

**Objective:** To analyse the economic impact of clinical pharmacist's interventions (CPI) as part of the healthcare team regarding antimicrobial therapy in the Intensive Care Unit (ICU).

**Methods:** Retrospective analysis of CPI regarding antimicrobials in the ICU in 5 months of 2015



**Clinical pharmacist (CP)** 

- 5 hours/day, 5 days/week
- Participates in daily rounds
- Monitors pharmacotherapy
- Does treatment recommendations
- 33% of CPI are anti-infective related



## CP registers daily CPI in the information system:

- Drug
- Type of intervention
- Acceptance by physicians
- Estimated cost impact: changes in drugs, time and products for preparation and administration, and CP time.



## Economic impact of CPI= Cost with CPI – Cost without CPI

- Assumption: change to recommended therapy would have happened 2 days later without CPI.
- Cost with CPI= Cost from CPI to 2 days later with the recommended treatment
- Cost without CPI= Estimated cost during 2 days if change would not have happened
- Sensitivity analysis: change would have happened in 1 to 4 days.
- Ratio Avoided cost: Invested money.

**Results:** A total of **212 interventions** were recorded, corresponding to **114 patients** (61% surgical patients, 68% males, median of age 69.5 years (range: 19-95)).



Figure 1. Percentage of each type of CPI and cost per intervention

Table 2. Economic analysis of CPI during the 5-month study period				
ltem	Cost with CP	Cost without CP	Difference in cost (cost with CP-cost without CP)	Sensitivity analysis
Cost of CP time	2,859€		+2,859€	
Cost of drugs, preparation, administration	12,219€	22,056 €	-9,837€	
Total cost (CP+drugs+preparation+	15,078€	22,056 €	-6,978 €→	1 day: -2,820 €
administration)			31.6% decrease in costs with CP	4 days: -18,984€
			(32.9 €/intervention, 61.2 €/patient)	

Ratio avoided cost: invested money 3.4:1 → 3.4 € were avoided per 1 € invested in having a CP

✓ 96% of the CPI were considered important with improvement of patients care.
✓ Physicians acceptance rate was 97.6%.

Limitations: costs not considered: length of stay, adverse drug events, mortality, readmissions

**Conclusions:** Having a **Clinical Pharmacist** as a member of the healthcare team in the ICU performing interventions related to antimicrobials is critical to improve care and **decreases costs**.