

USE OF A PHARMACEUTICAL INTERVENTIONS DATABASE TO IMPROVE MEDICATION SAFETY IN A HOSPITAL-AT-HOME SETTING

Protzenko D.^{1,2}, Constans J.², Plan A.^{1,2}
dorian.protzenko@gmail.com

(1) Service d'HAD, CHICAS, Gap
 (2) PUI, CHICAS, Gap

Context

- Home Hospitalization = provision of **complex care** directly at the patient's place of residence.
- Constant reassessment of treatments, made difficult by **the distance from the patient** and the multiplicity of stakeholders.
- Diversity of pathologies encountered, requiring **great versatility**.

We wanted to evaluate our team's care practices in order to focus our team training strategy.

Method

- Creation of a database of pharmaceutical interventions (PIs) carried out between June 2024 and January 2025.
- Structuring of data according to type of care, ATC class of treatment (if applicable), and clinical impact.
- Analysis of data by a multidisciplinary team.

Results

Etiology of IPs Cleo 3 and 4:

- post surgery (18%)
- infectious disease (50%)

Total: 188 IP
 93% of approval

ATC classes < Cleo 3 and 4 IPs:

- B01 (antithrombotic agents)
- No2 (analgesics)
- Mo4 (anti-gout)
- B05 (nutrition)

