

“EXPANDING THE PROCESS OF PHARMACEUTICAL CARE TO THE INSTITUTIONALIZED PATIENT CARE UNIT”

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Background



The Institutionalized Patient Care Unit (IPCU) aims to humanize and optimize the care of the institutionalized older patients in the Emergency Department (ED), promoting their early functional recovery. Likewise, this unit promote multidisciplinary team-working to achieve decisions swiftly in order to reduce the average stay in the ED and to reduce unnecessary tests and hospitalizations.

Purpose

To describe the role of the hospital pharmacist in the IPCU.

Material and methods

The IPCU began its activity in October 2016. The incorporation of the pharmacist was done on a part-time basis.

Focused on medication:

- Reconciliation
- Review
- Optimization



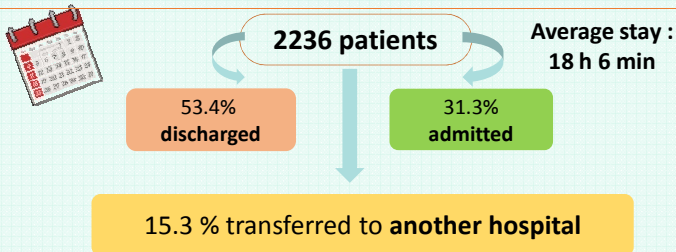
Pharmaceutical intervention

Dispensing of **parenteral antibiotics** and information sheets to their administration into nursing homes (together with the nurses of continuity of care)



Results

October 2016-May 2017

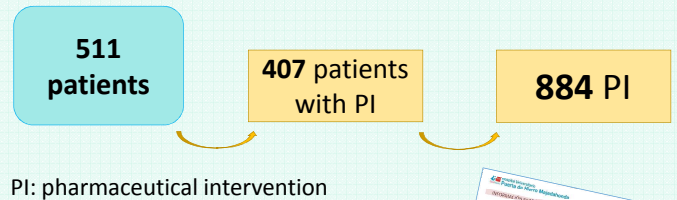


The errors of **greatest clinical impact** detected were those related to:

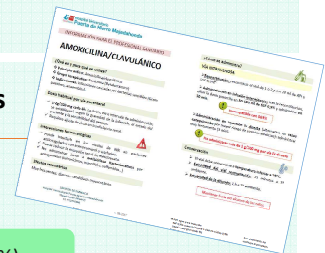
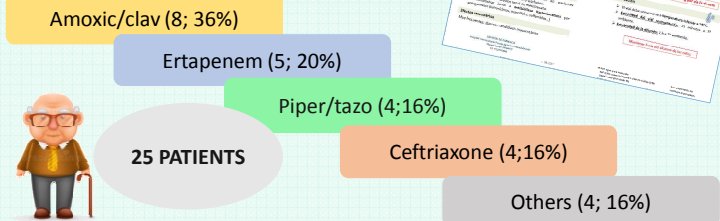
- Digoxin
- Anticoagulants
- Antiepileptics
- Beta-blockers
- Opioids
- Antiparkinsonians



Pharmaceutical Intervention in IPCU



Dispensing of parenteral antibiotics



The most frequent interventions (79) were collected in a document according to the drug or therapeutic group involved, in order to streamline and standardize the pharmaceutical intervention in the future.

In addition, written information was developed to ensure the correct administration of the medication in nurses homes.

Conclusion



The development of the pharmaceutical care process in the IPCU contributes to improving safety and quality of urgent healthcare and helps to optimize the therapy at discharge from the ED. Coordination with the IPCU team facilitates the dispensation of medication to institutionalized patients, and highlights the need of the pharmacist in the management of avoidable hospitalizations.