Guidelines for the humanization of hospital pharmacy units

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Sociedad Española de Farmacia Hospitalaria

fefh
Fundación Española de Farmacia Hospitalaria

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« When you create a bond with your Pharmacist, you start to increase your trust in the treatment, and you understand the reasons for all those things that previously were stressful for you. »

– A PATIENT –

These guidelines have been prepared entirely by Hospital Pharmacists in close collaboration with patients and other professionals in our setting.

« As a Pharmacist, I want to feel part of a team that knows me, and to know them all. I want to collaborate and make decisions together. »

– A PHARMACIST –

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Throughout the text, those concepts defined in the Glossary will be marked with an asterisk.

Testimonial

Why should healthcare be humanized? What is the importance of this? What is its impact? Why so much interest in this?...

Many questions are raised when we discuss this matter which, fortunately or unfortunately, has become a major issue for Healthcare Organization Managements, at a larger or smaller scale..

But this is the first question I would ask myself: *Is there a need for humanization or re-humanization?* It has always been known that those professions linked to healthcare have **person-centered care** imbued in their DNA. And if we don't experience it this way, something is failing. These are professions where tact and utmost care should prevail when dealing with others. And all this within moments of maximum hostility and vulnerability, such as admission to hospital, a diagnosis difficult to accept, a chronic disease which deprives of independence, or any other process or event which brings them to that cold and impersonal place represented by a hospital or health center. Therefore, I stop and look around me. And I see that the trend in many Healthcare Organizations is a search for re-humanization, which is necessary and has become lost in a world overloaded with technologies, waiting lists, lack of information if not lack of interest, depersonalization, limitation in rights or, what is most important for me, loss of human warmth towards the person who needs it most.

This importance lays in improving clinical and assistance interactions, without forgetting where we come from and the traditional bioethical principles of **beneficence, autonomy, justice and care** (or non-maleficence). These principles should be known and implemented by professionals who, as well as having the knowledge and the adequate scientific and technical skills, will preserve and assign importance to these qualities required to answer with kindness, respect, honesty, compassion and prudence.

From my point of view, all this is possible with just a change in **ATTITUDE**; that is to say, a personal change from the inside out in professionals. Beyond books, volumes or conferences that we might create and put forward, it is professionals from their own "inner self" who must want it, believe it, and implement it; often, if necessary, causing a transformation in their own person in order to humanize afterwards, and doing it well.

Many organizations are joining every day this process of change. Within these, their

«

Guérir quelquefois, soulager souvent, consoler toujours.
("To cure sometimes, to alleviate often, to care always")

– C.BERNARD & A.GUBLER –

»

sections or departments will advance at different rates. I am impressed by the fact that those areas directly associated with patients (ICU, Pediatrics, Oncology, etc.) are the ones who have started doing it earlier or more firmly. But the rest have joined rapidly, such as Central Services which are equally important (for example, Pharmacy). And this is where this project has been born: one of its main objectives has been not only to link healthcare professionals, but also patients and relatives. I share a particular duality, because I am both a doctor and a patient. Being actively involved in this process of transformation towards an objective improvement is exciting and very rewarding, because I have been able to express my opinion freely and without any bias about all the times where my mother, fighting beside me, or I have spent waiting for the medication adequate for each stage of my disease at the waiting room. It is also nurturing being able to express myself and build a bridge between professionals and patients, and that this road generates an improvement which will have impact on other patients. I think that this type of projects are extremely important, because they help professionals to open their eyes and be aware of the pain, the fear, the doubts, or the daily life experienced by patients who need their help. Because we are not one more number, but a body with heart and feelings which deserves to be treated decently and with humanity. Moreover, I wonder: *Can there be anything more beautiful, rewarding, and that fills your heart more, that being able to help a fragile person or someone who needs you?* Honestly, I don't think so.

In these final lines, I thank all those designers and staff who are involved in this project, for counting on my testimonial, my willingness and enthusiasm towards achieving a better care which will be more human and supportive.

Sincerely,

Antonio J. Cepillo Boluda
Pediatrician at the Hospital Universitario de Albacete, and Master FIS at the Hospital 12 de Octubre.
Consultant on Humanization for the Castilla-La Mancha Health Services.
Castilla La Mancha.

Foreword

It is an honor and a pleasure for me to present the Guidelines for Humanization by the SEFH, the first scientific society in the healthcare setting to publish a document with these characteristics, based on the experience of some Pharmacy Units, and particularly on the involvement by patients in the design of improvements for our Units; the latter turns this document into essential reading for the transformation and redesign of our Pharmacy Units, and it is a primarily practical document that will not only be read but also provide us with the keys to applying it in this on-going process required by Hospital Pharmacy Units.

First of all I would like to thank the coordinator for our guidelines and alma mater of this project, Ana Álvarez Díaz, M.D., who accepted from the start the challenge to lead this document, for her value, dedication, brilliance and originality with the project, and particularly for her ability to rely on a great team of professionals who have contributed with their time and experience to the SEFH and our profession. I must also thank the Board of Directives and the Board of Governors of the SEFH for supporting this pioneer initiative, and the headquarters team for their constant help in the process. Thank you to everybody!

Our profession was born with a vocation for humanization; from the start, obtaining medications and their formulation, in search of the pharmaceutical form required by every patient, it allows to make possible and, of course, friendly, that treatment for each patient according to their individual requirements, even when sometimes the best tolerated formulation has not been marketed yet: that specific parenteral nutrition for a newborn, that oral liquid formulation for the

oncology patient with swallowing problems, the selection of the best treatment in terms of higher efficacy, safety, convenience and efficiency for the patient, the pharmacogenetic recommendation predicting response, or monitoring in terms of the best dosing for each patient, and thousands of examples like this, which lead me to think that we are oriented towards the humanization of care, and our profession can and must be the gear lever for this process.

This is a task of high complexity and methodological rigour, often silent and hidden, not visible, and sometimes not sufficiently valued. This is an element also shown in these guidelines, because the visibility of this task allows patients to feel more valued and better cared for. Therefore, some of the tools that will make us improve are closeness with patients, direct contact, and the time devoted to explain and educate them in everything related to their health.

I ask you to read and implement these guidelines, and to help the SEFH to keep it permanently updated with your usual experience and generosity; our profession always knows how to share experiences in order to improve patient care.

Miguel Ángel Calleja Hernández, M.D.
President of the SEFH

Introduction

In recent years, there has been an increasing interest in those aspects associated with Humanization in Healthcare. This is shown by the development of highly valuable Humanization Plans, driven by Healthcare Authorities and targeted to major activity settings (Autonomous Communities, Hospitals), or the publication of experiences in Hospital Pharmacy Units which have already taken major steps in this area, and that are useful as an example for everybody.

However, at the time when this project was started there was no document to help plan a Humanization strategy in the specific setting of Pharmacy Units. For this reason, our approach was to prepare a document to provide an overall view to set the basis for said strategy, but which was anchored in the patient's heart. From a more tactical point of view, the primary objective was to achieve a document to guide Pharmacy Units in the conception and implementation of actions directed to Humanization, with a strongly practical approach and which could be useful for any of them, regardless of their circumstances.

We believe that the basis to face this road is the development of a **Humanization Culture** to imbue the Unit, which will direct us to establish commitments, change behaviors, and create new habits.

We have conducted an innovative methodological approach, based on a «Person-centered Design*»; through this, the main actors of the processes are actively involved in their design. Undoubtedly, we Pharmacy Unit professionals **want** to focus our activity on patients, and to structure processes around them. However, as a rule, we are not involving patients directly in the design of our organization models; and therefore, it is unavoidable to have a partial view, and it is possible that even though we think we are doing what is best for patients, it is not really so. This project shows what patients have conveyed directly to us regarding their needs and expectations, in an area beyond what is strictly professional or technical: in the emotional area. Therefore, this document does not show the opinions or perceptions by the work team members, but what we have been told by those patients and professionals involved.

These guidelines are structured for the reader to follow the same pathway that has represented the guiding thread of the project. We start from the View, where we want to or must reach, materializing it in some Humanization Principles that will help us to create this culture in the Unit. Then we research the basal scenario with two approaches: those aspects related with the humanization of the Pharmacy Unit overall, and on the other hand within five areas of knowledge that we have worked in with patients and professionals. This research shows us the realities perceived by patients, and allows to identify the opportunities for improvement. Finally, we provide a tool that will help us to position the situation of our Unit based on Principles, measuring the weakness and strengths, and being able to develop actions for improvement in each one. To this aim, a battery of specific ideas is presented, which can be implemented and are linked to the Humanization principles which help improvement. These ideas should not be necessarily implemented exactly as explained in the document: they are intended to generate a spark that can open the mind in order to adapt them to our setting or create new ideas.

«

And in the end, it's not the years in your life that count; it's the life in your years.

– ABRAHAM LINCOLN –

»

The objective of generating information that can be useful for any Pharmacy Unit will inevitably lead to not going into details with excessive depth. For example, we have researched the areas of knowledge without going down to particular groups of patients with specific conditions. But this is a live document, that will be updated and grow with the experience of all Pharmacy Units that want to be initiated or advance in this field.

Before ending, I would like to express a reflection. This research has shown a weakness of our profession (in general), which is our low visibility for patients. This leads to their lack of knowledge about the value that we can provide to them throughout their disease, and therefore, their lack of knowledge about what they can expect from us. Our more visible aspect is care at outpatient units, but there is still some way to go for patients to know in depth our role in the outpatient and hospitalization settings. I think that we should make an effort to create awareness in the society about our role, so that when citizens become patients, they have this knowledge and can take full advantage of its value.

Finally, I would like to express my deepest gratitude. To **the patients**, the cornerstone for this project. It is obvious that we have a duty towards them, and that is why we have listened to them, and created these guidelines with their interesting contributions. To our **Pharmacist** colleagues, and the rest of **professionals** who have contributed with their point of view about patient needs, and have helped us to analyze how we can improve. To the **multidisciplinary team work** I have been lucky to work with: the pharmacists, the team of designers, and the members of the Fundación Humans. I would like to highlight their intense dedication and commitment to the project, the passion for their profession, their great knowledge and experience, but most of all their interest for improving patient lives. And of course, my acknowledgement to the **SEFH**, and particularly to **Miguel Ángel Calleja** for giving me the opportunity of coordinating this exciting and thrilling project.

«Humanizing» means making something or someone human, familiar and friendly (according to the RAE Dictionary). Having a profession that allows us to improve the health of patients by **taking care of them** is a privilege that we should not forget in our daily life.

Ana Álvarez Díaz, M.D.
Coordinator of the Humanization Guidelines

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Contributors

Mr. Antonio Bernal Jiménez
Ms. Begoña Barragán García

Introducing the Team

Why this team?

There are three cornerstones for the team that has conducted this project, structured into two work teams:

- The **«core» Work Time,** formed by **Pharmacists** with different and complementary profiles, and by **designers**. On one hand, Pharmacists with highly transversal professional profiles, and with experience in humanization projects in their Pharmacy Units and hospitals. And on the other hand, Pharmacists who represent work teams from the SEFH in whom we have focused part of our research. The Design team is formed by designers with wide experience and track record in «Person-Centered Design*», filosofía del diseño que incorpora a los usuarios de los servicios o productos (en este caso pacientes y profesionales) de manera muy activa en el diseño de los procesos y los servicios.

- The **Extended Work Team** includes the SEFH Management and the expert collaboration by the **Fundación Humans** an organisation led by Julio Zarco. Their wide view of humanization in the healthcare setting will complement the aspects dealt with in this project.

ANA ÁLVAREZ DÍAZ

Head of the Pharmacy Unit and Coordinator of the Day Hospital at the Hospital Universitario Ramón y Cajal. Member of the Hospital Committee for Quality Perceived and Humanization.

In 2016, during the model of care transformation in our Unit, I coordinated a project called Person-Centered Pharmacy. The objective was to focus our activity on patients. It was initially intended to improve processes from the point of view of care, but when patients were incorporated into the design of this model, many aspects came to light, mostly associated with how they were treated, and respect, dignity... ultimately, with what we know as Humanization. Since then, I have felt an increasing interest in this aspect of patient care, and I no longer imagine the design of a Pharmacy Unit disregarding their emotional needs and the guarantee of preserving their dignity.

DOLORES BARREDA HERNÁNDEZ

Master in Bioethics by the School of Medicine of the Universidad Complutense, Madrid. Former Head of the Integrated Area of Cuenca and the Castilla-La Mancha Society of Hospital Pharmacy.

Currently, Faculty Advisor for the Patient Care Ethics Committee, and member of the Bioethics and Clinical Ethics Group of the Spanish Society of Hospital Pharmacy. Head of the Pharmacy Unit, *Hospital Virgen de la Luz*, Cuenca, and Coordinator for the National Code of Pharmacy Ethics. From the position of Head of Department, it could seem that patients and how they are treated are somewhat far away, but this is not the case. Maybe the fact that I am both a Pharmacist and a Bioethicist, with equally strong feelings about both, might have some impact on the fact that I care for persons, those who are patients and those who might become patients (i.e. all persons). Only a good Pharmacist can be a Pharmacist who is good, and this combination will make us pursue excellence.

TERESA BERMEJO VICEDO

Head of the Pharmacy Unit of the Hospital Ramón y Cajal.

Throughout my professional career I have had the opportunity to design, transform and lead the Pharmacy Units of those hospitals where I have worked, towards a model where the contribution by Pharmacists in the patient setting and in the patient care team would be a part of the organization culture.
When designing the Pharmacy Unit processes, I have always followed the strategy of focusing them on patients. This involves getting close to their condition and setting, listening to their needs, concerns and aspirations, and providing them high-level professional care with maximum empathy and respect.
My contribution to these guidelines is my experience in the management of strategies in order to reach this goal.

EVA DELGADO SILVEIRA

Member of the Coordinating CRONOS Group of the SEFH.

I am a member of the multidisciplinary team at the Acute Geriatric Unit of the *Hospital Universitario Ramón y Cajal*. Every day I attend the Hospitalization or the Emergency Units, and I interview patients or their caregivers in order to conduct treatment reconciliation. When patients are discharged, I try to solve their problems with medication, by informing them about any changes and clarifying their pharmacological doubts. My many years of experience in contact with these patients / caregivers have allowed me to collaborate in this project which is so innovative and brings us a little closer to patients. The daily life of patients in the hospital setting is difficult, and those of us who work near them can realize the number of challenges they face. This is the reason for my interest and my contribution, in order to make their situation of illness slightly easier and more bearable.

ÁNGELES GARCÍA MARTÍN

Member of the Group of Coordinators for RedFaster - SEFH.
Pharmacy Specialist at the Pharmacy Unit of the Hospital Universitario La Paz. Pharmacist of referral for the Adult Emergency Unit.

My previous experience in care for hospitalized patients and outpatients in different Pharmacy Units has oriented me towards patients.
My current position at the Emergency Unit is not the first one in this area, but this time I can see closer the challenge represented by identifying those patients who want and need our personalized and professional care, and being sensitive to their preference; likewise, to the needs in training and motivation that we have as professionals.

MARTA GARCÍA PALOMO

Member of the Coordinating Team for Pharmatechnology of the SEFH for over ten years.

I am a Pharmacist specialized in Hospital Pharmacy, and I conduct my professional activity at the *Hospital Virgen de la Salud*, Toledo, as the professional responsible for the area of preparation of non-sterile formulations and pharmacy care for pediatric patients and patients with rare diseases. My daily tasks include individualizing treatments for children, providing the most adequate treatments, and offering a safer therapy... always taking into account patient complexity. It is precisely my experience in care for pediatric patients and their families, and patients with rare diseases, what has led me to get involved in this project.

ANA HERRANZ ALONSO

Head of the Pharmacy Unit of the Hospital General Universitario Gregorio Marañón, with over 20 years of experience in the design of processes in order to offer a better pharmacotherapeutic care for the population.

The value contribution of the Hospital Pharmacy is the essential goal of all projects and research I collaborate with. An example of this is "FarmAventura", our Pharmacy Care Unit for pediatric patients, where our team tries every day to generate emotion and care for patients, relatives, and professionals, with our knowledge and learning in order to achieve the best health outcomes.

AITZIBER ILLARGO URANGA

Member of the VIH, GHEVI and AFINF Groups of the SEFH.

I conduct my activity at the Pharmacy Care Unit for Outpatients of the *Hospital Universitario Marqués de Valdecilla*. I have been involved throughout my professional life in care for outpatients, dealing with them day by day, and living through the different stages that hospital treatments and Hospital Pharmacy Units have undergone during all this time. This has allowed me to value the improvements achieved during these years, as well as what we have been losing, and to see what we can improve in order to provide the humanized healthcare that patients deserve.

PAULA DE JUAN-GARCÍA TORRES

Member of the GEDEFO Group of the SEFH.

My work life has been focused on Oncohematological Pharmacy, an area with high sensitivity towards the experience of patients while going through hospital.

Besides, I have always been interested in all aspects associated with communication with patients and their perception of disease and treatment. My initial experience in the area of humanization occurred when we started to manage Oncohematology patients at the Pharmacy Outpatient Unit, which brought us closer to them.

ENRIQUE SOLER COMPANY

Head of the Pharmacy Unit of the Hospital Arnau de Vilanova-Lliria, Valencia. Master in Bioethics. Coordinator of the ETHOS Group on Bioethics and Clinical Ethics of the SEFH. Coordinator of Clinical Ethics in Hospital Pharmacy, and for the Handbook of Clinical Cases in Oncology Pharmacy. President of the Bioethics Committee of the Valencia Arnau de Vilanova-Lliria Health Department. Member of the Research Ethics Committee of the Valencia Arnau de Vilanova-Lliria Health Department. For 10 years I have been an expert member of the Advisory Board on Bioethics of the Community of Valencia.

For the past 20 years I have conducted my clinical management activity at the same time as the study and development of Healthcare Bioethics, in order to contribute to a change in paradigm where patients are the real main actors in the health system, and have maximum responsibility in terms of their health. As such, patients must be treated according to their dignity as human persons, if possible, even more during the course of the disease where they become more vulnerable. I believe, and therefore I state this whenever I have a chance, in the importance of empathic communication as a means for humanization in the relationship with patients, and in its healing action. I advocate for healthcare with "quality" and "warmth". And in our work I agree with the words by Teresa of Calcutta: "Let no one ever come to you without leaving better and happier."

MIQUEL VILLARONGA FLAQUÉ

Member of the Spanish Group of Pediatric Pharmacy of the SEFG.

Since 1989 I have been conducting my professional activity at the *Hospital Materno-Infantil Sant Joan de Déu*, which from the start incorporated pediatrization and humanization in all settings, by holding conferences, implementing the Patient Experience Unit, and promoting different initiatives, always targeted to the patient and the family.

Pediatric Clinical Pharmacist of referral in the Critical Unit, and responsible for Pharmatechnology and Parenteral Nutrition. Pediatric patients represent an extra degree of complexity in all aspects, and require special care, not only at pharmacy but also at human level.

IRENE ZARRA FERRO

Head of the Pharmacy Unit of the Complexo Hospitalario Universitario de Santiago de Compostela (CHUS).

Ethics and Humanization are two terms closely linked in the healthcare setting: one term leads to the other implicitly, because there cannot be humanization without ethics. In my professional career, I have been involved since 2008 as a member of the Regional Research Ethics Committee of Galicia. In 2015, the Pharmacy Unit of the CHUS developed an innovative Project in the area of humanization, which consisted in the transformation of the Pharmacy Outpatient Units with a methodology based on the design of services from the perspective of the user. I have been actively involved in said project, and personally it has been useful to me in order to focus my profession, giving priority to the needs of patients and users of the healthcare system.

OOPEN Y GARAJE DE IDEAS
At oopen and Garaje de Ideas, we are specialized in Person-Centered Design.

We develop projects in a creative and orderly manner, involving the relevant persons and organizations throughout the entire process. We work in order to find different solutions for complex problems, observing the ecosystem from the most holistic perspective to the in-depth consideration of every detail.

Design is a driving force for transformation which, in is strategic dimension, is revealing strongly as an innovative way to transform organizations, their products and services.

In our projects we conduct qualitative and quantitative research, we work in collaborative processes where creativity is constantly present, and we establish the methodology required in order to turn an idea or a concept into a reality.

Integrating in our projects the knowledge of our clients and the needs and wishes of their users helps us to grow. From this experience, we take away much more than a finished work. The experience of having participated in this Humanization Project has represented a mix of emotions, illusions and responsibility, sometimes intense and always rewarding.

Our gratitude to the Spanish Society of Hospital Pharmacy for giving us the opportunity of working closely with a team of highly qualified persons, who have shown their dedication to patients and their relatives far beyond the duty imposed by their profession.

ANTONIO BERNAL JIMÉNEZ
Trustee of the Fundación Humans

When he was 40-year-old, due to cirrhosis caused by Hepatitis C which was not diagnosed on time, he underwent a liver transplant. Due to the side effects of Hepatitis C, he underwent a transplant. Two years later, he started to collaborate with Associations of Transplanted Patients, with the aim to promote organ donation and conduct voluntary work in hospitals to encourage patients in waiting lists. In 2006, and representing the association he collaborated with, he became a member of the committee that implemented the National Federation of Patients with Liver Conditions and Transplanted Patients; afterwards he became a member of its Board of Directors and Labor Board. In 2012 he was appointed Chairman by the FNETH assembly, and he changed the priority of their objectives, dedicating the efforts of its associations towards preventing patients to reach transplant, through an early diagnosis and the cure of Hepatitis C, which is the main cause for liver transplant. He collaborated actively with the different regional governments for an easier access to costly treatments. Since March, 2015, he is the President of the GENERAL ALLIANCE OF PATIENTS, which includes the main federations of patients with all conditions at a national level.

Introduction to the guidelines

Why these guidelines?

"Our profession has always been oriented towards Humanization, and based on giving an answer to the individual needs of each patient, and adapting treatment to these needs. Every day we conduct a large amount of activity by managing thousands of patients, with a high level of qualification. **Our current challenge is to design the processes by focusing on their emotional needs."** *(*Miguel Ángel Calleja, Chairman of the SEFH).

As a Scientific Society committed to patients, we understand that Pharmacy Units must become Units that will focus their processes expressly and constantly around patients, so that they will be treated personally and with humanity. But, do we know and understand the current needs of patients and of those persons we work with and for every day? Probably not with the depth required in order to take the step towards this transformation.

This shows the need for a Humanization Plan designed by, for, and with patients.

The Fundación Humans, in its «Situation analysis of the humanistic aspects of healthcare in Spain»[1], offers a decalogue of conclusions, based on which we can understand that Humanization includes a very wide set of aspects, actions and attitudes.

Therefore, the approach given to Humanization in this document is not in terms of a concept, but in terms of a **Humanization Culture**. And this is the starting point for this project, with the challenge:

To guide Pharmacy Units towards building a comprehensive and constant Humanization Culture, taking into account each one of the points of contact with the patient, the interactions between the persons in the Unit teams, and the relationship with other interacting professionals.

Besides, we want to meet this challenge by offering a very practical document, intended by the SEFH to provide tools that will help us to plan this culture from the most strategic point of view, communicating it effectively, and turning this strategy into specific steps.

1) http://www.fundacionhumans.com/analisis-de-la-situacion-de-los-aspectos-humanisticos-de-la-atencion-sanitaria-en-espana/

Value Proposition of the Guidelines

We would like to explain the reason for these guidelines with a specific sentence, a clear value proposition that will help us to explain what it offers and to whom:

«This is an integrating and humanist project that helps the Society, and specifically the Healthcare System, to achieve respect for the dignity of persons, taking into account their wishes and needs in the setting of our current reality. This transformative and enabling project helps to visualize patient needs from the Pharmacy Unit, and to integrate these needs into the process, taking into account the most adequate tools at each moment».

Objectives

The primary objective of these guidelines is to reach a consensus regarding attitudes, behaviors and actions that will help to transform a Pharmacy Unit into a **humanized** and **humanizing** Unit, and to offer a tool so that any Pharmacy Unit, regardless of its characteristics and current situation, can have enough support in order to advance in this direction.

We have designed these guidelines with the aspiration to help Pharmacy Units:

- *...to become a reference, proposing a change in paradigm within the healthcare system, where all Hospital Units are transversal to patients.*
- *...to revolve around the patient, providing care according to patient needs and expectations in terms of their disease, and in an integrated manner with the rest of professionals.*
- *...to motivate Pharmacists to become trained in the specific area where they manage patients, boosting their communication skills in order to improve proactively the relationship between patients and the healthcare setting around them.*
- *...to achieve an enabling and inspirational attitude regarding Healthcare Humanization extended to the rest of Hospital Units and the rest of healthcare settings.*

What these guidelines are and what they are not.

These guidelines will help us to work closer to our patients, understanding some of their frustrations, and providing a variety of opportunities or solutions to help them during their relationship with the disease. Even though these guidelines are focused on patients, these solutions are also targeted to relatives, caregivers, and all professionals who are directly or indirectly involved in this journey.

Undoubtedly, we have been doing many things naturally for a long time in all Pharmacy Units, but the bustle of daily life leads us not to plan and apply them systematically, and not stopping to think together in the best way to conduct them. That is why we wanted to create a document which, far from taking us to assess if we are doing it correctly or not, **will invite us to reflection,** and which **revolves around accepting commitments and creating new habits.**

Likewise, we hope that this document will be useful for the Pharmacy Unit of any hospital, by offering different options based on the resources available at each moment.

These guidelines are not intended to be a dogma. We have prepared a document challenging the current scenario, and we invite to continue doing it; therefore, this is a live document, open to updates. We are not trying to set a defined road, but to defend a critical attitude and become empowered* in order to face the situation, providing us with the adequate tools in order to convince those persons who can help us to make this change effective.

These guidelines can help us to activate:

I. *An approach to an aspirational Pharmacy Unit, which will be an inspiration to improve our Unit at short-medium term in all aspects associated with Humanization..*
II. *A strategy that will drive the entire Unit towards Humanization.*
III. *A strategy to facilitate meetings with the Hospital Management, and involving it in our improvement objectives.*
IV. *Humanization principles supported by recommendations for their implementation.*
V. *A set of good practices for Humanization in the Pharmacy Unit.*
VI. *A tool that will allow us to assess in a dynamic and accurate way the Humanization status in our Unit, as well as our options for improvement.*
VII. *A package of specific and flexible actions defining the resources required, the specific persons, and the way to conduct this implementation, taking into account Success Indicators, in order to facilitate the delivery of a humanized experience.*

It can be argued that an approach to Humanization does not need guidelines, because this is something that we should "learn by doing". Undoubtedly, we cannot learn what a Humanized Unit is and implement it just by reading these guidelines. We need to try, to fail, to learn from our mistakes, to improve and try again.

Beyond providing a holistic* view of the problem, we are trying to suggest ways to do things, to provide examples showing humanized ways of working, and to light the sparks that will lead us to think about new examples for ourselves.

Methodology. How have we prepared these guidelines?

We use the Person-Centered Design* approach for our work, and also support by other disciplines such as System Design*. This makes the most of the synergies that are a result of joining the knowledge and experience by Pharmacists, other professionals, and patients, with the strong methodology of a design team.

Why this methodology?

The impact of a good methodology is associated with generating a good-quality knowledge that allows to transform patient reality: a methodology understood as a strategy of approach to a study subject, eliminating all potential bias.

For this project, we have chosen qualitative and exploratory methodologies. This has allowed us to probe into the realities of each person we have talked with, asking for the reasons why, and looking for stories that would lead us to ask ourselves new questions.

Instead of structuring the research process looking for a statistical representation of the current situation of Pharmacy Units in Spain, we have worked in a set of activities focused to reveal the needs of the persons who interact with the Unit in one way or another.

An initial stage of documentary research was conducted, and another stage of in-depth research in order to probe into the knowledge of those persons who play an important role for the project. The objective was to understand their behavior patterns, and learn about their latent needs, to go in-depth into what people say and think, how they act and, most of all, what they feel.

Many techniques used in the research stage derive from Anthropology and Sociology, such as in-depth interviews, generative sessions, participatory observation, etc.

This approach is characterized by social generative research, and its objective is to understand the reality of the lives of those persons associated with Pharmacy Units, their behaviors, needs and expectations, in order to develop designs that will make sense for them.

Therefore, the project is not addressed as a scientific research; we are really interested in finding data that can become an inspiration for the stage of creating ideas, and other design stages.

Translating these techniques into design, understood as the way of thinking used by

Some references to the methodology

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designers to address their projects in order to generate innovative ideas, looks for the solution of problems from a more abductive reasoning approach, asking questions that will be answered through the information collected in the observation of the project setting.

For this aim, there is work in divergence during some moments of the design process, in order to achieve the highest amount of information possible, and subsequently there is work in convergence, selecting the information with the best quality.

Our finding process combines an online search for bibliography, articles and cases of interest, with an intense field research, which has consisted of:

- **Participative Observation**, through full-day stays at the Pharmacy Units of different hospitals of reference.
- In-depth face-to face **interviews with patients.**
- In-depth face-to-face **interviews with healthcare** professionals, including Pharmacists from different healthcare settings, physicians, nursing staff and pharmacy technicians.
- **Co-creation sessions**, combining the perspectives by patients and professionals.
- **Team sessions** for the analysis and collaborative construction of the guidelines.

Specifically, the following dynamics were conducted:

1. Foundation workshop

In this workshop, the extended team set the basis for the project, and worked with the objective of collecting the initial knowledge that helped to create the adequate scripts for research..

2. Participative Observation (Contextual observation and interviews with stakeholders)

The Core Team spent three days living with the professionals and patients from three Pharmacy Units, observing in-depth their daily life, and the problems faced both by patients and professionals

Ethnography* plays a double role: on one hand, it represents an immersion exercise for the design team (strategic designers and researchers) to make the necessary decisions from an informed and realistic perspective. On the other hand, it allows to "cover gaps" in understanding the patient pathway, in moments that might not be very representative for them (and therefore not coming up during an interview), but that can help to improve their experience.

