ejpmr, 2024, 11(1), 181-186

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

<u>www.ejpmr.com</u>

SJIF Impact Factor 6.222

<u>Review Article</u> ISSN 2394-3211 EJPMR

AI IN HEALTHCARE SYSTEM (HOSPITAL PHARMACY)

Favour Ebube Ugwu*

Department of Pharmaceutics, GITAM School of Pharmacy, GITAM University, Hyderabad Campus, Rudraram, Telangana 502329, India.



*Corresponding Author: Favour Ebube Ugwu

Department of Pharmaceutics, GITAM School of Pharmacy, GITAM University, Hyderabad Campus, Rudraram, Telangana 502329, India.

Article Received on 31/10/2023

Article Revised on 21/11/2023

Article Accepted on 11/12/2023

ABSTRACT

The use of AI in the healthcare system is very important as it helps to ease work and promote more accuracy and efficiency of service. They help to regulate the sale and dispensing of certain drugs like High Risk Drugs, Narcotic and Psychotropic substance, reduce medication error, accurate dispensing of SALA drugs, monitoring adverse drug reaction, dug-drug interaction, drug-food interaction, Hospital Pharmacy is defined as the practice of pharmacy in the hospital under the guide of a registered pharmacist. In hospital pharmacy, the use of AI helps to Analyse structure of a target protein in drug discovery and compounding of drugs. Hospital pharmacist helps in dispensing of medication, patient counselling, helps guide patients for medication Adherence purposes, medication history interview, medication chart review, clinical review, ward-round visit, budge preparation and implementation of budget, purchase and inventory control, analysis of drug expenditure (ABC analysis, VED analysis, EOQ, Lead time, Buffer stock), control and reporting of use of investigational drugs. Counsel patients on the use of OTC drugs, medication history of patients, pharmaceutical care, dosing pattern of patients and drug therapy based on pharmacokinetic and disease pattern, dose adjustment for patients. Certain challenges faced in the hospital pharmacy include medication error, SALA drugs dispensing error, Medication Dispensing error and Pharmacist Burnout, Medication Non-Adherence, Warehouse Labour cost, Drug Compounding and Discovery, Drug-drug interaction, Drug food interaction. With the help of AI, it can help reduce or put to an end in medication error, error in dispensing of medicationand pharmacist burnout, accurate arrangement and dispensing of SALA drugs, help patients in medication adherence and also help in drug discovery and drug compounding in the hospital.

KEYWORD: Pharmacy, Hospital, AI, Drug interaction, microchips.

1.0 INTRODUCTION

Over a long per almost all industries have innovated and came up with various ideas that could make their work easier. Some companies have incorporated AI in their work place, meanwhile hospital pharmacy has no much innovations especially when it comes to the use of AIs. We still find out most of the works are manually done which is prone to lots human errors which can lead to harmful effects and burn-out of workers.

When it comes to dispensing in hospital pharmacy^[1], having the pharmacist only dispense medication to the patients all alone without the help of the AI (especially when there is large inflow of patients), pharmacist could get tired or face burnout and stressed (especially if there are few pharmacist working in the pharmacy). Due to stress, pharmacist could choose to quit job because of huge workload or give various excused that could keep them away from work in order to get some rest. This could be damaging the pharmaceutical care.

I

This article will explain various ways and places we can apply AI Hospital Pharmacy to ensure good and accurate pharmaceutic care.

2.0. Hospital pharmacists

They assist doctors in making important drug decisions for patients' use and benefits. They help patients to understand how to use their medication.^[2]

2.1. Challenges of Hospital Pharmacy

Certain challenges are being faced in hospital pharmacy in which AI can be of great help.

They include.

- Medication error.
- SALA Drugs.
- Medication Dispensing and Pharmacist Burnout.
- Medication Non-Adherence.
- Warehouse Labour cost.
- Drug Compounding and Discovery.
- Drug drug interaction.
- Drug food interaction.

