

PHARMACEUTICAL CARE PROGRAM IN A SERVICE TO PEOPLE WITH DISABILITIES

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The Department of Health and The Department of Labour and Welfare signed an agreement to develop a Pharmaceutical Care Program in a center that serves 122 people with severe intellectual disability.

PURPOSE

To evaluate the clinical and economic impact of a Pharmaceutical Care Program, conducted by our Pharmacy Service, and to analyze the drug's usage profile in this center.

METHODS

➤ One year retrospective observational study (January-December 2010) describing the implemented procedures and collecting the following information:

- a) cumulative drug consumption and the estimated savings generated by purchasing the drugs directly from the manufacturer, hence avoiding the cost of both the mark-up of the wholesaler (9.6%) and the community pharmacy (27,9%).
- b) classification of the consumption by therapeutic group.
- c) percentage of drugs not included in the pharmaceutical guide.

➤ Tools: computer applications Edu®, Silicon® and Sinfhos®.



RESULTS

➤ The center is located 34 kilometres away from the hospital, so we have designed an operating procedure that aims to optimize the human resources available whilst keeping an excellent quality of pharmaceutical care:

- ❖ The Pharmacy Service receives daily orders by fax from the center.
- ❖ These are validated and transcribed by the pharmacist into Silicon® that same day.
- ❖ Any queries are resolved daily by phone.
- ❖ The Pharmacy service prepares a weekly unidosis.
- ❖ The pharmacist visits the center once a week in order to facilitate communication between the Pharmacy Service and the center's healthcare staff and to manage and date check the drug stock.

During the study period

a) The cumulative consumption of drugs was €98,106. Applying a margin of 37.5% (9.6%+27.9%) the direct savings amounted to €36,790.

b) The analysis showed that therapeutic groups accounting for higher costs are those included in the nervous system (66%), followed by enteral nutrition (15%).

c) From the 311 different drugs that the center uses, 93% belong to the pharmaceutical guide of the hospital.

CONCLUSIONS

➤ Because the patients suffer from specific chronic conditions we were able to design and implement a procedure by means of which a part-time specialist pharmacist ensures the quality of care in terms of safety (daily validation of medical orders) and effectiveness (direct saving €3,066/month).

➤ The pharmaceutical care agreement ensures rational drug use and aids prescribing through the introduction of a pharmaceutical guide and a program of therapeutic equivalents.