3. Interviews to patients and professionals

In-depth interview is the best vehicle in order to obtain valuable insights* about the emotion felt by patients when using the unit. Based on these emotions throughout their experience we will find the possible points to correct, those latent frustrations and blocks that require more ambitious solutions.

4. Analysis Workshop and Prioritization of Insights

This workshop gathered the extended team again, in order to review the research outcomes, and put findings in order for the subsequent shared generation of solutions.

5. Five workshops on 5 areas of knowledge within Hospital Pharmacy

Sessions with three Pharmacists and three patients, using generative dynamics in order to analyze the scenarios experienced by patients, and design and work with them and expert professionals regarding potential solutions.

6. Iterations with the extended team

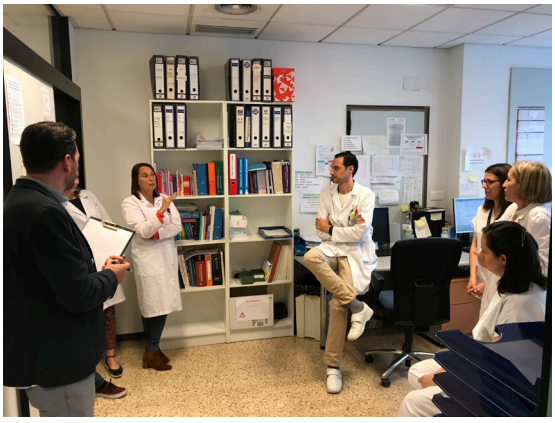
The guidelines were reviewed and enhanced through a process of repetitive progress. The review method used for the guidelines involved the entire extended team, in order to guarantee the incorporation of the points of view of all stakeholders involved.

Each one of these dynamics was expressly designed on the basis of the objectives and the profiles participating in them. The high amount of information generated in each was analyzed and summarized allowing a subsequent continuous construction.

From the more tactical point of view, we have used some tools targeted to maximize creativity at each step of the process:

We have adapted the *Value Proposition Canvas** to work for a uniform definition of the value proposition of the project and the key components framing said proposal. These components would subsequently become the 8 Humanization Principles.

Through *card sorting**, we probed into the meaning of the value proposition, its differences and similarities, from the different points of view of the persons interviewed by us.



We took advantage of the spontaneous creation of group conversations during our days of *ethnographic observation**, obtaining information in a non-structured manner.

We used *storyboards** or script techniques as support, in order to facilitate a divergence of ideas, making the most of the differences resulting from getting professionals and patients together for the solution of specific challenges.

Note: These concepts and techniques used are explained in more detail in the Glossary of Terms.

How to use these guidelines?

There is no unique way to understand these guidelines. Some of you will be at the point of probing into the "reasons why", those principles or theoretical approaches that will be motivating and driving, while some others of you will be attracted by the "how", those ideas or solutions that will help us to move forward.

Thus, for example, you will be able to choose an area of knowledge and improve humanization in that group of patients, or choose any of the ideas we present and implement it. However, in its more ambitious sense, these guidelines should be useful in order to integrate humanization in everything we do in our Hospital Units.

The contents of the document have been structured according to the approach used to address the project; therefore, **3 blocks have been differentiated:**

Vision: A more humanized future

p. 24–45

First we defined where we wanted to go, and to this effect we established Humanization Principles that will help us to frame the concept from a strategic point of view. From a more tactical perspective, each of these principles is supported on a set of recommendations or good practices collected during our research.

Starting Point: Realities and Opportunities

p. 46–93

Secondly we researched the starting situation. We decided to focus this research towards 6 areas: a transversal one regarding the humanization of the Pharmacy Unit overall, and 5 areas of knowledge that get us close to groups of patients who, "a priori" and as a start, might require this transformation to a higher extent: oncohematology patients, patients with infectious diseases, patients with rare diseases, pediatric patients, and complex chronic patients. A set of scenarios or critical situations are presented in each area, either from the point of view of the patient or the professional, and opportunities can be identified based on these.

Toolkit to humanize the Pharmacy Unit

p. 94–201

After the analysis of all the information collected at research, we designed a set of tools:

- The Humanization profile, which will allow each Pharmacy Unit to understand their strengths and weaknesses regarding the Humanization Principles, and prioritize their efforts towards the principle they want to work in.

- The blueprint or patient pathway will help Pharmacy Units to understand the patient itinerary and their points of contact with it. This tool allows us to have an overall view of the Unit regarding the patient.

- Finally, we put forward a series of very specific ideas that can be implemented. Each of these ideas has an assessment in terms of impact and effort, and they are linked with the Humanization Principles they boost, thus directing us to the Vision.

Vision: A more humanized future

Humanization Principles:

01

Internal culture of humanization at the pharmacy unit

02

To be structured around persons and their needs

03

To preserve dignity

04

Patient empowerment

05

Pharmacist empowerment

06

Activation of the emotional intelligence

07

Management of uncertainty

08

Infrastructure as the driver for humanization

Vision: a more humanized future

Our ethical duty is to make an effort so that the experience of the persons that we manage every day becomes **more human**: Human in the widest sense of the term.

This requires a change of attitude in many aspects. Currently we find that patient satisfaction and connection with patients are largely highlighted among hospital priorities. To this aim, there is an increase in the efforts to treat **patients and families.** Disease is a circumstance associated with the person, and therefore we must look beyond their condition as patients, to see the individual human being and their family and care setting in their whole dimension.

But how can we understand the needs of each person we interact with? How can we minimize their frustrations and meet their expectations? How can be adapt the service we are offering? In this sense, we should work with an open mind and an attitude of active listening.

In a first reflection about the Humanization of the Unit, it is easy to acknowledge that "patient experience" and Humanization are two factors closely linked: therefore, by improving the patient experience we can push towards a more humanized Unit. But we know that this is not enough. Undoubtedly, efficiency in processes is the perfect area to develop more humanized Pharmacy Units. For this reason, we must address this objective of humanizing Pharmacy Units from the most practical point of view possible, taking into account the realities of our Units, but at the same time **not losing sight of a more ambitious and aspirational approach, always driving us towards the ideal Pharmacy Unit in terms of Humanization.** Accordingly, we address Pharmacy Unit Humanization from a strategic point of view, materializing it in Humanization Principles that will help us to keep focused on an overall vision, that will be present in all decisions and changes, trying to prevent the processes to set the pace of the change, or determine to a high extent the solutions put forward.

In order to frame the Humanization of the Pharmacy Unit and these principles, we must take into account the context of our work. We collaborate with other professionals every day, and we are part of a professional and human mechanism. Therefore, from an overall perspective and with a systems approach*, we understand Pharmacy Units as collaborative systems shown in this live map which appears in Figure 1, where persons and physical and digital elements interact and cause effects or forces between them. The consequence of this is a set of problems that are not only complex, but also present a very dynamic nature.

It seems obvious that we cannot work isolated in our Hospital Unit, because this is not our reality. This **cross-sectional view of the Unit** entails an **inclusive approach**, with **the incorporation of the rest of professionals as allies in the Humanization process.**

Therefore, rather than focusing on solving

all problems, we are really trying to move towards a Unit with a comprehensive and internalized humanization component.

On the other hand, it is important to take into account that we are at a time when changes occur rapidly. The behavior of persons, their expectations, the relationships between them, the perceptions and interpretations of our experiences, everything is in constant change and, therefore, this can also occur to the concept of Humanization.

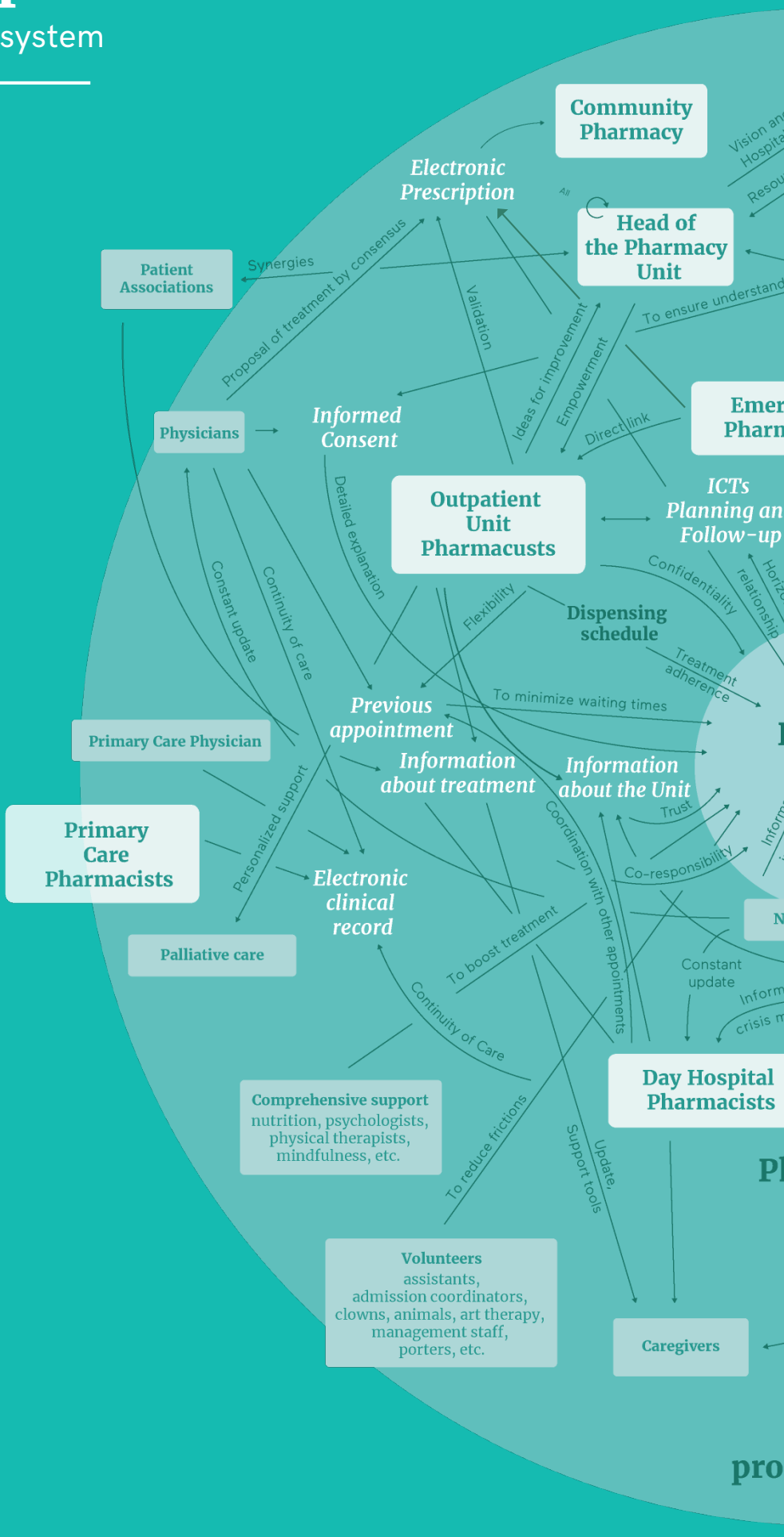
Undoubtedly, building the Pharmacy Unit of the future requires a major investment in persons, technology, processes and culture. But this project is focused on this last and essential aspect: the culture, understood as the set of knowledge, values, attitudes, skills and good practices, both individual and collective, that characterize the ecosystem of a Pharmacy Unit which is committed and has its own identity.

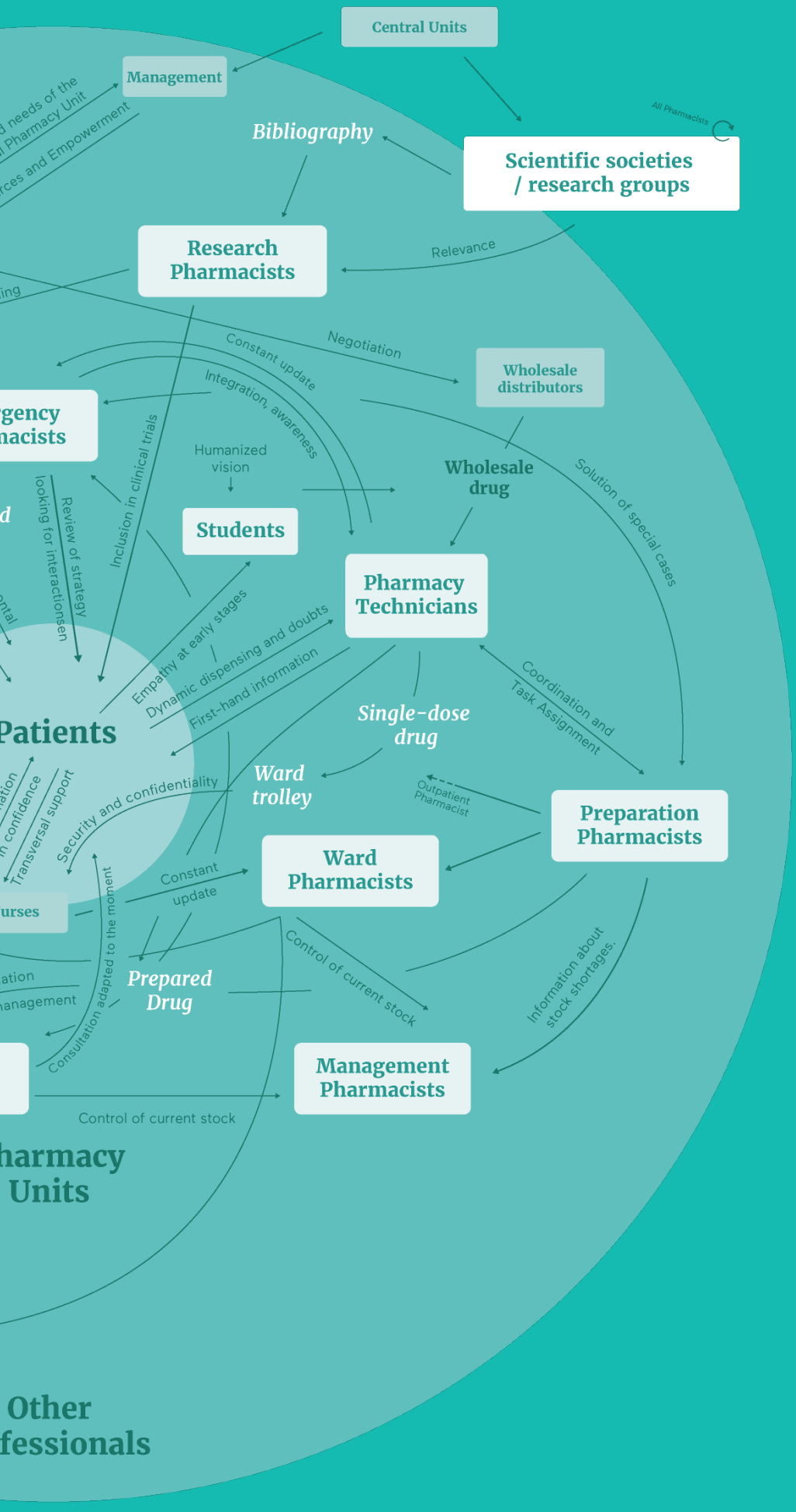
Therefore, "Humanizing Pharmacy Units" does not necessarily involve making a radical change, but rather moving towards **building that culture.** As in any change in culture, transformation does not occur immediately, but is achieved through a **systematic approach to the transformation** of our Units.

In order to achieve this approach, we have defined 8 principles that form the Vision of Humanization, and that will help us to prioritize our steps towards that culture.

At the start of each of the principles there is a brief explanation of its meaning, and it is supported on a series of recommendations collected during research, which provide ideas to move forward.

Figure 1
Map of the system





sefh
Sociedad Española de Farmacia Hospitalaria

fefh
Fundación Española de Farmacia Hospitalaria

01

Internal culture of humanization at the pharmacy unit

«

It is necessary to achieve commitment by the hospital and the management, to push both from above and from below.

– A PHARMACIST –

»

A humanized system is formed by its stakeholders, the actions they conduct as individuals, and the results they achieve as a team. Therefore, we must ensure that all professionals in the Pharmacy Unit will share this mindset, as well as maintain a constant alert attitude in search for those moments where patient experience does not meet expectations. This is essential for a team aspiring to excellence.

Besides, a change like this requires the commitment by the Hospital Management, which will be able to provide the support and resources required to drive it. This is a transversal strategy, shared between the Pharmacy Unit and the rest of hospital areas.

It is true that on the road to Humanization we may find barriers such as an occasional resistance to losing control or autonomy by some professionals, lack of time to manage patients, excessive uncertainty, or the concerns derived of competitiveness due to lack of updated skills and competence in this area, but this should not scare us.

In order to face this and other barriers, as well as integrating humanization in our work, we must be proactive at the time of discussing it inside and outside the Hospital Unit. Each conversation might represent winning an ally.

Some suggestions to get close to this principle:

To consider Humanization as a strategic plan for the Pharmacy Unit.

To achieve support by the Hospital Management, communicating effectively the reason for this transformation.

To achieve the support by professionals from the Unit and from other Units with whom we interact.

To design and keep updated a plan for training new staff, so that Humanization becomes part of the Unit and does not change when there are changes in persons.

To promote that all persons in the Hospital Unit should be qualified to provide the support required, that they have communication skills, and make an effort to place the patient at the center of the process of care.

To create awareness in healthcare and non-healthcare staff through exercises like "one day in your shoes" (*The professional will reproduce personally the patient pathway. Their condition can be simulated, for example with a heavy rucksack if the patient suffers fatigue due to their condition.*), forcing us to face the complexity of the circuits in the hospital and our Unit.

To integrate the Humanization culture into the definition of processes of care.

To define the style of a humanized and humanizing Unit: the teams must design internally and agree upon the formats so that all professionals feel involved and in line with the proposal.

To build an image of the Hospital Unit focused on Humanization: to be visualized inwardly and outwardly as a reference in this sense.

To involve and interconnect all stakeholders involved in the process of patient care, including organizations and institutions beyond the hospital, thus increasing the overall visibility of patients.

«

All this will be dismantled when there is a PEO (Public Employment Offer), because there will be tender processes for transfers. People on peripheral hospitals want to work in hospitals of referral, and you must start from scratch again. Ultimately, projects are made by persons: it does not matter if you have a great idea, unless everybody "buys" it and makes it their own in order to carry it forward, there is nothing you can do.

– A PHARMACIST –

»

02

To be structured around persons and their needs

«

When you are already an expert you can cope well, but at the beginning it is horrible, you don't know where you have to go or when, you spend your whole day going up and down and awfully stressed, and finally you miss your turns and tests.

– A PATIENT –

»

To focus on the patient means to offer services of care, support or treatment **in a coordinated manner.** From the perspective of the patient (or the caregiver), services must offer an appearance of continuity. An adequate coordination is particularly important at the times of transition between different Hospital Units (such as the referral from the physician to the Pharmacy Specialist).

Moreover, focusing on the patient involves providing care, support or treatment **in a personalized manner.** Patients expect to be treated as persons, and not as a set of symptoms and diagnoses. Each patient must feel that we know who he/she is and that we have made an effort to learn about their situation, and to adapt treatment to their needs and circumstances as much as possible. The setting where we interact with patients must determine the manner and contents of each meeting, adapting it to each situation. It will be unavoidable that patients compare their meetings with Pharmacists with other experiences in their lives, associated or not with the healthcare setting, where they will always have specific expectations. If we know about these expectations in advance, we will get it right more often. This is the attitude to be maintained: If we know the patient well, we will get it right in terms of meeting his/her expectations, and we will think ahead in order to manage any potential frustrations (for example, learning how much each patient wants to know about his/her disease).

Summing up, a Pharmacy Unit focused on Humanization will try to optimize the interactions of the patient with the hospital.

Some suggestions to get close to this principle:

To implement dynamics that will get us close to the patient in order to identify their needs and recommend actions to answer them *(e.g. in-depth interviews, group meetings, co-creation dynamics, etc.).*

To design the Hospital Unit processes incorporating the patient and being as flexible as possible, to achieve as much adaptation as possible to the patient instead of having patients merely enter the Unit flow. If the patient is incorporated into the Unit design, they will provide value, knowledge, experience, which will lead to a more natural entry into the processes. Patients won't feel forced to accept things that occur and that have been decided by third persons. And on the other hand, making the processes flexible represents having an attitude of "rapid" change when it is detected that something does not work for the patient.

To create Integrated Practice Units*. The creation of multidisciplinary teams structured around the medical condition of the patient and taking on responsibility for the complete cycle, is a solution that leads the system to adapt and revolve around the patient, and not the other way round.

The creation of a Unique Shared Clinical Record is showing a high improvement in terms of continuity of care*, and it can be considered a platform for information technology focused on patients: The system will conduct patient follow-up throughout the Hospital Units, the places and the time of the entire cycle of care, including hospitalization, outpatient visits, tests, and other interventions. Data will be aggregated around patients, and not by departments, units or settings. If the Unique Clinical Record is still not available in our Community or center, it is recommended to look for alternative options that will facilitate the uniform transfer of information between the different professionals.

To coordinate and facilitate the management of appointments (visit, extractions, Pharmacy, etc.) in a more individualized and centralized manner, both in the outpatient units and in Day Hospital, etc., thus reducing patient visits to the hospital.

To consider the inclusion of the family or caregiver in all the stages of the process where they can offer some value.

To encourage the creation of organizative structures in order to boost the Humanization of the Pharmacy Unit *(e.g. the iPharma Innovation Centre at the Gregorio Marañón).*

To improve the communication flow between patients and the Hospital Unit, offering different ways of access and reducing barriers as much as possible (e.g. to offer remote care through *TelePharmacy, encouraging reconciliation with working life; to have a translation service in order to eliminate language barriers and ensure that the patient is understanding our message completely).*

To control at all times the communication channels between professionals, to prevent patients for sometimes being the element conveying information between healthcare professionals.

«

The creation of our technical office [iPharma] makes it easier for us to manage innovative projects around patient needs as well as to prepare a specific plan both strategic and for technological monitoring.

— A PHARMACIST —

»

03

To preserve dignity

«

When you are in the waiting room, there can be doubts about whether you are the patient or someone who accompanies them, but once they say your name through the loudspeakers… then…

— A PATIENT —

»

To focus on the patient involves **treating people with dignity and respect.** It is possible that at some points the patient will no longer be "treated as a person" in order to become a "clinical record number". A humane and dignified treatment is essential, taking into account the emotional needs of persons at all times.

We professionals will normalize certain situations as a necessary defense mechanism, but this can represent a major frustration for the patient. For example, it can be painful to face every day the suffering of those patients we manage, and therefore we will develop natural defenses, which on the other hand are necessary, in order to conduct our task. However, we should be alert in order to avoid treating them coldly and too distantly.

The workload we face every day can also lead us to neglect some aspects of care, such as confidentiality, intimacy, kindness, treating patients with respect, and the emotional needs of persons. In the design of processes and their implementation, we must find a balance between the operational needs of the Hospital Unit and looking after the dignity of persons, by encouraging mutual respect.

Some suggestions to get close to this principle:

To identify any deficiencies in the setting of the right to intimacy and privacy of patients at the Pharmacy Unit *(e.g. not writing their names in the medication trolleys, not calling their names through the loudspeakers or giving information in corridors, using opaque bags for dispensing medications, not having dispensing counters in parallel or with transparent screens, etc.).*

To avoid the loss of patient identity during "face to face" processes: to make the most of those moments in order to make them feel unique for us.

To conduct an early detection of persons with special needs.

To refer to the principles of our ethical code.

To provide spaces where meetings can be conducted with complete privacy, both in front of other patients and other professionals.

«

We must avoid an infantilization of our conversation (this is done to a low extent with any patient who enters the hospital, but it is increased with elderly patients).

– A PHARMACIST –

»

«

We must never give information to a patient in the corridor. If I was the Hospital Manager, I would undoubtedly enforce this.

– A PHARMACIST –

»

04

Patient empowerment

«

Sometimes professionals make us feel guilty for our disease. But you have to put up with it because you need the treatment. Otherwise, you would stand up and leave. We are very dependent.

– A PATIENT –

»

It is necessary to convey to the patient and/or caregiver enough confidence in order to drive the change required in their attitude towards disease. Patients must feel supported in order to develop their own skills and make their own decisions based on literacy in health matters, participation and involvement.

A Health Service can offer personalized care and support, but empowering* and training involves adding another dimension: systems and services must be oriented towards supporting patients so that they can acknowledge and develop their own strengths and skills in order to lead a full and independent life throughout the course of their disease.

Implementing a co-responsibility culture will be positive. For example, the patient is part of the medication safety chain, and therefore must know it, as well as be actively involved in treatment decisions *(e.g. to be aware of therapeutic options and make decisions), and commit to treatment adherence.*

The Pharmacist must also be aware of the type of involvement that patients and their relatives want in terms of the disease, whether they want that empowerment or not. Patients must be asked. You cannot empower* someone who is not willing.

Some suggestions to get close to this principle:

To build an image of peers between professionals and patients, a relationship based on mutual trust.

To visualize the patient as an expert in their own health and care.

To build a bidirectional relationship in all senses (treatment, decision making, adherence, attending appointments, lifestyle…).

To promote patient autonomy and the control of his/her disease by encouraging self-care. To promote a transformation from passive patient into active patient.

To share responsibility and, with empowerment, prevent an imbalance between the professional and the patient.

Patients able to identify symptoms of alarm at home, not requiring a visit to the hospital.

An information technology system which allows patients to consult their clinical record, medical tests and schedule.

An adequate terminology in the areas regarding diagnosis, lab test values, treatments, and other aspects of care, which makes them understandable for patients, allowing data to be understood, exchanged and consulted with the patient.

To know how to identify the values and priorities associated with sociocultural aspects of the patient.

To collaborate and promote training activities for patients: sessions for the detection of adverse effects and their management, advice on diet and lifestyle for each disease or treatment, hygienic measures, etc.

«

Initially it was said that patients should make the decision. But how can they decide if they receive no explanation? We must find a balance and make sure that they have all the information required to participate in the conversation.

– A PHARMACIST –

»

05

Pharmacist empowerment

«

We must demonstrate that it is successful through daily work. There is a great resistance to change, but we will often find "gaps" where the Pharmacist can make a contribution in a more evident way.

– A PHARMACIST –

»

We must communicate effectively within the hospital the purpose and role of the Pharmacy Unit, with an active intention to increase our visibility for patients. If patients know us and are aware of what we can offer, they will be the ones to start demanding our services.

There are 2 characteristics that are essential and must be developed in this change led by Pharmacists:

> A high level of training in each area of knowledge. In order to cause a transformation, any improvement must be based on an in-depth study of the setting of action, and therefore our training must pursue excellence.

> Lateral leadership*. We Pharmacists must have the attitude required to position us as key stakeholders within an area shared with other professionals.

We must also work towards an improvement in confidence for healthcare professionals. The trend of Pharmacy Units to become decentralized and integrated in other areas involves becoming visible and being able to make decisions regarding patients, with support by other professionals.

Generating internal alliances *(between professionals)* and external alliances *(with patients, patient associations, technological companies, the University and the pharmaceutical industry)* represents a key aspect for the integration of Pharmacists in the complete process of patient care.

Professional empowerment will be completed with an adequate ethical training and strong values.

Some suggestions to get close to this principle:

To promote training of excellence and the integration of Pharmacists in multidisciplinary teams.

Positioning the Pharmacy Professional and the Pharmacy Unit as a reference for the hospital in terms of the pharmacotherapeutic process, making the most of its transversal aspect; a point of union between the components of the process, with complete information about the patient history.

To increase confidence among the auxiliary and technical aspect: they will feel more involved, and we will gain in terms of leadership and boosting our visibility.

To identify the processes, outcomes and moments that generate higher frustration and stress in the teams.

To be proactive and involve the team in the solution of problems.

To reduce the time spent by professionals in clerical tasks, and use it for activities associated with their specialty.

To define which procedures and management activities can be automatized in a simple and accessible manner, in order to reduce the workload of professionals.

«

Those Pharmacists that have become integrated in a specialty area have developed new skills and accepted new responsibilities. In order to make this work, we need the ability to make decisions independently, though some decisions must always be reached by consensus.

– A PHARMACIST –

»

«

The more responsible you become, the more you will grow as a professional.

– A PHARMACIST –

»

06

Activation of the emotional intelligence

«

If you know that a patient cannot sit down for some reason, don't tell them you are sorry… Offer them a special cushion, or conduct the visit while lying down.

— A PHARMACIST —

»

Treatment will often range from extreme closeness to strict professionalism. It is required to find the point where each patient feels comfortable, and talk with them according to their expectations *(e.g. elderly patients want to be addressed with "usted", while younger patients are surprised by this treatment).*

We must listen to the person in front of us, and connect with facts rather than with words. Humanization is not only face-to-face treatment, but also attention to the patient situation at each moment of the process, even when they are not with us.

We professionals must cope with the emotions of patients and their relatives. The skills and formulas are highlighted here, and joined with an easy access to each professional, a trust relationship will be constructed. However, the responsibility of applying emotional intelligence in our meetings with patients should not be left to the personal skills of each person: it should be previously defined.

Some suggestions to get close to this principle:

It would be pretence to put ourselves in the patient's place, but with an excellent treatment of respect we must tell them that we are there to accompany them and listen to them actively at any time they require it.

To know the patient as a person, and acknowledge his/her individuality and specific requirements according to their situation at each moment. Patients value when professionals are not always telling them the same things, and adapt the conversation according to how they feel at each stage of their disease.

To develop patient profiles through dynamics of empathy with the healthcare staff. For example, preparing cards with persons or archetypes, a tool through which professionals can put themselves in their patients' shoes and define fictional persons based on real information associated with what they say, do and feel, and therefore being able to determine scenarios to find opportunities for improvement. Even though not referring to real specific persons, these cards should be supported by real information, either collected at specific moments or over time.

To take into account the persons accompanying the patients, and support them in terms of treating the patient and their disease.

To include in protocols those techniques and solutions to face the different situations with emotional intelligence, including verbal and non-verbal language. We must develop standard work procedures about clinical interviews and other key communications.

To place value on the indications and preferences expressed by the patient at the time of receiving treatment.

