INVOLVEMENT OF THE PHARMACIST > 4 IN THE COMPUTERISED MEDICAL RECORD





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Background



After analyzing the results and suggestions proposal on the satisfaction surveys conducted to internal customer of Pharmacy Service (PS), PS Quality Subcommittee proposed, among others, as an improvement action: "Increase the presence of the pharmacist in the computerised medical record (CMR)".

Objectives



- √ To describe the process undertaken for the implementation of this improvement action
- ✓ To quantify and analyze the participation of the pharmacist in the CMR
- ✓ To evaluate its impact.



Matherial and method



Phase 1- Implementation



The PS Quality Subcommittee made a qualitative consensus through brainstorming technique to establish the schedule of performances.

April´14

Phase 2-Monitoring and analysis



We proceeded to do a retrospective review of all notes written by pharmacists in the CMR (MambrinoXXI®).

May-December´14

Phase 3- Evaluation



It is measured the acceptance degree of the pharmacotherapeutic recommendations made from the Unit Dose Drug Distribution System and written in the CMR by pharmacist (period A) compared with the previous month in which pharmacotherapeutic recommendations were only sent as a form with the medical order (period B).

August-September ´14

Results





Communication of the proposed improvement action in a pharmaceutical clinical session.

Then, we contacted the Computing Department, so they added a pharmaceutical profile note in the evolution of the patient in the CMR, called "Pharmaceutical Care"

Phase 2

We collected a total of 235 "Pharmaceutical Care" notes during May-December 14

Phase 3

Acceptance degree:
78.8 % in period A
(August´14)
versus 55.9% in period B
(September´14)

Pharmaceutical Care note types	l n	/ %
Substitution of not included guide drugs by alternatives		
medications covered by guide	60	25,5%
Special drug dispensation	31	13,2%
Clarification and/or confirmation of the prescription	23	9,8%
Sterile/non-sterile compound preparation	16	6,8%
Dosage recommendatioms	15	6,4%
Shortage, out of stock and provider pharmacy incidents	15	6,4%
Antibiotic or others drugs stopped due to antibiogram,		
duplicity or duration	14	6,0%
Electrolyte monitoring	11	4,7%
Pharmacotherapuetical information	9	3,8%
Administration, management and stability drugs	8	3,4%
Substitution for drug interaction	8	3,4%
Not included guide drugs and off-label drugs incidents		
tramitation	8	3,4%
Therapeutic interchange protocol	6	2,6%
Allergies/intolerances	4	1,7%
Drug application protocol	3	1,3%
Pharmaceutical care outpatient	2	0,9%
Renal failure dosage readjustment	1	0,4%
Others	1	0.4%

Conclusions



The technology as a facilitator support allows medical record to be a tool providing a permeability in a continuous information access with a traceability in pharmaceutical care -in particular- and welfare -in general- throughout the whole process of the patient for clinical decision making higher quality care.

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