2.1.1 Medication Error

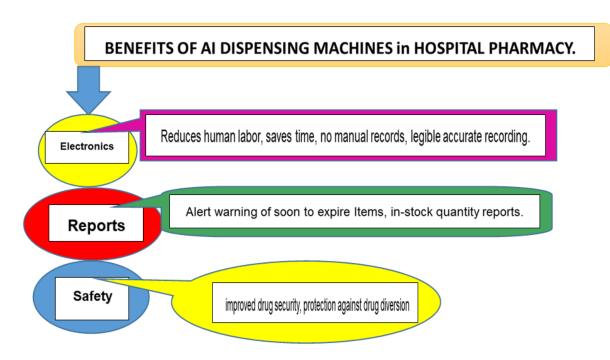
This can be as a result of not following the 5Rights of Medication Administration and Prescription (Right patients, Right Time, Right route, Right dose, Right drug).^[3]

AI can help to reduce dispensing errors, transcription errors, and prescription error by creating of robots to collect and fill prescriptions.

2.1.2. Medication Dispensing and Pharmacist Burnout

As humans are forgetful and get tired or suffer memory loss when they burnout from heavy workload, it could lead to dispensing error; further more cause anxiety issues in workers. $\ensuremath{^{[4]}}$

AI can help in dispensing of drugs with guided dosing, and this helps to save pharmacists time, stress & and burnout, by invention of automatic dispensing machines, and robotics which can read the doctor's prescription. Studies has shown that with the help of Artificial Neural Network, robots can read the doctors hand writing and detect the drugs prescribed.



2.1.3. SALA Drugs

this stands for "**Sound-Alike-and-Look-Alike drugs**". Humans make lots of mistakes when it comes to SALA drugs, and this has caused several dispensing and transcription errors, hence causing harm to patients, sometimes Death cases.^[5]

With the help of AI, SALA would be dispensed more accurately without human error. 24/7 accurate dispensing with no restriction and no error, and with proper monitoring of dugs.

2.1.4. Drug-drug interaction^[6,7,8] Tab 1.

Ne	gative Drug-drug ir	nteraction
1.	Asprin	Salbutamol
2.	Levothyroxine	Omeprazole

Sometimes the pharmacist during dispensing might not look into the drug interactions before dispensing the drugs, the physician or nurses by mistake might not also have checked the drug-drug interactions of the medicine being prescribed; this can pose danger to the patient's health.

With the help of AI and Robotics, prescription can be filled more accurately and the AI can help detect that a certain type of drug combination is not proper and refuse to dispense it, until the pharmacist or physician looks into it.

For example; the above table, it shows Asprin and salbutamole are chemically incompatible as there is high risk of patient developing hypertension when these both drugs are combined.^[9,10,11]

Secondly, looking into the above table (tab.1), Levothyroxine (thyroid drug) and Omeprazole (proton pump Inhibitor) are antagonist of each other, these two drugs cannot be administered together because the gastric PH interferes in the Levothyroxine absorption.^[12,13,14]

2.1.5. Drug-Food interaction

Tab. 2.

Negative Food-Drug Interaction	
FOOD	DRUGS
	 High blood pressure drugs
	 High cholesterol drugs
1. Grape fruit	Thyroid drugs
	Cough drugs
	Heartburn drugs
	Sedatives
2. Alcohols	Morphine
	Anti-histamine drugs
3. Dairy food and food product	■ Antibiotics – eg; (Ampicillin)

Grape fruits/juices and citrus fruits (like oranges, lemons, tangerines, limes) are good foods which can make Heart-burn or GERD symptoms (GastroEsophageal Reflux Disease) worse as citric acid content settle in the oesophagus sphincter and trigger acid reflux symptoms and worsen the symptom.^[15-18]

3.0 Methodology^[19-25]

Tab 3.