To determine programs or workshops for detection and generation of solutions, where professionals and patients can meet.

To know and respect the cultural aspects of the different ethnicities and population groups.

«

I don't believe in empathy. It is very difficult to put yourself in the place of a parent whose child has died. No-one that has not gone through the same can empathize. We insist on putting ourselves in someone else's place, when what we should do is to care for them. In fact, I often perceive this effort to empathize more like compassion.

– A PHYSICIAN - A PATIENT –

»

«

I want them to tell me the truth, and to be aware of what is coming to me..

– A PATIENT –

»

07

Management of uncertainty

«

When a patient enters the Unit, we don't ignore him/her. Whatever their problem is (even if not from our setting), we will do everything possible so that they leave with its solution or the recommendations to solve it.

– A PHARMACIST –

»

It is necessary for the system and health professionals to be in direct contact with the patient in order to guide them throughout the process. To offer the adequate information at the relevant moments will reduce to a high extent the uncertainty generated in patients when attending hospital and the rest of healthcare settings. For this reason, we must make an effort in order to accompany patients and their relatives or caregivers during the complete process of their disease, ensuring that they have the information required at all points of contact* with our Hospital Unit.

Overall, uncertainty is something inherent to all innovation processes, and it can generate resistance to change. Therefore, we should look for the most adequate strategies to manage it, it must be assessed and measured, and a methodology of work must be established.

There are increasingly more decisions where patient opinion must be taken into account. For this aim, we must develop the skills required to reach a consensus, explaining the reasons or arguments in a way that is sufficiently clear for patients and caregiver to understand them completely and be able to give their opinion.

Some suggestions to get close to this principle:

To identify the critical points of information for the development of materials *(physical and digital)*, and to determine the most adequate places and moments to deliver this information.

To promote new ways of communication which are easy and effective *(electronic, telephone, etc.)*.

To prepare basic documentation with easy reading criteria in each center or Pharmacy Unit, to make it easy for users to understand its functioning and organization.

To improve the channels of communication providing all the information required by patients, relatives and caregivers from the healthcare organization.

To ensure access for patients and relatives to personalized clinical and non-clinical information throughout the process.

To improve the coordination with the Primary Care Physician at key moments such as hospital discharge.

To improve the coordination with Retail Pharmacists, particularly for chronic treatments, and/or those extremely personalized.

To inform with rigour and truthfulness about waiting times and any incidences that can lead to their increase.

«

They changed my medication and they explained to me how to do it, but when I arrived home I started having many doubts, and I didn't know where to phone so that they explained them to me.

– A PATIENT –

»

08

Infrastructure as the driver for humanization

«

When you come here, it is better to be accompanied by someone; while I wait in the ward, I send my husband to ask for appointments, because I don't have enough time to walk all this way by myself, you must walk a lot of kilometers here going up and down."

– A PATIENT –

»

We must observe those aspects, both physical and immaterial, which will favour the humanization of the Hospital Unit.

Physical spaces for healthcare must be adapted to the human physical and emotional scale. Besides helping in implementing processes, the place must generate an adequate emotional space both for the healthcare professional and the patient, focusing on physical and cognitive accessibility.

Furniture systems, as well as functional and structural solutions, should revolve around the patient in the widest sense.

This is about giving an answer to the operational as well as sensorial, emotional and relational needs to which patients will be exposed, by facilitating elements that help to establish an adequate communication, and ensuring that the units are accessible, easy to use, and guarantee confidentiality. It is very reassuring for patients to control the spaces, knowing the situation of the places that they must go to, the route to reach them, etc.

Some suggestions to get close to this principle:

To improve accessibility. Elimination of architectural barriers.

To adopt cognitive accessibility* in spaces and signage* under criteria for easy reading.

To shorten the distances between the patient and the Pharmacy Unit, as much as possible. To try to influence decision making about the location of the Unit, in order to reduce the complexity of patient routes.

To find out which physical elements can help the Unit, and which ones have become a barrier between the patient and professionals *(e.g. layout, panelling, lighting, furniture, etc.).*

To ensure environmental and physical comfort as well as the confidentiality of spaces, particularly in the waiting areas and offices.

To enable good communication through an adequate development of the channels required for each type of communication.

Waiting areas adequate for patients and relatives with special needs.

To locate new spaces that initially could be used for other functions, and to look for symbiosis *(e.g. gardens for chemotherapy cycles).*

To keep a proactive attitude towards involvement in the process of design and remodeling of spaces, and for the provision of resources and infrastructures.

«

Waiting rooms are always in the basement, here you can't see any light and sometimes there is not even mobile phone coverage, and you must pay attention so that you won't miss your turn when they call you, because sometimes the screen is not working.

– A PATIENT –

»

The starting point: realities and opportunites

The research for the basal scenario was conducted in 6 areas:

Transversal, referring to the overall humanization of the Pharmacy Unit.

Five areas of knowledge which represent patients who, given their characteristics, might require particularly humanized care:

- Oncohematological patients.
- Patients with infectious
- Patients with rare diseases
- Pediatric patients
- Complex chronic patients

The particular characteristics of the different groups of patients were identified in this research. However, all patients share a large number of circumstances, experiences and needs; therefore, we recommend reading all areas, because what is valid for one might be valid for the rest.

Transversal Area

Oncohematology

Infectious Diseases

Rare Diseases

Pediatrics

Complex chronic patients

Transversal area

The humanization of Pharmacy Units must be implicit in the transformation and growth of our structural models. All change processes conducted in a Pharmacy Unit must be imbued with this culture, and at each stage we must ensure that we are taking into account the principles defined in the Vision.

A major part of humanization consists in getting close to the reality of patients. Interest, horizontal and non-patronizing treatment, closeness and personalization are the characteristics most valued by patients. For this, it is essential to be aware of their context: *Where do they work? Who do they eat with? Which are their expectations? and not allowing our prejudices or routines build a barrier.*

Undoubtedly, in the majority of our Pharmacy Units there is a limited real time per patient, and there are few moments of contact with patients *(e.g. in some regional hospitals, the caregiver or even the neighbour or the taxi driver is the one who attends hospital to collect their medication, and therefore the link with these patients is completely lost, and this will cause problems in the transmission of information).* In this sense, we are starting to think about open formulas, such as "home care", which will allow us to get structured around their needs, and therefore to offer a better service to our patients.

On the other hand, we have observed a strong trend to treat the family (or caregivers) and the patient mostly as a set. With the approval by patients, the culture of solving problems as a group is starting to be encouraged, involving all those persons who will be associated with the treatment of the patient in some way or another. Those around the patient can also help or contribute to their empowerment.

At the time of incorporating humanization in a transversal manner, with effect on the entire Unit, we must take into account the following aspects:

Perception of the Pharmacy Unit

It is a confirmed fact that a large part of the society is unaware of the responsibilities and functions of Pharmacy Units, and the role we play in the patient care cycle.

Thus, we find that even though Pharmacy Units have acquired an increased relevance and responsibility, a proportion of patients still cannot acknowledge our profile, and they are not able to describe the role we play throughout their disease, beyond dispensing medications.

On the other hand, when we ask other health professionals from areas where Pharmacists have not become integrated yet, we find a similar situation (*"The Pharmacy Unit manages hospital expenses, particularly regarding the most expensive drugs. They also dispense medication to patients who need to take it from hospital").* However, those professionals who have worked with Pharmacists and seen their potential accept the importance of

«

Once you are known, everything you can offer in our day-to-day can be clearly seen.

– A PATIENT –

»

working side by side, and the advantages entailed by this in order to offer the best experience for patients, which could have an impact on health outcomes. For example, physicians value our technical approach, and also our role as a complement to a not-so-medical aspect, but rather humane and regarding healthcare.

This situation of low visibility is an obstacle on the road to the humanization of our Units, and we must make the maximum effort in order to eliminate it. The **first step to get close** to patients is to communicate our role effectively, make patients understand the value that we can offer to them, and therefore that they demand our care.

We understand the need to introduce ourselves: to explain who we are, what we do, and where to find us, but we need to reinforce our discourse and the tools available, in order to achieve a higher connection with patients, managing their expectations proactively, and demonstrating from the start the value of their interaction with the Unit. Some years ago, the only reference for patients was their doctor; however, currently we see a much more multidisciplinary approach. It is clearly observed that, over time, patients will count on us as an essential support for their treatment, and they are very grateful for us to be part of their process of care, and they even demand us, and that is why we must make this moment arrive as early as possible.

The trend in Pharmacy Units is to boost the clinical and social skills of Pharmacists, encourage their specific training, and in some cases get organized by areas of knowledge, as well as acting proactively by forming a team with physicians, nursing staff, and the rest of professionals from the different healthcare settings

We must be present at key moments such as decision making and treatment changes, accompanying patients throughout the process. Coordination with other professionals is essential for this. Some of the practices that can make this process easier consist in the physician informing patients that they will receive care from us after seeing them, and what we can offer to them, either by calling us during their consultation, or including our role in terms of treatment in the information handed to patients.

«

You must prioritize, it is impossible to reach everything. We are growing a lot, but there is still 1 of us per each 50 physicians and 75 nurses.

– A PHARMACIST –

»

«

Pharmacists should be made widely known, because they are an important part and they must be valued. Pulmonologists and Radiologists are valued, but Pharmacists must be valued. What they do is worth being valued.

– A PATIENT –

»

Information and the Patient

Information is our most powerful tool in order to help patients to accept their situation and experience their treatment with the lowest impact on their lives as possible. The objective is that patients receive consistent, coordinated and integrated information; information which is truthful and on demand, making it clear that it is a right and a duty to be informed or not.

In this case, humanization means that information should reach patients as completely as they wish, and that it must be understandable. But it is essential to take into account the form too, and this requires training those persons in charge of delivering said information, so that they can carry this out efficiently.

It is difficult to specify a single style for treating patients. In the research conducted, we have identified some key points demanded by patients:

I. Addressing patients by their name.

II. To introduce ourselves personally, and as members of the Pharmacy Unit.

III. To smile. To show a kind face. To speak calmly and quietly.

IV. To use an adequate verbal and non-verbal language, and sensitive to the situation of each patient.

V. To avoid using the mobile phone, as well as answering the landline phone. Time spent with the patient can be long or short, but it must be authentic and exclusive.

VI. To provide channels for passive and active communication, that they can use when not in direct contact with us, such as a telephone number or e-mail where they can contact us, or digital solutions where they can consult doubts about their treatment, the process, etc.

VII. To create awareness about the Pharmacy Unit team behind the Pharmacist.

«

Everything is very technical, and sometimes I am too embarrassed to ask questions.

— A PATIENT —

»

When going through hospital, patients receive a large amount of information that can be overwhelming: diagnoses, treatment planning, treatment side effects, tests, hospital functioning, different places to attend, etc. Each professional considers that the more information they provide, the better. But we have gradually understood that this is too much information to accept at specific moments. That is why we must be able to organize and choose the information that we must provide at each stage, reinforcing what is most important, and thus ensuring that they will understand what is most relevant. It has been observed that higher value is provided to patients when professionals focus on the psychological and emotional support (reducing stress and fear), rather than on giving a complete set of information.

As Pharmacists, we try to avoid duplication or contradictions in the information that patients might have received throughout their journey at hospital, but we miss a set of tools and skills that will help us to become a reference for patients from their first visit to the Pharmacy Unit, and that will give us the chance to anticipate any potential barriers or moments of frustration. In this sense, it is highly recommended to apply the MOA model for Pharmacy Care in the outpatient units of the SEFH, which will offer a highly useful tool in order to conduct motivational interviews. We must take into account that it is necessary to facilitate treatment planning to patients, as well as an adequate understanding of all information, dosing schedule, solution to any doubts during the first months, and organizing visits to hospital, among many other things.

Throughout the patient care process, the Pharmacist-Patient relationship will go through different stages, where we must adapt the amount of information, as well as the way to offer and collect it:

> *« At such a complicated moment as diagnosis, we cannot allow patients to receive 2 different types of information. »*
>
> — A PHARMACIST —

Onboarding* or initial approach to the patient

The first contact with the patients, at any setting where they are (hospitalized, during an outpatient episode, at a socio-sanitary center, etc.), is a complex moment where multiple cases will occur. For many patients, this is a time of confusion: they have received bad news that they need to take in within a very short time, and their ability to retain information is almost non-existent. On the contrary, other patients have a reason to be hopeful *(e.g. controlling the HIV or HBV infection, or curing it in the case of HCV)*, which makes them calmer, though the level of their expectations could be higher.

A series of events are triggered for the patient, which can generate anxiety and uncertainty; and the fast speed of these events can make professionals contradict or repeat themselves, or believe that they have delivered some information which the patient and those accompanying him/her have not yet received. It is essential that we are coordinated with the rest of professionals, in order to agree upon the information that each of us should provide.

On the other hand, this first meeting is a key moment to obtain information about the patient, such as his/her lifestyle, social background, etc., which will help us anticipate any potential barriers. Likewise, it is an opportunity for patients to identify us as a reference in those aspects associated with their treatment, and to count on us throughout the course of their disease.

«

When you don't understand what is happening, any problem becomes huge. As you start understanding, you will grow calmer and start connecting more with professionals.

– A PATIENT –

»

«

The first time you attend the Pharmacy, nobody tells you where it is or what they do. You think that it is like any other pharmacy, but placed inside the hospital.

– A PATIENT –

»

Other opportunities for contact with patients

After this first contact with the patient, there are many other moments where we can provide value:

At hospital admission or at the Emergency Unit: If we are able to identify those patients who will receive complex treatments, we will be able to facilitate their access to information, being present as key stakeholders in their new scenario.

At discharge: When we go to inform the patient, as well as explaining the complete treatment to them we can offer information about the medications that will be dispensed at the Pharmacy Unit, and those that they will need to collect at their retail pharmacy, if any treatment requires special paperwork, the potential difference between the preparation of magistral formulations at hospital and at the retail pharmacy, information adequate for the colleagues at the retail pharmacy who will continue Pharmacy Care, etc.

At follow-up: The intensity of follow-up should be assessed, taking into account the relationship between patients and their treatment. Important milestones should also be defined *(e.g. before holidays)*, any moments that might require specific information. In some hospitals, remote consultations are conducted *(e.g. by telephone)*, some days after treatment initiation, to allow patients some time for the information received to settle in, and thus being able to confirm during the call how they are taking their treatment, to solve any potential doubts, and to ask if any side effects are present, if any new medications have been prescribed during that time, etc.

The change of healthcare setting: Any transition between healthcare settings is a moment that can entail changes in treatment and cause insecurity in patients. We must establish systems that will allow us, for example, to detect that an outpatient* has been admitted temporarily to a Hospitalization Unit, or has attended the Emergency Unit, therefore letting us review any new needs they may have, acting in advance and generating trust in them. Likewise, it can be very interesting to generate systems that will alert us proactively that the patient is being managed in another level of care *(e.g. a Primary Care center).*

When dispensing medication: We Pharmacists are not always present during medication dispensing, and the technical staff will be in charge. However, we should offer the option to be accessible and present at those moments where patients can have doubts, in order to sort them efficiently.

Changes in treatment. At this time, there is usually a slightly longer visit. Typically, at this contact more attention will be paid to reinforcing the information about the most relevant adverse reaction or side effect and its management, and review any interactions, sort any new doubts from the patient, etc.

Moments of Truth

Beyond physical meetings, there are little details outside hospital which have a high impact on patients and their relatives. Throughout their disease, they will undergo different critical moments *(e.g. lack of response to treatment, disease progression, etc.)*, where communication through a message of support, explanation or reminder by the hospital will show them that we are there to support them. It is convenient to accompany patients at the hardest times, because it can represent a major reinforcement and have a positive impact on their health.

In this sense, we can do an exercise regarding the previous detection of any critical moments that patients might experience in their respective conditions, and send messages of reinforcement and motivation in advance, with the aim of accompanying them at said moments, as well as preventing that these situations might interfere in their treatment follow-up *(e.g. treatment discontinuation).*

« *A patient's wife wrote to me and said she was moved because she had received a condolence letter sent by the hospital by default to the relatives of all patients who die during hospitalization. These things are not very expensive, and patients are very grateful.* — A PHARMACIST — »

Waiting times and uncertainties

Waiting times represent a significant inconvenience for patients, and in some cases, derived of their condition, they can be particularly uncomfortable. Overall, this aspect will have a higher impact on external patients* and outpatients*. There is high uncertainty around waiting times, and lack of trust derived of the lack of information about its reasons. All patients interviewed have mentioned that it would be a major relief to be aware of the order or the time remaining until the Pharmacist sees them or they receive their treatment, as well as the justification for any potential alterations that might arise. They would like to be aware of the time they must wait, in order to estimate if they can make the most of their time and attend other appointments on the same day.

« *Patients believe that by arriving first they will be taken to the armchairs first, but this is not how it goes. There are patients with longer treatments who must be taken first.* — A NURSE — »

Patients demand more coordination and help by the Health System, when faced with such a complex situation. Some of them state there are an excessive number of appointments per day by the System, and this means that the waiting times established cannot be met; however, they are aware of the high workload and pressure for healthcare professionals at certain times.

In order to manage these moments, there is an information flow among patients, with an exchange of tricks and tips.

« *You get to know many people who teach tricks and how to cope with endless waiting times.* — A PATIENT — »

The most experienced people will learn tricks and manage their time by adapting to the processes as best as possible. They plan their appointments on their way to hospital, and once there they will estimate more or less their waiting time, and many of them will get organized with those who accompany them in order to complete the whole circuit.

Some practices that are being implemented in Pharmacy Units will achieve improvements in the experience, which are very relevant for patients:

I. *Everything is managed at the same time and in a uniform way. Appointments for the Pharmacy Unit have been incorporated into the complete hospital process of the patient. They are managed together with the physician's appointment, and this will save patients the travel, waiting time and management of a new appointment with our Unit.*

II. *One person is exclusively in charge of managing appointments, solving doubts and managing any incidence that might arise. Besides, this person will inform about the way the Unit works; for example, reporting when there are delays. The emotional management of this person with patients is highly valuable: as well as reassuring, they will protect the privacy of the patient.*

III. *Working hours have been extended, and this has achieved a reduction in the number of patients waiting.*

IV. *Rush hour campaigns are conducted, showing the times with higher or lower attendance of patients.*

V. *Measurements are taken in order to develop waiting time indicators, which allow them to detect in advance any deviations, conduct follow-up, and implement actions for improvement.*

«

When we attend hospital, we are a "super team". I will go with her for tests, and in the meantime my husband goes to ask for her next appointment. When we are about to finish, I will usually slip away and start collecting the medication from the Pharmacy.

— A RELATIVE (MOTHER) —

»

«

On the first occasions, you will spend the whole day waiting, but over time you start using tricks, and thus you can reduce that time significantly. This is about being cunning or getting organized…

— A PATIENT —

»

No two patients are the same

Even though they have the same disease, no two patients are the same, because there are no equal persons or equal circumstances. Over the years, patients will experience different diseases, and some of them will even gather together over time. Both patients and Pharmacists have shown that the needs of patients are clearly different, and therefore the Pharmacy Unit must adapt in its search for personalization.

Going along this road will get us close to humanization and to an improvement in quality of care. We must explore the different settings we must act upon, such as personal treatment, recommendations, indications for alleviating side effects, hospital circuits... There is a high workload, and it represents a barrier for establishing moments focused on patient needs, and this complicates an individualized treatment. However, over time, we get to know patients beyond the strictly clinical aspect, which allows us to treat them in a personalized way, and this will have a direct impact on patient wellbeing as well as in their trust in Pharmacy Units.

Patients demand autonomy and power of decision to different degrees, determined by their individual personal circumstances. They feel that their needs and the needs of caregivers are not listened to and taken into consideration (expectations, beliefs...), and they ask for respect to their autonomy, which sometimes means being able to decide not to do something.

«

I would never use a colostomy bag. However, once I met a young girl who was eager to get this bag in order to lead a normal life..

– A PATIENT –

»

Oncohematology

« This is a very critical moment in terms of communication, and sometimes it is slightly beyond us. We need more training in this respect. »

– A PHARMACIST –

Oncohematology is undoubtedly one of the most complex areas of knowledge, and it requires continuous and specific training. The patients we manage are very vulnerable, and technical information should be provided to them with an extra degree of personalization.

Communication and the patient

All professionals coincide in the particular sensitivity involved in communication with the oncohematology patient, and they will often find support in other professionals, such as onco-psychologists, in order to learn how to manage certain situations. Some Pharmacy Units are preparing a simple profile of their patients as the basis for the script of their interview.

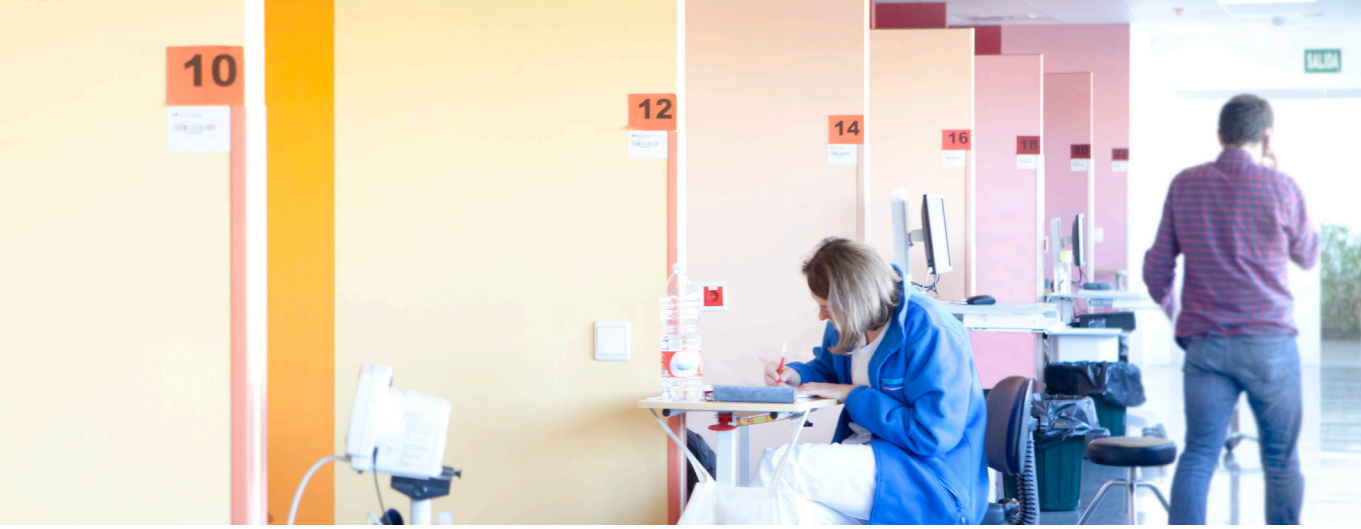
However, a higher level of normality is demanded by patients. By talking with these patients, we understand that the concept of empathy does not adapt to their expectations, because it is difficult to understand how they feel unless you have undergone the same situation or are currently experiencing it.

«

We travel with the term "cancer" in our forehead, and that is why some professionals make the mistake of treating us more warmly or with overprotection.

– A PATIENT –

»



First contact

During the first days after diagnosis, patients will go through a stage filled with doubts. They must organize new lifestyles, research about the present and future of their disease, find those professionals they can trust, communicate it to the relevant persons, and accept their current situation. Patients will usually ask for second and third opinions, and search among those around them for a link with some recommended physician. In this situation of recent diagnosis, patients will be very grateful for honesty.

Both physicians and pharmacists claim that this first visit is not very productive in terms of patient absorbing the information. It is helpful to be able to spend more time with patients, but this is a difficult moment anyway.

« The day they told me the news was almost as traumatic as the first day when they informed me about the treatment I would be administered.”

– A PATIENT –

»

The negotiation between patient, oncologist/hematologist and pharmacist about the basic information that must be provided during the first visit has become a relevant practice, taking into account the additional complication of receiving new information after bad news.

In general, we Pharmacists use documents or visual aids in order to communicate the most relevant information. We usually hand out written documents that have been previously prepared, and make comments upon them which are adapted to each situation: patients are advised to read them at home in their own time, and come back or call us if any doubts come up. Moreover, we have seen that some patients demand new ways of communication. Connecting with younger patients is easier through tutorials and social networks: they want to see the documents whenever and where they want, and they need immediacy. In this sense, it is better for Pharmacists not to segment the tools, but make them available for patients so that they will choose the channel they prefer, regardless of their age and condition.

Different expectations at each stage

Regarding the subsequent follow-up, there is no consensus in terms of whether it is better for the Pharmacist to contact the patient during the waiting time before the appointment with the doctor, or if they should be seen after this visit, in case there is any change in treatment. This is a complex issue which deserves observation and potential solutions focused on making this moment easier.

It is important to define the information offered to the patient at first contact, but it is equally essential to reflect and analyze with physicians which information they will reinforce and which will be reinforced at the Pharmacy Unit, in order to achieve coordinated and complementary information.

Patients have told us that we conduct an outstanding task in terms of detecting difficulties or problems, which we will solve at hospital and also after discharge. They confess that this is very reassuring for them.

« *They make me leave with the feeling that I am receiving the best treatment.*

— A PATIENT —

»

A multidisciplinary team: A unique experience

Communication should be fluid within the healthcare team, including the Pharmacist, and the moments where each professional must act in order to provide support must be defined jointly. As professionals, we must place value in the skills of the rest of the persons in the team, as well as in ours. Making our Unit visible through other professionals such as the physician can ease the way towards a smoother experience. Coordination failures will appear when there are no personal relationships, and we are not aware of what the other persons are doing. We must avoid prejudices and assumptions, and build a trust relationship.

There is a strong link between the Pharmacy Unit, the Day Hospital and the outpatient units, and they should work jointly in order to optimize their functioning and improve the patient experience. The fact that the Pharmacy Unit is not near the Day Hospital represents a major physical barrier. That is why Pharmacists are starting to be present at Day Hospital, they have a specific place for them and, in the most advanced cases, the area for chemotherapy preparation will also be located at Day Hospital.

« *When we had no contact with nurses, they unintentionally conveyed the idea that the delay was because the treatment had not been prepared yet in the Pharmacy. Without any further explanations. Now the approach leads them to convey this in some other way, if necessary.*

— A PHARMACIST —

»

It is ideal to have an adapted outpatient unit, but coordination with the rest of professionals is not easy. The electronic clinical record has appeared as a great ally, where all the team professionals can collect their activity and perceptions, improving to a high extent the coordination in the multidisciplinary team, as well as communication. The incorporation of the Pharmacist to the patient care team helps to coordinate all healthcare and information.

We Pharmacists can make the most of our comprehensive view of the process in order to move towards the patient. "Idle periods" can be used to contact patients, thus reducing travels and duplicated waiting times. For example, the time when the patient is receiving intravenous treatment at Day Hospital can be adequate for Pharmacists to introduce themselves, conduct a brief interview, and probe into their treatment and steps to follow; and even if they need to receive oral treatment as well, to provide it to them while they are there, thus avoiding a subsequent visit at the Pharmacy Unit. On the other hand, conducting interviews with all patients each time they attend for treatment or to collect their medication from the Pharmacy Unit will create an overload of work, which makes it necessary to classify patients into groups in order to prioritize and select who and when we will interview, and therefore we must look for solutions that will allow us to continue advancing in that road. In this sense, we also need to advance in terms of thinking solutions that will allow us to obtain information proactively about PRO* (Patient Reported Outcomes)*, helping to overcome any cultural, technological and training barriers that can arise during this process.

« *I make plans based on patient treatment. If someday I cannot attend, because the patient has no appointment with me, I will re-schedule for the next time they come.* »

— A PHARMACIST —

One factor to be taken into account, if we implement this type of meetings with patients, is that we cannot neglect the patient confidentiality and intimacy. If we cannot guarantee them in this scenario, we must reconsider the best time to meet with them. Meetings between the Pharmacist and Oncohematology patients depend to a high extent on visits to the physician; therefore, as we have mentioned previously, we should assess which patients we can meet in advance (reducing their waiting times) and for which patients we must wait for the evaluation by their physician and potential variations in treatment.

Passive moments and freedom in waiting times

« *I spend a long time waiting, I want to do something with that time.* »

— A PATIENT —

Throughout the project, in order to get close to the patient experience, we have reviewed their complete pathway, since their physician prescribes treatment and until the nurse administers it or the Pharmacist sees them at the Pharmacy Unit. The main

demand by Oncohematology patients revolves around waiting times, and the underutilization or low optimization of the time they spend at hospital. They are recommended to bring reading materials, and in many places they are grateful for having television and WIFI. There is a high level of mistrust regarding waiting times: patients would like to have more information about the order in which they will be seen, as well as about any potential changes and options available, such as for example the option to leave and return the following day for treatment administration at Day Hospital.

For example, when patients are informed that treatment will be administered in one hour, they won't move in case their appointment is brought forward, or for fear they miss it. Many of them will wait at the corridor, and ask professionals if the Pharmacy Unit has already sent their treatment. All this generates high anxiety in patients.

Treatment preparation is one of the main reasons for the delay in receiving treatment. In the majority of cases, this is due to the concentration within a very short time of the preparation of a major part of treatments, generally with limited staff and space, and not having enough information in order to plan in advance and distribute the work uniformly. This is one of the main sources of stress for patients and Pharmacists.

The problem is that no-one will inform patients about what happens while they wait, and they don't understand the reasons why.

Those persons interviewed have stated that it would be very helpful for them to know the reason for waiting. Therefore, a solution for the uncertainty of waiting times would be to explain to patients the part of the process that they are not aware of and which causes said delays. This would prevent patients from thinking in other things which are not true. If patients knew what was happening in real time, even though their waiting time would not be shorter, it would be easier to put up with.

Besides this, we must facilitate patient mobility during the time they spend at hospital. One potential solution is to have systems that inform patients about the time when their treatment starts to be prepared, or when it will be dispensed, so that they can relax and schedule that time without fear of losing their turn.

Finally, waiting times are a good opportunity to make patients co-responsible for their treatment, by reporting symptoms, problems with adherence, providing systems to get familiar with PROs and record them, setting up verified points of information, etc. All this will ensure that a much deeper and relevant conversation will be built during the interview with the Pharmacist.

