	The patient has right to follow up the disease and condition after start medication therapy with emphasis to medication adherence	المريض له الحق في متابعة حالته المرضية بعد صرف الادوية للتأكد من صحة تناولها والاستفادة منها للحصول علي الاهداف المرجوة منها

Pharmacy Research Section

25	The patient has right to know all an investigational drug related issues with inform consent	المريض له الحق في معرفة كل على يتعلق في الادوية تحت البحث العلمي مع التاكيد علي الموافقة الخطية
26	The patient has right to receive complete pharmaceutical care despite to pharmacist declaration	المريض له الحق في الحصول على الرعاية الصيدلانية كاملة بغض النظر عن شي يتعلق بعلاقات الصيدلي

Pharmacy Patient Satisfaction Section

27	The patient has right to participate in his drug therapy and electronic record of pharmaceutical care satisfaction on annual basis	المريض له الحق في المشاركة التقييم الالكتروني ورضا المريض السنوي عن لخدمات الرعاية الصيدلانية
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Figure 1

Patient Satisfaction Survey of Pharmaceutical Care services - MOH

عزيزي المريض...
 تولى وزارة الصحة اهتماما كبيرا بأراء المرضى وملاحظاتهم عن الخدمات المقدمة لهم. وذلك لتطوير الأراء بالخدمات الصحية ومنها الرعاية الصيدلانية والإرتقاء بخدماتها بما يحق رضاهم. لذا نأمل ان تمتنحا قليلا من وقتك للإجابة على الأسئلة التالية من خلال تقييمك للخدمات التي تلقيتها أثناء مراجعتك للصيدلية. علما بأن المعلومات ستكون سرية ورفدهمك في المشاركة لن يؤثر على مستوى الخدمة المقدمة لك بالمشكاة الصحية.

The Ministry of Health great attention to the views of patients and their observations on the services provided to them, so as to enhance the performance of health facilities, including the pharmaceutical care and improve its services in order to achieve satisfaction, so we hope that gives us a little of your time to answer the following questions through a review of the services that you received during your visiting of the pharmacy, note that information will be confidential and your refusal to participate will not affect the service provided to you health facility level.

Instructions: Here are some questions about your encounter with this pharmacy in general.
 ملاحظة: هذا استبيان عن زيارتك للصيدلية بشكل عام

اسم المستشفى أو المركز الصحي:		Name of the Hospital or Primary Care Center			
تاريخ المراجعة: / / 14 هـ		Date of Visit / / 200			
العمر (Age):		الجنس (Sex): ذكر <input type="checkbox"/> أنثى <input type="checkbox"/> (Male) (Female)			
الجنسية (Nationality):		سعودي <input type="checkbox"/> غير سعودي (Non Saudi) <input type="checkbox"/>			
المستوى التعليمي:		جامعي وأكثر <input type="checkbox"/> دبلوم <input type="checkbox"/> ثانوي وأقل <input type="checkbox"/> غير متعلم <input type="checkbox"/>			
Education Level		Bachelor and above Diploma Secondary and less Non Educated			
نوع المراجعة:		أول مراجعة <input type="checkbox"/> متابعة <input type="checkbox"/> Follow up visit			
الحالة الصحية:		جيدة جدا <input type="checkbox"/> جيدة <input type="checkbox"/> مقبولة <input type="checkbox"/> سيئة <input type="checkbox"/>			
Health Status		Very Good Good Acceptable Bad			
الموظف الذي صرف لك الدواء:		صيدلي <input type="checkbox"/> مساعد صيدلي <input type="checkbox"/> ممرض <input type="checkbox"/> طبيب <input type="checkbox"/> آخر <input type="checkbox"/>			
How did dispense the prescription		Pharmacist Pharmacy Technician Nurse Physician Other			
كم دقيقة انتظرت منذ إستلام الصيدلي وصفتك حتى استلمت أدويةك?					
How much time did you wait until you get your medications?					
هل تعرف خدمة الخط الساخن (937) التابع لوزارة الصحة?					
Do you know about hotline service (937)?					
No <input type="checkbox"/> Yes <input type="checkbox"/>					
الرقم	المعايير - Domains				
	سيء جدا (1)	سيء (2)	جيد (3)	جيد جدا (4)	ممتاز (5)
Medication Availability Domain					
1					
لقد استلمت جميع الأدوية التي بالوصفة الطبية.					
You have received all your medications that prescribed to you.					
2					
لقد استلمت بطفلة إعادة تعبئة خاصة بأدويةك، لتتكرر صرفها مباشرة من الصيدلية في الأشهر القادمة.					
You have received a prescription refill of your medicines to continue dispensing from pharmacy directly next months.					
Patient Counselling Domain					
3					
جميع الأدوية التي استلمتها كانت مغلقة بشكل ممتاز ورائع.					
All medications you received were excellent packaging.					
4					
بطفلة التنظيمات كانت مغلقة على خلاف كل دواء.					
Instructions were labeled on each medication.					
5					
بطفلة التنظيمات تحتوي على: (اسم المريض، اسم الدواء، قوة تركيز الدواء، وطريقة الإستخدام) بشكل واضح.					
Instructions that contain of: (patient's name, medication's name, medication's strength, and how to use) were written clearly.					
6					
يزودك الصيدلي بمعلومات مكتوبة/ أو مطبوعة عن الدواء الذي تستخدمه أو المرض الذي تعاني منه.					
The pharmacist provides you written/ or printed information about drug therapy and/or diseases.					
7					
يقوم الصيدلي بالتشرح لك عن كيفية معرفة بأن الدواء بدأ يعمل.					
The pharmacist provides you written/ or printed information about drug therapy and/or diseases.					

