Good Practice Initiative in European Hospital Pharmacy

[1]Cabré Serres M.
[1]Aguilella Vicente T.
[1]Julián Avila E.
[2]Rodríguez Cumplido D.
[3]Pepió Vilaubí JM.
[1]Muñoz-García M.

Breaking barriers: medication safety in transitions of care

[1]Pharmacy, Hospital de Tortosa Verge de la Cinta, Tortosa, Spain. [2]Clinical Pharmacology, Institut Català de Farmacologia, Barcelona, Spain. [3]Ambulatory care, Institut Català de la Salut,, Tortosa, Spain

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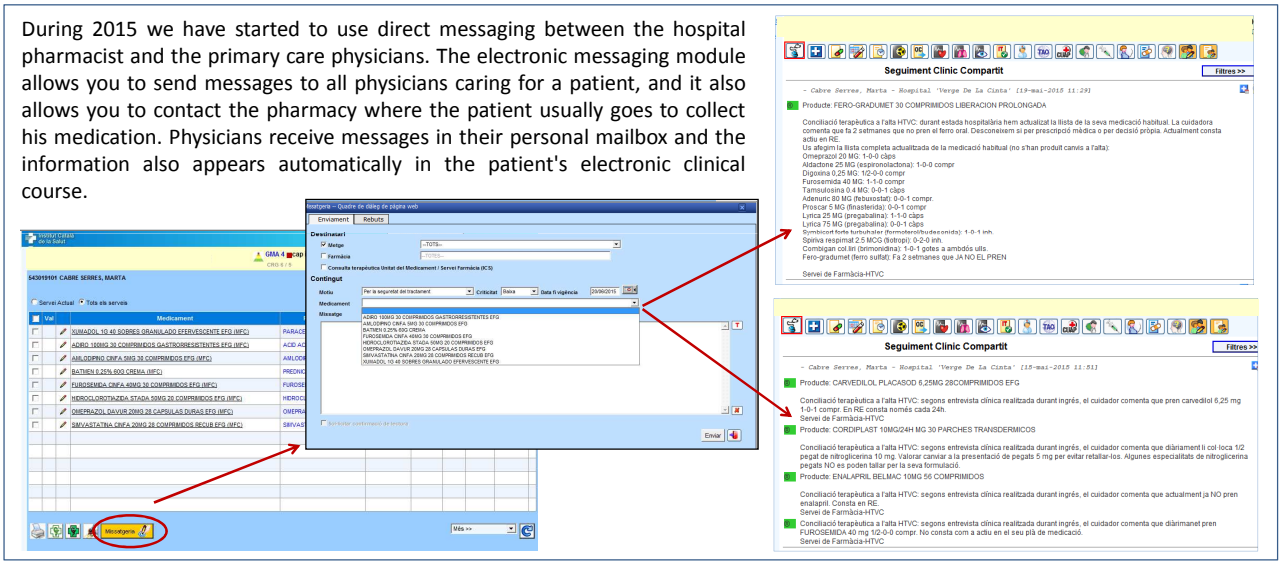
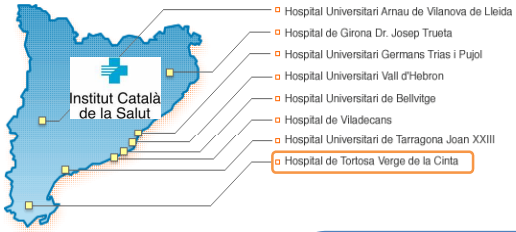
What was done?

During 2015 we have started to use direct messaging between the hospital pharmacist and the primary care physicians. The electronic messaging module allows you to send messages to all physicians caring for a patient, and it also allows you to contact the pharmacy where the patient usually goes to collect his medication. Physicians receive messages in their personal mailbox and the information also appears automatically in the patient's electronic clinical course.



Why was it done?

- To improve **patient safety.**
- As a part of a **multicentric medication reconcilation study** on the fragile patient.



Catalonia, Spain

How was it done?

Hospital discharge

Hospital pharmacist's medication reconciliation

- New medication list
- Safety alerts

Electronic messaging to next health provider

What was achieved?

- **205** medical reconciliations at hospital discharge
- **143** messages sent
- **0.7** pharmaceutical interventions (PI)/patient
- Accepted PI: **72.7%** (n=104).
- Rejected PI: **27.3%** (n=39).

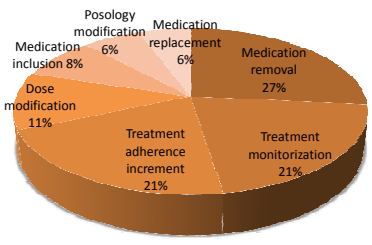


Figure 1. Types of pharmaceutical interventions

What is next?

- We are breaking barriers of uncommunication between hospital and primary care with the nexus of the Hospital pharmacist, who now is a part of the medical team.
- We want to determine **if our pharmaceutical intervention improves health outcomes in patients.**
- Another current problem in transitions of care is the **hyperprescription** of proton pump inhibitors and benzodiazepines.
- **Deprescription program** could be the next step.