Problems	Examples	AI Effect	
	Lantus (glargine) vs Lante (insulin zinc suspension)	Will help to dispense the	
	 Humulin (human insulin) vs Humalog (insulin lispro). 	accurate and right medicine with a guided dosing to the right patient 24/7 dispensing service without 	
SALA Drugs	Novolin vs Novolog	burnout, unlike humans.	
	 Amgit (metronidazole) vs Anxit (Alprazolam)^[26] 	Automated computer Algorithm to eliminate error & confusion	
	□ Vinblastine vs. vincristine		
	Diazepam-10mg	Prevent Toxicity	
High Risk Drugs	 Heparin 25000 Labetalol hydrochloride-5mg 	 Limited Access Pharmacokinetic guided- 	
	 Labetalol hydrochloride-5mg Lidocaine-10mg/dose 	Pharmacokinetic guided- dosing ^[27,28,29]	
		Inventory management	
Warehouse Labour	□ Drug store & Re-stocking	 Faster product delivery 	
cost. ^[30]		 Personalised software for 	
		delivery & restocking of drugs	
		□ Auto-Robot Text Message.	
Medication Non-	□ Not taking medications at the required timing. ^[31,32]	Remind the Patient of the	
Adherence	required timing.	supposed time to take his medication,	
Auncience	□ Forgetfulness	the drug name, shape and colour (for	
		incase of uneducated patients)	
		□ Accelerates drug discovery and	
		reduce cost	
		 Predicts bacteria mutagenicity Ontining a barrier batteria 	
Dung Compounding	Depending the office or and torigity of	Optimize chemical structureto improve bioactivity (structure	
Drug Compounding and Discovery	Predicts the efficacy and toxicity of drug compound	baseddrug design).	
and Discovery	ur ug compound	 Analyse the structure of a target 	
		protein and then use the information	
		to design compounds for binding to	
		the protein.	

L

I

L

4.0. INVENTION OF "MICROCHIPS" FOR ADVERSE DRUG MONITORING

AI plays a huge role in "monitoring Adverse drug Reactions(ADR)" in concerned patients and helps in identifying "drug-drug interactions and "drug-food interactions". Microchips have tons of memories and can easily detect Adverse Drug Reactions and drug interactions more than humans (physicians, pharmacists and nurses) and save time, by.

- "Detecting the drugs causing the ADR.^[33]
- "Negative or inverse interaction of drugs and
- "The possible immediate Remedy for patient safety".

In cases where patients are unable to say which food or drugs they have consumed leading to the adverse reaction they are getting; from the drug and food information stored in the microchips they can easily tell exactly what the patients have consumed, by taking a fluid sample from the patient (blood sample, urine sample, etc), the information can be displayed by using Microchip scanner. The microchips have a unique identifier to identify the contents of things based on the information being stored in them. These microchips will display information just like a mobile phone displays information based on the contents stored in the microchips and their integrated circuit.

It will display the following information.

• Drugs causing the side effect or ADR or the negative drug-drug interaction.

- Food particles present in the body causing the ADR or food-drug interactions, examples are found in cases where patients might have consumed Alcohol
- Possible remedy in case of emergency or death cases.^[34]

Information gathered from the cause of the ADRs in patients is then reported using an "Adverse Drug Reaction Reporting Form (fig. 4)".

The information/ health links stored in the microchips cannot be lost, misplaced, stolen or counterfeited. It is very safe, and secure, and reversible; and always with you.

4.1. IMPORTANCE / USES OF THESE MICROCHIPS

- To provide memory for storing information about drugs
- Storage for drug information.
- To process drug information and details
- Control drug information data.
- To help in the identification of the cause of an Adverse drug reaction.^[35]



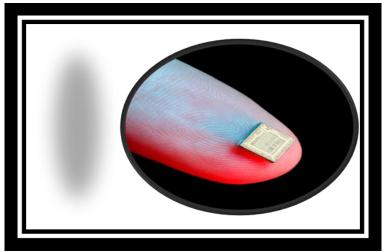


Fig 3: A Pictorial Representation of The Microchip.