				The pharmacist Explains to you how to know if medications are working.	
				يقوم الصيدلي بشرح كافة الآثار الجانبية أو الغير مرغوب فيها والممكن حدوثها مع الدواء.	8
				The pharmacist explains to you all possible side effects.	
				يزودك الصيدلي بمعلومات عن الطريقة المثلى لتخزين الدواء.	9
				The pharmacist provides you information about the proper storage of your medication.	
				يقدم لك الصيدلي كامل الإستشارة عن الدواء، كما يشجعك على طرح الأسئلة.	10
				Pharmacist provides you with thorough medication counseling, and encourages you to ask questions.	
				أنت تفهم ما يقوله الصيدلي لك.	11
				You understand what pharmacist saying.	
				Pharmacist & Patient Relationship Domain	
				يسلم لك الصيدلي الأدوية الموصوفة بتعامل راقى.	12
				When you're receiving your prescription medications, the pharmacist delivers your medicines in a polite way.	
				كل من قابلت من موظفي الصيدلية لديهم الكفاءة العالية.	13
				Pharmacists have technical skills (thoroughness, carefulness, competence).	
				جميع موظفو الصيدلية يتسمون بالثقف في المعاملة وحسن الإستقبال.	14
				All pharmacists are characterized with courtesy and respect.	
				الطريقة التي يجيب فيها الصيدلي على اسئلتك كانت ممتازة	15
				The way the pharmacist answers your questions excellent.	
				مقدار الوقت الذي قضيته مع الصيدلي.	16
				The amount of time the pharmacist spends with you.	
				Medication Reconciliation Domain	
				الصيدلي يستفسر عن امراضك / أو أدويةك السابقة التي صرفتها من أماكن أخرى في كل مرة تقابلته.	17
				Pharmacist uses information about you previous conditions/drugs when assessing your drug therapy.	
				لقد استلمت نسخة من الوصفة الطبية الخاصة بك تحتوي على جميع الأدوية الموصوفة لك، لمراجعة العيادات الخارجية أو الطوارئ عند الحاجة.	18
				You have received a copy of prescription contains all medications prescribed to you, and may use during outpatient clinic or emergency when necessary.	
				Medication Adherence Domain	
				هل سألك الصيدلي عن مدى التزامك بتناولك العلاج السابق	19
				Did the pharmacist ask you about medication compliance	
				هل يتابعك الصيدلي بالاتصال عن مدى التزامك بالعلاج بعد صرف	20
				Did the follow up you and call you after taking medication as prescribed	
				Pharmacy Location Domain	
				موقع الصيدلية مناسب ومرح.	21
				Is the pharmacy conveniently located?	
				Pharmacy Waiting Area Domain	
				صالة الإنتظار الخاصة بالصيدلية مريحة ومناسبة.	22
				Is the waiting area of pharmacy conveniently located?	
				مكان الإستشارة الدوائية براعي خصوصية المريض	23
				The place of pharmaceutical counseling respects your privacy.	
				Pharmacy Waiting Time Domain	
				الوقت الذي يستغرقه الصيدلي لتحضير وصفتك.	24
				The amount of time it takes to get a prescription filled at your pharmacy.	
				Pharmacy communication Domain	
				إمكانية الوصول والتواصل مع الصيدلية بالهاتف.	25
				Getting through to the pharmacy by phone is very easy	
				هل تسمع عدائلك واصدقائك أصدقاءك أصدقاءك الصيدلية؟	26
				Pharmacy recommended to other patients	

