

My day with Oncology Pharmacy - Zambia

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1. Introduction

Pharmacists from two hospitals answered the 66 questions, all of them are university hospitals. Their answers represent the actual situation in all the three hospitals.

At the moment pharmacists covering the oncological production have no additional activities on the ward. They have to invest nearly their full working capacity into the manufacturing and logistical process of cytostatics. Patients care is mainly covered by special clinical pharmacists

2. Material and method

Up to 66 questions covered the following fields.

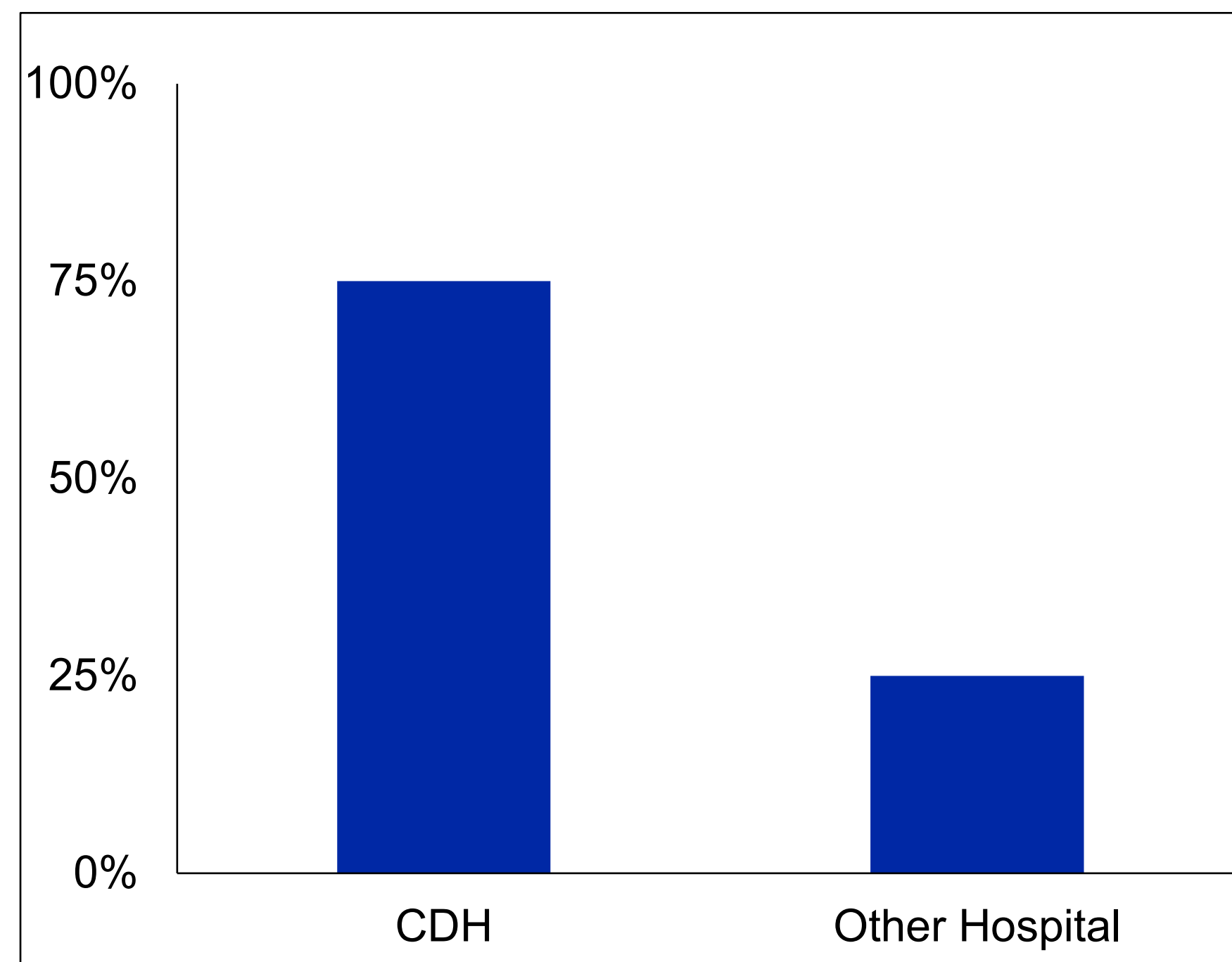


Fig.1 Workplace

Only the University Teaching Hospital Cancer Diseases hospital manufactures oncologicals mainly by gravimetric procedure

The prescriptions are validated by pharmacists

All produced medications will be released by pharmacists

Pass on of materials into the working area by additional staff is used by 3 hospitals to enhance capacity.

