LOT QUALITY ASSURANCE SAMPLING (LQAS) OF A TELEPHARMACY PROGRAMME FROM THE HOSPITAL PHARMACY TO THE OUTPATIENT THROUGH THE COMMUNITY PHARMACY

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Background

The clinical tasks of Telepharmacy practice must adhere to a standardized procedure and revolve around the patient's clinical record. A pre-delivery validation procedure must be established. It is also essential to ensure no discrimination, confidentiality, security and traceability of the whole process.

Indicators monitoring is necessary to assess whether we are at pre-established levels of quality and to detect the existence of problematic situations.

We started a new program by which "Hospital-Use Medication" is provided to outpatients through community pharmacy, using an app to request medication by the patient and telephone communication for follow-up by the hospital pharmacist.

Aim and Objectives

To monitor the quality of an informed drug-delivery telepharmacy program (CPDDTP) from the hospital pharmacy to the patient, through the community pharmacy, using the LQAS method (lot quality assurance sampling) and a satisfaction-survey.

Material and Methods

Design: quality-monitoring study using the LQAS method and a satisfaction-survey.

Scope: dispensations made through CPDDTP are monitored by means of a random sample from January-August 2021.
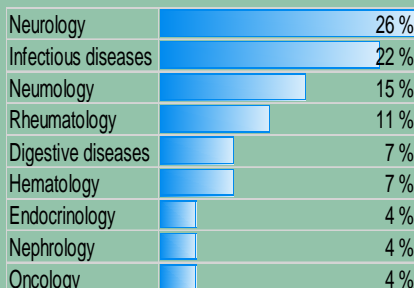
Criteria evaluated: C1: validation by the pharmacist based on the clinical sheet; C2: correct-dose, frequency and administration-route. C3 hospital pharmacist-patient communication; C4 adherence; and C5 dispensing according to protocol, single clinical act if possible. C6: time to get the medicine from request; S1: assessment of patient-satisfaction by telephone-survey.

Starting from a 95% compliance standard, assuming a minimum threshold of 80%, an alpha error = 5% and a beta error = 20%, a sample size of 27 cases and the minimum number of protocol compliance of 23 were calculated. (85%).

Results

1.- LQAS

A random sampling of 14.092 dispensations. Sample size 27 dispensations.

Sevilla 10-20 min	33 %
La Algaba 10 km	11 %
Cantillana 55 min	7 %
Carmone 40 min	7 %
Guillena 20 min aprox	7 %
Almadén de la Plata 1h	4 %
Brenes 20 km aprox	4 %
Gelves 20 min	4 %
Huelva 1 h	4 %
Mairena del Aljarafe 20 min	4 %
Santiponce 15 min	4 %
Sevilla este 10-12 km	4 %
Tomares 10 km	4 %
Villaverde del Rio 45 min	4 %

Neurology	26 %
Infectious diseases	22 %
Neumology	15 %
Rheumatology	11 %
Digestive diseases	7 %
Hematology	7 %
Endocrinology	4 %
Nephrology	4 %
Oncology	4 %

Assuming alpha error = 5%, and beta error 20%, the minimum compliance number of the protocol would be 23. (85%)
25 of 27 cases of compliance with the protocol were obtained (92,59%).

2.- Satisfaction-survey

C1: validation by the pharmacist based on the clinical sheet…. 96,67%
C2: correct-dose, frequency and administration-route …………. 92,60%
C3 hospital pharmacy-patient communication………………………. 41%
C4 adherence (medication request on correct date) …... 100%
C5 dispensing according to protocol, single clinical act if possible
- Correct medication*……………………………………………….…….Yes 100%
- Dispensing for 2 months or until next medical review ……. Yes 100%
- Doble check before sending……………………………………….Yes 100%
- Duration of the dispensed drug. Months. median (IC range).. 2(1,63-2)
C6: time to get the medicine from request (days)………………………. 2

Overall result

Puntuation 10   …78%

Puntuation 9   …. 18%

Puntuation 8   …4%

Conclusions and relevance

The results show the absence of a quality problem in the initial procedure studied and the patient satisfaction. The LQAS method gives us a quick way to decide if we are in a quality problem situation using a small sample. In future follow-ups, pharmaceutical care interventions should be evaluated.