CLINICAL PHARMACIST INTERVENTIONS WITHIN A GERIATRIC MOBILE TEAM

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BACKGROUND AND IMPORTANCE

Frail and complex older inpatients might receive an intervention from the Geriatric Mobil Team (GMT) of our hospital after request.
The GMT provides **specialized medico-social advice** and **optimizes the patients' care**.

Since 2020, a clinical pharmacist works with the GMT on the patients' drug management by carrying out medication reconciliation and pharmaceutical analysis of their prescription within a **national care pathway for the elderlies**.

AIMS AND OBJECTIVES

To assess the pharmacist activity within the GMT

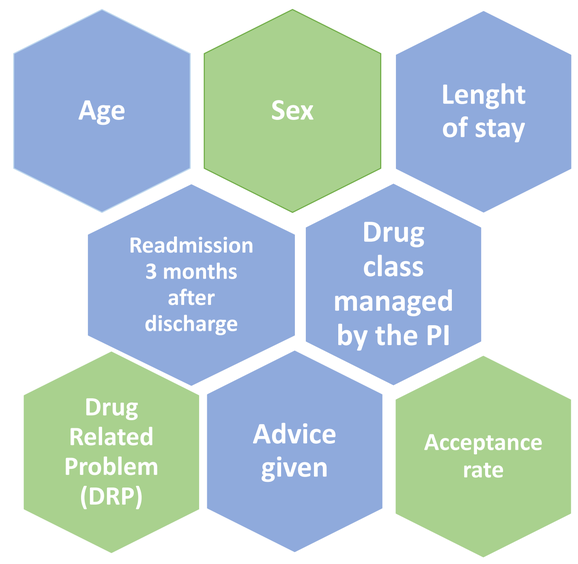
- **impact on drug management of the Pharmacist's Interventions (PI)**
- **hospital readmission at 3 months after discharge**

MATERIALS AND METHODS

Retrospective cohort study : inpatients assessed by the GMT
- hospitalized via the Emergency department
- hospitalized in acute medicine units

From 1 January 2020 to 31 December 2023

Variables collected



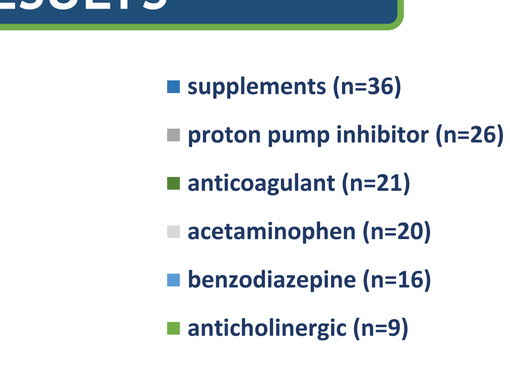
- PI notified in the prescription software and can be discussed orally with the medical team
- Considered as accepted if they lead to a change in the prescription

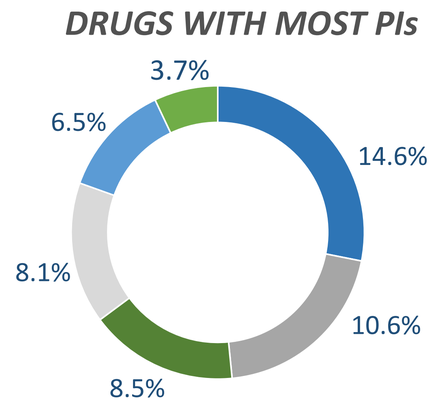
RESULTS

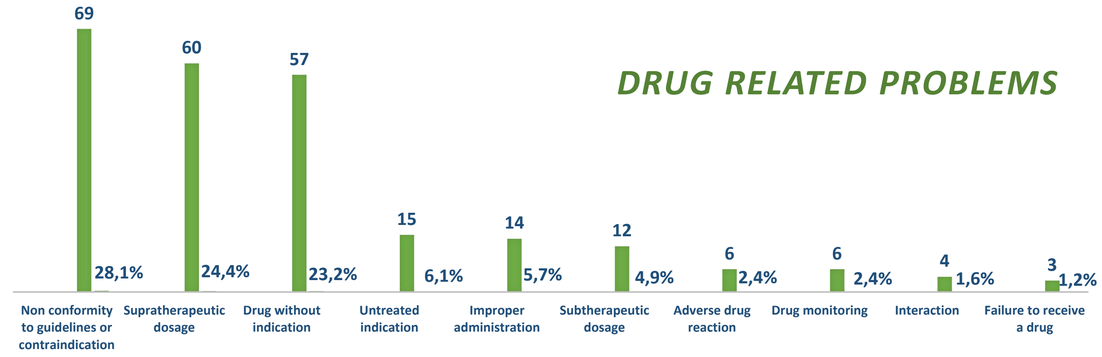
203 patients included
→ **138** with a PI

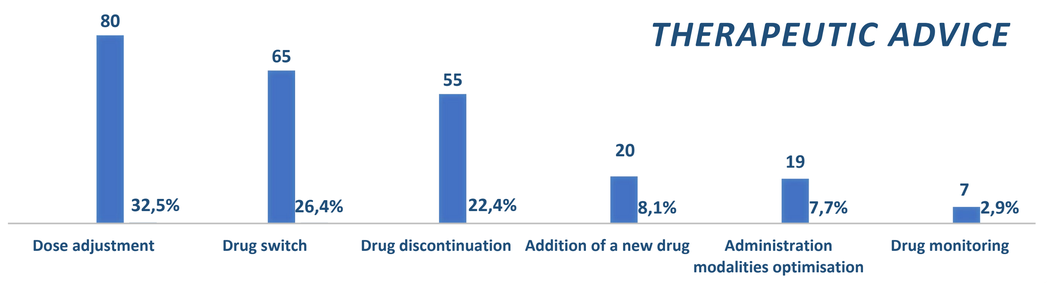
246 PIs carried out
76.4% accepted by the medical team

	Total cohort (n=203)	Population analysed		
		With a PI (n=138)	Without a PI (n=65)	*p-value*
Age (mean±SD, years)	87.4±5.7	87.4±5.5	87.6±6.2	*0.455*
Female gender, n (%)	105 (51.7%)	74 (53.6%)	31 (47.7%)	*0.818*
Drugs prescribed (mean±SD)	8.7±3.5	9.2±3.6	7.8±3.3	***0.01***
Lenght of stay (mean±SD, days)	17.5±11.6	18.7±12.5	14.6±-6.2	***0.01***
Readmission rate, n (%)	56 (30.0%)	36 (28.1%)	20 (33.9%)	*0.492*









CONCLUSION AND RELEVANCE

This multidisciplinary team **encourages optimal prescriptions** in these complex inpatients.
Further research is necessary to explore and improve our impact on the patients' readmission rate.