# To maximise impact, hospital pharmacists need to increase visibility

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Hospital pharmacists are essential to patient care and the integrity of the healthcare system. By applying their expertise as medication experts, they act to improve patient outcomes and reduce the cost of medication therapy. These outcomes have been demonstrated by numerous studies.

In one meta-analysis, it was observed that the addition of a hospital pharmacist on interdisciplinary rounds in the intensive care unit (ICU) reduced adverse drug events, patient mortality, and length of stay.[1] Another study found that the introduction of a clinical pharmacist to the ICU team led to cost savings of $1977 (€1822) on medication over the 24-week study.[2]

Despite their positive impact on patients and the healthcare system, hospital pharmacists are underrepresented in the media and with the public. These gaps in representation contribute to a lack of visibility within and outside of the hospital setting.

Visibility is important as it is linked to professional advocacy. The lack of visibility may result in underrepresentation of hospital pharmacists in leadership or governance activities.

One study evaluating healthcare professional representation on hospital boards in New York City found that while physicians and nurses were represented, not a single pharmacist was found on hospital boards in the city.[3] Encouragingly, one pharmacist was found to sit on the governing body of a federally qualified health centre.[3]

One way to increase visibility is by increasing public knowledge of the role and expertise of hospital pharmacists. To this end, storytelling can be an effective method.

In this article, we share two stories on the impact of hospital pharmacists. The first story is told by a hospital pharmacist who practised inpatient haematology, oncology, and bone marrow transplant. In her story about her impact as a pharmacist, she says:

> It was a Monday morning on BMT [bone marrow transplant] rounds. Patient A had sudden onset of increased stooling. She had also just engrafted and one of the differential diagnoses was graft versus host disease [GVHD], an unfortunate potential complication of BMT. The team was concerned enough to start discussing the initiation of increased immune suppression but also weary of the potential added infection risk this would bring to the patient. This would involve more meds, including antifungals and antibiotics in addition to high dose systemic steroids (drug of choice for gut GVHD).
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> I was looking at her meds before rounds and reviewing her chart. I noted that her morphine infusion was abruptly shut off over the weekend (after [more than] 2 weeks of therapy). Going back to first principles and asking myself 'Can a drug do this?' I mentioned to the team to consider opiate withdrawal as part of the differential as she had other signs and symptoms of narcotic withdrawal. The staff [physician] agreed and we initiated a low dose of intermittent morphine and within 24 hours, her stooling had subsided. She was able to be discharged shortly after and we did not commit her to a course of increased immune suppression, antifungals and antibiotics.
>
> There are other experiences that we are often not aware of, in terms of positive patient impact. I was invited, by a patient's mum, to a bell-ringing ceremony to mark the milestone of completing chemotherapy treatment for high-risk leukaemia. I had met the mum on her son's initial diagnosis of ALL [acute lymphoblastic leukemia] and unfortunately he had a prolonged admission due to numerous complications. I would chat with her often about her son and I would inform her of decisions regarding drug therapy. The day of the bell-ringing, I thanked mum sincerely, for including me on this very special day. She said the following: 'I could not have gotten through this without your support, truly. I am so thankful that you were part of my team, especially those first couple of dark months. I will forever remember you and your care.' I was beyond touched. I had no idea.

The second story is told from the perspective of a physician, a paediatrician who also serves as a health systems leader. In her story on their impact, she says:

> One specific instance that comes to mind is when a hospital pharmacist helped to navigate a complicated drug coverage issue so that a patient would receive an essential medication despite having no coverage and a unique circumstance not covered by LU [limited use] codes or EA [exceptional access] criteria.
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> Without their expertise, I believe that patient care would suffer, and the potential for medication errors would increase. This could include: failure of medication reconciliation resulting in clinically important discrepancies at admission and discharge, missed opportunities to vaccinate, delay in optimising dosing for weight, failure to recognise and mitigate medication side effects, failure to execute therapeutic drug monitoring, and avoidable drug–drug interactions.

These stories effectively bring the patient impact to life in a way that is personal and vivid. Bringing these stories to the public domain would bridge gaps in visibility.

Hospital pharmacists are not the only professionals facing barriers in visibility. In a qualitative study conducted by Kemmer and Silva, researchers in Brazil discovered a sense of invisibility for nurses in the media.[4]

To overcome this, Kemmer and Silva suggested building more intimate relationships with the press and delivering stories through multiple channels of messaging.[4]

A paper by Chaffee in 2000 on the visibility of nurses highlighted several tactics in this regard.[5] Chaffee suggested that professional advocacy organisations lead communications initiatives such as the curation of a list of willing nurse speakers that media organisations could easily access and the dissemination of gigs and job opportunities in communications and publishing.[5]

Indeed, advocacy organisations such as the Canadian Society of Hospital Pharmacists and the American Society of Hospital Pharmacists are actively engaged in increasing the visibility of hospital pharmacists. But such efforts must not be isolated to leaders with mandates.

Each hospital pharmacist can play a role in raising awareness of what they do and how they impact the people around them. With additional efforts in creating greater visibility for themselves, hospital pharmacists and patients will find themselves in a win-win situation where they will be able to contribute to their fullest potential and the healthcare ecosystem will maximise its utilisation of hospital pharmacists.

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