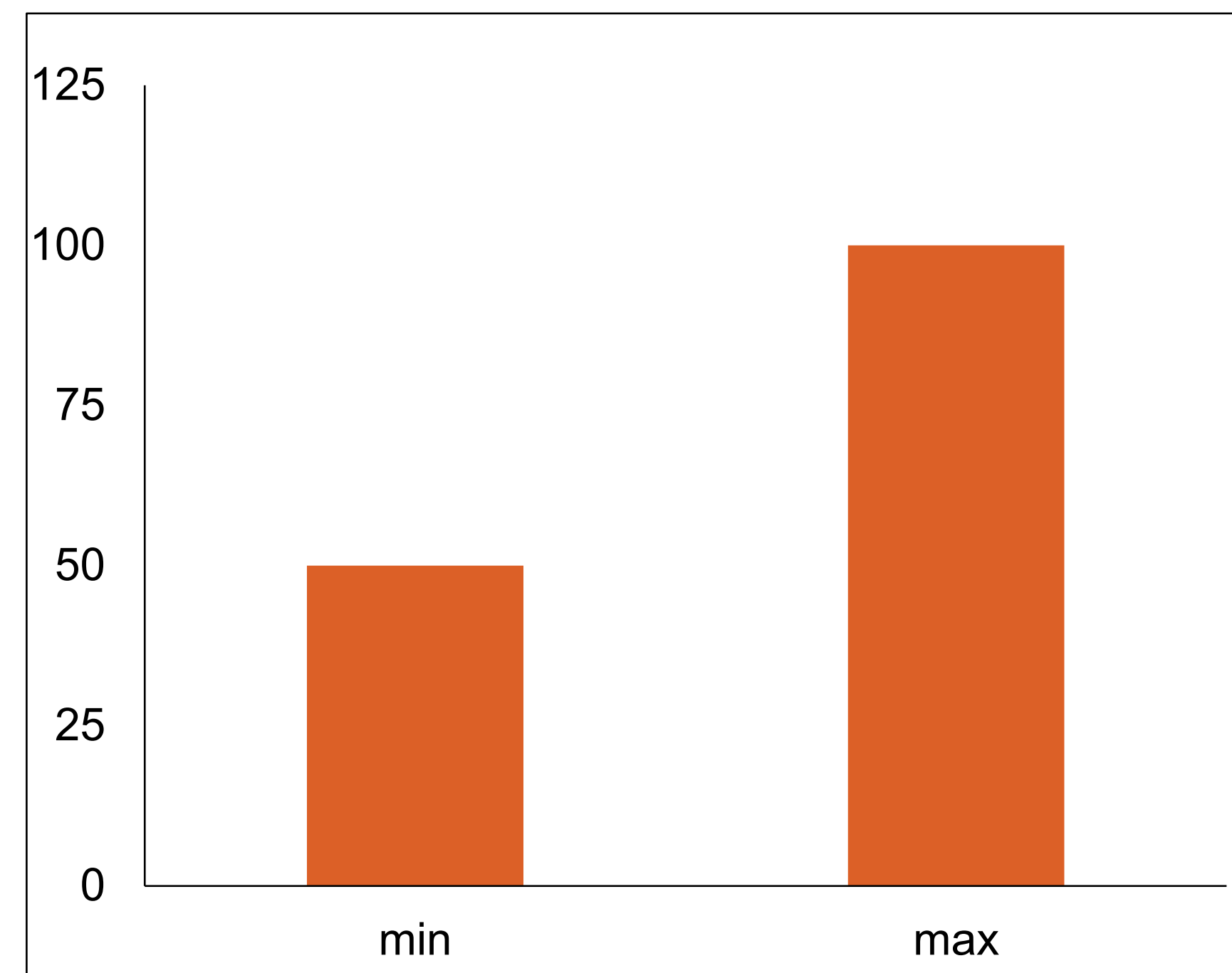


Fig.2: Number of produced i.v. medications

Cancer Diseases Hospital has a daily production capacity between 50 and 100, The other University Teaching Hospitals don't produce and so depend on the production from CDH when they have a patient.