«

The order of lab tests is not the order in which they will be treated. We will usually place first those patients with longer treatments.

– A NURSE –

»

«

I am always around, paying attention, and when they go through with the cart I ask if they bring my treatment, or if they know how long it will take.

– A PATIENT –

»

«

We know that we must prepare a treatment quite urgently, but everything is occupied.

– A PHARMACIST –

»

«

We need to turn a passive patient into an active patient.

– A PHARMACIST –

»

Infectious diseases

« I must go and clock in every month. In 30 years, I have never missed a lab test or collecting my medication. I have been strict, and I think I deserve to be treated differently. More facilities. »

– A PATIENT –

In the Infectious Diseases area, we find patients with many years of journey who speak calmly about their disease. However, other patients experience their disease in a very traumatic way, or even hide it, keeping a high level of privacy, and therefore a great part of the information about their needs and frustrations will be hidden.

On the other hand, there are patients with major social problems, which we must take into account at the time of planning our relationship with them: addressing them will be important for an optimal clinical outcome.

Currently, patient concerns are very different to those they had at diagnosis. Nowadays there is an overload of on-line information, which makes them distrustful, though they still conduct searches, occasionally receiving contradictory messages. From the Pharmacy Unit, we must help to filter all external information, and provide truthful information associated both with treatments and with lifestyles and public health. We must guide patients towards sources of reliable information; this makes it necessary for us, as Hospital Pharmacists, to have complementary training, as changing as the social setting of patients with infectious diseases.

«

If they gave me a website, a telephone number, or a mobile application with all the information, I would read it, but I would not trust it and would still visit my doctor.

– A PATIENT –

»

Besides the concerns mentioned, guilt can be a feeling to be taken highly into account with these patients. This is a condition where the patient is (or was) responsible for contracting it.

Our role in this area is changing. The most traditional Pharmacist for patients with infectious diseases was essentially focused on treatment follow-up; but in recent years, Pharmacists in this area of knowledge are acquiring a central role, and covering a larger scenario. Programs for Optimizing the Use of Antibiotics (PROA) are an example; these integrate the Pharmacist within a multidisciplinary team, and get them close to hospitalized patients with infectious diseases. The integration of information about patient lifestyles is additional to this follow-up, as well as the adaptation of treatments to them, and the impact which said lifestyles can have on treatment outcomes and their health. On the other hand, the educational action that we develop in this area is also very important.

To ensure confidentiality

These patients have stated that confidentiality is an aspect that concerns them particularly. They perceive that currently the population still continues having many doubts about the nature of infectious diseases and the ways of getting infected, and this insecurity is conveyed to patients as well.

When a patient forms a trust relationship with a physician, he/she won't accept easily the addition of new contact persons, such as the Pharmacist. They consider that the relationship built with their doctor is enough to speak about any doubt or problem they might have. In order to build trust with them, we must be extremely careful in terms of confidentiality, both at the time of seeing them and when dispensing medications. This meeting should always be conducted in intimate conditions, avoiding conversations in corridors or crowded places, as well as frequent interruptions. They value that their name and surname is not used when calling them, instead making an adequate use of call management systems through codes. Likewise, they ask us to be careful with some simple aspects like using bags during dispensing that won't allow seeing what is inside (made of paper, opaque plastic, and without a logo).

Other practices that will improve patient intimacy in the outpatient setting are: to avoid attention or dispensing stations which are side by side and without any separation, for example by placing vertical glass partitions between dispensing stations, and to use containers where patients can put in the rests or waste of their treatments, directly and anonymously, and without interaction by other persons.

> *«There is this code thing, but when someone is not paying attention, they will finally end up calling him/her by their name anyway.»*
>
> — A PATIENT —

Adapting the hospital flow to their needs

Patients with infectious diseases must attend hospital very frequently and, depending on each case, for many years. Some minutes before reaching the hospital they will review their circuit for the day (visits, tests, collecting medications) … and schedule their time based on their own estimations. From the initial contact with the Pharmacy Unit, they will demand to know the times during the day where waiting times might be shorter. The difference between a new and an "expert" patient lays in the tricks they learn in order to organize their visits and reduce the time or complexity of processes. Initially they lose plenty of time waiting, but over time they feel satisfied by finding out how to optimize the time spent at hospital. However, these are active persons, and they will frequently have difficulties to attend at the times with lower patient flow, and they must resign themselves to wait in the relevant queue.

« *You must take everything into account when asking for an appointment. This is not stressful for me any longer, but it was initially.*

— A PATIENT —

»

There is no consensus about what is better: seeing patients with a previous appointment system or without it. On one hand, it provides security and is helpful for the organization of the Pharmacy Unit, but on the other hand it generates frustration in patients and professionals when schedules cannot be met, and this adds on stress to the Unit. In this sense, patients demand: more options to request and modify appointments (if this system is available), working hours that are more flexible, more information about the reasons for delays, and systems to reduce patient congestion.

There is no agreement either on the need for Pharmacists to see all patients at every visit to the Pharmacy Unit. For this reason, models for the different infectious diseases have been created by the different SEFH groups, defining a series of criteria that will allow us to stratify patients and, based on this, to "personalize" the need for Pharmacy care. Regardless of this, patients want to have the chance to contact us immediately, and they demand dynamic and efficient communication systems, for example through information and communication technologies *(ICTs).*

Finally, a major proportion of these patients are leading an active life, and attending hospital so frequently will cause problems at work. For this reason, they expect us to look for formulas that will facilitate medication delivery at their homes, and the use of new technologies in order to conduct remote Pharmacy Care *(TelePharmacy).*

Good behaviours should be "rewarded"

There are special moments when patients experience the lack of flexibility by the System: during holidays and business trips. Patients demand special procedures for these moments, based on demonstrated adherence, which will "reward" good behaviour. Travels entail an additional difficulty when patients need to carry large amounts of medication, or even request their relatives to send them, with the subsequent problems at the relevant customs offices. In order to make these moments more flexible, we Pharmacists can determine clinical criteria that will allow to decide objectively which patients can be dispensed a higher amount of medication and therefore space out their follow-up visits; at the same time, this would mean boosting patient co-responsibility.

Rare diseases

« If I need to prepare my pillbox, I feel as if I was taking the medication twice. That is why I ask one of my children for help. »

– A PATIENT –

Patients with rare diseases (RDs) face great complexity at the time of understanding and following the steps of their disease. There is major lack of information about these conditions, and for health professionals, this is an area that requires specific training. In the majority of cases, these patients must attend specialized centers or Referral Units, which ensure the presence of specialized professionals. On one hand, this is reassuring for them, but on the other hand it represents a higher uncertainty, because they are far from their home and with lower family support.

This type of diagnosis cannot be dressed up in any way. Moreover, we can expect a series of very hard news in these diseases, with many additional complications. This will force patients to take in a high amount of information within a very short time.

«

The day they told us, we were not ourselves. And then, once you recovered, more bad news would come. They were all complications, and you didn't have time to absorb them.

– A PATIENT –

»

The patient-pharmacist relationship

Patients have listed the factors that make it difficult to build a trust relationship between Pharmacists and them. They perceive that there is little information available about their disease and treatment; and even though in general they value transparency in this sense, it makes them insecure. Besides, in most cases, treatment must be approved by the management of the center, because it will often entail a financial impact on hospital budgets, and this represents a barrier that damages the image that patients have of the Pharmacy Unit. On the other hand, the medication prescribed will often be used in conditions other than those authorized in the product specifications, and patients will be asked to sign an Informed Consent Form. Patients won't usually have any problems with signing it, they want to try that new medication; but this will often generate doubts a posteriori that they will try to sort out with us, by requesting more information: they want to know if more patients have tried it, how it has worked for them, or if any problem has come up. This aspect acquires particular relevance if those signing the Consent are the parents or legal guardians of a child with a rare disease.
These needs shown by patients are opportunities to reinforce the relationship between Pharmacist and patient.

> «
> *They didn't know well how to tell us things, because everything was very rare and complicated.*
> — A PATIENT —
> »

It will be complicated to gain the trust of our patients and their caregivers, taking into account that they will experience changes in their treatment throughout their disease. However, we have observed that within a short period of time, the relationship of these patients with the Pharmacist is more intense than usual, and that the uncertainty with which they live their disease will make them extremely curious. They read plenty of information, they search for the stories of other patients, they have strong relationships with Patient Associations, and demand the willingness of Pharmacists to sort out their doubts, both at hospital and outside. These patients are usually known by the Pharmacist by name and surname; the entire healthcare team knows them, because they are "unique" and their relationship is prolonged over time..

A complex ad hoc treatment

Depending on their disease, the number of different drugs that form the treatment of persons with a rare disease can be very high. Besides, each one presents different routes of administration. The information for these patients regarding treatment is usually very large, and it must be highly individualized.

For this reason, some Pharmacists collaborate with patients in the preparation of explanatory folders with all the information and organization of the process, which they will update continuously when there are new situations, new findings, either clinical or not, during the course of the disease. Relatives or caregivers play a very important role at the time of keeping control over the disease, and therefore we must ensure that they are adequately informed, and have enough tools for an in-depth knowledge of the disease and its treatment.

Treatments for RDs will often include magistral formulations prescribed by the hospital specialist, but that are only prepared in very specific retail pharmacies. Depending on the day and the area where the patient lives, it might not be easy to obtain the medication: sometimes the retail pharmacies don't have it or cannot prepare it, and patients need to visit several retail pharmacists until they find it. Not having their medication generates major stress in patients, their family, and Pharmacists as well. A practice that can be helpful for patients might be the coordination with the Community Pharmacy in order to issue lists of those retail pharmacies that prepare magistral formulations. Besides, and even though this represents an extra effort, patients are grateful when we attach an explanation to the prescription for the magistral formulation, so that any retail pharmacy can prepare it, or a contact telephone number in case additional information is required. In this sense, the SEFH has made available a very valuable database to Pharmacy Units and other professionals, including the Community Pharmacy; this database contains information on magistral formulations, including aspects such as preparation procedures, in how many patients and hospitals it is being used, etc. This is a very useful tool in order to reduce uncertainty in the professional preparing the formulation as well as in the patient.

The coordination between Hospital Pharmacy Units is an additional element in the complexity of treatment for these patients. They will possibly need to be treated in different hospitals, because they attend Referral Units, and this entails an extra stress; and moreover, in many cases they are included in experimental therapies and clinical trials. When they return to their original hospital, they will be grateful if there has been a previous contact between the relevant Pharmacy Units, and there is awareness of any changes in their treatment.

«

Having good communication with my family is very important. They are reminding me all the time if I have taken my medication..

— A PATIENT —

»

The benefits of creating routines

The treatment compliance of these patients will be very high from the start (and particularly in the case of children). They are highly aware of the importance of taking their treatment adequately. However, treatment complexity leads to their daily life revolving around remembering the times they must take their medication, and this prevents them from forgetting about their disease even for some minutes.

In order to help to control their treatment, they will typically use mobile alarms and diaries, Excel spreadsheets (they will write the dosing and times, print them, and place these prints in the places where they are most of the time), or even apps.

Pillboxes are also helpful (patients will usually keep one at home and carry another), even though they perceive their preparation as something negative. As they become experts, they won't require so much help, because it will be incorporated into their routines, but maintaining some of these will provide reliability.

Routines are very advisable for these patients. Taking their medication always at the same time will help them to disconnect from their disease; on the other hand, "irregular" dosing regimens will generate confusion, missing takes, and prevent them from forgetting they are ill. Moreover, they prefer to link takes to their meal schedule (breakfast, lunch and dinner), and therefore they value and are grateful when we Pharmacists are able to understand their schedules and adapt treatment to their lifestyle.

Any information that we can provide will be good, but we must manage adequately the form and time in which we offer said information.

If this information is wrongly focused, it can generate fears and, consequently, adherence problems. With so much medication, many patients must be particularly careful with their diet and potential interactions. There are applications available to facilitate and solve doubts immediately.

«

Both my wife and I have around 15 alarms on our mobile phones. We also phone each other frequently to ask if we have taken our medication. Even though you end up getting used to it, it still reminds you that you are ill.

– A PATIENT –

»

«

When he was 20-days-old, he started receiving a physiotherapy treatment, and they haven't discontinued it. During all this time, they have possibly only discontinued something for two days.

– A RELATIVE OF THE PATIENT –

»

«

By having a rare disease, we are already part of those 1 in 100,000 patients who have something undesired… therefore, when we read the product leaflet we are aware that everything that appears there can happen to us.

– A PATIENT –

»

High uncertainty, space for everyone

When dealing with such particular diseases, coordination between professionals acquires a very relevant role, and the complementary role that each professional can play should be reinforced.

These patients visit many different professionals, and this forces them to repeat many times the evolution and problems of their disease. Some patients have high control about their disease and its treatment, but for some others, the difficulties of the disease will complicate their relationship and communication with healthcare professionals. Access to the shared clinical record solves this problem, although this has not been implemented throughout the National Health System. When we have access to it, we must review the clinical course previously to the visit, in order to know what we must ask and confirm.

This situation gets even more complex because the treatment for these patients will often involve consultations in other healthcare settings beyond hospital, such as Primary Care and the retail pharmacy. Overall, there is lack of single information systems that can be shared; therefore, the information generated in these settings might not be complete when patients reach the Hospital Pharmacy Unit, making it difficult to follow up patients and adapt their treatments. In this scenario, it is extremely important to have good coordination between all professionals, and computer systems will play a key role at this point. The electronic clinical record allows an overall view and better patient follow-up by any professional. But should it not be available, it is necessary to implement other mechanisms for communication and coordination.

«

One of our patients suffered an adverse effect which was not directly associated with any drug. When reviewing the entire process, we realized that they were crushing a medication that could not be crushed. The family assumed that physicians had taken into account the fact that the patient could not eat, and therefore all medication prescribed could be crushed and fed through a catheter. At this point they realized that the physician cannot control everything, and they valued our intervention very positively, and our relationship was strengthened.

– A PHARMACIST –

»

In order to reduce patient visits, patients state that, as well as the telephone, they will often use emails to communicate directly with their doctor. This is a very convenient tool, and they believe that it is essential for long-duration patients. Emails don't offer the closeness of human contact which can be provided by other scenarios, but they make it easy to sort their doubts within an acceptable time, and avoid visits to hospital or health centers. All these channels facilitate patient follow-up at long term. However, we should be particularly careful with the way in which information is transferred, in order to ensure confidentiality.

« I prefer that some things stay between my doctor and I. »

– A PATIENT –

Mutual commitment for improving how appointments are managed

Patients want to spend the least time possible at hospital. However, the journey they must go through at each visit to the hospital requires plenty of planning, because in many cases they will have multiple appointments, and many of them must be managed in a decentralized manner. Each consultation and test, and each professional, will have different waiting times and, in general, these are quite variable.

Likewise, flows are not usually designed according to their real needs. The most experienced patients have learned how to control these flows and adapt them to their experience. One of the great hopes by patients is the unification of appointments, reducing their number of visits to hospital, and optimizing the time they spend there.

« Everything I can group together in one day will mean some rest for me. »

– A PATIENT –

A good practice consists in reviewing the patient's agenda (and their clinical record, if available) before scheduling their next visit to the Pharmacy Unit. These are long-duration diseases, so even though they adapt their lives to hospital times, there will be situations (holidays, business trips), where they will require more flexibility than usual.

There are additional factors which prevent from better planning, such as the expiration dates of magistral formulations, or treatment switches at the clinical consultation. One practice valued by patients is being offered our contact telephone numbers, so that they can call before attending the Pharmacy Unit, and thus ensure that their medication will be available. As well as showing flexibility and improving the patient experience, this practice represents taking a step towards their co-responsibility in treatment.

« I feel tied up for the rest of my life. I would pay anything for some medication holidays… to feel free for some days. »

– A PATIENT –

Understanding waiting times

Overall, the Pharmacy Unit is not considered the place with the longest waiting times within the hospital, though some patients will understand better that they need to wait for their doctor than for their Pharmacist. In general, we Pharmacists need to demonstrate our value so that they understand that waiting "is worth their time". But some of these patients have shown to be particularly sensitive to our timings, even feeling slightly guilty for the situation, because we need to provide them many different medications and, in some cases, we must consult with other professionals before being able to offer the most adequate solution for them.

However, the accumulation of waiting times and the overload moments at the Units will generate high stress to our patients, and that is why they will value very positively any information that helps them to understand what is happening.

> «
>
> *At the Fuenlabrada Hospital, you can see the Pharmacy when you go downstairs. If you see that they don't stop, you understand better that they make you wait.*
>
> — A PATIENT —
>
> »

Travelling with stress

The requirements from each drug will determine many of the leisure activities of these patients. As we have mentioned, leaving their routines might lead to forgetting some take, which will increase their anxiety and not let them enjoy themselves completely.

Over time, they get used to travelling under the conditions of their disease. That is why the first thing they do is making sure that there is a hospital in their destination. They need to be informed well in advance about the availability of their medication, and to request it with time. The situation gets slightly more complex when part of their treatment is administered at hospital. Hospitals will usually have some spaces reserved for travelling patients, but depending on the time of the year and the place, they are likely to have a waiting list of up to one year. In this scenario, patients will perceive that, overall, there is no coordination between different Pharmacy Units, not even within the same Autonomous Community.

Patient Associations will often volunteer to manage this type of situations, and solve other issues during travels.

> «
>
> *I usually carry double medication in case something unexpected happens. This attracts lots of attention… sometimes I have not been able to depart.*
>
> — A PATIENT —
>
> »

But undoubtedly, the different Hospital Admission Units should get involved, we cannot leave patients to manage alone their travels, or rely on the good will of the professionals involved.

Consultations and medication availability are not the only factors that complicate these moments of leisure. Dinner at a restaurant or breakfast at a hotel can represent a problem, if they are not able to convey their needs adequately. Going through customs offices is another pain point, due to the number of medications they carry. Patients will usually take everything in a rucksack, with the medical report and the information for all their medication.

Finally, the storage of drugs represents an additional problem, because some medications require a sustained cold chain, and patients must ensure they have everything necessary so that their medications won't be spoiled during travels or at destination. We have been told by those persons we have talked with that they try to have various different-sized fridges, and take the one that adapts best to the time they will be out of home.

«

I know that this is a life-long treatment. It is very hard to take my bag of medications everywhere, and not to miss any rehabilitation session, but this is the way it should be.

– A PATIENT –

»

Pediatrics


Hospital General Universitario
Gregorio Marañón
FARMACEUTICA
FARMACIA

« Adolescent children find themselves in a children's world, and won't tell you the truth. »

– A PHARMACIST –

Pediatric patients require to be treated differently, and this must find inspiration in their particular universe, based on three cornerstones: family, games and school. This situation does not change because they suffer a disease. And this must be taken into account particularly for chronic and severe diseases, which require children to attend hospital frequently.

It is advisable to consider these cornerstones at the time of conducting activities which are associated with these patients, for example those targeted to encourage treatment compliance, the search for higher comfort, activities for volunteer accompaniment, etc. The healthcare professional should guarantee the highest wellbeing of the child, and this should lead their healthcare actions regarding the medication.

The pediatric patient and his/her family form a unit, and must be treated as such, at least until we are faced with a mature minor (12-13-year-old). Before reaching adolescence, children will attend hospital with a caregiver, typically a relative, and this is difficult for families in terms of conciliating their work and their personal life. Information about the disease and its treatment is usually centered in caregivers and closer relatives; however, there are new initiatives to extend the information to all stakeholders in contact with the patient, such as their teachers, other caregivers, etc. The disease should be seen as something normal by the family, and this is important because it concerns everyone: siblings, parents, grandparents. When the patient becomes an adolescent, their needs are different, and we must adapt our unit, because sometimes they will feel uncomfortable and out of place.

Moments of truth and their impact on families

Bad news can have a negative impact on the family unit, and make some members feel neglected. Throughout the disease, the family will go through various "moments of truth", where communication, a support message, an explanation or reminder by the hospital will show them that they can count on our support.

It is necessary to be transparent and truthful with information, to be prepared to answer on demand, learning to measure the amount and form in which it should be presented to the patient, paying particular attention not to exceed the amount demanded by the child.

Incorporating psychologists to healthcare teams represents significant support for the families. In the same line of action, some hospitals have developed accompaniment protocols, so that patients can be present throughout the experience of their children at hospital, for example from the waiting room to the operating room.

«

There are many occasions when a message which is simple for us might represent major support for our patients; but at the end of the day, due to lack of time, we won't communicate with patients out of hospital as much as we should.

— A PHARMACIST —

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«

Even being a clown in a hospitalization ward for children, as recreation, is something very serious.

— A PHARMACIST —

»

Getting older with their disease

Going through hospital should reflect what happens in real life. Patients will undergo different stages, and the way they are treated at each should be adequate. For some patients, the process of their disease will start at the Pediatric Unit, but later on they will be transferred to adult units. In order to facilitate this transition and reduce the impact on the child, it will be necessary to introduce the patient gradually to co-responsibility for their disease.

Within some years, when he/she is closer to adolescence, the pediatric patient will want higher autonomy and demand a higher level of privacy; they will even prefer their parents not to be present during their interactions with professionals. It has been confirmed that children will provide the same information on their own than what can be provided by parents; therefore, it is possible for us as professionals to adapt to dealing directly with adolescent patients.

We must not forget that there are groups of patients who generate rejection to their disease, and live with feelings of shame, lack of self-esteem, shyness, difficulty to communicate, which are typical of this age; therefore, it is particularly important to give them tools to help them overcome these feelings.

«

I intend adolescents to answer my questions, rather than those who come with them.

— A PHARMACIST —

»

Within families, there can be some resistance by caregivers regarding the independence of those pediatric patients they have cared for during many years, and whom they have looked after throughout the entire process. This represents an exercise in trust and responsibility, when faced with the doubt about their ability to manage and share adequately all the information with professionals, and with themselves as caregivers. Empowering pediatric patients should not lead to banish the person who has been beside them during all the process. If we are talking about humanization, we should also care for caregivers.

«

Relatives prefer children not to "cause trouble", and won't bring them to the Pharmacy.

— A PHARMACIST —

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Adapting information to the receiver and the messenger

Multiple barriers have appeared during the process of making contact with professionals and patients; these should be taken into account at the time of building a message for patients and caregivers. The closer we get to the child and his/her setting, the more trust patients and their caregivers will have in the Pharmacist; therefore, there will be better treatment adherence, and consequently efficacy. In the pediatric setting, the caregiver is receiver and messenger at the same time, and the child will easily be relegated to a secondary place during clinical conversations. Fear is usually more present in relatives and caregivers than in patients, because in many cases they are too young to understand what is happening to them.

Sometimes not always the same caregiver will interact with the Pharmacist, and the personality or availability of each one of them will have an impact on the quality of the conversation (information collected from the patient, transmission of instructions about changes in treatment, etc.) In this sense, having a caregiver of reference, either the parent or a guardian, who will be in charge of follow-up and become the person of contact for the professional, will ensure a more efficient impact of the information on the patient.

In the clinical areas where pediatric patients are managed, there is intense work in order to adapt the message to the child, with the aim of getting them involved, making them co-responsible for their disease and treatment as much as possible, and particularly, according to the wishes by patients themselves. In this sense, it can be helpful for us to know their appetence for oral treatments, their potential fears or phobia to needles in terms of injectable treatment, etc. On the other hand, gamification has become positioned as a useful tool for improving treatment adherence and impact, adapting the language and messages to the child, such as has been

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We decided to be completely transparent with our daughter, and to share all the information about her disease, sometimes slightly softened.

— A PATIENT'S FATHER —

»

demonstrated by the Farmaventura Project by the Pharmacy Unit of the Hospital Gregorio Marañón. Working not only upon their grammatical but also their formal and visual language represents a very important cognitive approach in order to generate efficient and smooth communications.

It is surprising to find that some families are able to build a direct dialogue between their members, keeping an extremely high level of transparency with the patient regardless of his/her age, delivering the information directly but slightly softened, to patients as well as to the rest of the family unit (e.g. siblings).

Standardization, consultations and spaces

It is important to balance the relationships between professionals and pediatric patients, because we find many barriers in most offices: lab coats, office desks, uncomfortable chairs, computer, lack of personality in the spaces, telephone interruptions, etc. In the case of children, they won't even reach the height of the table.

In this type of patients, the need to decontextualize the hospital acquires particular importance. Pediatrics includes a range of very different ages, from newborns to adolescents, and therefore spaces must be adapted to all of them. Moreover, the uniformity in these professionals must coincide with the sensitivity of these patients; for example, they see lab coats as barriers. They identify the lab coat with a distinctive signal, the same as identification cards, and these become dividing lines and set a

«

I try new things, such as changing the order of the office or coming from behind my desk. Sometimes I sit with the patient on the other side, I offer my chair to the children, I sit them on my lap and let them type on the computer. I work without a lab coat, as a way of getting closer.

— A PHYSICIAN —

»

«

We spend most of the consultation looking at the computer screen. In order to give back to patients their main role, I tell them what I am writing about them in their report.

— A PHARMACIST —

»

distance between them. Likewise, using the computer during the consultation makes it very difficult to communicate with the child.

When we study the waiting, times experienced by pediatric patients, we observe that satisfaction depends on a high extent on the setting where they are. If we get children to be comfortable and entertained, we will reduce noticeably the stress generated by waiting times.

However, other factors must be taken into account from the point of view of the caregiver. It takes time to get organized, and planning is required in order to combine personal and professional life with care for the child, linking family, disease and logistics with hospital hours which are not compatible with work. Appointment times won't usually be met, due to multiple variables, and this will disrupt any estimation and make visits difficult. Given that caregivers need to optimize the time they spend at hospital, attending with the child will represent an obstacle.

To keep connected with these patients is complicated, because their caregivers try to preserve routine in the daily life of children, and therefore they won't usually come together when they need to attend the Pharmacy Unit.

In some hospitals, the circuits have been redesigned, avoiding the mix of pediatric and adult patients, and this measure ensures dynamic processes. This new scenario is an opportunity for Pharmacy Units, because it makes it easier for relatives to come with the child, and on the other hand it also encourages the conciliation between family life and the work of caregivers.

Conciliation is not currently available in most Pharmacy Units with the schedules of pediatric patients and their families, and this represents a barrier on the road towards Humanization. Besides, we must treat children in adapted settings, which they can understand and won't reject. This will encourage children to visit the Unit, and will allow us to start conversations around their treatment.

There is an increasing number of Pediatric Hospitalization Wards that adapt their settings in order to generate friendlier interiors, through adequate spaces, good access, confidentiality, and paying particular attention to the place occupied by caregivers. The task of volunteers should be highlighted, because in the case of children, any activity that changes their routine can have a favourable impact on their mood. One of the most important needs is distraction; therefore, support staff and activities are extremely relevant.

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Relatives prefer children not to "cause trouble", and won't bring them to the Pharmacy.

— A PHARMACIST —

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«

With a 10-year-old child you cannot delegate too much or wait at different queues at the same time.

— A PATIENT —

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«

Now they are treated as what they are: children. Previously, they were forced to go to facilities they didn't understand and generated rejection. They were treated as adults. Relatives used to come without the child, and they received the technical information. Now the child is coming, and we explain to him/her how to take their medication as a tale. Everything improves when there is closeness between Pharmacists and patients.

— A PHARMACIST —

»

Complex chronic patients

« Once you have achieved a certain level of trust with a Pharmacy professional, you expect to meet him/her when you come back. It is painful when they tell you that they are not there, and you have to face a new person and inform them about your disease and your personal situation. »

– A PATIENT –

Chronic diseases are increasing. According to data from the World Health Organization (WHO), chronic conditions will cause 73% of deaths in the world in 2020. By that year, they will also represent 60% of the overall disease burden. These are patients with many years of healthcare trajectory, who in most cases face treatments that are hard and difficult to manage. According to the National Health Service, these patients present higher complexity in their management due **to their changing needs, which require continuous assessments, as well as the systematic use of different levels of care, and in some cases health and social services.**

For the Pharmacy Unit, there are different points of contact throughout the disease, and its incorporation to patient follow-up can start at different moments during this process. Depending on the condition, and whether treatment is regulated or not, their medication can be dispensed at the Pharmacy Unit or in a retail pharmacy, and this makes much more difficult to have contact with the patient. Even so, during the course of their disease, complex chronic patients will undergo hospital admissions and stays at the Emergency Unit, where the Pharmacist can conduct a direct care activity with the patient..

It has been detected that over time, during the course of their disease, there can be changes in their attitudes, concerns, and personal situations. The fact of living continuously with their disease sometimes leads them to prefer not to talk about it unless necessary.

A long pathway towards trust

«

Patients don't understand why they need to talk with us. However, over time they end up counting on us as essential support for their treatment.

— A PHARMACIST —

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As a consequence of their chronic disease, we know that strong links are generated with some healthcare professionals, including Pharmacists. When these links are formed, the trust of the patient in our Unit gets reinforced, and there are improvements in treatment adherence and efficacy. When patients achieve a connection with us at the Hospitalization Unit, the Day Hospital, Emergency Unit or Outpatient Unit, they are very thankful for having a person of reference for their treatments, as well as for the support we give them.

Time is a key factor for the generation of a relationship of trust, and we have a limited time per patient. The adequate conditions are not always available; sometimes we don't even deal directly with the patient, but with his/her caregiver, which makes our approach even more difficult. If we achieve this link with the patient, we can provide positive reinforcement as specialists, from our deep knowledge of the medication, and dealing with matters such as cognitive deterioration, diet approach, palliative care and, in some cases, directing treatment towards an end-stage scenario.

Continuity of Care

«

Generally, the caregiver / relative will participate more than the patient. Persons start to delegate when they become older. In certain cases, they won't participate at all.

— A PHARMACIST —

»

Complex chronic patients are managed by many different professionals, they need to explain their disease evolution and problems repeatedly, and they manage wide amounts of information that require time for their adequate understanding. Therefore, complex chronic patients will have different levels of control over their disease and treatment, depending on their health status, type of person, resources and personal situation.