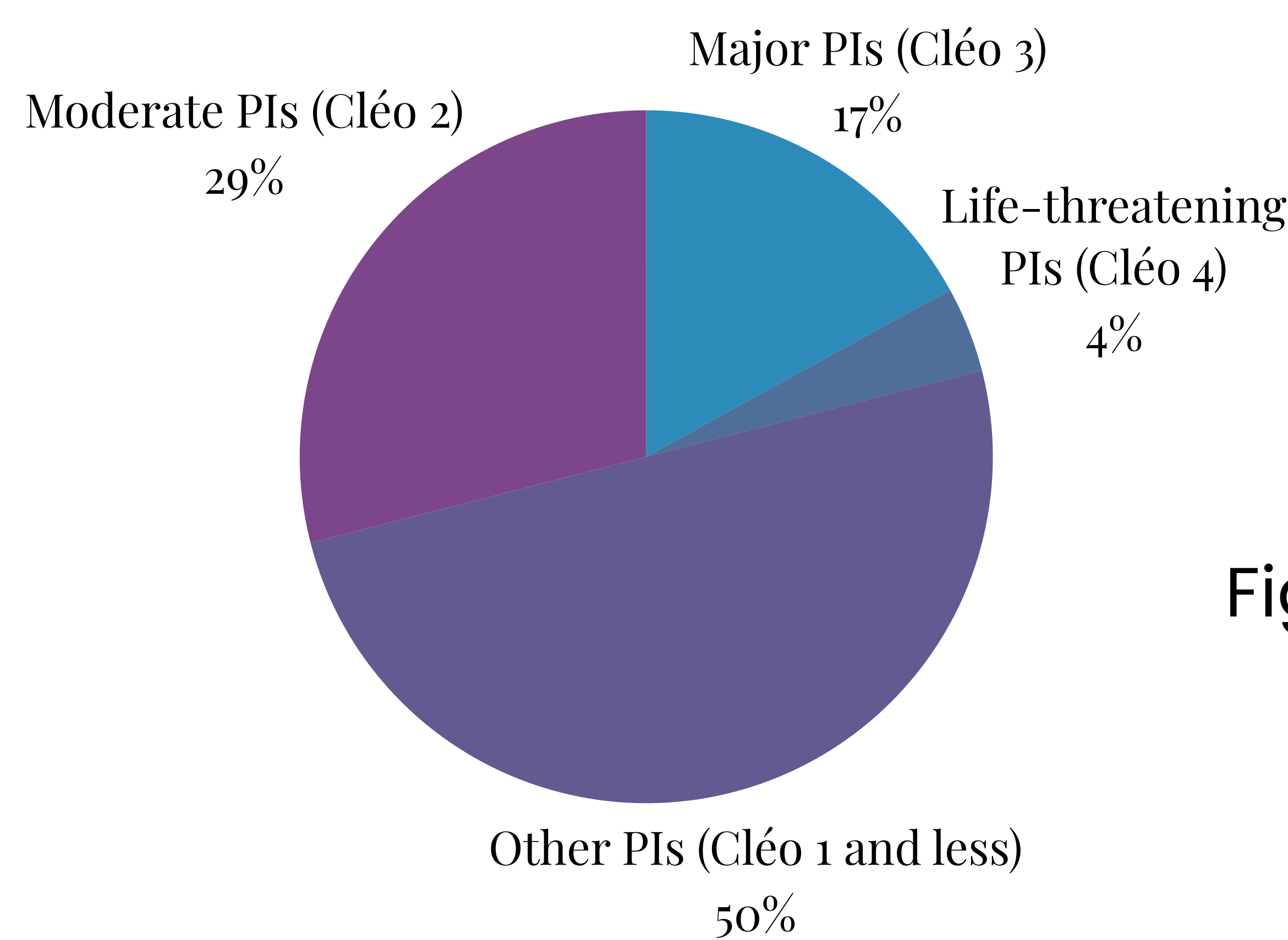
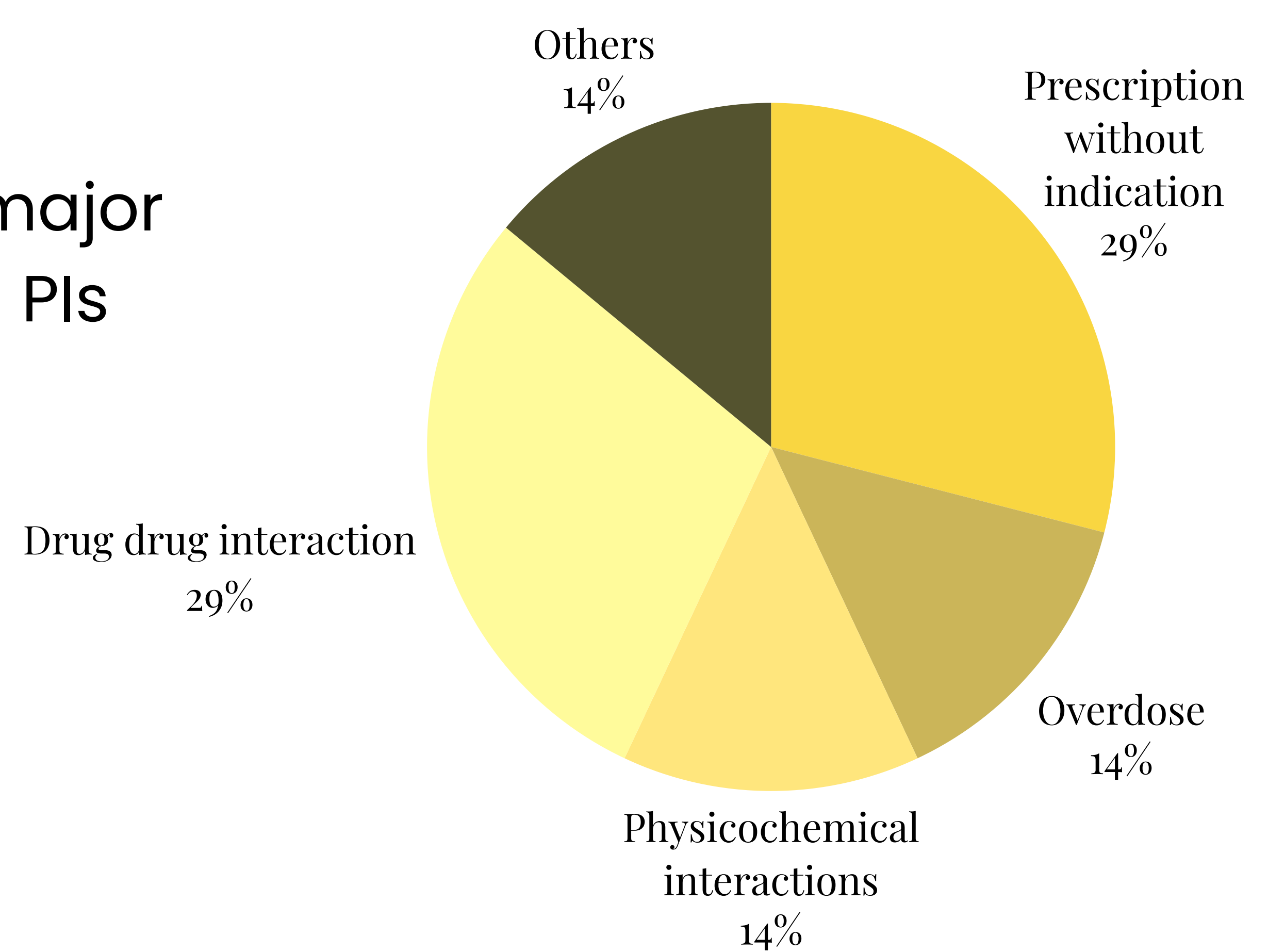


Figure 1: Cléo distribution of PIs

Figure 2: Typology of major and life-threatening PIs



Actions implemented:

- Training in the use of digital tools (GPR, PIM-CHECK, etc.).
- Protocolization of certain treatments.
- Staff review of risk situations encountered.
- Improved readability of interaction alerts in our prescription software (with our software publisher).
- Implementation of simulation workshops on problematic ATC classes.

Discussion

- Significant impact of IPs in reducing clinical risks at home, with nearly 50% of interventions rated ≥ 2 on the Cléo scale.
- Customization of the care improvement strategy through analysis of situations that led to clinically significant iatrogenic risk.
- Remote reassessment to be carried out to evaluate the impact of this strategy, complementing the presence of the pharmacist on duty.



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