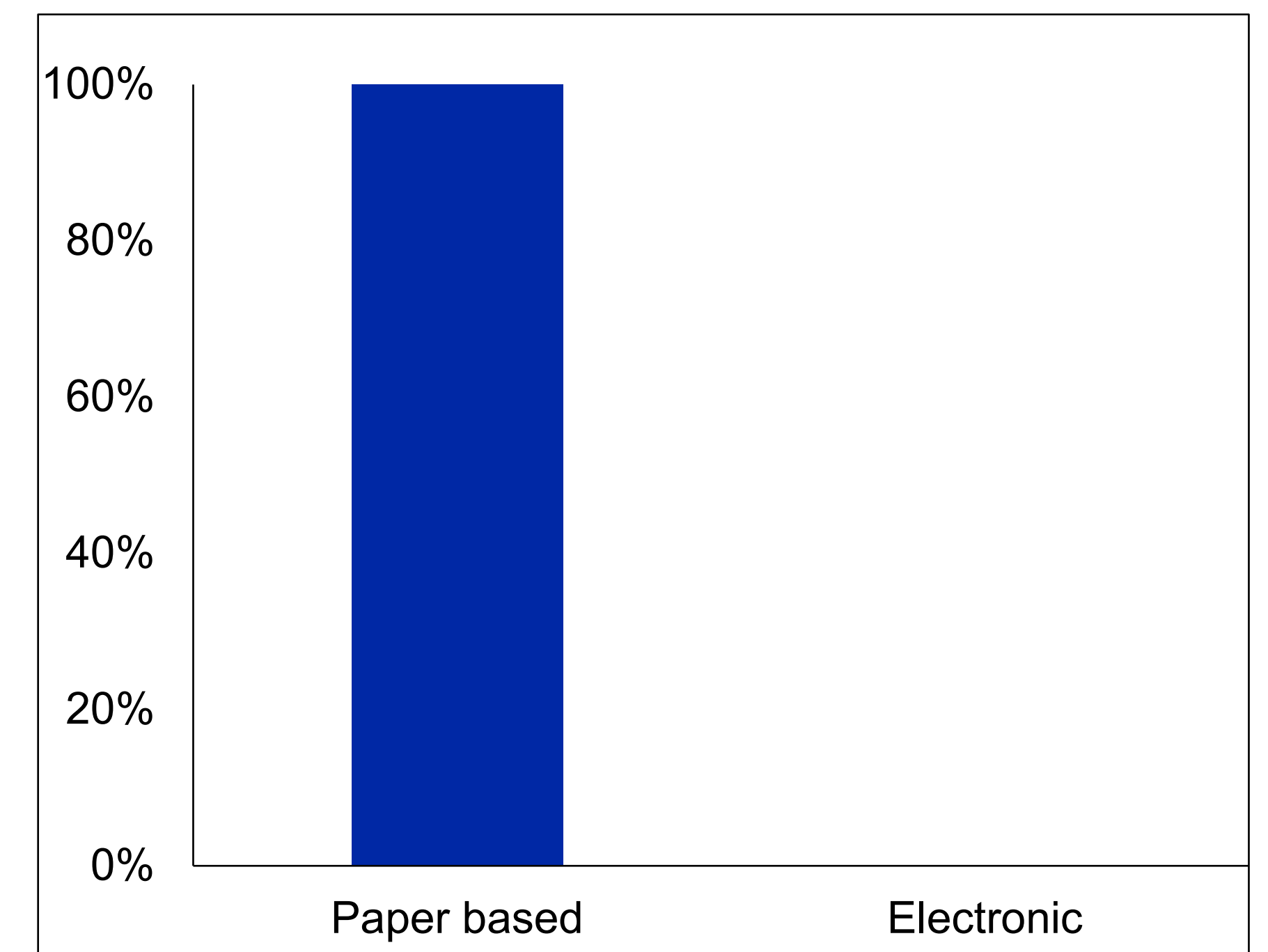


Fig.3: Form of prescription

100% hospitals get mainly paper based prescriptions, none receive electronic orders.

