

DO WE REPORT EVERYTHING WE DO? A PHARMACEUTICAL INTERVENTION REPORT

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Background and importance

Computerized provider order entry (CPOE) with pharmaceutical validation is widely used for hospitalized treatments. However, a gap may persist between interventions performed by pharmacists and the real modifications recorded in CPOE, which may underestimate the true impact of pharmaceutical validation.

Aim and objectives

To compare pharmacist-performed interventions with treatment modifications effectively implemented and captured in the CPOE program (Farmatools®), and to identify the most affected therapeutic groups.

Material and methods

Retrospective observational study in a tertiary hospital over two months (01 April 2025–31 May 2025).

Where reviewed:

- All pharmacist interventions registered in CPOE were reviewed.
- All pharmacist-driven treatment modifications in prescriptions were retrieved from the CPOE program.

Modifications were classified as:

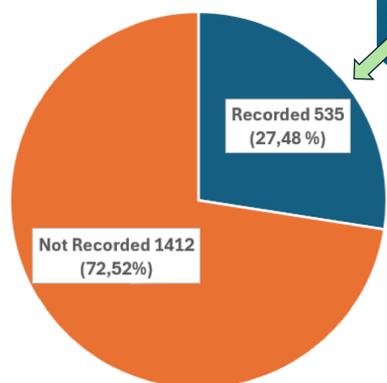
- Addition of a new medication (e.g., medication reconciliation)
- Modification of a pre-existing medication (e.g., route change, dose adjustment, Antimicrobial Stewardship Programs [ASP])
- Suspension/discontinuation.

The primary outcome was the Documentation Rate (DR) = $\frac{\text{CPOE-recorded interventions}}{\text{real-life-performed interventions}} \times 100$

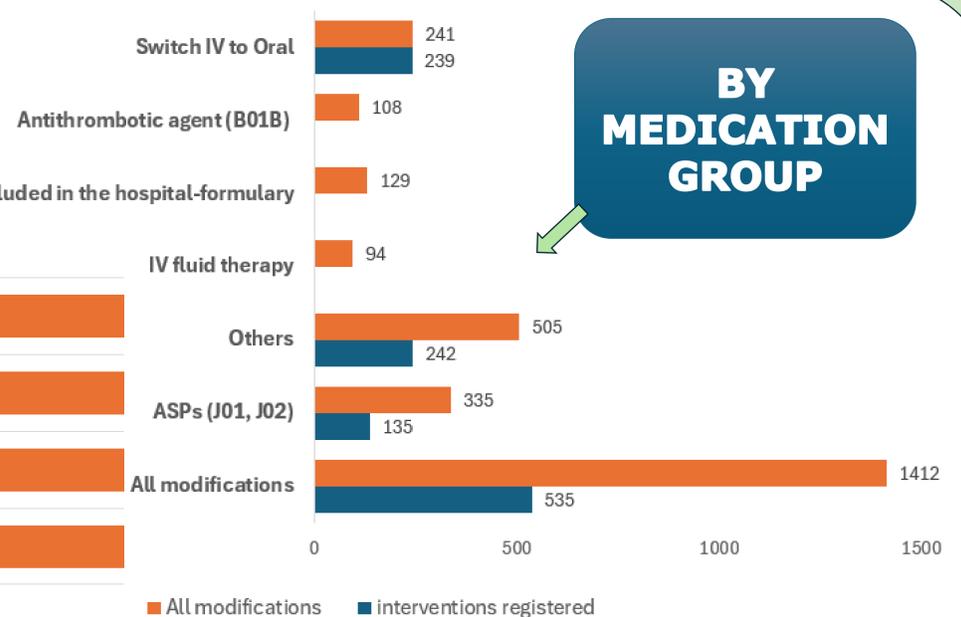
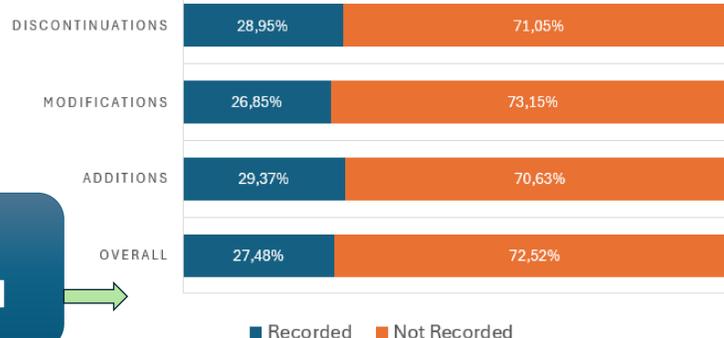
Analyses were stratified by ATC and type of modification.

Results

Documentation Rate in all the modification was **27.48%**.



BY TYPE OF MODIFICATION



BY MEDICATION GROUP

Conclusion and relevance

- Relevant differences exist between reported interventions and real modifications recorded in the system.
- The largest differences occurred after rapid physician consults (e.g., phone-calls), like antithrombotic dose adjustments or fluid-management changes.
- These findings underscore the importance of improving the documentation of interventions, with special attention to quick consults.
- Due to the continuous clinical workload, expanding the workforce is essential to ensure proper documentation.

The main limitations were the limited study period and a single-centre design which may require confirmation in additional studies.