

ANALYSIS OF CLINICAL PHARMACIST INTERVENTIONS IN THE HEART FAILURE DAY HOSPITAL

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BACKGROUND AND PURPOSE

Heart failure (HF) affects 15% of the population between 70-80 years. It causes 3-5% of the hospitalizations, 50% of which could be avoided.

A multidisciplinary HF day hospital (HFDH) was recently created in our centre, where the clinical pharmacist performs the medication reconciliation (MR) process and identifies, resolves and prevents drug-related problems (DRP).



OBJECTIVES

To analyse the interventions carried out by the clinical pharmacist during the HFDH first six months.



MATERIAL AND METHODS

Every day the clinical pharmacist performs the MR process for one patient, checking the patient's clinical records, blood tests and all prescriptions from the different specialists and primary doctor.

After that, the pharmacist interviews the patient to confirm all the medication he is taking and how is he taking it. We identify the medication discrepancies and DRP, and make a medication list with the problems detected and our recommendations.

A reconciliation report is added into the patient's electronic medical records and it is discussed with the physician, before the medical appointment, who will perform the necessary changes in the treatment.

Finally, the pharmacist explains and provides a complete updated medication list to the patient, with all the instructions he needs.

When discrepancies are found, they are classified into the next categories: discrepant dosage, drug omission and/or wrong drug.

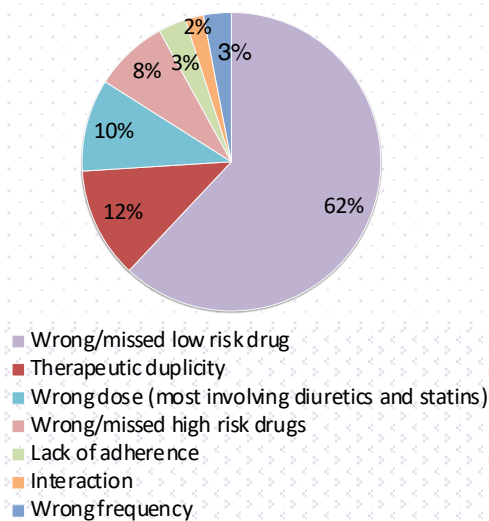
The DRP are classified into wrong dose, wrong frequency, therapeutic duplicity, interaction, lack of adherence, wrong/missed high risk drug, and wrong/missed low risk drug. The detected discrepancies and problems are registered in an excel file.



RESULTS

- ✓ Throughout the study period, 162 MR reports were made: 111 directed to cardiology and 51 to internal medicine.
- ✓ It was detected a median of **2 discrepancies per patient**, being the **minimum 0 and the maximum 14**.
- ✓ Regarding DRP, an **average of 1 problem per patient** was found (described in the graphic).

DRUG RELATED PROBLEMS



CONCLUSIONS

- ❖ The clinical pharmacist plays a key role in the HFDH, performing the MR process and identifying, resolving and preventing DRP.
- ❖ This study shows the importance of working near the HF patient, as a member of the multidisciplinary team.