



Using a Drug and Therapeutics Committee to Improve Rational Drug Use in Hospitals: The Ghana Catholic Pharmaceutical Approach

I. Annan, Presenter

¹ G. Buckle,¹ C. Allotey,¹ and E. Osafo²

¹Department of Health, National Catholic Secretariat, Ghana

²Management Sciences for Health, USA

Background

An assessment carried out by the SEAM Program in 2001 identified poor-quality prescribing and dispensing practices as weaknesses within the mission sector indicated by overprescribing and overuse of antibiotics. The implementation of a five-year national programme to promote the rational use of medicines had not yielded the desired changes in the quality of prescribing and dispensing practices. The Catholic Pharmaceutical Service tried a different approach to promote the rational use of medicines. This was based on training a core team of health professionals from a hospital to run a Drug and Therapeutics Committee (DTC) as the means for changing prescribing and dispensing practices, which leads to improvements in the use of medicines by patients.

Objectives

To improve the quality of prescribing and dispensing practices in Catholic Mission Sector Hospitals.

Methods/Intervention

Five hospitals in the Catholic Mission Sector were selected to have the DTC training, and five government hospitals and five other Catholic hospitals were selected as controls. An assessment was done to determine a baseline for measuring improvements. Experts in promoting the use of medicines from both the government and mission sector worked together to design the right approach to adopt, and consensus on the approach was secured. A manual was developed for training that was disease-specific and focused on standard treatment guidelines to enable changes in practices to be clearly observed. A modular training was implemented that included two days of classroom work and eight weeks of field practice in participating hospitals, as well as monitoring. An endline assessment was carried out to determine changes in prescribing and dispensing practices. The project covered an eight-month period, of which training took three months.

Results

For malaria encounters, there was a reduction in the number of drugs prescribed in DTC hospitals (baseline 3.3–5.2 to endline 2.8–4.6), but the change was not very significant when compared to the government control hospitals (average 3.7–3.5) and Catholic control hospitals (average 3.4–3.3). The same pattern was found in hypertension encounters: DTC



hospitals had a baseline of 3.1–4.4 and endline of 2.5–3.7, government control hospitals had an average of 3.4–3.5, and Catholic control hospitals had an average of 3.0–2.9. In most cases, antibiotics were being used for malaria. In DTC hospitals, that practice decreased from 9% to 4%, in government hospitals it increased from 9% to 15%, and in Catholic control hospitals it decreased from 5% to 3%. Adherence to the national standard treatment guidelines for malaria by DTC hospitals (39%) was not significantly different from the government hospitals (41%) but significant compared to Catholic control hospitals (55%). However, regarding hypertension, adherence to the national standard treatment guidelines in DTC hospitals was higher (79%) compared to government hospitals (55%) and Catholic control hospitals (45%).

Conclusion

Overprescribing has not been eradicated, but it has been reduced. With a DTC, it can be further lowered. There is some use of antibiotics for malaria, which should be managed. The question of whether the DTC is having the desired impact cannot be answered now because the DTC was established less than a year ago, and the evaluation covered its early experiences.