3. Results and discussion

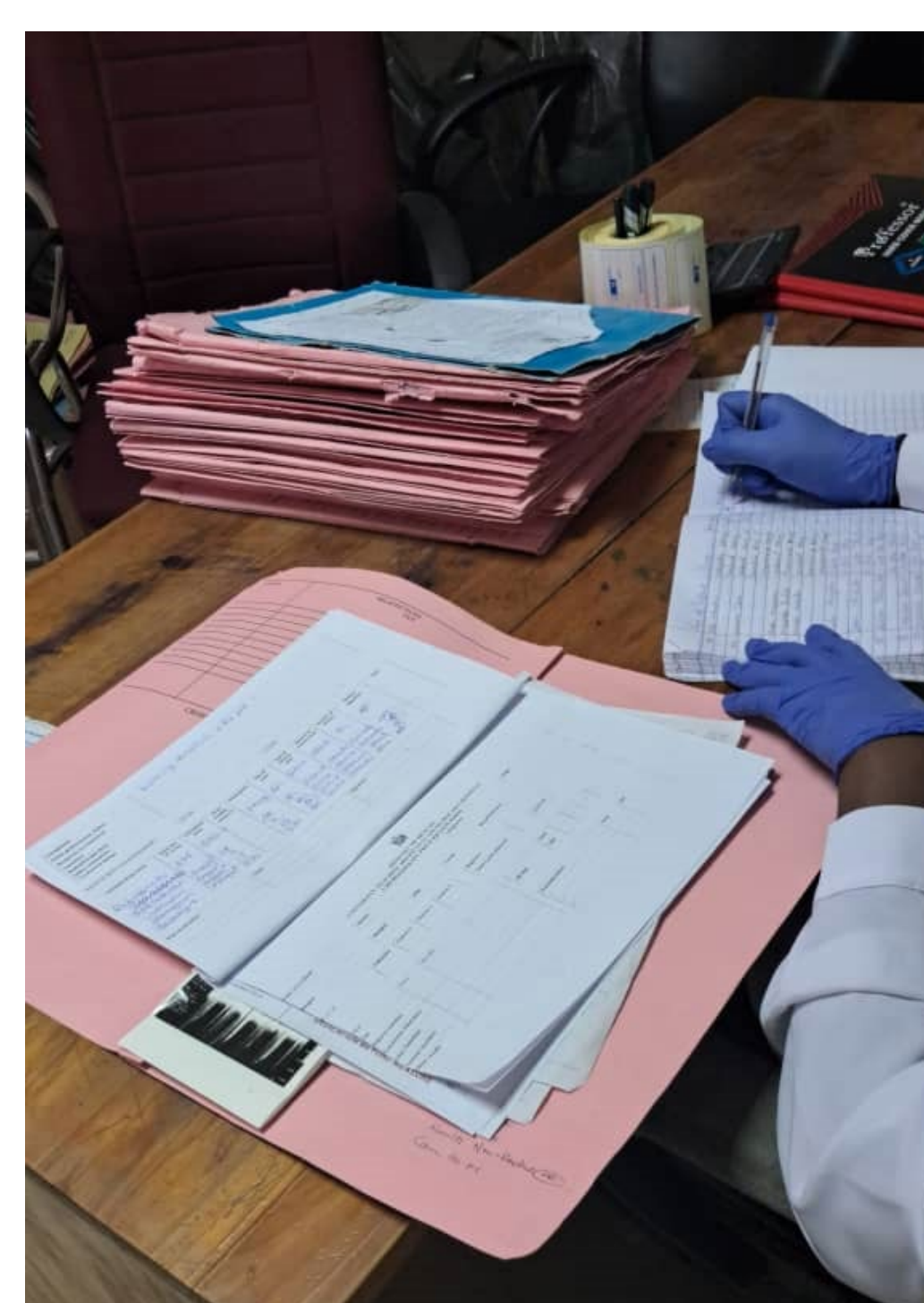
Working Conditions: Cancer Diseases Hospital take care of the National population in as far as providing comprehensive cancer treated and care. Due to lack of training with regards to Pharmacists, few and overburdened. Also, medicines availability has been a challenge in the recent past, so the number of chemotherapy reconstitutions may not be a true picture if most of the agents were available.

Hence for now 50 to 100 production is done, inspected by Pharmacists, and carried to the wards by other staff. Orders are 100% paper based.

Only PPEs are used as there is there is no cabinet nor Safety Transfer Device.



Pic.1: This is depicting sorting of medication according to prescriptions and preparation to begin to reconstitute medications by Pharmacists at CDH



Pic.2: This is the Quality assurance area, where Pharmacists receive prescriptions for Chemotherapy and validate them before taking them into the reconstitution room at CDH



Pic.3: This is showing the actual reconstitution in action now by Pharmacists at CDH. These infusions after being made, verified by a Pharmacist, Nurses then collect them in zipper bags, then take them to a chemotherapy administration suite, which is like 100 meters away. Half a time, hospital assistants come to collect them and take them to the administration suite.

Conclusion

To bring the production experts tighter to the ward, to enable dialogs with physicians and care unit and to avoid long transportation, more and more hospitals directly integrate the production module into the oncological outpatient unit. This will make it possible that oncological pharmacists can combine clinical and manufacturing aspects of the therapy. They also need special EUSOP training and certification as ALL of these Pharmacists are practicing oncology by residence.

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References

1. Data collected through the ESOP Questionnaire