«

There can be an excess of information; and ultimately, what really works is a culture of addressing chronic patients in an overall way.

– A PHARMACIST –

»

In this type of patients, transitions of care between different settings are particularly relevant: hospitalization, hospital emergency unit, primary care and / or nursing homes. The Pharmacist-patient contact is intended to facilitate these transitions, to improve any lack of continuity of care, and to alleviate or reduce the loss of information through direct contact with the patient, both during consultations and hospitalization or at the Emergency Unit. Sometimes a great part of that information delivered and received is not adequately conveyed, which makes it difficult to conduct patient follow-up and treatment adaptation.

Diseases will progress, and as they become chronic, patients will acquire high trust in their GP; however, when they meet the Pharmacist, it is very difficult to know at what point they are and what they need. At the Pharmacy Units, often we don't know what information has been delivered to the patient by the rest of healthcare professionals involved in the process.

Sometimes the patient is used as the transmitter of information about his/her treatment, because the shared clinical record has not been implemented yet in all Health Systems. Due to this deficiency in the system, there are frictions between professionals, derived of lack of trust, which interfere with communication and transfer of information. Patients report the additional difficulty of coordination between different health services, which generates doubts about the information received, sometimes because there is none and sometimes because it is duplicated.

The physical separation of some Pharmacy Units from the rest of the hospital units should be added to all this. In most cases, the offices of the physician of reference are not in the same place as the Pharmacy Unit, and this complicates to a high extent the continuity of the experience and the cognitive link with the healthcare process.

«

When I explain my disease to each new person I meet, I always forget something I should have told them.

– A PATIENT –

»

Disconnection and Opportunity Cost

Patients with a long disease trajectory, whose attitude becomes a routine, and those unable to attend personally, who delegate to a caregiver their visits to the Unit, will generate disconnection over time, and this represents a barrier at the time of giving value to their pharmacotherapeutic process. It is necessary to find moments to connect with the patient and update our knowledge about their disease evolution, thus anticipating problems and improving their level of treatment adherence. It is important to implement a culture of follow-up also at long term, encouraging moments of contact and implementing effective communications. For this, we must take into account that it is essential to choose the place and form to engage in this communication. There are some very well-known moments (treatment initiation, change of treatment, reaction or side effect, etc.), where it is necessary to reinforce aspects associated with treatment.

This practice must be agreed upon with new patients from the start, negotiating the frequency and objectives to deal with during the meetings between patient and pharmacist. Part of this negotiation consists in making patients understand the problems derived of poor adherence, and the value we are offering.

Timetables are not very flexible for patients and, occasionally, they cannot keep their appointments. Added to the fact that chronic patients will face tiredness regarding their disease, this will cause lack of motivation and apathy; therefore, it is a priority for us as Pharmacists to understand the need to stay alert and generate points of control that allow us to reveal when we can be useful.

«

If they stop coming to hospital, we will lose our connection; but often we cannot cope with everything. That is why we must ask ourselves at what moments we really need to see each patient, and what is the objective of this.

– A PHARMACIST –

»

«

I don't want everything to remind me that I am ill, I want to get out of here.

– A PATIENT –

»

Complete Treatment Planning

Chronic diseases will usually combine complex treatments, and therefore planning and follow-up won't be easy either for patients or for Pharmacists. A bidirectional effort is required, where we are coordinated with patients, and facilitate the most adequate tools in order to plan treatments and conduct follow-up.

At the Pharmacy Units we can recommend some options to facilitate their daily treatment planning. The use of technology can help for planning and as a reminder, but in some cases it will also represent a barrier; for example, let's think about fragile and complex patients, elderly persons. Limited human resources and heavy workload will make it difficult to conduct a personalized treatment follow-up, and this will become a variable out of our control, with impact on the pharmacological performance of the treatment. If anything goes wrong, patients will lose their motivation; but we don't have the tools or channels to know it.

Chronic treatments are hard on a daily basis; they require an on-going effort by the patient. We Pharmacists can motivate patients by providing positive reinforcement based on our deep knowledge of the medications, helping patients to understand their relationship with the drug, benefits and drawbacks.

«

The specialty of my Pharmacist is to coordinate everything I take.

– A PATIENT –

»

«

Pillboxes and mobile alarms have been working for some time, and they do the job; but currently, with the technologies available to us, we should count on systems which are more effective.

– A PATIENT –

»

Toolkit for the humanization of our hospital unit

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Toolkit* for the humanization of our hospital unit

After framing the vision of future that we must look at, and analyzing the situation currently perceived by patients regarding Pharmacy Units, we have designed some tools to help us address the challenge of improving in the Humanization of our Units:

Humanization Profile

Where shall we start in the humanization of our Hospital Unit?

The Humanization Profile is a tool that helps us to evaluate the current situation of our Pharmacy based on the principles defined at the start of these guidelines.
Through a set of questions, the Humanization Profile is able to evaluate the level of effort, development or interest made by your Pharmacy Unit for **each principle relative to the others**, and consequently, to recommend those ideas more interesting for you, and invite you to explore others in order to reinforce those points that are getting behind. You can access this tool in the same location you found this guide.

The SEFH Blueprint

What is the blueprint and why does it appear in these guidelines?

Basically, the blueprint* shows us an image of the points of contact* with the patient throughout the whole experience. It describes the aspects and components that occur at each moment, both visible, those with direct contact with the patient, and invisible, which form part of the internal processes of the Pharmacy Unit. Though the latter are not perceived directly by the patient, the development and delivery of the service offered would not be possible without them.

By building a blueprint, we can analyze the service that we offer to patients; and based on this analysis, we can implement the adequate improvements, with an overall action over the patient experience, and not in an isolated or fragmented manner. Likewise, it makes it easier for us to prioritize the moments of the patient journey where we want to act.

The SEFH blueprint is a starting point, a resource that will allow us, in a visual manner, to be more aware of our actions and the impact these have on the patient. The blueprint presented here is an outline of the journey of an outpatient; that is to say, we are drawing their experience based on their contact with the unit and dispensing in a typical Pharmacy Unit. This journey will be different for each hospital, and depending on the circuits taken by each patient. We must think about patients as a whole. That

is why we, at the core work team who have designed these guidelines, encourage you to draw the patient journey at different moments (when they are hospitalized, when they visit the Day Hospital, etc.), and to share it with all the SEFH community in order to continue extending this project through your active participation.

The Structure of the SEFH blueprint

A SEFH blueprint* is mostly an open tool; and therefore, each Pharmacy Unit can generate their own.

This blueprint will be different in each hospital. The one we show here is an overall approach intended to represent a panoramic image of a potential patient experience and the actions occurring within it, in order to inspire Pharmacy Units to create their own blueprints.

The SEFH Blueprint is structured as follows:

Experience stages: Showing the stages undergone by patients throughout their complete experience *(e.g. the moment of consultation).*

Initial Context: Relevant facts detected in this project that will help us to understand certain situations, needs and problems perceived by patients during the actions conducted.

Patient Actions: All steps taken by patients at each stage of the process, the things they must do *(e.g. explaining the evolution of their disease and treatment at the time of consultation)*

Evaluation of the experience: The quality of the experience as perceived by the patient, as a result of the journey and contact with our Pharmacy Unit. The scale used for this evaluation divides the experience into 5 levels: wow, good, basic, bad, and I hate it; but each Pharmacy Unit can use the scale they feel more comfortable with.

Visible Part of the Process: All the activities and physical experiences that the patient can see during their journey in the Unit, and that are directly involved in the interaction with the patient.

Invisible Part of the Process: Actions that are not visible for the patient, and are conducted by our team or other teams. This includes everything that happens for the Unit to work, everything that the patient does not see, but without which this moment would not be possible. For example, it represents the management and logistic processes, and the support staff that has no direct contact with the patient.

Supports and Systems: All those systems, technologies, physical or digital supports that are necessary for the Unit to work.

Stakeholders: All those persons involved, and who are in direct or indirect contact with the Unit, including the main stakeholders: our patients.

How the SEFH blueprint can help us:

- *To dimension the patient experience in and out of hospital, encouraging a wider way to look at our Unit.*
- *To create a work setting where to position the solutions put forward in these guidelines. With the overall view of the patient journey, we will be able to identify at which stages we want or must implement actions and select the most adequate ideas.*
- *To identify new challenges and opportunities for improvement in our Pharmacy Unit.*
- *To make visible the needs of patients.*
- *To align patient needs with our processes, with the aim to generate value towards them and optimize the service we provide to them.*

Ideas for Humanization

Below we present a series of specific solutions, designed around the challenges detected during research, both in the transversal part and in each area of knowledge.

We have detected **11 opportunities where to design solutions**, focused on the overall patient experience, and also on the relationship of Pharmacists with the patient, other hospital professionals, and even their own Unit:

I. How could we **accompany our patients during their first** steps with the disease?

II. How could we provide **information about the disease which is personalized and adapted** to each moment?

III. ¿How could **we include in the protocol a set of communications** to provide "support for patients at key moments?

IV. How could we offer **a more emotional and personalized treatment** at any contact we have with patients?

V. How could we provide **more and better information about waiting times and causes for delays**?

VI. How could we **give support to patients when they are not at hospital**?

VII. How could we ensure that **patients understand the value that the Pharmacy Unit can offer**?

VIII. How could we make **co-responsible for their own disease those patients who want to**?

IX. How could we **humanize from the surroundings**?

X. How could we build **a lasting Humanization culture** within the Pharmacy Unit?

XI. How could we facilitate the **integration of the Pharmacy in other hospital areas**?

The list of ideas put forward shows one road to answer these needs. However, it is not the only one. Our intention is to present them in a sufficiently wide manner, with an "open mind" so that they will inspire different scenarios and invite to experimentation and their adaptation to each specific situation. Some ideas might seem similar between them, but the difference is that they entail different levels of implementation. On the other hand, various ideas can be applicable in a same stage of the patient experience, but this does not mean that they must all be implemented. Each idea is presented with the following information:

Name of the idea

Linked principle: Each idea is linked to the principle or principles that it will improve specifically.

Need solved

Description: One paragraph to help us understand what it is about.

Impact-Effort Matrix: This is a "relative" graphic representation. It means that it allows us to value an idea relative to the rest of ideas, based on its potential direct impact on the patient and the effort it would represent for us to implement it.

Value proposition: A list with the benefits offered by the idea, both for patients and those around them and for different professionals.

Recommendations of use: Alternative options for implementing the idea.

When to use it: We highlight some moments where applying this idea would be particularly interesting.

Resources required: It shows the level of effort needed for implementing this idea, either in terms of tangible (materials, objects, persons, etc.) or intangible resources (time, decisions, training, others).

KPIs: Key Performance Indicators to be measured once the idea has been implemented. They answer the question: How will we know that the idea has been successfully implemented?

Prototype: An image that will help us to visualize what the idea is about, reinforcing its description.

The impact-effort matrix

All these tools can contribute to create a better experience for our patients, but we must consider a strategy for implementing them. We have prepared a tool to help us prioritize the ideas to be implemented: the impact-effort matrix.

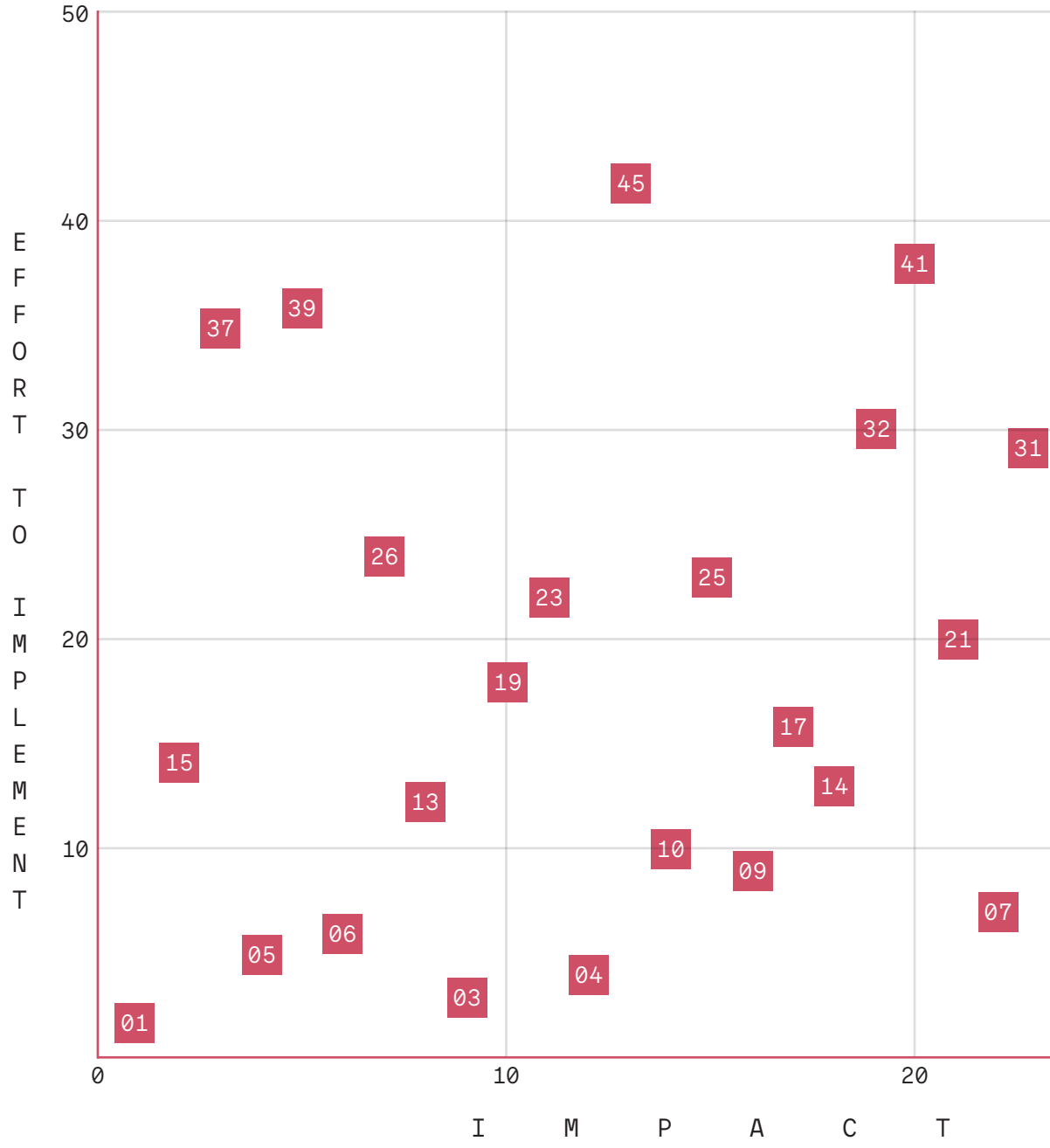
This matrix is the result of a classification exercise, taking into account the opinions by all the team that has participated in designing these guidelines. It helps us to understand at a glance which are the most basic initiatives and easier to implement , and which initiatives require more careful planning for their adequate implementation.

All ideas have a relevant impact on the patient. Their gradation in terms of effort and impact is defined following a relativity criterion, assessing each one relative to all the others.

In this matrix, ideas are classified from the most tactical to the most strategic. Besides, we have differentiated two groups of ideas: On one hand, those considered "Major bets", which require a high level of effort, but at the same time have a major impact on the patient. These "major bets" are some of the ideas that the "Humanization Profile" will put forward to you if your assessment is high for the self-evaluated principle.

On the other side of the matrix, we find the "Driving Ideas", which are those with a relevant impact, but anyway easy to implement, because the effort required is lower. These ideas will help us to achieve fast responses, and therefore will be linked to lower levels of implementation of the principles self-evaluated in the Humanization Profile.

Impact-Effort Matrix on the Tools



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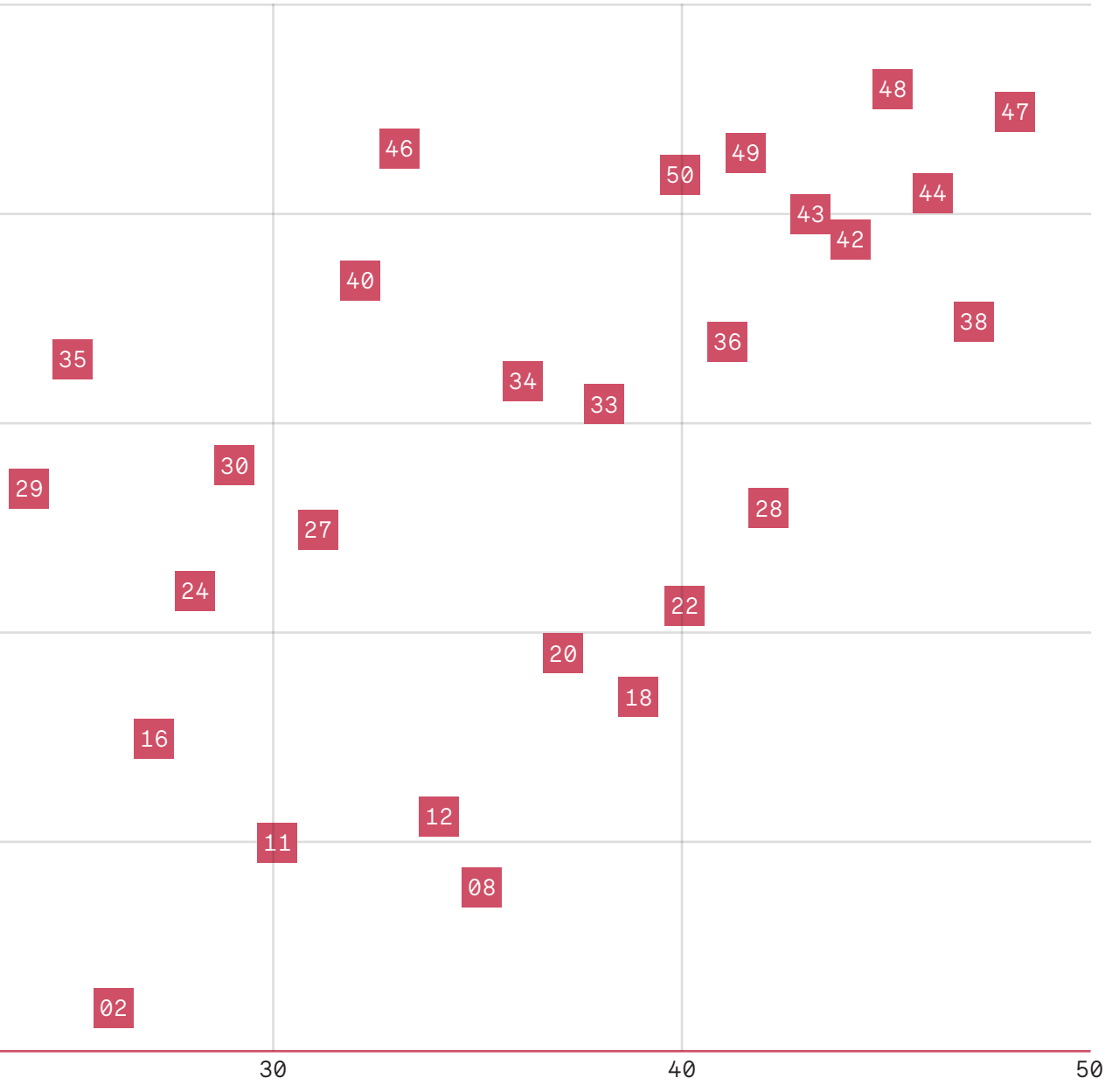

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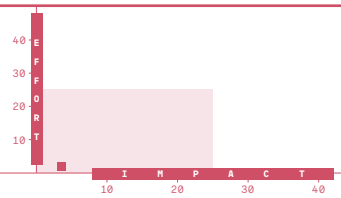
01

Highlights

A set of eye-catching stickers that will help us to mark the key pages within the documentation handed to the patient. In this way, we are able to highlight this information from the rest. In our effort to support patients in all aspects of their disease, we are likely to provide a high amount of information. An excess of information could make invisible some of the most relevant instructions.

Highlights



Need solved

Support during the initial steps.

Value Proposition

- To make it easy to understand the most relevant information, without giving up the rest of the information.

Associated principles

- 02. To be structured around persons and their needs.
- 07. Management of uncertainty.

When to use it

In those conversations with patients where various informative documents are handed out.

Recommendations of use

I. *After the relevant explanations, we will make a quick summary of the session by placing the stickers on the most relevant pages (or areas in the page) for that specific patient.*

II. *Alternative: To define a code with fluorescent highlighters, and mark the relevant pages or messages in front of the patient.*

III. *Alternative: To place at the end of each section a summary with the most relevant ideas ("Remember that...")*

Resources required

- Stickers
- A set of highlighters or colour pens.

KPIs

–

02

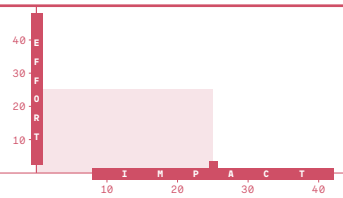
Poster: What happens while you wait?

A poster with all the information about waiting times at Day Hospital, making visible the situations that can occur, and explaining the reasons or causes for those potential delays.

- *(E.g. To explain that it is necessary that the patient is present in order to prepare the treatment, that the arrival time is not the same as the order in which they will enter to receive treatment, that each person needs different times of care, etc.)*

The poster could show the approximate times per test, explanations about the medication circuits, etc.

Poster: What happens while you wait?



Need solved

More information about waiting times and causes for delays.

Associated principles

- 05. Pharmacist Empowerment
- 07. Management of uncertainty

Value Proposition

- To optimize the waiting times of the patient.
- To reduce the uncertainty and anxiety of the patient and/or caregivers / relatives.
- More information about waiting times and causes for delays.

When to use it

At waiting times, or moments previous to waiting times.

Recommendations of use

I. *The poster could be replicated in other formats, such as a pdf to send by email with reminders, a slide to be projected on screens, or a leaflet to be handed out at the first visit.*

II. *Alternative: The person who receives the patient hands it out as an informative leaflet.*

III. *Iternative: A person is hired to be in charge of managing everything that takes place at the reception and waiting times of patients.*

Resources required

- Printing posters.

KPIs

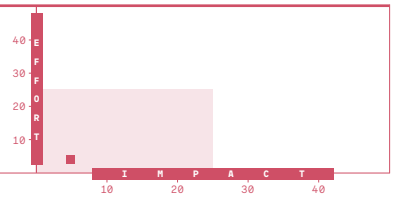
–

03

Criticize

A space with variable frequency *(based on the interest of the cases available at each moment),* where a case with particular interest for the Unit will be presented, and there will be a discussion about the way in which it is being addressed, from a constructive perspective, paying particular attention to the emotional aspects of the patient *(feelings, frustrations, happiness, surprises, desires, etc.)*

Criticize



Need solved

To build a long-lasting culture of humanization within the Pharmacy Unit.

Value Proposition

- On-going learning at the Unit.
- Improvements in the way in which problems are being sorted, with help by the knowledge of the whole team.

Associated principles

- 1. Internal Culture of Humanization.
- 05. Pharmacist Empowerment.
- 06. Activation of the Emotional Intelligence.

When to use it

In complex cases, or cases with special interest.

Recommendations of use

I. *To schedule the meeting (30 minutes of maximum duration).*

II. *To prepare a brief presentation of the case.*

III. *To document what has been learnt.*

IV. *To encourage comments and questions.*

V. *To determine a frequency.*

** Note: Once implemented, the session could be extended to the rest of the Department, including assistants, nurses, porters and clerical staff.*

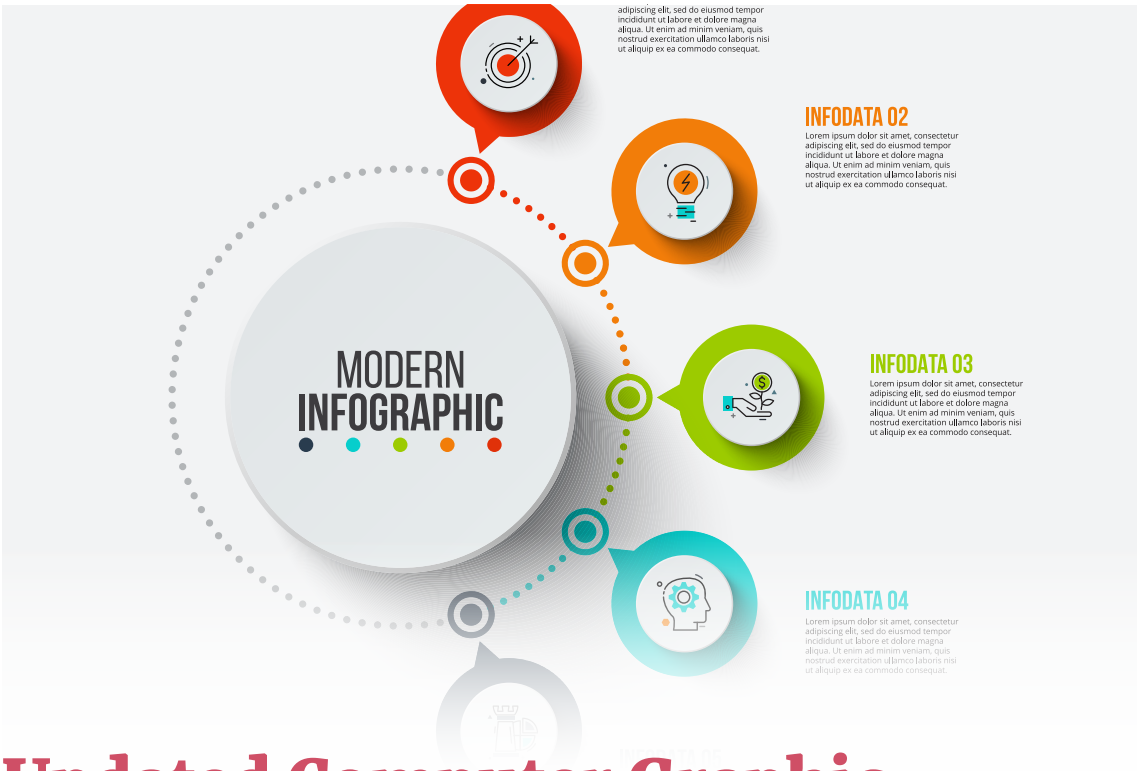
Resources required

- A person to organize it.
- Time spent outside their usual activities.
- A place for meetings.

KPIs

- Number of sessions demanded / conducted.
- Number of attendees to the meetings.

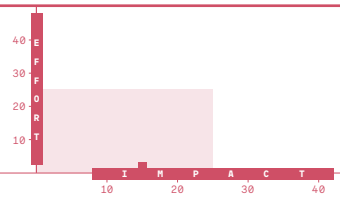
04



Updated Computer Graphic

Posters or computer graphics with "All that a Pharmacist can do for you", which could be placed at the different areas of the hospital where Pharmacists act. The view of the complete healthcare process of the patient is currently fragmented in terms of hospitalized patients, outpatients, or external patients. We show ourselves to patients by making visible the work of Pharmacy Units in a transversal manner.

Updated Computer Graphic



Need solved

Patients understand the value that the Pharmacy Unit can provide.

Associated principles

- 05. Pharmacist empowerment.
- 07. Management of uncertainty.
- 08. Infrastructure as the Driver for Humanization.

Value Proposition

- To make visible the work by the Pharmacy Unit (many patients have told us that if they are not aware of everything a Pharmacist can do for them, they will hardly demand their services).
- To improve the connection with other hospital professionals.

When to use it

Always visible.

Recommendations of use

It will be placed at the waiting rooms in the different hospital areas where there is interaction between Pharmacists and patients. A leaflet version can be prepared and handed out to hospitalized patients, or sent by email after a meeting with their Pharmacist.

Resources required

- Printing posters or leaflets.

KPIs

_

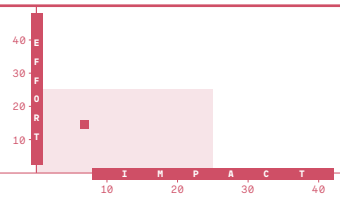
05

Life Window

This is about manipulating the environment of a room, by introducing new elements through biofillic design (with plants and vegetation in order to regulate the temperature, humidity and quality of air), or closed life ecosystems such as Ecospheres, closed and self-sufficient life systems to encourage the generation of emotional bonds away from the perception of healthcare, and which will help us to decontextualize the moments spent in the hospital setting.

- *E.g. We can bring with the treatment at Day Hospital an Ecosphere that we will place close to the patient, and once treatment has been administered we will take it back with us. The Ecosphere will be accompanied with a leaflet discussing the importance of bonding with whatever makes us feel alive, and how this exercise can be energizing and positive throughout treatment.*

Life Window



Need solved

Humanization from the environment.

Value Proposition

- To disconnect from the disease.
- To provide wellbeing in processes invasive for the patient.

Associated principles

- 08. Infrastructure as the Driver for Humanization

When to use it

In those places where treatment is administered, and patients might stay without moving in a room or area.

Recommendations of use

We can use clean maintenance solutions for vegetation such as hydroponic systems in vertical gardens. Other solutions can be the incorporation of fish tanks that will provide a highly sealed ecosystem which is less permeable to the system.

Resources required

- Plants and other decorative elements.
- Maintenance

KPIs

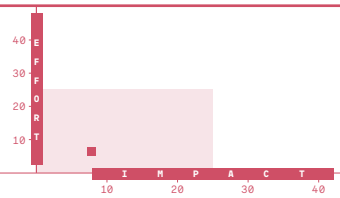
–

06

Let me Introduce your Pharmacist

A supporting document for the Physician to present the Pharmacy Unit in an efficient way, with concepts and keys, and a brief explanation of what we offer in a practical and simple manner, taking into account the different moments of contact with those Pharmacy Units not working in an integrated system. It is necessary to reach an agreement with doctors so that they will give this information to the patient. This document could be used for preparing a joint consultation.

Let me Introduce your Pharmacist



Need solved

Patients understand the value than the Pharmacy Unit can offer.