					Do you recommend you're family and fried to visit the pharmacy?	
					Overall patient satisfaction pharmacy services	
					تقديمك العام للرعاية الصيدلانية .	27
					Your general evaluation for the pharmaceutical care.	
					مدى رضاك عن خدمة الخط الساخن (937) التابع لوزارة الصحة.	28
					Your satisfaction about hotline service (937).	
					هل هناك أي اقتراحات لتحسين الرعاية الصيدلانية المقدمة لحضرتكم؟	29
					Would you say any suggestions to improve pharmaceutical care provided to you?	
						ا
						ب
						ج
					Definitions	
					<i>Patient counseling</i> is defined as "providing medication information orally or in written form to the patients or their representative or providing proper directions of use, advice on side effects, storage, diet and life style modifications. It involves a one-to-one interaction between a pharmacist and a patient and/or a care giver. It is interactive in nature. The effective counseling should encompass all the parameters to make the patient/party understand his/her disease, medications and life style modification required"	
					1. American Society of Health-System Pharmacists. ASHP guidelines on pharmacist-conducted patient education and counseling. Am J Health-Syst Pharm. 1997; 54:431-4	
					2. Palaian S, Prabhu M, Shankar PR. Patient counseling by pharmacist-A focusing on chronic illness. Pak. J. Pharm. Sci., 2006, Vol.19 (1), 65-72.	
					<i>Medication reconciliation</i> is defined by the Joint Commission as "the process of comparing the medications a patient is taking (and should be taking) with newly ordered medications"	
					ASHP statement on the pharmacist's role in medication reconciliation. Am J Health-Syst Pharm. 2013; 70:453-6	
					<i>Medication Adherence</i> is defined as "the extent to which patients take medications as prescribed by their healthcare providers"	
					Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005; 353:487-497	

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PATIENT SATISFACTION OF PHARMACEUTICAL CARE AT PRIMARY CARE CENTERS AT MINISTRY OF HEALTH IN SAUDI

	Region KSA	PCC	Population	No of Patients	No Patients Responding	Rate of Response
PCC 1	West	Alqunfetha	27,000	1345	567	42.15 %
PCC 2	East	Alqateef	45,000	234	197	84.18 %
PCC 3	Middle	Hail	10,000	304	98	32.23 %
Total				1880	862	45.85 %

Patient Satisfaction of Pharmaceutical Care at Primary Care Centers at Ministry of Health in Saudi

		PCC1 n=567	PCC2 n=197	PCC3 N=98	Average n=862	P value
Q1	Is the pharmacy conveniently located?	3.97	3.69	4.01	3.91	< 0.05
Q2	Getting through to the pharmacy by phone?	1	3.59	3.86	1.91	< 0.05
Q3	Enough time spent with the person you saw?	3.96	3.65	4.29	3.92	> 0.05
Q4	Length of time spent waiting for your prescription to be filled?	4.02	3.75	4.32	3.99	> 0.05
Q5	I have received all my medication prescribed to me	4.94	3.71	4.41	4.6	< 0.05
Q6	All medications I received were excellent packaging with instruction label with my name	3.23	3.65	4.61	3.49	< 0.05

Patient Satisfaction of Pharmaceutical Care at Primary Care Centers at Ministry of Health in Saudi

		PCC1 n=567	PCC2 n=197	PCC3 N=98	Average n=862	P value
Q7	When I am buying my prescription medications, the pharmacist hands me my prescriptions, provides me with thorough medication counseling, and encourages me to ask questions	4.2	3.74	4.49	4.13	> 0.05
Q8	I have received copy of prescription contains all medications prescribed to me, and may use during outpatient clinic or emergency when necessary	1	3.57	1	1.59	< 0.05
Q9	Explanation of what was done for you?	2	3.73	4.41	2.67	< 0.05
Q10	The technical skills (thoroughness, carefulness, competence) of the person you saw?	4.25	3.7	4.51	4.15	< 0.05
Q11	The courtesy of the person you saw?	4.25	3.62	4.50	4.13	< 0.05
12	The visit overall?	4.02	3.82	4.50	4.03	> 0.05
13	I am satisfy with Pharmaceutical care provided to me	4.01	3.74	4.56	4.01	> 0.05

وماذا بعد؟؟

What is the next?

