PHARM.D • YEAR 4

Hospital Pharmacy

CHAPTER 2

Hospital Pharmacy: Organisation and Management

PPT CHAPTER COVER



The hospital pharmacy team



Chief pharmacist:
leads policy, service planning, budgeting and supervision.



Clinical pharmacists:
review therapy, join rounds, support monitoring and counsel patients.



Dispensing pharmacists:
check prescriptions, supply correct products and give clear instructions.



Section managers:
coordinate areas such as dispensing, inventory, sterile preparation or clinical services.



Technicians:
assist within their competence and permitted scope under appropriate supervision.



Administrative staff:
support records, billing and coordinattion.

Staffing should match workload, service complexity and patient risk.

Competence and professional scope

Qualification



Pharmacists need appropriate qualifications and current registration with the relevant State Pharmacy Council in India.

Registration



Induction



Induction covers hospital policies, formularies, safety systems and documentation.

Competence



Tasks require demonstrated competence, especially sterile preparation, high-risk medicines and clinical monitoring.

Continuing development



Continuing development maintains clinical, technical and communication skills.

Professional scope and ethics



Therapy changes must follow professional scope, authorized protocols and collaboration with the prescriber.

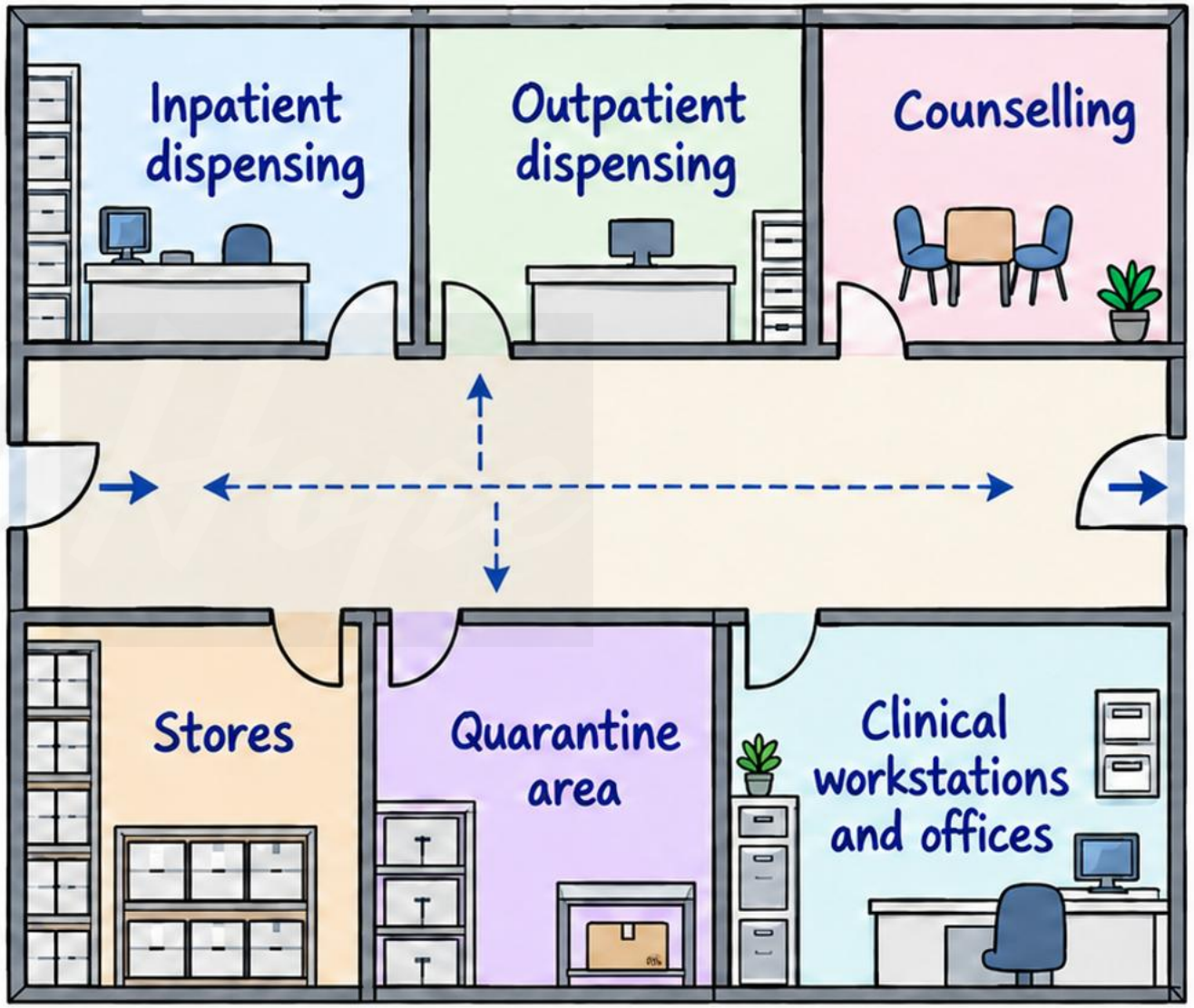


Confidentiality, integrity and patient rights apply in every pharmacy role.



Planning pharmacy facilities

- Arrange facilities for safe movement of people, prescriptions and medicines.
- Separate inpatient and outpatient dispensing where workload requires it.
- Provide secure stores, suitable cold-chain facilities and segregated quarantine areas.
- Give counselling a private, accessible space.
- Include clinical workstations, offices and reliable information systems.
- Control access, fire risks, lighting, ventilation and housekeeping.
- Sterile and hazardous preparation need purpose-designed facilities and appropriate engineering controls; an ordinary dispensing counter is unsuitable.



Workload: measure more than prescriptions

ACTIVITY



Prescription volume, inpatient and outpatient numbers, and clinical reviews show service demand.

RESOURCE USE



Staff time, inventory turnover and medicine expenditure reveal pressure on capacity.

QUALITY



Track dispensing errors, interventions, formulary adherence and turnaround time.

- Use these measures to plan staffing, identify peak periods and forecast budgets.
- Interpret counts with case complexity and patient risk: more prescriptions processed does not automatically mean better pharmaceutical care.

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