Value Proposition

- To make patients understand the value that the Pharmacy Unit can offer.
- Management of Patient Uncertainty.

Associated principles

- 02. To be structured around persons and their needs.
- 05. Pharmacist Empowerment.
- 07. Management of Uncertainty.

When to use it

At the first meeting with the Pharmacy Unit.

Recommendations of use

Through a joint session, we reach an agreement about the integration of this document into the documentation provided to the patient before their visit to the Pharmacy Unit.

Resources required

- An informative document.

KPIs

- Number of documents handed out.

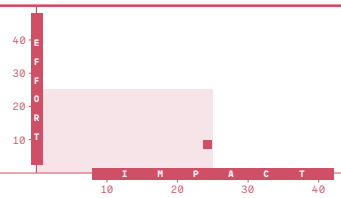
07

Preferred Seating

This is about equipping our waiting room with highly comfortable furniture, such as reclining chairs or seats, which will provide a higher level of comfort to patients with special needs and/or more sensitive or fragile. This seat must be signaled with a notice to inform about its preferred use.

- *E.g. We can get our inspiration from other settings, such as public transport (preferred seating at buses, the underground, etc.)*

Preferred Seating



Need solved

Humanization from the environment.

Value Proposition

- To improve the level of comfort of the most fragile patients.

Associated principles

- 02. To be structured around persons and their needs
- 08. Infrastructure as the Driver for Humanization

When to use it

At waiting times.

Recommendations of use

Their use will be determined by the perception and solidarity of users at the waiting room. We must make this service easy to understand through the design of the message that will signal the place for the seat.

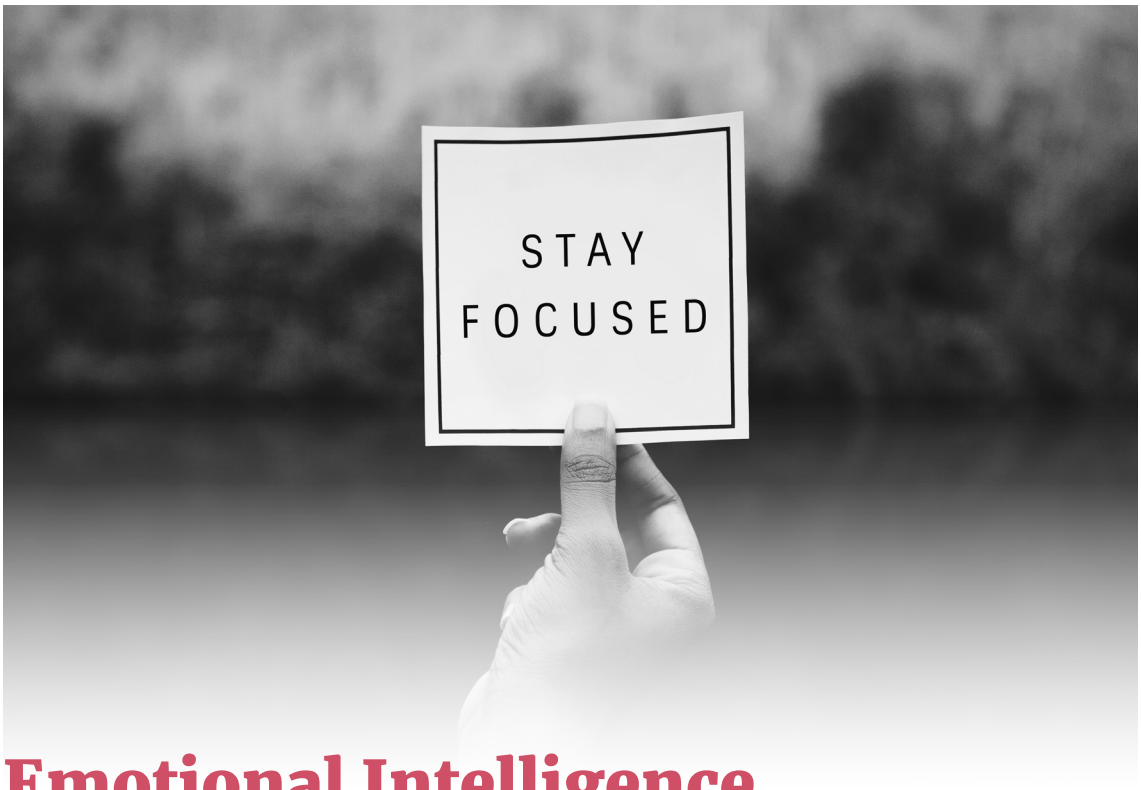
Resources required

- Reclining chairs or seats.
- Indicative signage.

KPIs

- Number of adapted seats.

08



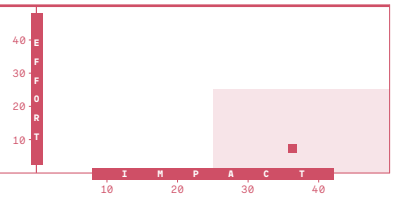
Emotional Intelligence Switch

A set of reminders including tips to encourage an empathic behavior by all the staff in the Pharmacy Unit. For example, with the aim to develop an active listening culture, we could:

- Place emotional questions to be asked to patients at the back of the identification cards on the tables.

- To integrate a screen saver that introduces these tips and practices.

Emotional Intelligence Switch



Need solved

A more emotional and personalized way to treat patients.

Value Proposition

- To improve meeting times with the patient.
- To become aware of the importance of active listening in order to encourage naturally the emotional intelligence and the cognitive empathy.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 05. Pharmacist Empowerment
- 06. Activation of the Emotional Intelligence
- 07. Management of Uncertainty

When to use it

At the moments of contact with the patient.

Recommendations of use

At a time where there are few professionals around the Unit, we place these stickers in the most strategic places, together with an explanatory leaflet.

Resources required

- Internal training.

KPIs

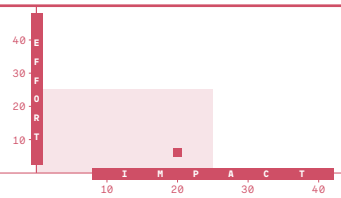
-

09

The Deck of Apps

A deck of cards including a selection of solutions (physical and digital), targeted to improving the relationship of patients with their treatments. These cards include information about: name, description, how it can help us, how or where I can get it, and they will provide higher access to patients, as well as an orientation in the decision of convenience. The Pharmacist will search in the deck for those that can be more helpful for each patient, and explain them in depth.

The Deck of Apps



Need solved

To give support to patients when they are not at hospital.

Associated principles

- 02. To be structured around persons and their needs
- 04. Patient Empowerment
- 07. Management of Uncertainty

Value Proposition

- To facilitate the moments of disconnection with their disease, without fear of damaging the patient's treatment.
- To improve treatment adherence.

When to use it

When the patient receives relevant information about their treatment.

Recommendations of use

I. *Through a group dynamics involving Pharmacists, the set of tools that the Pharmacy Unit manages and knows will be selected.*

II. *We can implement workshops for training and creating awareness of these tools targeted to patients.*

III. *The deck will contain some blank cards (or a link to a "card designer"), so that Pharmacists can continue extending their "box of solutions".*

IV. *We write on a piece of paper the name and/ or function of the app.*

V. *We give our contact data, or make ourselves available at the time of learning how to use the app.*

Resources required

- The deck of cards.
- A physical or online resource to design new cards.
- The deliverable.

KPIs

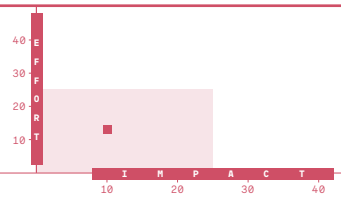
- Number of apps "prescribed".

10

Person-to-Person Language

A file of words that can be complex for patients, with their relevant translation into their language or replacement words. Parts of the hospital, the process, the medication... The patient has a way of communication, and expects us to talk to them with an easily understandable language, without many technicalities.

Person-to-person Language



Need solved

A more emotional and personalized way to treat patients.

Value Proposition

- To improve the communication with the patient.
- To reduce uncertainty in our patients.

Associated principles

- 01. Internal Culture of Humanization.
- 03. To preserve dignity.
- 07. Management of Uncertainty.

When to use it

At the communication with the patient and/or caregivers or relatives.

Recommendations of use

I. *It is convenient to write down in a common file those terms or expressions that we identify as incomprehensible in our daily activity, those terms particularly technified that appear in everyday conversations between professionals and patients. What each patient understands can be very different.*

II. *To put forward generative dynamics with the team in order to find replacement words or terms.*

III. *To validate the terminology with patients.*

Resources required

- To improve communication between professionals.

KPIs

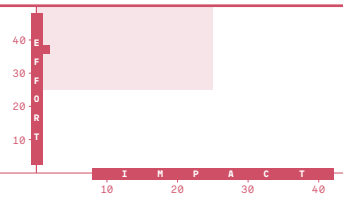
-

11

Sensitivity Test

To integrate into our pharmacological record those aspects associated with patient palatability in terms of oral treatments, as well as being aware of their potential fears of phobias to needles in injectable treatments, capsule or pill formats, etc.

Sensitivity Test



Need solved

A more emotional and personalized way to treat patients.

Value Proposition

- To increase treatment adherence.
- To personalize the route of administration for treatments.

Associated principles

- 01. Internal Culture of Humanization
- 03. To preserve dignity.
- 06. Activation of the Emotional Intelligencel

When to use it

During the initial contacts with the patient.

Recommendations of use

I. *To be integrated among the information that must be collected at the first visit, and that will become part of the patient's pharmacological record.*

II. *It can be integrated into other ideas collected in these guidelines, such as for example Know me in Depth.*

Resources required

- Pharmacological Record.

KPIs

- Treatment adherence.

12

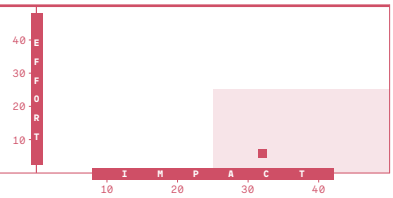
Occupation Map (Maps Type)

A visual representation of the timetable, with the opening days and hours of the Pharmacy Unit (for those Units that are partially or completely available without previous appointment). Within this timetable, we can show those times when Pharmacists are busier, and therefore the waiting time will be longer. A brief explanation can be attached to these times, always clarifying that they can attend anyway at any time.

- *(E.g. From 9:30 to 10:00 a.m. – Priority time for elderly patients; From 11:45 a.m. to 2:00 p.m.: Time reserved for patients with previous appointment.)*

This way, patients can plan ahead better, and attend with adequate expectations. At a second stage, the waiting time duration could be estimated based on the moment or time slot of patient arrival.

Occupation time (Maps Type)



Need solved

More information about waiting times and causes for delay.

Associated principles

- 02. To be structured around persons and their needs
- 07. Management of Uncertainty

Value Proposition

- Particularly useful for those patients attending the Pharmacy Unit without an appointment, or those who have the option of choosing day and time.
- To reduce workload peaks.
- More planning for patients => Less time at hospital.
- More information about waiting times.
- More freedom for patients at waiting times.

When to use it

Ideally, this will be sent to the patients before their next visit.

A proactive search by the patient (as in Google); through a periodically updated link.

Recommendations of use

I. *We define the most adequate time slots (from 15 to 15 minutes, every 30 minutes, every hour...).*

II. *We determine the times when Pharmacists are more available to see patients, and also those where there are activity peaks or valleys (by consensus with the Unit).*

III. *We estimate the occupation rates based on this workload, and prepare the Occupation Map accordingly.*

IV. *We share it with patients (printed, on screens, on-line...).*

**An option would be to prepare a variable Occupation Map, being previously reviewed every week, and adapted based on the workload predicted for that week.*

Resources required

- Map template.

KPIs

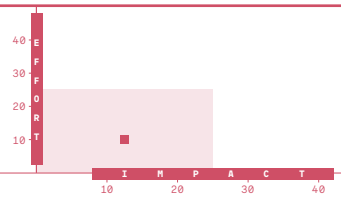
- Number of patients received at peak and valley hours.
- Number of complaints due to waiting times. .

13

Activating the Waiting Time

A large wall vinyl at the waiting rooms, where we will ask questions regarding the experience of patients throughout their disease, and we will invite patients to write on it in a completely anonymous way *(with highlighters, post-its, chalk, etc.)*. In this way, we will achieve patient activation during waiting times.

Activating the Waiting Time



Need solved

To make patients co-responsible for their disease.

Associated principles

- 04. Patient Empowerment.
- 06. Activation of the Emotional Intelligence.
- 08. Infrastructure as the Driver for Humanization.

Value Proposition

- To turn patients from passive into active.
- To create a point of exchange of value between patients with minimum effort.
- To establish a live point of feedback for the Pharmacy Unit.

When to use it

At patients' waiting times.

Recommendations of use

I. *We will provide the materials necessary for patients to offer their ideas and opinions regarding the topic put forward.*

II. *We will collect periodically all the information provided by patients, and we will make an entry in a blog with access by patients at any time, in order to review the last topic as well as past actions.*

Resources required

- Wall space.
- A vinyl.
- Highlighters, post-its, chalk.
- A blog

KPIs

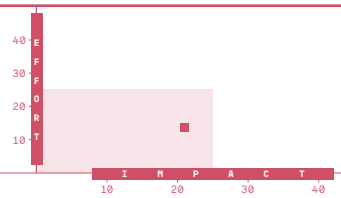
- Number of ideas / tips offered by patients.
- Number of publications.

14

Paula's Secret Power

A little computer game where the professional and the child will go together through the different "screens" of the disease, intended to give the necessary main role to the child. In order to move forward, they must answer questions (about fears, doubts, training, etc.), and we will share all the positive information with them through pills.

Paula's Secret Power



Need solved

To make patients co-responsible for their disease.

Value Proposition

- Pediatric Patient Empowerment.

Associated principles

- 04. Patient Empowerment
- 06. Activation of the Emotional Intelligence
- 07. Management of Uncertainty

When to use it

During meetings with the Pharmacist.

Recommendations of use

To invite professionals from outside the healthcare setting (teachers, educators, specialized psychiatrists, etc.) who work with children and adolescents, in order to build new perspectives and extend our vision towards pediatric patients.

Resources required

- Computer game.

KPIs

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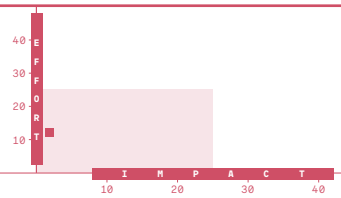
15

Repharminder

A set of stickers with important messages that we must give out at the Unit, with a close and appealing language. These will be handed out, for patients to stick them in places they will frequently see:

- *(E.g.: "Remember to drink water" on the package of a medication, or a sticker with the photo of the box and/or the pill to stick in the cereal jar.)*

Repharminder



Need solved

To give support to patients when they are not at hospital.

Value Proposition

- To make the Pharmacy Unit visible.
- Active help for patients.
- To contact patients when they are not at hospital.

Associated principles

- 02. To be structured around persons and their needs
- 07. Management of Uncertainty

When to use it

At the moment when the patient gets in contact with the medication.

Recommendations of use

I. *At the time of dispensing, we will place the stickers in the medication package or blister.*

II. *We can also apply this in the packages of treatments administered at hospital, ward and Day Hospital (e.g. In the parenteral nutrition bags, chemotherapy treatments, etc.).*

III. *We give recommendations about the places where «other people like you» will usually stick it.*

Resources required

- Stickers

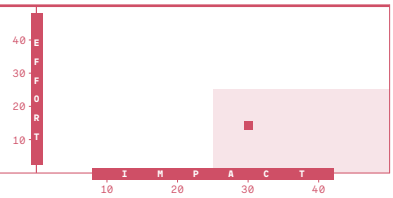
KPIs

16

My Disease in a Napkin

A booklet (for training and support) that will help patients to explain the different aspects of their disease in the first person. This is a document adapted to different scenarios (telling it to a child, telling it at work, telling it in-depth to a relative, etc.). The booklet would include phrases, diagrams, visual elements and images easy to reproduce by the patient at any time or situation *(e.g. At a bar with a napkin)*. Beyond the fact that the patient understands his/her disease and treatment completely, we know that another difficult moment occurs when they have to tell it to their relatives and friends. This solution aims to empower them, making that moment easier.

My Disease in a Napkin



Need solved

Information about the disease personalized and adapted to the moment.

Value Proposition

- To reduce patients' stress at a hard time.
- Support for the patient during the first months with their disease.
- To demonstrate the value of the Pharmacist towards the patient, and gain their confidence.

Associated principles

- 02. To be structured around persons and their needs
- 03. To preserve dignity.
- 04. Patient Empowerment
- 07. Management of Uncertainty

When to use it

New patients with complex treatments.

Recommendations of use

I. *Before handing it out (physically or digitally), we must ensure that the patient understands the disease and its treatment completely.*

II. *When handing the booklet, we will review it together.*

Resources required

- Booklets by condition (printed or in PDF).

KPIs

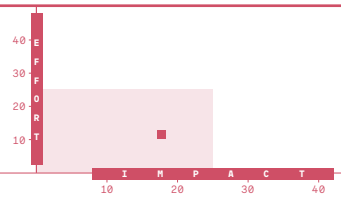
- Number of booklets distributed.

17

Planning and Pacts

A document to be completed jointly by the Pharmacist and each patient, in order to guide their initial conversation and identify the best moments for the first visits. There will be a negotiation about the frequency, whether personal or remote, and the topics to be dealt with, through a system of agreements. We will take the opportunity to ask for consent for periodical visits through other ways and preferences. Patients will be aware of their visits to collect medication only, and of those where they will need to spend a longer time, and understand the reasons why.

Planning and Pacts



Need solved

Support during the first steps.

Associated principles

- 02. To be structured around persons and their needs
- 04. Patient Empowerment
- 06. Activation of the Emotional Intelligence
- 07. Management of Uncertainty

Value Proposition

- We involve patients in their treatment, making them responsible.
- We build a long-term relationship with those patients we are interested in.
- Support during the first steps.
- To make visible the role of the Pharmacy Unit.
- To build a database that will be the basis for future improvement actions.

When to use it

At times when we detect a risk of low treatment adherence, or that the patient needs closer follow-up.

Recommendations of use

I. *To print the Agreement Form, and give all relevant explanations to the patient. (Why is this important? What is the benefit of doing it this way?)*

II. *Before completing it, we learn about the next visits of the patient to hospital, and try to find any coincidences.*

III. *We add those visits that we consider necessary from Pharmacy, and the nature of each.*

IV. *We define the channel to conduct them.*

Resources required

- Consensus Form.
- Conversation Guide.
- Informed consent for future contacts.

KPIs

- Treatment adherence data.
- Number of Consensus Documents completed.

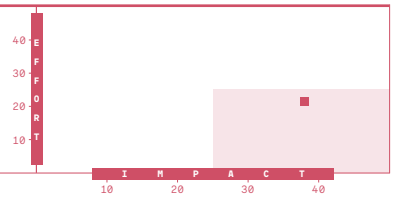
18

POEM

We prepare a script for the interview, in order to learn about the patient context, based on the POEMS technique: **Persons** (Who does he/she live with? Is there anyone who should be informed about their disease? Which other persons does he/she see throughout the day?), **Objects** (How much does he/she use their mobile phone? Does he/she use pillboxes? Does he/she use physical or digital calendars?), **Environment** (Does he/she work at an office or in the street? Does he/she go to the gym or do other activities? Any stress moments?), **Messages** (Favourite channel? Which tone of communication does he/she prefer? Any difficulty understanding or reading? Level of information they want to receive?).

*Qualitative research methodology developed in 2003 by Kumar and Whitney.

P O E M



Need solved

A more emotional and personalized way to treat patients.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 05. Pharmacist Empowerment
- 06. Activation of the Emotional Intelligence

Value Proposition

- We learn in depth about the patient's lifestyle, and we can adapt treatment to it.
- A more emotional and personalized way to treat patients.
- Early detection of any potential complications in treatment.

When to use it

At any time, but preferably at first contact.

It could be easier to obtain this information once the relationship with the patient has been initiated (e.g. at their second visit).

Recommendations of use

I. To make sure to be with the patient in a confidentiality setting.

II. To warn them that we will ask some questions to learn about their situation and adapt their treatment.

III. To review the POEM guide by writing the answers.

IV. We close the file with their preferences and add it to their clinical record or similar.

**Optional: Handing out the questionnaire before the meeting with the Pharmacist.*

Resources required

- Interview script.
- Data collection document.

KPIs

- Number of patients with their clinical record updated with POEM

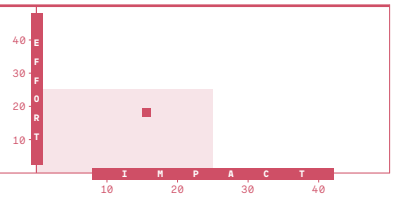
19

Building the Story

This is about facilitating patients a recording system for their daily activity. It can be through a document or a diary-type mobile app, which helps to keep an updated record of those aspects relevant to them regarding their treatment. While the shared clinical record is not available, it can be replaced with this "clinical pharmacological diary" owned by the patient, and carried everywhere with him/her.

Its difference from a "Record of Activity Before the Consultation" is that this one is for a specific moment where we want to collect information.

Building the Story



Need solved

To make patients co-responsible for their disease.

Associated principles

- 02. To be structured around persons and their needs
- 04. Patient Empowerment.
- 07. Management of Uncertainty

Value Proposition

- To make patients co-responsible for their disease.
- To centralize information through the patient in a structured way, in order to facilitate decisions in case of changes of residence or temporary travels.
- A document that can be carried by persons that have activities delegated to them, or caregivers.
- To help the patient to communicate different aspects of his/her disease to other persons.

When to use it

At all meetings with the Hospital Pharmacy Unit.

Recommendations of use

I. *We must provide the tool for the patient to keep this record. The patient will collect that information that is relevant for him/her in said tool.*

II. *Besides, we will reserve a section for the Pharmacist to take note of the relevant aspects of the interview regarding treatment.*

III. *We create awareness about its use and benefits, and of the importance of generating a habit.*

IV. *We will pay particular attention to the incorporation to the tool of those existing PROs.*

Resources required

- A physical diary that can be designed at the Unit, or requested from pharmaceutical companies of reference that might have the adequate formats available (without information about the drugs from these companies).
- A list of Apps for daily record of information.

KPIs

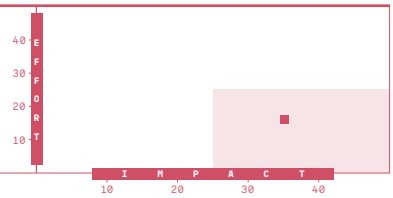
- Number of completed clinical records.
- Number of entries recorded per patient.

20

SEFHtube

A YouTube channel for the SEFH, with contributions by all the hospitals in the National Health System. Each Pharmacy Unit prepares its tutorials and shares them, generating a space of common knowledge and promotion. Any patient or caregiver can access this knowledge. From the Pharmacy Unit, we can facilitate access to this information through its dissemination at key moments, such as the moment of addressing the disease.

SEFHtube



Need solved

Information about the disease personalized and adapted to the moment.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 04. Patient Empowerment
- 05. Pharmacist Empowerment
- 07. Management of Uncertainty

Value Proposition

- Patients will be more reassured, and able to take in the information at different moments, according to what is needed.

(Many patients have coincided that, after receiving bad news, they find it difficult to absorb all the information given in that first meeting with the Pharmacist.)

When to use it

Every time there is an important explanation.

Recommendations of use

I. *To plan co-creative sessions with patients and professionals in order to identify topics of interest and relevant information to communicate.*

II. *To build a common template or storyboard to simplify the creation of videos.*

III. *To upload through a reproduction list in YouTube, either in our own channel or in a channel with higher visibility.*

IV. *To communicate to patients and provide the link or access to the channel.*

**E.g. https://telecumple.educainflammatory.com/program1*

Resources required

- A tape-recorder or mobile phone with recording feature.
- Consent forms.

KPIs

- Number of persons who access the recording.

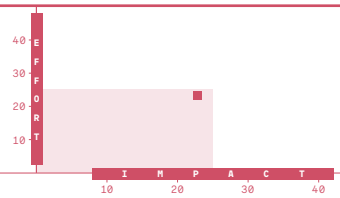
21

Pharma Welcome Pack

It consists of 4 elements:

- **Team and Unit Leaflet:**
  Computer graphic with basic information about the Unit: our mission, what we do, who we are, who we deal with, where to find us... It includes information to contact the Unit (e-mails and telephone numbers).
- **Team Introduction Panel**:
  An identification panel with photos of the Pharmacists. It includes all persons in the Unit, and their competences.
- **Identification Card**:
  A card on the table with the name and professional category of the person we are dealing with, where to find us, contact (telephone, e-mail, etc.)
- **Business Cards**:
  A business card with name and contact details. (It will also include a telephone for emergency doubts.)

Pharma Welcome Pack



Need solved

Patients understand the value than the Pharmacy Unit can offer.

Value Proposition

- Patients achieve contact with a close person who has a holistic view of their disease.
- To create awareness about the value offered by the Pharmacy Unit.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 05. Pharmacist Empowerment

When to use it

First visit.

Recommendations of use

I. The panel will be visible from any waiting room.

II. The card will always be visible on the table.

III. The leaflet and the contact card will be handed out together with a brief explanation about the Unit.

Resources required

- A DIN-A2 panel.
- As many cards as meeting places there are at the Pharmacy.
- A pack of cards per Pharmacist.
- Printing leaflets.

KPIs

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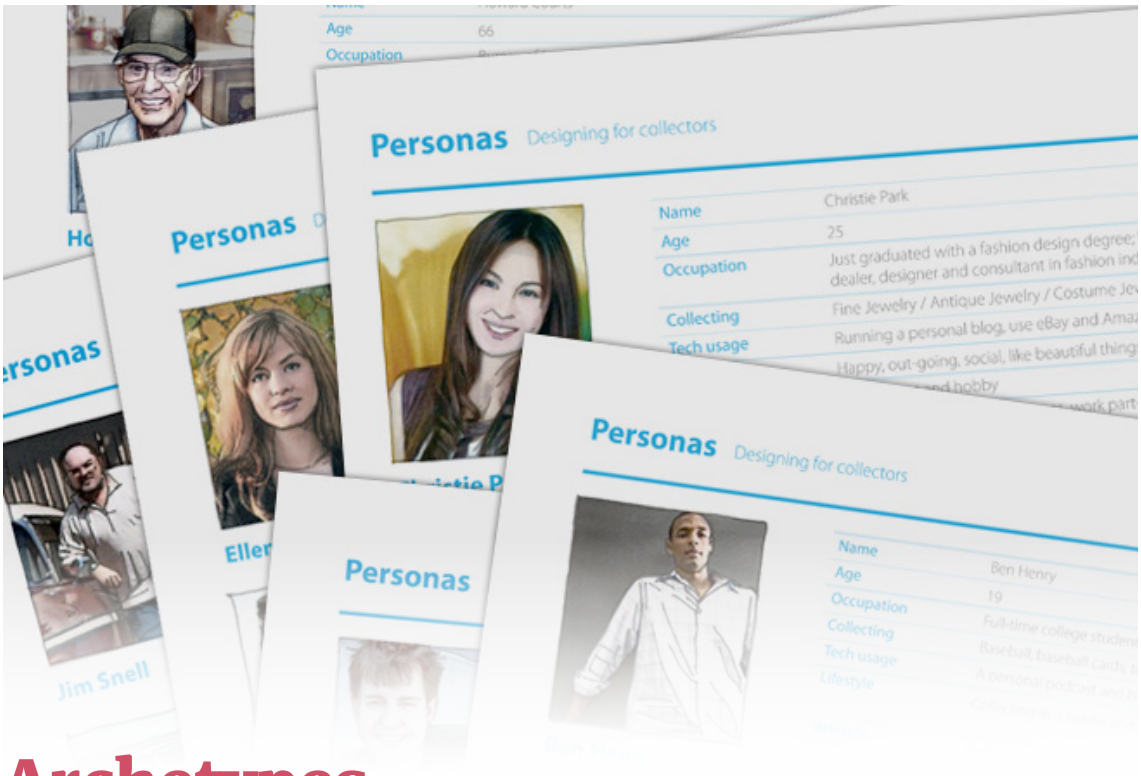
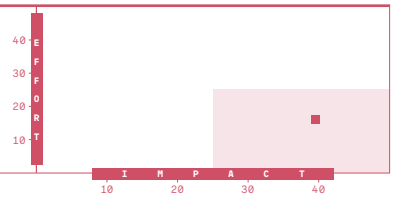
22



Archetypes

A guide to build those patient archetypes for each specific area. Archetypes are very visual representations of a group of patients who behave in a similar way. These are not stereotypes, but based on real patterns. They help us to better understand the person in front of us, and to adapt our speech in order to achieve a deeper connection. This guide must support the process to collect enough information and define these archetypes.

Archetypes



Need solved

A more emotional and personalized way to treat patients.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 07. Management of Uncertainty

Value Proposition

- Activation of the Emotional Intelligence.
- To improve the relationship with the patient.
- Besides providing extra information, archetypes show a common language so that the entire Unit will be able to communicate more efficiently

(E.g. The patient in Room 5 fits the "Scientific" profile, so remember to support all explanations with as many data as you can.)

When to use it

As son as possible.

Recommendations of use

I. *To pre-design different archetypes according to the template and the information available at the Unit.*

II. *To confirm these hypotheses through interviews with the patients.*

III. *To prepare cards with the archetypes that should always be at hand.*

IV. *To transmit the knowledge acquired to the entire Pharmacy Unit staff.*

V. *The archetype of the patient in front of us should be included in their clinical record.*

Resources required

- Template with phenotypes.
- Cards with the archetypes.

KPIs

- Number of archetypes defined.
- Number of patients that fit each archetype.

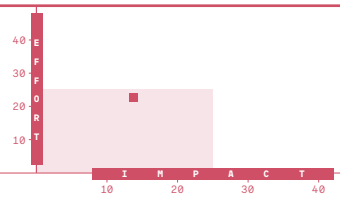
23

This is Pharmacy

An introductory video with visual information about the Pharmacy Unit: welcome video, opening hours, situation, healthcare and research activities, function, persons of reference, etc.). This video will be shown in different devices within our Unit and at strategic places in the hospital.