تطبيق البرامج الجديدة للرعاية الصيدلانية

Implement of Pharmacy New Program

صرف الادوية من الصيدليات الاهلية

Saudi Managed Care Pharmacy (SMCP) Project

Yousef Alomi, Bsc., Msc., BCPS, BCNSP, CDE
Head, General Administration of Pharmaceutical Care

2014

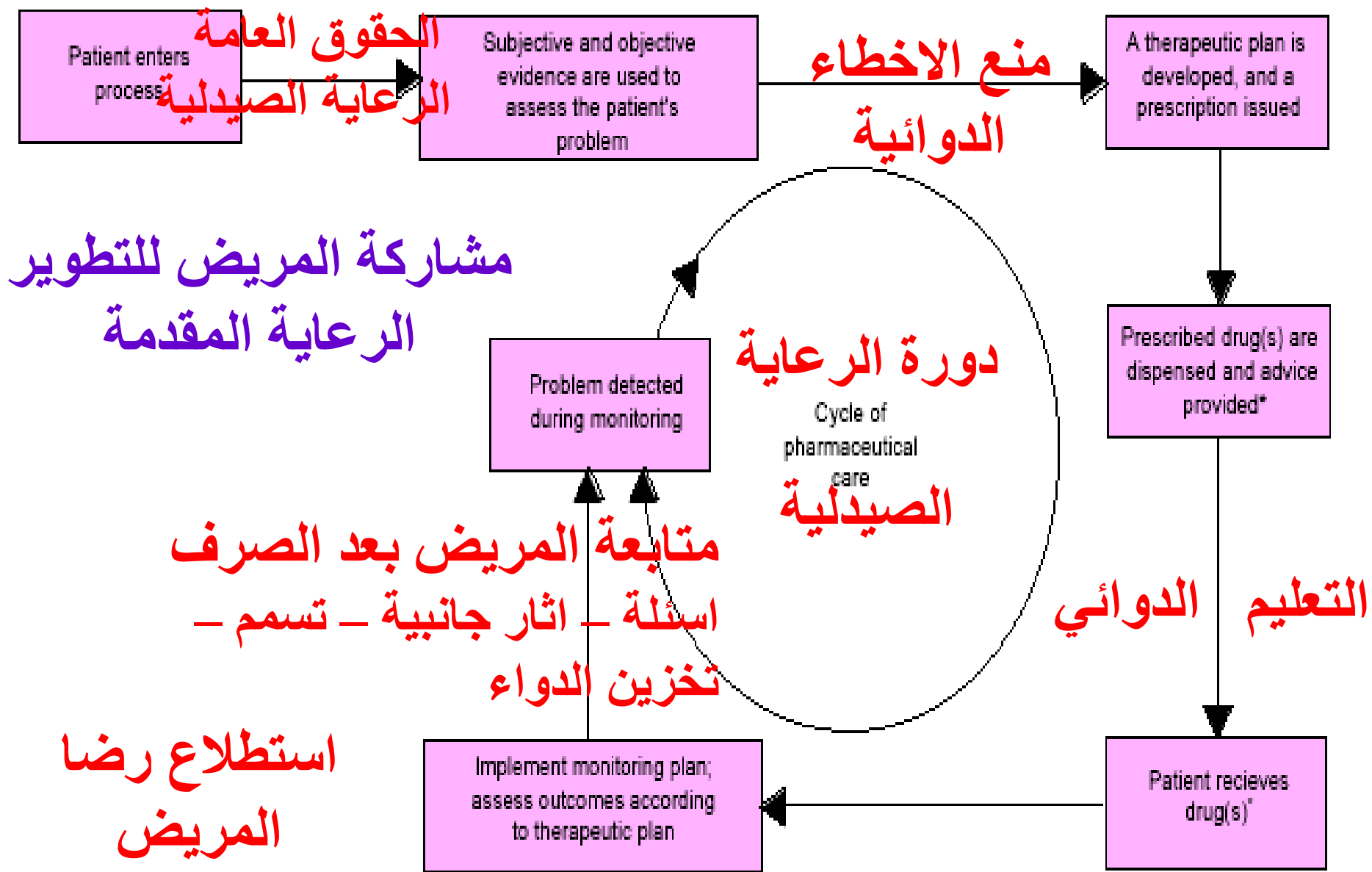


Fig. 1. Schematic representation of a pharmaceutical care system.^[14] * = in a traditional medication-use process, the patient could exit the process at these points by not filling the prescription or not taking the drug.



How to implement at Gulf Countries



GCC Pharmaceutical Care Committee

GCC Strategic Plan

Pharmacy Patient Bill of Rights

Pharmacy Design

Medication Safety

Drug Information

Antibiotics

International Benchmarks

Patient Satisfaction Pharmacy

Take Home Message

- **Pharmacy Patients Bill of Rights in KSA**
- **Applications of Pharmacy Patients Bill of Rights in KSA**
 - Medication Safety**
 - Drug Information**
 - Patient medication education and counseling**
 - Anticoagulation**
- **The assessment of Pharmacy Patients Bill of Rights in KSA**
- **Implement Pharmacy Patients Bill of Rights at Gulf countries**

وشكرا لحسن الاستماع

Thanks