REPRESER	M	edication	Error R	teporting Form	
I. Date of eve	ent :	2.Location of event :			
Time of event : Ward			OF	OPDPharmacyOther	
3. Type of error: Prescribing Dispensing Administration Indent Transcribe Other 5. Description of the event: (how did the event occ		Na Ag Di	4. Patient details: Hospital Regd. No: Name: Age/Gender: Diagnosis: cour and how was it detected?)		
Dosage	dication involved :	Strength	Frequency	7. Did the error reach the patient?	
Form	Contra Italia		4	8. Outcome of the event:	
Possible cau	ses & contributing edge / experience ription			No error Error. harm A. Events have potential to cause error E. Temporary har requiring treat requiring B. Error did not reach patient F. Temporary har requiring C. No harm G. Permanent her	
Illegible presc Look alike / sc Wrong labelin Use of abbrev Unavailable p Peak hour Miscommunic Failure to adh	g / instruction viations atient information	re		D. No harm but requires Error. death monitoring I. Death	
Illegible presc Look allke / sc Wrong labelin Use of abbrev Unavailable p Peak hour Miscommunic Failure to adf Others J. Intervention d Administer Education Informed s	g / instruction viations atient information sation nere to work procedu	Char Com	munication	D. No harm but requires Error, death	



5.0. CONCLUSION

with the above few points we have been able to see that AI plays a hugely important role in hospital pharmacy and helps to ease the workload on the Pharmacists, Nurses, and Doctors.

6.0. Future scope

Based on the feedback we get from the activities of the Microchips; it can be modified for more efficient services.

REFERENCE

- 1. Bond CA, Raehl CL, Pitterle ME, Franke T. Health care professional staffing, hospital characteristics, and hospital mortality rates. Pharmacotherapy, 1999; 19(2): 130–8.
- Pedersen, CA Schneider PJ, Scheckelhoff DJ. ASHP national survey of pharmacy practice in hospital settings: dispensing and administration—2005. Am J Health Syst Pharm., 2006; 63: 327-45.

- 3. Perez ME, Martinez MD, Feliu JF et al. Hospital pharmacy services in Puerto Rico. Am J Health-Sys Pharm., 2006; 63: 460-5.
- 4. Kot T. Pharmacy services in Poland—a transitional phase. Pharm J., 1993; 250: 512-3.
- Davis NM, Cohen MR, Teplitsky B. Look-alike and sound alike drug names: the problem and the solution. Hospital Pharmacy, 1992; 27: 95–98, 102– 105, 108–110.
- 6. Gattis WA, Hasselblad V, Whellan DJ, O'Connor CM. Reduction in heart failure events by the addition of a clinical pharmacist to the heart failure team. Arch Intern Med., 1999; 159: 1939–45.
- 7. Monson RA, Bond CA, Schuna A. Role of the clinical pharmacist in improving outpatient drug therapy. Arch Intern Med., 1981; 141: 1441–4.
- 8. HPAI Statement on Its Principal Standards of Hospital Pharmacy Practice. Hospital Pharmacists Association of Ireland. www.hpai.ie (accessed 2004 June 14).