- *E.g. Oncology Waiting Room.*
- *E.g. A floor support or wall bracket for a tablet at the main hall of the hospital.*

This is Pharmacy



Need solved

Patients understand the value that the Pharmacy Unit can offer.

Value Proposition

- To make patients understand the value that can be offered by the Pharmacy Unit.
- Management of patient uncertainty.

Associated principles

- 05. Pharmacist Empowerment.
- 07. Management of Uncertainty.
- 08. Infrastructure as the Driver for Humanization.

When to use it

During waiting times at areas where there is interaction with the Pharmacy Unit.

Recommendations of use

I. *In the case of hospitalized patients, it could be shown in an IPad during the explanation, or patients could be provided the link to visualize it in their own devices.*

II. *It could be linked to some existing information channel.*

Resources required

- Vídeorecording
- Support (Screens, iPad, etc.)

KPIs

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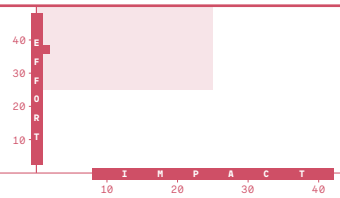
24

Caregiver of Reference

To design with patients and caregivers the role of Caregiver of Reference: the parent, guardian or caregiver who will be in charge of follow-up, and become the person of contact with the professional, in order to ensure that the use of information has a more efficient impact on the patient.

Caregiver of Reference



Need solved

To make patients co-responsible for their disease.

Value Proposition

- To improve the efficiency of information.

Associated principles

- 04. Patient Empowerment

When to use it

At the first contacts with the patient.

Recommendations of use

During the first contacts with the patients, we must inform caregivers or guardians about the importance of having one person of reference for the Pharmacist, making them understand the reciprocity of having persons of reference.

Resources required

–

KPIs

- Number of incidences associated with the information.

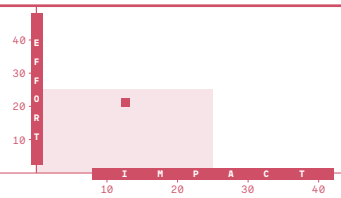
25

Phar Safari

Guided tours targeted to give visibility to the role of the Hospital Pharmacist, for patients and professionals. Through this guided tour day, we can create awareness about activities, processes, times, etc., allowing to show the Pharmacy Unit from the inside to patients and professionals.

- *E.g. The Maternity Wards in some hospitals allow future moms and dads to visit the premises and make a first contact with the Unit before the day when the child is born.*

Phar Safari.



Need solved

Patients understand the value than the Pharmacy Unit can offer.

Value Proposition

- To make patients understand the value that the Pharmacy Unit can provide.
- Management of uncertainty of patients.

Associated principles

- 01. Internal Culture of Humanization
- 05. Pharmacist Empowerment.
- 07. Management of Uncertainty

When to use it

At the start of the road, when making visible the Pharmacy Unit as an initial tool.

Recommendations of use

It is important to mark the key objectives that we intend to stay in the memory of patients and professionals.

Resources required

- A working day or time spent in this activity.

KPIs

- Number of visits conducted.

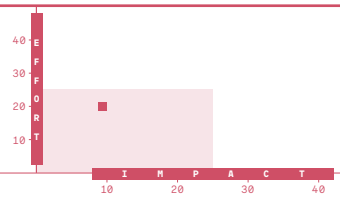
26

Real-Time Alerts

A card with the recommendation of a technological solution that we trust, providing extra information about its functioning, set-up, etc. This is about helping patients to set up an alert system through the combination of a smartwatch and his/her smartphone, associating it with a calendar, and providing reminders for the administration of their treatment. Through vibrations in the smartwatch device, the patient will receive an alert when it is time for their treatment.

- *There are currently many solutions that can help patients to remember these moments with complete reliability, but some patients can see this as complex, excessively expensive, or simply they might not have thought about it.*

Real-time Alerts



Need solved

To support patients beyond the consultation.

Associated principles

- 02. To be structured around persons and their needs
- 04. Patient Empowerment
- 07. Management of Uncertainty

Value Proposition

- To improve quality of life (less stress) beyond treatment.
- To improve patient adherence.
- Higher connection between patient and Pharmacist.
- Disconnecting from the disease without fear to damage my treatment.

Patients have stated that they are afraid to miss their medication, they tend to spend their day trying to remember the time to take it, making it difficult to disconnect from their disease.

When to use it

When we identify the need in patients for help with reminders.

Recommendations of use

I. To link the calendar in the mobile device to the smartwatch, so that it will vibrate on the patient's wrist and alert of the take. It is possible to personalize the name of the alert with the medication name. Most of these devices allow us to set up the name of the alert, the day and time of administration, and notes where we can include information about the drug and characteristics of its administration.

II. Explanation of the solution with support by graphic information.

III. We make ourselves available to help them to set it up and understand its follow-up. We can conduct explanatory workshops with many persons, or explain it directly at the meeting with the patient.

Resources required

- Cards that can be personalized.

KPIs

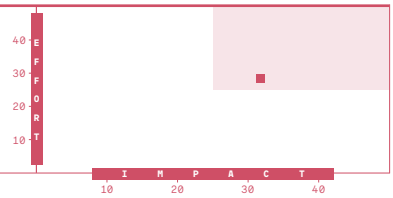
- Number of confirmed patients who follow these recommendations.

27

Capturing the Day

It consists in "making visual" the patient's day-to-day, through a downloadable template, by drawing with them "a day in their life" with the aim of being able to identify any potential barriers in the application of their treatment. The template will refer to daily activities and the settings where they occur throughout a whole day, through a time journey, intended to reveal the adequate moments for taking the medication. It will allow us to work jointly and prepare a more accurate planning, adapted to patient's reality (timetable, habits, etc.).

Capturing the Day



Need solved

To make patients co-responsible for their disease.

Value Proposition

- To facilitate the meeting of the patient with his/her disease, and support them until they get used to their new lifestyle.
- To make the patient co-responsible for his/her disease.

Associated principles

- 02. To be structured around persons and their needs
- 06. Activation of the Emotional Intelligence
- 07. Management of Uncertainty

When to use it

In long-duration patients with potential lack of adherence.

Recommendations of use

We must complete with the patient the fields associated with "Activities or moments, settings, persons, and diet habits", placing them in the time bar. It is necessary to probe in lifestyles, instead of staying at a superficial level. In order to probe into the level of information, we must explore the settings and the persons that accompany the patient in their daily life.

Resources required

- A template to "make visual" the patient's day-to-day, draw it with them, and thus identify any barriers. Downloadable.

KPIs

- Number of diaries collected.

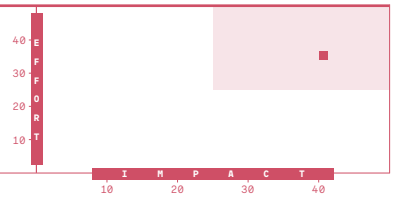
28

Remote Waiting

An alert system through SMS or similar, to inform the patient when they can meet their Pharmacist, their treatment is ready, or there is any personalized notification. In latter stages this could be translated into other formats.

- *E.g. The technology used by some restaurants to inform you that your order is ready. .*

Remote Waiting



Need solved

More information about waiting times and the causes for delays.

Value Proposition

- To optimize the waiting times of the patient.
- To reduce the uncertainty and anxiety of the patient and/or relatives / caregivers.
- More freedom for patients during waiting times.

Associated principles

- 02. To be structured around persons and their needs
- 03. To preserve dignity.
- 07. Management of uncertainty

When to use it

At moments of long waiting times.

Recommendations of use

I. To inform patients about the availability of this service.

II. To collect patient's data and confirm them to avoid future problems.

III. To get coordinated with the staff in the relevant area.

IV. To put forward different ways of communication according to complexity.

Resources required

- A mobile phone with messaging system.
- App.

KPIs

- Patient's satisfaction (asking after the waiting times).
- Reported incidences.

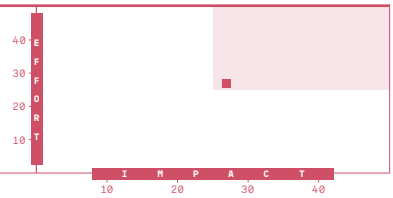
29

Personalized Presentation

A PowerPoint file containing a slide repository with information to be handed out to the patient about the disease and its treatment, classified into sections (mechanism of action, side effects, efficacy, route of administration, etc.). According to the patient and the disease stage, we will choose which slides to make visible and which will remain hidden. This is a file easy to adapt and modify by each Pharmacist. It will include the resources required for each Pharmacist to keep adding slides that are useful, upon that basis. Once the slide selection has been completed, we export it as PDF or print it and hand it out to the patient. In a second phase, the concept could be developed into a web app with the "drag & drop" feature, in order to simplify the process of building the presentation and adding elements (icons, text boxes, fonts, etc.) that will help Pharmacists to create the new slides.

E.g.: canva.com, wehelpyou.eu

Personalized Presentation



Need solved

Information about the disease personalized and adapted to the moment.

Value Proposition

- We provide valuable information to be reviewed at their own time when out of hospital.
- We avoid the oversaturation of information.
- Visual and simple.

Associated principles

- 02. To be structured around persons and their needs
- 03. To preserve dignity.
- 05. Pharmacist Empowerment
- 07. Management of uncertainty

When to use it

At any time during patient follow-up.

Recommendations of use

I. *Open the presentation and rename with the date and patient initials.*

II. *Go to the mosaic view and hide those slides that we don't want to present at that time.*

III. *Add notes on the relevant slides.*

IV. *Save as... (PDF)*

V. *Print or email to the patient.*

Resources required

- A PowerPoint master template.
- A printer.

KPIs

- Reduction in calls or visits due to doubts.

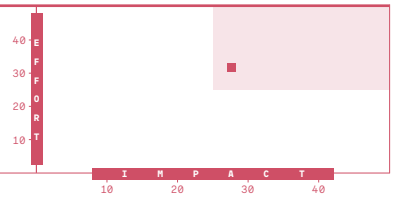
30

Circles of Experience

A circle of experience is a meeting promoted by the Pharmacy Unit professionals, inviting patients with different levels of experience, but who share diseases, conditions or treatments, to talk during some minutes about those practices, customs, habits or skills developed ad hoc throughout their disease or condition.

Those associations linked with the condition would play an important role both in inviting patients and in managing the information during the workshops.

Circles of Experience



Need solved

To make patients co-responsible for their disease.

Value Proposition

- To facilitate a meeting point for patients.
- To reduce uncertainty and anxiety.
- To create valuable bonds between patients managed at our Unit.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 04. Patient Empowerment
- 06. Activation of the Emotional Intelligence

When to use it

When we want to facilitate the access of patients to non-clinical information associated with their disease or treatment.

Recommendations of use

I. *We select the area of knowledge which will be the topic of discussion.*

II. *We capture the expert profiles that will articulate the conversation.*

III. *We generate jointly with these profiles a script of the key points of the conversation.*

IV. *We conduct an effective communication for summoning to the activity: direct communication, in our space or through the usual information channels (e-mail, regular mail, social networks, etc.)*

V. *We generate a list of participants.*

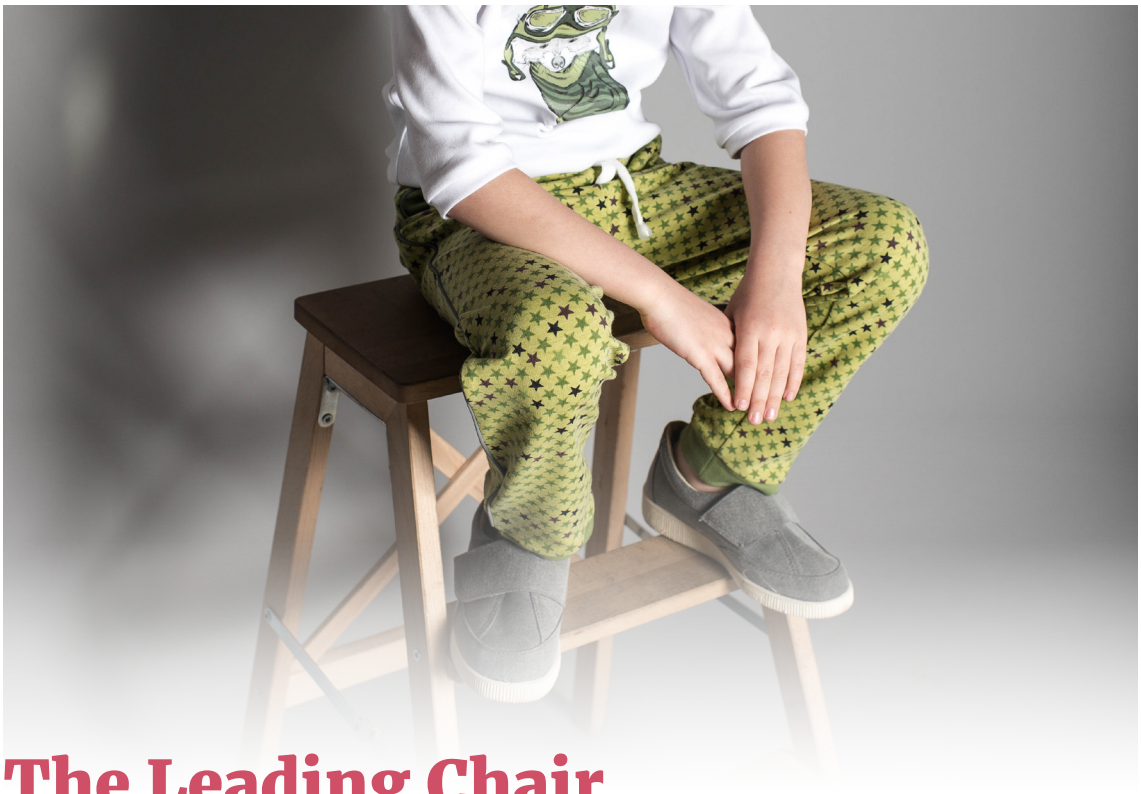
Resources required

- To reserve a space for the activity.

KPIs

- Number of sessions conducted.

31

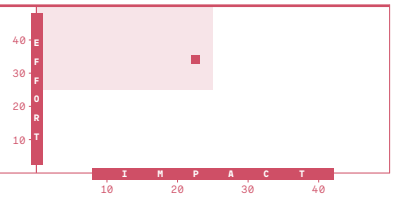


The Leading Chair

A special chair for children, at the same height as adults, and strategically placed to ensure that the child is the center of attention, and can be asked questions and receive information. We will place caregivers in a non-intrusive attitude, and adapt the conversation according to the age of the child. This exercise is bidirectional: it is the previous step to making caregivers understand the importance of granting this co-responsibility to pediatric patients.

- *E.g. We can bring the child round to our side of the desk, or ask caregivers to stand silently behind the patient, on a secondary plane, in an attitude of active listening but without stepping in.*

The Leading Chair



Need solved

To make patients co-responsible for their disease.

Associated principles

- 03. To preserve dignity.
- 04. Patient Empowerment
- 08. Infrastructure as the Driver for Humanization

Value Proposition

- We involve the patient in his/her treatment, making them responsible (higher adherence).
- Pediatric Patient Empowerment.
- We start the process of delegating responsibility by caregivers.
- We improve communication at key moments.

When to use it

- At key moments of conveying information to the patient.
- When patients are old enough and able to start along the road of co-responsibility.

Recommendations of use

I. It is recommended, due to the increase in care time, to choose the most significant moments in the clinical life of the patient.

II. It is necessary to make small structural changes in case there is no place specifically prepared for this type of patients.

III. To remove those elements that act as physical barriers, such as the desk.

IV. Another alternative would be to mark on the floor with colour tape the different areas in the office (e.g. the space of trust for Pharmacist-child, the area of silence for caregivers, etc.).

Resources required

- A chair
- Colour tape or paint.

KPIs

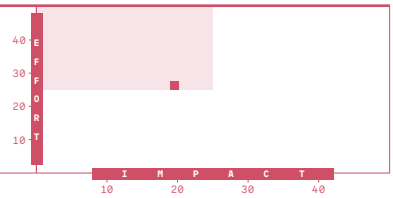
- Number of consultations conducted on the chair.

32

Pharmachat

This consists in defining a period of time during the week for direct communication between the Pharmacy Unit and the patient. During this time, a Pharmacist would be available for consulting doubts on real time, or pending doubts, in a rapid way through instant messaging, which is the most adequate channel, because it allows to be involved in multiple conversations at the same time.

Pharmachat



Need solved

To give support to patients when they are not at hospital.

Value Proposition

- To improve communication between the Unit and the patient.
- To get the Unit close to the patient.
- To relieve the physical space of persons.

Associated principles

- 02. To be structured around persons and their needs
- 04. Patient Empowerment
- 06. Activation of the Emotional Intelligence
- 07. Management of uncertainty

When to use it

In patients who need closer support.

Recommendations of use

To choose the most adequate instant communication tool, and integrate it into a computer in order to improve its use.

It is important to inform through posters and during visits that this service is available, so that the patient can make good use of it.

Resources required

- A mobile with messaging feature.
- Patient consent.

KPIs

- Number of messages received.
- Number of messages answered.

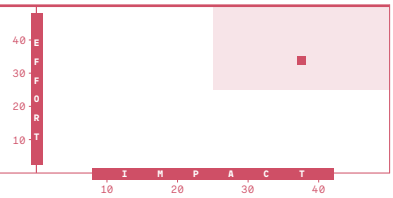
33

Starter kit

A folder with all the information classified and easy to access (either on physical format or in the cloud).
This folder would be prepared to continue adding information in subsequent meetings with the different professionals, so that everything will be grouped in one single place. This folder could contain:

- *Documents adapted by type of patient (age, cultural level, etc.).*
- *Very graphic documents with schematic and key information ("Are you clear about the steps or stages that you will go through?").*
- *Visual information about the medication they will take and its planning.*
- *A leaflet about disease and treatment with a telephone number and a contact person.*
- *Pharmacy Unit's computer graphics.*
- *Initial information with the journey to be followed around the different areas of the hospital or the Unit.*
- *Links with access to verified information sources or supporting tools.*
- *Opening hours and contact emails / telephone numbers.*

Starter kit



Need solved

Support during the initial steps.

Associated principles

- 02. To be structured around persons and their needs
- 03. To preserve dignity.
- 04. Patient Empowerment
- 05. Pharmacist Empowerment

Value Proposition

- To support patients after diagnosis in collaboration with the Psychologist.
- To reduce the initial stress and uncertainty of the patient who does not understand some processes and roles within the hospital.
- To improve the way in which information is presented, making it more understandable and personalized.
- To place value in the Pharmacist, as well as the benefits that can be offered to the patient.
- To unify the way in which the team is presented (not depending on the individual skills of each Pharmacist).

When to use it

First visit.

Subsequent visits to reinforce the information.

Recommendations of use

I. *Collecting all documents used or required to address the specific situation of the patient in front of us.*
II. *To upload them in a repository ordered by patient needs, that can be printed at any time.*
III. *In the digital option, the patient will be given a link so that he/she can access and download it at any time.*

** The folder could be enhanced with some collection of interesting links (information, associations, etc.)*

Alternative: An app of the unit which includes all these sections and can be set up according to the type of patient (we always carry our mobile phones with us, and there is immediate access to information). This could be set up for each patient, with those sections that we consider relevant.

Resources required

- All documents must be digitalized.
- The information design should be simple and flexible.
- Physical folders.
- A server to upload the folders for each patient with encoding systems to ensure confidentiality.

KPIs

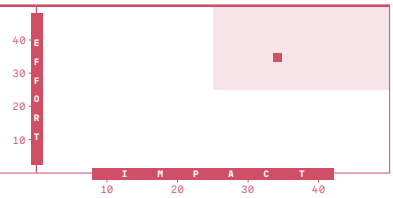
- Number of downloads or folders handed out.

34

Know Me in Depth

An emotional check list previously prepared by professionals, which will help us to learn about the different aspects with impact on the patient's life. We will probe about feelings and emotions at different moments (when they take their medication, when they talk with their doctor, when they share their disease with some acquaintance or work colleague, etc.). We can include it within the pharmacological record, to be able to find the relationship between moments and moods with potential interactions, with the aim to find out which aspects of the disease are uncomfortable for patients and how they make them feel. Once the entries in our check list have been listed and classified, we can take support and/or correction measures.

Know Me in Depth



Need solved

A more emotional and personalized way to treat patients.

Value Proposition

- To minimize the negative impact of treatments on the patient.
- To make visible the impact of disease and treatment on the life of patients.
- To encourage a more emotional and personalized way to treat patients.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 06. Activation of the Emotional Intelligence

When to use it

At the start of the visit, either face-to-face or remote.

Recommendations of use

I. *It will be preferred to develop these documents with a Psychologist who is close to the Unit, or can be accessed by it.*

II. *We will choose the opening sentences that will facilitate our road towards a close attitude, explaining the importance of the emotional context in the decisions that must be taken about the treatment.*

III. *In order to prepare this check list, we can start by exploring 6 of the basic emotions: sadness, happiness, surprise, disgust, fear and anger. In case one or more than one of these emotions are existing, we will work in order to find or rule out that they can be caused by the treatment.*

Resources required

- Integration within the Pharmacological Record. If this is not possible, we will write our findings on the record, in order to have them as reference in subsequent visits.

KPIs

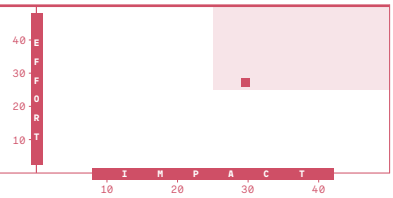
–

35

Spaces for Cognitive Empathy

This is about reserving spaces that allow moments for intimate meetings, free of interferences, where the patient feels isolated and safe, in order to probe into emotional aspects and inform about key aspects. Adapting these spaces represents breaking the barriers formed by current furniture systems; the clinical space represents a barrier that makes communication difficult, and we also find this in the uniformity of our attires. We must become aware of these obstacles and work in order to minimize them.

Spaces for Cognitive Empathy



Need solved

A more emotional and personalized way to treat patients.

Value Proposition

- To improve communication between patient and professional at key moments of the disease and treatment

.

- To personalize the experience of the patient.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 03. To preserve dignity.
- 05. Pharmacist Empowerment
- 06. Activation of the Emotional Intelligence
- 08. Infrastructure as the Driver for Humanization

When to use it

At moments of truth throughout the patient's disease and treatment. Sessions for aspects associated with care or healthy habits during treatment, which we must manage from emotional intelligence and not from the clinical setting.

Recommendations of use

In order to optimize its use, it is important to identify the moments of use when to attend with the patient.

An example of how to provide a space in the Unit: Let's identify that space for the rest of professionals, taking into account their intimacy preferences. We must show that it is being used, to avoid being interrupted.

Let's provide furniture for that space which encourages face-to-face communication, such as a round table with chairs, or armchairs and a coffee table. Let's eliminate the computer, and explore the likelihood of using a tablet to collect and consult information. Let's use warm colours with neutral intensity in the room, and as far as possible, place images in the walls that are not associated with the clinical setting, and don't refer to people. We can introduce vegetation in order to improve the wellbeing of the room, and a perception decontextualized with the hospital setting.

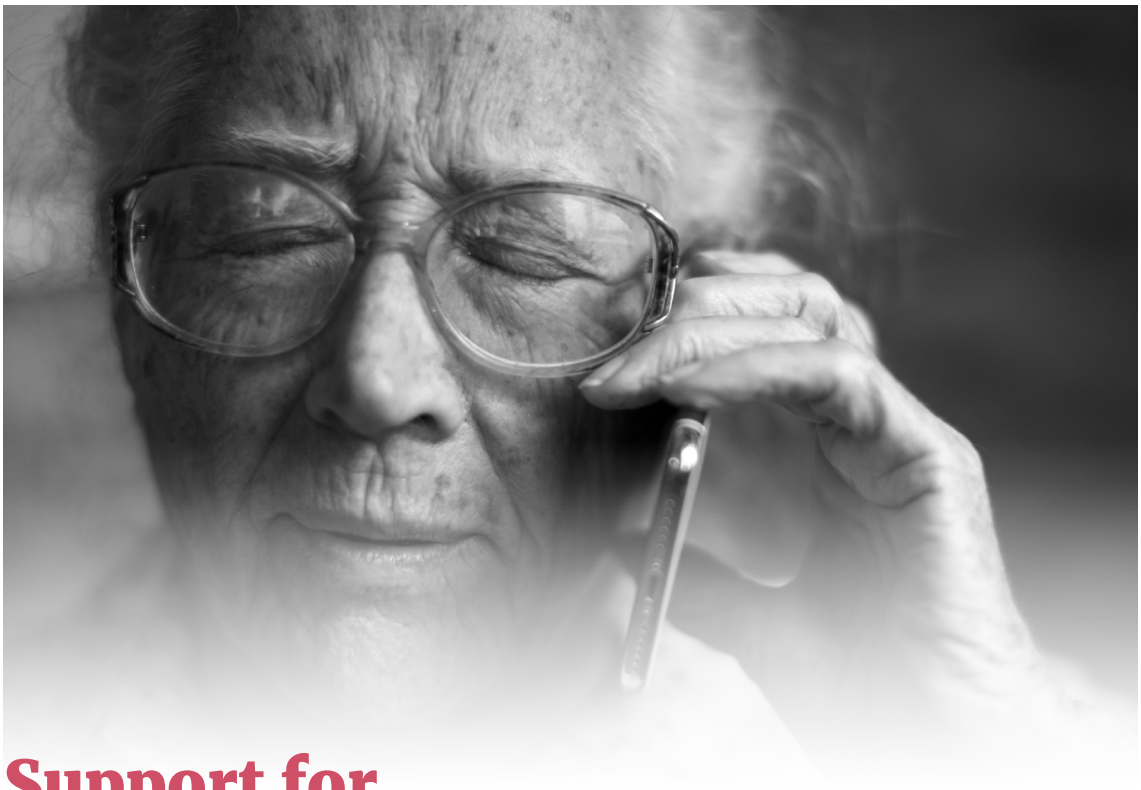
Resources required

- A specific room or office where to conduct these activities.
- Provision of those infrastructures required.

KPIs

- Number of meetings conducted in these spaces.

36

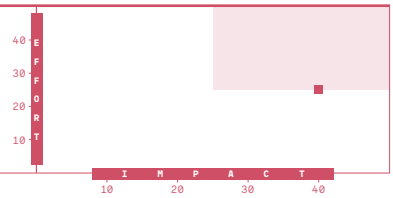


Support for Key Moments

A non-face-to-face communication strategy in order to address those key moments in the patient's disease. We will structure communications into two differentiated blocks: the first one from an emotional perspective, trying to be there for the patient. The second block would contain relevant information, trying to generate possibilities, options or alternatives that might represent support or reinforcement for the patient in the new scenario faced.

- *E.g. We will identify the key moments of the disease with a negative or positive impact on the patient, such as refusing a treatment or cure. We will issue communications, an email, a letter, a message that we have prepared and worked upon previously.*

Support for Key Moments



Need solved

Communications at key moments.

Value Proposition

- Support at key moments.
- The Pharmacy Unit gets close to patients when they are not at hospital.
- A direct channel of communication with the Pharmacist.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 04. Patient Empowerment
- 05. Pharmacist Empowerment
- 06. Activation of the Emotional Intelligence
- 07. Management of uncertainty

When to use it

At key moments.

Recommendations of use

I. *It is necessary to detect the moments: at discharge, after the consultation, new treatments, before holidays, at death, diagnosis, metastasis, positive test results, etc., and classify the information relevant for the user at each moment.*

II. *To prepare the models of communication.*

III. *To include the speeches in the protocol.*

IV. *To reach a consensus with the team about which information to provide at which moment, as well as any potential exceptions or special situations.*

**Note: Communications must be sincere; otherwise, it will be better to avoid them. (E.g. Non-felt condolences can generate a huge rejection.)*

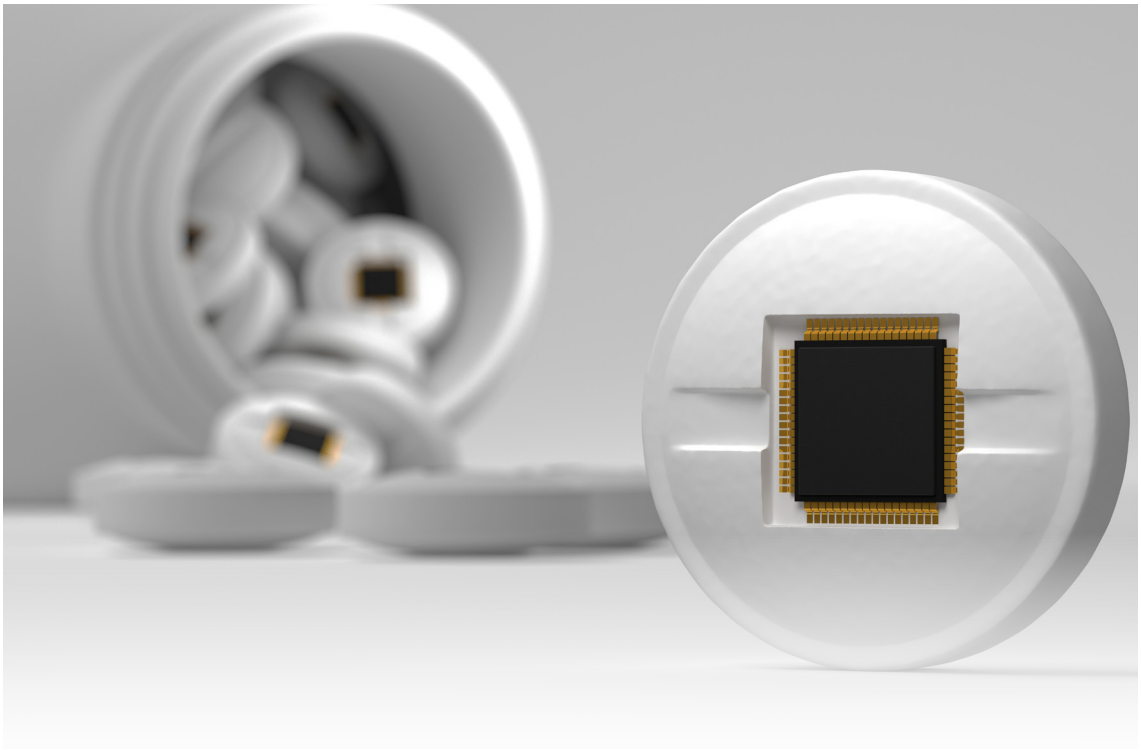
Resources required

- To draw the journey of the patient throughout his/her disease, to collect all key moments of their treatment.
- Templates adapted to the different communication channels selected.
- An e-mailing platform.
- Signature of the patients granting consent for these communications.

