



The Hospital of Hope: A gateway for transitioning from the dispensary

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Introduction

On the 10th of June 2020 the Cape Town International Convention Centre (CTICC), also known as the “Hospital of Hope”, opened its doors as one of the first Coronavirus disease (COVID-19) field hospitals in South Africa. The facility, which was re-purposed to treat COVID-19 patients, was established as a pilot facility to inform a model for additional field hospitals. Various healthcare professionals were recruited to provide relief for the anticipated surge in the spread of the virus. New Somerset Hospital (NSH) was assigned the task of providing remote pharmacy services for the facility. These included the management of ward stock as well as a more progressive, practice-related role, where pharmacists were rotated to provide onsite assistance at the CTICC.



Our experiences

As pharmacists, our initial role at the CTICC consisted of medicine supply management, as well as assisting the medical team around stock availability. However, our role at the CTICC expanded greatly when NSH's pharmacy manager, Carrie de Beer, requested for the provision of onsite medicine optimisation through the initiation of pharmacotherapy-focused ward rounds and direct patient reviews.

As Master of Clinical Pharmacy candidates, we felt well equipped to handle the task at hand, owing to our knowledge gained from the core modules taken in the programme, as well as extensive experience during clinical rotations working with the healthcare teams at Tygerberg Hospital. The master's programme is a three-year blended learning degree offered by the School of Pharmacy at the University of the Western Cape.



Lesedi Mogakane (left) and Alex Wehmeyer (right)

The experiential learning format provides greater flexibility and allows candidates to practice in a hospital environment to gain practical experience. The programme is aimed at pharmacists working in hospitals, who wish to enhance their clinical knowledge and lead the development of clinical pharmacy services in South Africa.

The foundation of our new roles began with minor, humble requests for doctors to alter prescriptions based on identified medication-related problems, such as dose adjustments in patients with renal insufficiency. These requests were well received by the medical team, who became ever more thankful for our assistance as they endeavoured to provide the best care for their patients. The willingness and validation we received from the doctors and nursing staff compelled us as pharmacists to explore new ways to optimise patients' medication regimens. As time progressed, we as various healthcare professionals, began to recognise each other's roles and develop friendships that changed how care was provided at the CTICC. Within weeks, our practice transitioned from writing recommendations in green ink on inpatient prescriptions to requests for feedback to the medical team regarding medication-related problems during ward rounds.

Most days at the facility would include a doctor or nurse calling us aside to ask for assistance with various queries, which ranged from the location of missing discharge medications

to consulting on the best options available for a patient with uncontrolled hypertension and concomitant renal failure. A distinct example, which emphasises our extensive integration into the multidisciplinary team involved an elderly woman who experienced persistent episodes of hypoglycaemia. Upon review, we noticed that no action had been taken to correct these episodes, where the administration of dextrose forms the standard of care. As pharmacists we took action in this regard by liaising with the medical team to adjust insulin dosing. In addition, we engaged with nursing personnel to ensure that protocols for hypoglycaemia were understood and disseminated widely amongst all personnel.

Our growth as a multidisciplinary team led to the establishment of set teaching ward rounds, with the main aim of learning. Together with physiotherapists, dieticians, doctors, and nursing staff, we were able to apply our vast range of specialised knowledge to find solutions for complex problems. This displayed the ideal level of inter-professional collaboration that is desired to ensure that patients receive the best level of care possible. The significant level of autonomy with our newfound role created a space for innovation and a desire to go the extra mile for the benefit of our patients.

Lessons learned

As healthcare professionals, pharmacists are often considered as “belonging” in the dispensary, where our primary functions are perceived as the preparation and dispensing of medicines. This perception has allowed us as a profession to grow comfortable and complacent in our current roles. More direct clinically orientated responsibilities for pharmacists, such as those developed and perfected at the Hospital of Hope support professional trans-



Pharmacists celebrating after an inspiring ward round at the Hospital of Hope

formation. Our experiences together with those of both patients and other healthcare professionals at the facility serve as a reminder of the significant benefits of ward-based pharmacy practice.

The traditional medical hierarchy, which is prevalent in many healthcare settings was not evident at the Hospital of Hope. A pervasive sense of “teamwork” was apparent, which allowed each healthcare professional to showcase their value in patient care. This aspect of the Hospital of Hope enabled us as pharmacists to feel hope for professional growth and advancement of our practice and care for patients. However, the most important aspect that we learned at the facility is that every voice matters.

Conclusion

Pharmacists practising at the Hospital of Hope played a fundamental role in enhancing patient care. This was demonstrated by the pivotal role that us as pharmacists played in rendering a greater level of patient-centred care for the elderly women suffering from hypoglycaemia. This incentivises the establishment of set clinical pharmacy services in South Africa, through collaboration between policy makers, managers, and pharmacy leaders.



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