

MULTIDISCIPLINARY APPROACH TO TELEPHARMACY: IMPLANTATION MEDICATION ACCESS THROUGH COORDINATED PHARMACEUTICAL AND NURSING CARE

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Background and importance

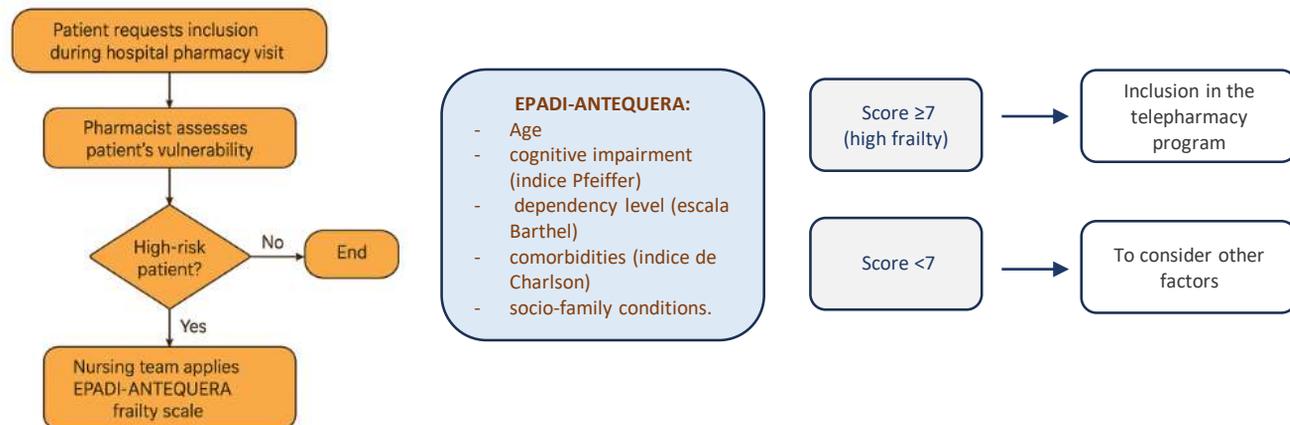
Telepharmacy is a service aimed at improving access to medication and continuity of pharmaceutical care. Proper assessment of patient frailty by the nursing team is crucial. Hospital-use medications require specialized supervision, making a safe and standardized procedure necessary.



Aim and objective

To standardize medication delivery from hospital to community pharmacies, identify eligible patients via the nursing team and unify inclusion criteria for Telepharmacy.

Material and methods



Results

Population

- N=53 patients
- Women: 60.3%
- Median age: 62 years (IQR 53–73)

Main Clinical Conditions

- Rheumatoid arthritis: 16.9%
- Ankylosing spondylitis: 11.3%
- Psoriatic arthritis: 7.5%
- Multiple sclerosis: 7.5%
- Crohn's disease: 7.5%
- Anemia in CKD: 9.4%

Most Used Medications

- Adalimumab: 13.2%
- Darbepoetin: 9.4%
- Abatacept / Tocilizumab / Mepolizumab: 5.6% each

Scores & Clinical Indices

- Charlson Comorbidity Index: median 2 (IQR 0–3)
- Pfeiffer Cognitive Scale: mean 1.6 (IQR 0–4)
- Barthel Index: median 80 (IQR 57.5–100)
- EPADI-ANTEQUERA Frailty Scale: median 5 (IQR 2–6)

Access and Social Factors

- Difficulty accessing the hospital: 77.3%
- Social risk: 13.2%

Telepharmacy Outcomes

- Included in Telepharmacy: 83% of patients
- Incidents in medication delivery: 0
- Patient satisfaction: 94.3%



Conclusions and relevance

The standardized Telepharmacy service improved medication access and continuity of care for vulnerable patients. Nurses' frailty assessments were essential in identifying high-risk individuals. Expanding it could further benefit patients with mobility and transportation challenges.