KPIs

- Number of communications conducted.

37

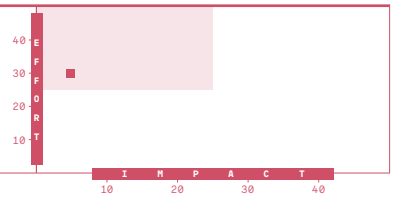


Alliances

To form a network of strategic alliances with companies that offer solutions to make our patients' lives easier, facilitating access to patients without resources.

- *E.g. There are improved solutions for pillboxes which, together with new technologies, are not only able to notify that they must take their medication to the patients, but also to third persons and even the Pharmacy Unit.*

Alliances



Need solved

To give support to patients when they are not at hospital.

Value Proposition

- To facilitate access to technological solutions to those patients with financial difficulties.
- To improve treatment adherence.

Associated principles

- 02. To be structured around persons and their needs
- 04. Patient Empowerment

When to use it

When we detect patients with special needs in terms of treatment coordination, and they don't have the adequate economic resources for access.

Recommendations of use

I. *Active search for solutions and companies.*
II. *Identifying the value that the Pharmacy Unit could offer to these companies in exchange for free solutions for some patients.*
III. *Contact with companies and preparation of proposals.*
IV. *Identifying the characteristics of free access to the solutions for patients.*
V. *Preparation of a list of potential patients who might benefit of this service.*

Resources required

- A Pharmacist in charge of searching for and coordinating strategies for establishing alliances.

KPIs

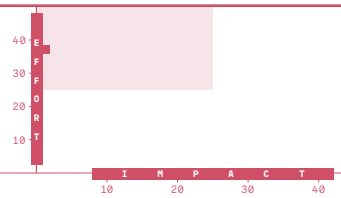
-

38

Delivery Phar

To implement a delivery system for medications at home through active management, with a courier company franchise, or through passive management, by integrating new digital delivery platforms in our Pharmacy Unit.

Delivery Phar



Need solved

A more emotional and personalized way to treat patients.

Value Proposition

- To reduce the visits of patients to the Pharmacy Unit, and therefore to the hospital.
- To adapt to patients' needs.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 04. Patient Empowerment

When to use it

At medication dispensing.

Recommendations of use

Active delivery: Through traditional courier providers.

I. To determine a specific day per week to concentrate all deliveries.

II. To negotiate with the franchise company a budget and needs adjusted to the Pharmacy Unit for home delivery of medications.

III. Passive delivery: Through digital delivery platforms.

IV. To determine rules for using the platforms, and communicate them clearly to patients. There will be a detailed explanation of collection times and places, and specific protocols for collection of medication by the deliverers.

Resources required

- Informative materials (leaflets, videos, posters, panels, etc.)
- Area for medication collection.

KPIs

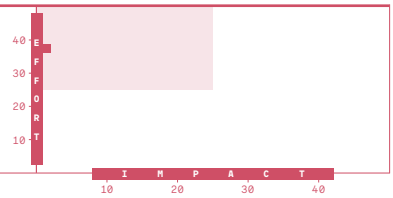
- Number of visits per dispensing.
- Number of incidences per dispensing.

39

A Day with...

During one day, a Pharmacist will join another team of professionals in order to understand better their work and empathize with their needs. This is about looking for "gaps" or blind spots where we Pharmacists can contribute in order to improve the patient's experience. We will prepare a document collecting what we have learnt, and explain it to the team in a session.

A Day with...



Need solved

To facilitate the integration of the Pharmacy in other hospital areas.

Value Proposition

- Fast learning about the possibilities and needs of patients.
- To make visible the role of the Pharmacist.
- Patients value the interest of actions focused to solve some of their existing needs.

Associated principles

- 01. Culture of Humanization.
- 05. Pharmacist Empowerment.

When to use it

Periodically, rotating those persons in charge of "shadowing" (the name for this observation technique that we have described).

Recommendations of use

I. *To agree on a day with the professionals at the area.*

II. *To prepare an observation script based on the template.*

III. *To wear the same attire as the professional we are shadowing, in order to go unnoticed.*

IV. *To take advantage of those moments with less activity, in order to interview the physician about their needs and expectations regarding the Pharmacy Unit.*

V. *To analyze the outcomes and set up a learning meeting with the whole team.*

Resources required

- A template for collecting information.
- A day of work outside your usual activities.

KPIs

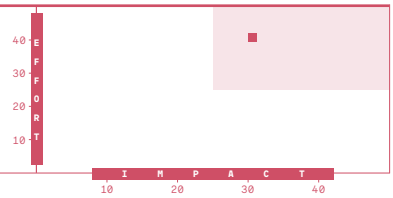
- Number of persons in the Unit that have conducted this shadowing.

40

Pop-up Pharmacy

A pilot project that simulates the experience of working integrated in a specific area. It would consist in placing ourselves at a visible location in that area (the Day Hospital, the ward, some specialist's office, etc.) and making ourselves available to patients. We must get coordinated with the professionals in that specific area in order to be included in the different flows (appointments, waiting times, consultations, etc.). There would be a comprehensive measurement of interactions, as well as of their quality. Finally, we will share the outcomes with the rest of the hospital.

Pop-up Pharmacy



Need solved

To facilitate the integration of the Pharmacy in other hospital areas.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 05. Pharmacist Empowerment

Value Proposition

- Fast learning about the possibilities and needs of the Integrated Care Units.
- To make visible the role of the Pharmacist.
- Patients value the interest of actions focused to solving some of their existing needs.
- Our proactive involvement leads to higher demand for the Pharmacist.

When to use it

For areas or Units still not structured by areas of knowledge.

Recommendations of use

I. *To detect those points where we could be useful.*

II. *To reach an agreement with the area professionals about the day and the actions to be conducted.*

III. *To prepare a script for observation and hypothesis to be validated.*

IV. *To be placed in a visible area, with materials explaining the action we are conducting.*

V. *A brief survey will be asked to those patients who have interacted.*

VI. *At the end of the day, we will also interview or conduct a survey with the professionals in the area.*

VII. *To analyze the outcomes and prepare a learning session with the whole team.*

Resources required

- 1 or 2 persons during one day. (If there are 2, one will perform the action while the other one observes and takes notes.)
- Informative materials.

KPIs

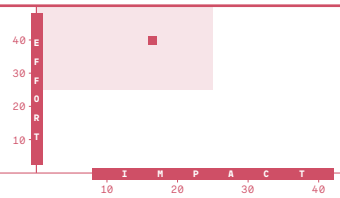
- Number of persons interested.
- Patient satisfaction.
- Satisfaction of the rest of professionals.

41

Fast pass

To enable systems for detecting fragile patients in order to offer them a preferential pass. Multiple profiles of persons attend our Pharmacy Unit, some of them with physical and psychological limitations. In order to improve their care, it is necessary to provide them with a better-flowing system of care, preventing any potential lack of efficiency; for example, an identification code in their clinical record.

Fast pass



Need solved

Humanization from the environment.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 03. To preserve dignity.
- 06. Activation of the Emotional Intelligence

Value Proposition

- To optimize waiting times for patients.
- To make easier the visits to hospital for fragile patients.
- To simplify circuits and redesign them based on the real needs of patients

When to use it

At patients' waiting times.

Recommendations of use

I. To define the selection criteria for fragile patients.

II. To develop a procedure for their identification and care.

Resources required

- A classification and identification system.

KPIs

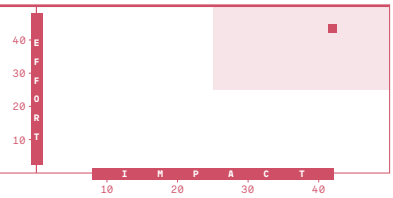
- Number of patients attending through this system.

42

Adapted Pediatric Space

A consultation space built in collaboration with caregivers and specialists, adapted to pediatric patients, taking into account their visual language, scale and way of communication. With help by a design team, we project a friendly environment consistent with pediatric patients, who are a very specific and diverse type of patients.

Adapted Pediatric Space



Need solved

Humanization from the environment.

Value Proposition

- To minimize the impact of the hospital setting on pediatric patients.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 06. Activation of the Emotional Intelligence
- 08. Infrastructure as the Driver for Humanization

When to use it

When we want to move forward in the adaptation of our spaces towards more humanized settings.

Recommendations of use

Before building, ask. Conduct between 10 and 12 interviews with different profiles of patients and their caregivers, in order to understand their needs in depth.

Resources required

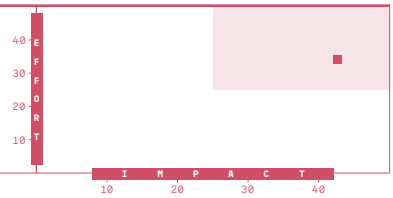
KPIs

43

Blueprint in a Box

A small toolkit to build a large-scale computer graph (physical or digital) which allows to describe the journey of the patient through their complete experience with the Pharmacy Unit. We will use as starting point the Blueprint presented and explained in these Humanization Guidelines; please see the Introduction to the Blueprint in the section "Toolkit for the Humanization of our Pharmacy Unit". The package will contain a booklet with information about how to make your own Blueprint, a small "running-order list" to facilitate the sessions required with the team or the patients, and a set of contents and visual elements so that each hospital can complete it in a very simple way.

Blueprint in a box



Need solved

Patients understand the value than the Pharmacy Unit can offer.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 05. Pharmacist Empowerment
- 07. Management of Uncertainty

Value Proposition

- To reinforce the experience of the patient as the main focus for the Pharmacy Unit.
- To reveal relationships between stakeholders and critical moments.
- To structure the current knowledge about the condition.
- To make information visible.

When to use it

Start with a simple version and continue completing with information of patients. Conduct periodical reviews.

Recommendations of use

I. *Generate a list with all the activities conducted by patients along their journey through hospital, and group them into categories, ordered in a timeline.*

II. *Based on this, we will complete the template defining the patient expectations for each activity, the facts taking part in the visible part, and all the things that happen in the invisible part, which make it possible for the moment to happen as it does.*

III. *This computer graph can be used both in an informative and an exploratory way (to research those moments where there are failures in the experience, and the way to give response to these needs detected).*

IV. *There would be an option to add more information to each activity (satisfiers, channels, persons involved, etc.).*

Resources required

- Booklet with explanations.
- Blank Blueprint template.
- Post-its, stickers, colour tapes, etc.
- A container.

KPIs

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44

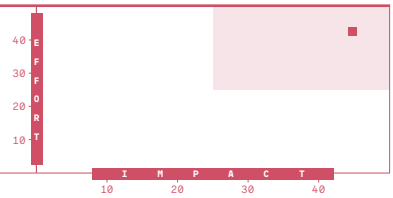
The Voice of the Patient: Listen and Act

A process structured in order to listen and act in real time upon patients' feedback. This is a transformation tool focused on determining the channels to obtain and distribute the opinions of patients regarding the Pharmacy Unit.

We will be able to detect opportunities for improvement, and at the same time to detect cases of patients which require a more comprehensive follow-up. We will learn from patients' experiences in order to apply them in other cases.

We will use the NPS methodology (scale for recommendation and probed answer, **http://es.wikipedia.org/wiki/Net_Promoter_Score**), widely used and acknowledged by those patients who will answer the questions.

The Voice of the Patient: Listen and Act



Need solved

To make patients co-responsible for their disease.

Value Proposition

- Patients feel they are being listened to.
- An on-going system for improvement and learning.
- A Pharmacy Unit aligned and 100% focused on the patient.

Associated principles

- 01. Internal Culture of Humanization
- 04. Patient Empowerment
- 06. Activation of the Emotional Intelligence

When to use it

After a relevant interaction of the patient with the Pharmacy Unit.

Recommendations of use

I. *To define those moments when we want to survey patients, and the channel/s we will use.*

II. *Question: From 0 to 10: "How likely would you be to recommend this Pharmacy Unit to a friend or relative who was in the same situation as you?"*

III. *We add a "Why?" to the question, and an open field.*

IV. *We analyze the answers of the promoters and detractors periodically, and set up a system of answers according to the criterion we consider most adequate (e.g. We will call all those who have given a score of 2 or below, in order to probe into the causes for this).*

V. *Periodical meetings to share what has been learnt.*

Resources required

Depending on the channel, these might be required (ordered from higher to lower investment):

- Tablets or computers for answering.
- Explanatory cards with a link to a web platform.
- Printed cards with the survey.

KPIs

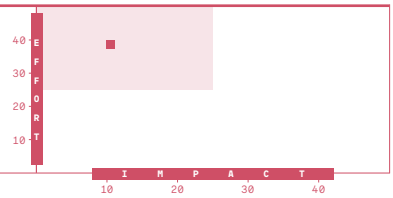
- Number of patients who answer.
- Evolution of the NPS.

45

Record of Activity Before the Consultation

A simple platform for patients to prepare self-diaries under guidance one week before their meetings with the Pharmacist. They will be asked to write down their meal times, what they eat, the places where they store or carry their medication, their work setting, etc.; a combination between text descriptions and photos / videos. In this way, we will be able to identify the moments of improvement in the treatment of patients in a less invasive way, and at the same time we will be conducting an emotional checkup of every day linked with each moment.

Record of Activity Before the Consultation



Need solved

To make patients co-responsible for their disease.

Value Proposition

- A joint review of all treatment aspects, looking for potential improvements in their quality of life.
- More contact with the patient.

Associated principles

- 01. Internal Culture of Humanization.
- 02. To be structured around persons and their needs.
- 04. Patient Empowerment.
- 06. Activation of the Emotional Intelligence.

When to use it

Particularly interesting for long-duration patients.

Recommendations of use

I. *Patients are handed out a leaflet explaining how to download and use the app.*

II. *During a week, the patient will write everything asked. From time to time, questions will pop up that they have to answer.*

III. *When they meet the Pharmacist, they will share this diary and probe into the moments they consider necessary..*

**Note: This document must be added to the schedule of the visit.*

Resources required

- Building an app.
- Informative leaflet.

KPIs

- Number of patients downloading the app.
- Number of patients using the app.

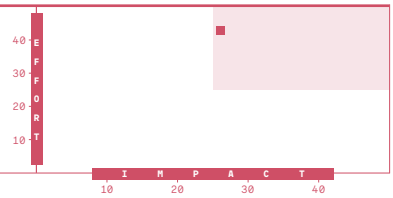
46

Guardian Pharmacist

A support service on demand at treatment initiation. Patients who are offered this service would be assigned a guardian or pharmacist of reference, which the patient could turn to even if treated by other professionals. This can consist in follow-up calls, contact by Whatsapp, personal reminders, etc.

The Pharmacist assigned will act proactively, following the disease evolution and informing about new things or advice to be validated with their doctor.

Guardian Pharmacist



Need solved

Support during the initial steps.

Value Proposition

- To improve the meeting times with the patient.
- To become aware of the importance of active listening for a natural promotion of emotional intelligence and cognitive empathy.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 05. Pharmacist Empowerment
- 06. Activation of the Emotional Intelligence
- 07. Management of uncertainty

When to use it

At the first contacts of the patient with the Pharmacy Unit.

At times of therapeutic complexity (e.g. treatments that require monitoring by other specialists).

At changes in prognosis / treatment.

Recommendations of use

I. To determine the time and channels for patients to communicate with their guardian.

II. After some time, this guardian will become your Pharmacist of Reference.

III. At the first contact of the patient with the Unit, they will be informed about the existence of this service and the benefits of using it.

IV. To plan carefully the most adequate duration of the project for each patient.

Resources required

- A Pharmacist who includes the offer of this service in his/her schedule.

KPIs

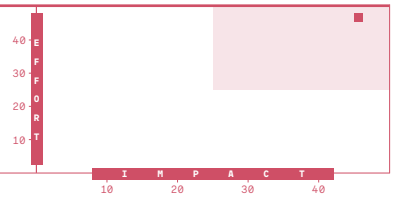
- Number of patients who benefit of this service.
- Satisfaction rate of those patients using the service.

47

This is How they Do it...

Building story-telling sessions based on the voice of an experienced patient and associated with their treatment: how they get organized, their practices, customs, habits and skills developed ad hoc throughout their disease or condition.

This is How They Do it...



Need solved

Support during the initial steps.

Value Proposition

- To reduce uncertainty and anxiety in the patient and/or caregiver.
- To improve the way in which information is presented, making it easier to understand and more personalized.
- To place value in the role of the Pharmacist.

Associated principles

- 01. Internal Culture of Humanization
- 02. To be structured around persons and their needs
- 04. Patient Empowerment

When to use it

At the start and at key moments.

Recommendations of use

I. *We can build story-telling around different types of patients: the chronic patient, the pediatric patient, etc.*

II. *We can hand it out in printed or digital format (computer graphs, videos, interactive website, etc.)*

III. *If the Circle of Experience is conducted, we can take advantage of the experience disclosed in order to build our story-telling with it.*

Resources required

- Leaflets
- Videos
- Posters
- Panels
- Digital platforms
- ...

KPIs

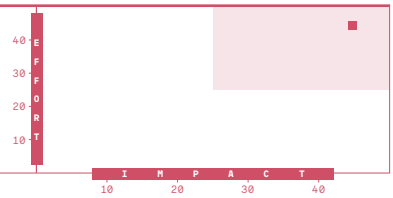
-

48

Humanization Profile

One person of reference within the team, with the objective of transforming our Pharmacy Unit through Humanization processes, becoming committed to the goals set forward. They must coordinate and manage this commitment, and they will be in charge of activating and conducting follow-up for the Humanization activities.
This person will be the channel for conveying knowledge on Humanization to all the members of the Unit. They must be committed to training in Humanization, for themselves and their team.

Humanization Profile



Need solved

To build a long-lasting Humanization culture within the Unit.

Associated principles

- 01. Internal Culture of Humanization
- 05. Pharmacist Empowerment
- 06. Activation of the Emotional Intelligence

Value Proposition

- To make tangible the commitment of the Humanization activity.
- To optimize the time and resources of the team.

When to use it

One of the first decisions we must make along the road towards a more humanized Unit.

Recommendations of use

The person in the team who is selected to become the Humanization Profile of Reference must:

I. *Show commitment to the activity: To understand and be aware of the value offered both to patients and to the Unit by their Humanization task.*
II. *Be focused on the positive aspects, i.e. not on problems but on solutions.*
III. *Be a proactive person.*

Note: Consider if it might be interesting to have a person from outside the Unit, in order to avoid the usual mistakes.

Note: This action could be extended to the rest of the Pharmacy Unit: assistants, nursing staff, porters, clerical staff, etc.

Resources required

- To free from work the person of reference for a specific number of hours per month.
- A badge to identify the Humanization Profile. It can be something very simple, like a tag, or something more extravagant, such as pajamas with a different colour.

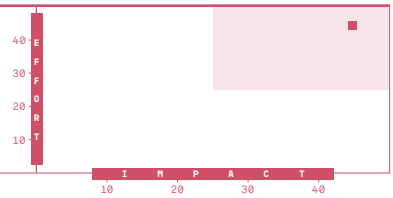
KPIs

49

Farmabot

A conversational interface (Web or integrated with WhatsApp or Social Media) wherebya fictitious person puts oneself at the permanent service of patients. At any time, they will be able to ask any question and leave orders for the pharmacist to solve when he arrives to the hospital.

Farmabot



Need solved

Improve accessibility and understanding of treatment.

Value Proposition

- Access information at any time and place, independently of the availability of Pharmacy Services
- Self-managed by patients

Associated principles

- 02. To be structured around persons and their needs
- 04. Patient Empowerment
- 07. Management of uncertainty

When to use it

First contact moments with the patient and every time there is a change in treatment

Recommendations of use

The chatbot introduces itself and its functions. There should alway be a warning that it is a robot and is learning, so there are things it cannot do. At any time, the conversation could be diverted by creating a new appointment to clarify any issues with the pharmacist.

There is a tracking history of all conversations so that both patient and pharmacist can review and check the evolution as weeks go by

Resources required

- Information repository, conversational flow, consultation database

KPIs

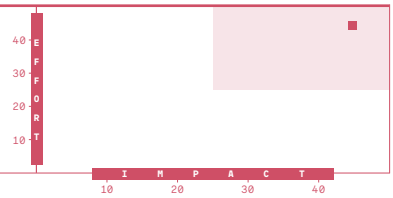
- No. of conversations with the chatbot
- Duration of the conversations

50

Voice interaction

We developed a tracking system designed from a "voice-first" perspective (thinking of a mainly voice operation, although it could include other types of interactions such as keyboard, touch systems...). Through simple commands, patients can remember their treatment, manage their notifications and notices and even manage their appointments with the pharmacist

Voice interaction



Need solved

Providing support to patients when they are not at the hospital.

Value Proposition

- Increase treatment adherence
- Self-managed by the patient
- Inclusive and personalized follow-ups

Associated principles

- 02. To be structured around persons and their needs
- 04. Patient Empowerment
- 07. Management of uncertainty

When to use it

On a recurring basis

Recommendations of use

At one of the patient's visits to the hospital the pharmacist would explain the advantages and funcionality of the app. Additionally , we would have an audio recording that the patient could listen to at any time to review the instructions for use.

Resources required

- App design

KPIs

- App downloads
- Number of patients using the app daily

Don´t speak about the future: show it

It is much more potent to speak about Humanization based on stories, images, actions, emotions and feelings found, that from abstract and description.

In a structural change process like the one we are addressing, showing the future *(instead of speaking about it)* is a very potent tool in order to face any resistance that might arise. This way, we are able to unveil and work upon all potential causes for resistance *(concerns about losing control, being surprised, becoming obsolete, etc.),* in order to alleviate or unblock them. This allows us to shape and build a common language around any problems that might come up.

There are many ways in which we can show instead of tell. For example, we can **build a prototype experience** as if we were creating a small and simplified version of that future. Or we can **build a story** about how the change will occur, in order to expose the feelings and emotions of the group to our interlocutor through anecdotes and images. Another option could be involving our interlocutor by inviting him/her to **a co-creation session**, to contribute in a tangible way to building that future. This session can revolve around a specific situation that will help us to understand the necessity that must be worked upon. When persons feel included, it is much more likely that they will become promoters of the change.

Whatever your strategy and the ideas that you are implementing, we want to make them visible and turn them into a story that will inspire the other Pharmacy Units.

Bibliogrpahy and useful links

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- **Manual del trabajo en red. (Cristian Figueroa. Tejeredes)** https://drive.google.com/file/d/0B56aJG996OBNdEhQYjNNSjI3SUk/view
- **Fundación HUMANS. Fundación para la promoción de la humanización de la asistencia sanitaria.** http://www.fundacionhumans.com/
- **Análisis de la situación de los aspectos humanísticos de la atención sanitaria en España. (Fundación Humans).** http://www.fundacionhumans.com/analisis-de-la-situacion-de-los-aspectos-humanisticos-de-la-atencion-sanitaria-en-espana/
- **Código de Ética Farmacéutica 2015 (SEFH)** https://www.sefh.es/sefhdescargas/archivos/Codigo_etico_final.pdf
- **Ética clínica en farmacia hospitalaria 2012. (Fundación Salud Madrid)** http://www.fundacionmercksalud.com/wp-content/uploads/2017/06/Etica_clínica_en_farmacia_hospitalaria.pdf
- **Convenio internacional de Oviedo.** http://www.bioeticanet.info/documentos/Oviedo1997.pdf
- **Estudio europeo de la carta de los derechos y deberes de los pacientes, 2011.** https://www.seaus.net/images/stories/pdf/estudioeuropeo.pdf
- **Plan de Humanización de la Asistencia Sanitaria 2016-2019.Comunidad de Madrid. (Viceconsejería de Humanización de la Asistencia Sanitaria)** http://www.madrid.org/es/transparencia/sites/default/files/plan/document/881_232_bvcm017902_0.pdf
- **Plan dignifica: Humanizando la asistencia. (SESCAM)** http://sescam.castillalamancha.es/files/documentos/pdf/20171016/plan_dignifica_octubre_2017.pdf
- **Plan Humanización del Hospital Vall d´Hebron Barcelona.** https://www.vallhebron.com/es/el-campus/proyectos-estrategicos/plan-de-humanizacion
- **Plan de humanización del Hospital Universitario Virgen del Rocío.** https://www.hospitaluvrocio.es/historico-noticias/el-hospital-universitario-virgen-del-rocio-lanza-su-nuevo-plan-de-humanizacion-de-la-asistencia-con-23-medidas-que-se-implantaran-en-los-proximos-dos-anos/
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- **Soler Company E, Barreda Hernández D. Grupo ETHOS de Bioética y Ética Clínica de la SEFH. Humanizando la Farmacia Hospitalaria. Rev. OFIL·ILAPHAR 2018, 28;4:287-288** http://www.revistadelaofil.org/editorial-humanizando-la-atencion-farmaceutica-desde-la-farmacia-hospitalaria/
- **Mapa estratégico de Atención Farmacéutica al Paciente Externo. Proyecto MAPEX de la SEFH.** https://www.sefh.es/mapex/index.php
- **El modelo CMO en consultas externas de Farmacia Hospitalaria.** https://www.sefh.es/sefhpdfs/Libro_CMO.pdf
- **eDruida. Farmacoterapia para pacientes y ciudadanos. Servicio de Farmacia Hospital Universitari i Politècnic La Fe.** https://www.edruida.com/
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Some sources that inspire us:

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Glossary

- **To empower:** To give power to a person for improving their life conditions within a system, through self-management.
- **Cognitive accessibility:** As defined by the CERMI (Spanish Committee of Representatives for Persons with Disability): Those characteristics of the settings, processes, activities, goods, products, services, objects or tools that will allow easy understanding and communication. *http://semanal.cerni.es/noticia/leyes-comprension-comunicacion-facil.aspx*
- **Systems approach:** A design methodology which presents an interdisciplinary and comprehensive vision of the organization formed by parts which are inter-related through a structure operating in a specific setting. To visualize in a comprehensive way the organization of resources and processes, at human level, allows to detect more clearly the problems in the organization, and to learn about their processes of change.
- **Toolkit:** A set of tools and solutions.
- **Person-centered design:** According to this concept of design, the persons who will finally use the result of a design must have the opportunity and ability to determine how it will be designed.
- **Blueprint:** A visual tool that provides an image of the points of contact with the patient throughout the whole experience.
- **Integrated Practice Units:** The unit is formed by a multidisciplinary team, clinical and non-clinical, structured around the medical condition of the patient and closely associated conditions, involving patients and their relatives in care. It takes responsibility for the complete course of care for the condition, incorporating education, commitment, and patient follow-up. It uses one single administrative and programming structure, it measures results, costs and processes, and it accepts joint responsibility for outcomes and costs.
  https://hbr.org/2013/10/the-strategy-that-will-fix-health-care
- **Onboarding:** Initiating of the patient experience. First confrontation with the disease.
- **A hospitalized patient** is the one receiving care during hospital admission. **An outpatient is the patient** who is administered some type of treatment at hospital (for example, chemotherapy at Day Hospital), but without staying at hospital. **An external patient** is the patient attending the Hospital Pharmacy for being dispensed some medication (but neither staying nor receiving treatment at hospital).
- **Continuity of care:** The degree of union of the experiences in care perceived by patients throughout time, so that these will be consistent with their medical needs and personal context. Coordination would be defined as the model of professional work that allows organized actions in patient care, avoiding duplicities and encouraging a flowing care..
  > Frame Document for the Development of Continuity of Care at the Community of Madrid, 2015
  http://www.madrid.org/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobheadername1=Content-disposition&blobheadername2=cadena&blobheadervalue1=filename%3DDocumento_Marco_desarrollo_continuidad_asistencial.pdf&blobheadervalue2=language%3Des%26site%3DPortalSalud&blobkey=id&blobtable=MungoBlobs&blobwhere=1352872599811&ssbinary=true
- **Holistics:** Resulting in an outcome more valuable than the sum of its parts.
- **Lateral leadership:** This leadership is exercised over persons with the same level or rank within the organization, in order to reach common objectives. This is about being a leader without needing to be the boss.
- **Verbatim:** Textual quotation.
- **Points of contact:** Moments of contact between the patient and the Hospital Unit, either through professionals or different channels.
- **Signage:** The part of graphic design that establishes a system of visual communication through signs or symbols, in order to guide or orientate a person or group of persons inside a certain space.

- **Patient Reported Outcome (PRO):** Any outcome evaluated by the patient, based on their own perception about his/her disease or treatment, and not interpreted by any observer (e.g. symptoms, health status, satisfaction with the process of care).

- **Ethnographic Observation:** Research technique through which the researcher intends to learn about a social reality by a direct study of the persons or groups during a period of rime, participating in the observation or through interviews.

- **Value Proposition Canvas:** A tool developed by Alexander Osterwalder in order to depict visually the link between a product / service and the market it targets.

- **Card sorting:** This is a Psychology research technique that allows us to know how the user organizes information mentally, their mental categories.

- **Storyboards or script techniques:** A set of illustrations shown in sequence, with the objective to be the guidance for understanding a story.

- **Archetype:** Archetypes are very visual representations of a group of patients behaving similarly. They are not stereotypes, but based on real patterns. This helps us to better understand the person in front of us, in order to achieve a deeper connection. .

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