

IMPROVEMENT PLAN FOR DAA PRESCRIPTION COMPLIANCE IN THE PITIÉ-SALPÊTRIÈRE HOSPITAL

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Background

Since the beginning of 2014, an increasing number of direct acting antiviral agents (DAAs) have been approved in France for treating chronic hepatitis C virus (HCV). In order to achieve high quality treatment with these costly drugs, multidisciplinary treatment planning meetings (RCP) between clinicians and pharmacists take place periodically. The final team decision is a mandatory requisite for DAA prescription which is also subject to strict reimbursement rules. Audits of DAA prescriptions were performed by pharmacists to detect non-conformities before and after an improvement plan (IP) hospital meeting on 1st June 2015.

Purpose

To assess the impact of the IP in prescribing DAAs.

Material and methods

DAA prescriptions were collected from hospital dispensing software. A data collection audit form was designed containing data about the prescriber and patient, the prescription and RCP decision compliance.



Figure 1. DAAs available in France (October 2015)

Figure 2. Data collection audit form

Results

244 prescriptions were audited (108 for April 2015; 136 for July 2015). In both audits all prescriptions contained at least one error. The main non-conformities detected were: 25% non-authorized prescribers, missing data (13% prescriber identification number, 20% patient's birth date, 10% international non-proprietary name, 44% length of treatment in weeks rather than in months). The RCP date was reported in only 18% of cases, but only 10% of prescriptions were identified as non-compliant with the RCP decision (9 cases wrong prescribed drug, 2 cases no RCP decision). In the second audit, important improvements were observed for: percentage of authorised prescribers (90%), reported prescriber identification number (54%) and RCP date (35%). 7 prescription deviations from the official RCP decision (5%) were found: type of prescribed drug (3 cases), treatment duration (3 cases) and no RCP decision (1 case). Weak improvements were reported for patient's birth date (22%) and length of treatment in weeks (49%).

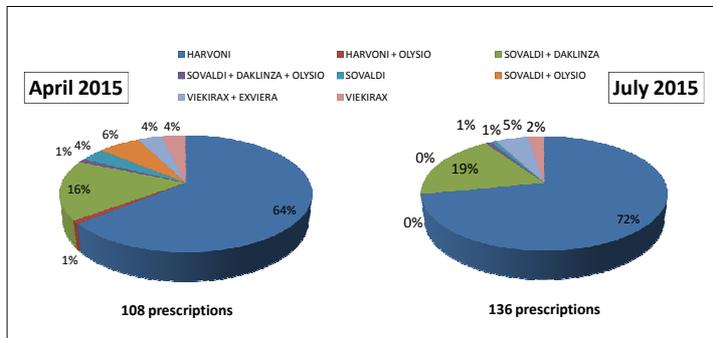


Figure 3. Prescription trend in the analysed sample

Information	April 2015	July 2015
Prescriber		
Authorised prescribers	75%	90%
Prescriber's name	95%	98%
Prescriber identification number	13%	54%
Doctor's stamp	86%	96%
Patient		
Patient's name	92%	96%
Patient's birth date	20%	22%
Prescription		
Date of prescription	97%	100%
Full antiviral name	94%	99%
International non-proprietary name	10%	7%
Posology	100%	100%
Length of treatment in weeks	44%	49%

Table 1. Compliance to reimbursement rules before and after IP meeting

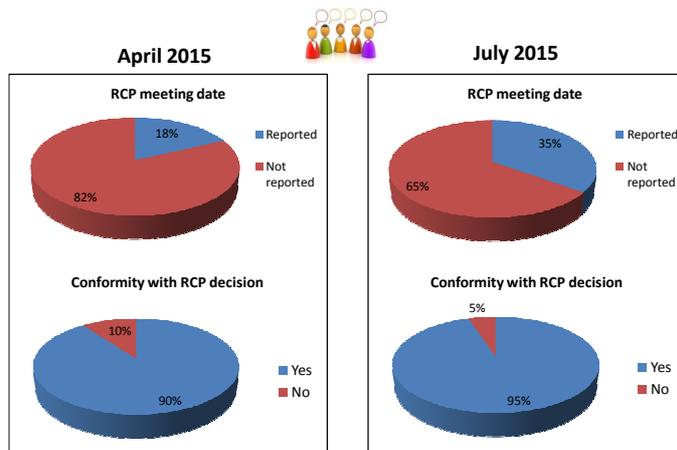


Figure 4. Comparison of results between audits before and after IP meeting

	April 2015	July 2015
Number of non-conformities	11/108 (10%)	7/136 (5%)
Type of prescribed drug	9/11 (82%)	3/7 (43%)
Drug dosage	0	0
Treatment duration	0	3/7 (43%)
Missing RCP decision	2/11 (18%)	1/7 (14%)

Table 2. Prescription deviations

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Conclusion

In conclusion, the IP meeting was successful, showing that internal audits are effective instruments in identifying weaknesses in the system and in measuring corrective actions. The pharmacist, as an integral member of the multidisciplinary team, has an essential role in guaranteeing the actual application of the RCP decision in order to obtain the best patient outcomes.