- 9. Armstrong EP, Akaho E, Fujii M. Japanese pharmacy: innovation mixed with tradition. Ann Pharmacother, 1995; 29: 181-5.
- Davis NM, Cohen MR, Teplitsky B. Look-alike and sound alike drug names: the problem and the solution. Hospital Pharmacy, 1992; 27: 95–98, 102– 105, 108–110.
- Pedersen, CA Schneider PJ, Scheckelhoff DJ. ASHP national survey of pharmacy practice in hospital settings: prescribing and transcribing—2004. Am J Health Syst Pharm., 2005; 62: 378-90.
- 12. Wirshing DA: Adverse effects of atypical antipsychotics. J Clin Psychiatry., 2001; 62: 7–10.
- 13. Kaushal R, Bates DW, Landrigan C, et al. Medication errors and adverse drug events in pediatric inpatients. JAMA., 2001; 285: 2114–20.
- 14. Bond CA, Raehl CL, Franke T. Clinical pharmacy services and hospital mortality rates. Pharmacotherapy, 1999; 19(5): 767–81.
- 15. Scroccaro G, Alminana MA, Floor-Schreudering A, Hekster YA, Huon Y. The need for clinical pharmacy. Pharm World Sci., 2000; 22: 27-9.
- 16. Stott C. Hospital pharmacy: the clinical perspective. N Ethicals J., 2001; 4: 57-8, 60.
- 17. Barker KN, Pearson RE, Hepler CD, et al. Effects of an automated bedside dispensing machine on medication errors. Am J Hosp Pharm., 1984; 41: 1352–8.
- Bond CA, Raehl CL, Pitterle ME. 1992 National clinical pharmacy services study. Pharmacotherapy, 1994; 14(3): 282–304.
- 19. Pitterle ME, Bond CA, Raehl CL, Franke T. Hospital and pharmacy characteristics associated with mortality rates in United States hospitals. Pharmacotherapy, 1994; 14(5): 620–30.
- 20. Nelson KM, Talbert RL. Drug-related hospital admissions. Pharmacotherapy, 1996; 16: 701–7.
- 21. Jenkins MH, Bond CA. The impact of clinical pharmacists on psychiatric patients. Pharmacotherapy, 1996; 16: 708–14.
- 22. United States Pharmacopeia. Summary of the 1999 information submitted to MedMARx a national database for hospital medication error reporting.
- Borel JM, Rascati KL. Effects of an automated, nursing unit based drug-dispensing device on medication errors. Am J Health-Syst Pharm., 1995; 52: 1875–9.
- 24. Folli HL, Poole RL, Benitz WE, et al. Medication error prevention by clinical pharmacists in two children's hospitals. Pediatrics, 1987; 79: 718–22.
- 25. van Mil J, McElnay J, De Jong-van den Berg L, Tromp T. Challenges of defining pharmaceutical care on an international level. Int J Pharm Pract., 1999; 7: 202-8.
- Pedersen, CA Schneider PJ, Scheckelhoff DJ. ASHP national survey of pharmacy practice in hospital settings: dispensing and administration—2002. Am J HealthSyst Pharm., 2003; 60: 52-68.

- Kobayashi S, Onda M, Kuroda K. Research of clinical pharmacy practice in Japan (abstract). ASHP Midyear Clinical Meeting, Atlanta, 2002; 48: 8–12.
- Bond CA, Raehl CL, Franke T. Clinical pharmacy services, hospital pharmacy staffing, and medication errors in United States hospitals. Pharmacotherapy, 2002; 22: 134–47.
- 29. Bond CA, Raehl CL, Franke T. Medication errors in United States hospitals. Pharmacotherapy, 2001; 21: 1023–36.
- Rhee SO. Factors determining the quality of physician performance in patient care. Med Care., 1976; 14: 733–50.
- Kaboli PJ, Hoth AB, McClimon BJ, Schinipper JL. Clinical pharmacists and inpatient medical care: a systematic review. Arch Intern Med., 2006; 166: 955–64.
- 32. Pirmohamed M, James S, Meakin S, et al. Adverse drug reactions as cause of admission to hospital: prospective analysis of 18,820 patients. BMJ., 2004; 329: 15–19.
- Kelly WN. Potential risks and prevention, part 4: reports of significant adverse drug events. Am J Health-Syst Pharm., 2001; 58: 1406–12.
- European Association of Hospital Pharmacists. 2005 EAHP survey. 28. Wilson SG, Tsui M, Tong N et al. Hospital pharmacy service provision in Australia— 1998. Am J HealthSyst Pharm., 2000; 57: 677-80.
- 35. Hepler CD, Strand L. Opportunities and responsibilities in pharmaceutical care. Am J Hosp Pharm., 1990; 47: 533-43.