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Background and Importance

The roles of hospital pharmacists have been expanded from dispensing to patient care. Establishing interprofessional collaboration between pharmacists and other specialists significantly improves the quality of patient care.

Aim and Objectives

To analyse Pharmaceutical interventions (PIs) carried out in a preliminary phase of a pharmaceutical care program targeting hospitalised patients.

Materials and Methods

PIs included resolution of issues raised by specialists and proactive recommendations and were performed in the electronic prescription programme (Farmatools).



Tertiary referral hospital
529 beds

5 pharmacists
14 hospitalisation units

January 2019
December 2019

Variables

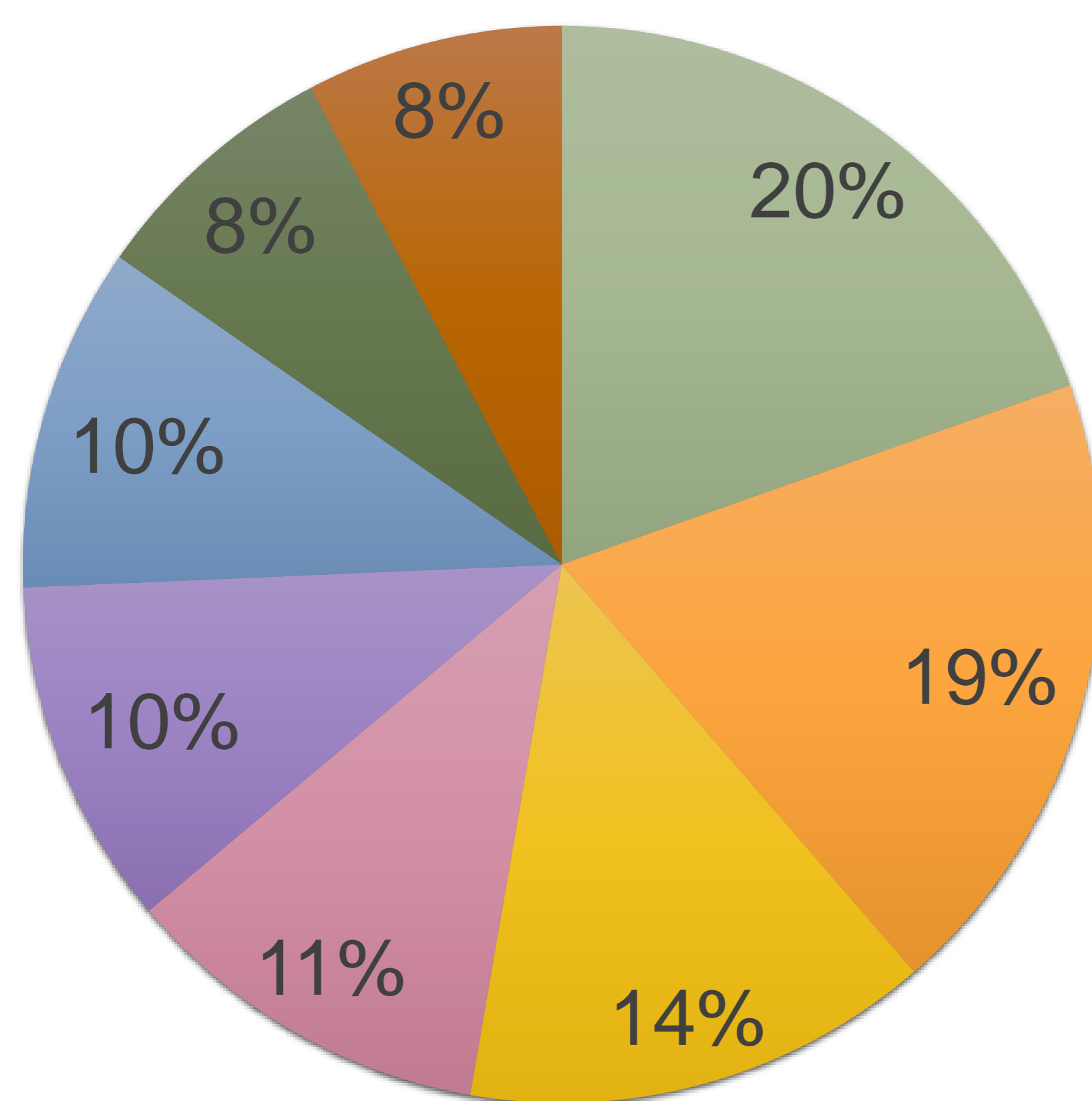
- ✓ Number of patients susceptible of monitoring
- ✓ Number of PIs
- ✓ PIs per patient
- ✓ Type of PI
- ✓ PIs per hospitalisation unit
- ✓ Acceptance rate

8 groups of PIs

- Pharmacokinetic monitoring
- Dose adjustment in renal failures
- Clinically relevant interaction
- Medical reconciliation error
- Prescribing error
- Information to prescriber
- Adverse drug reaction
- Other

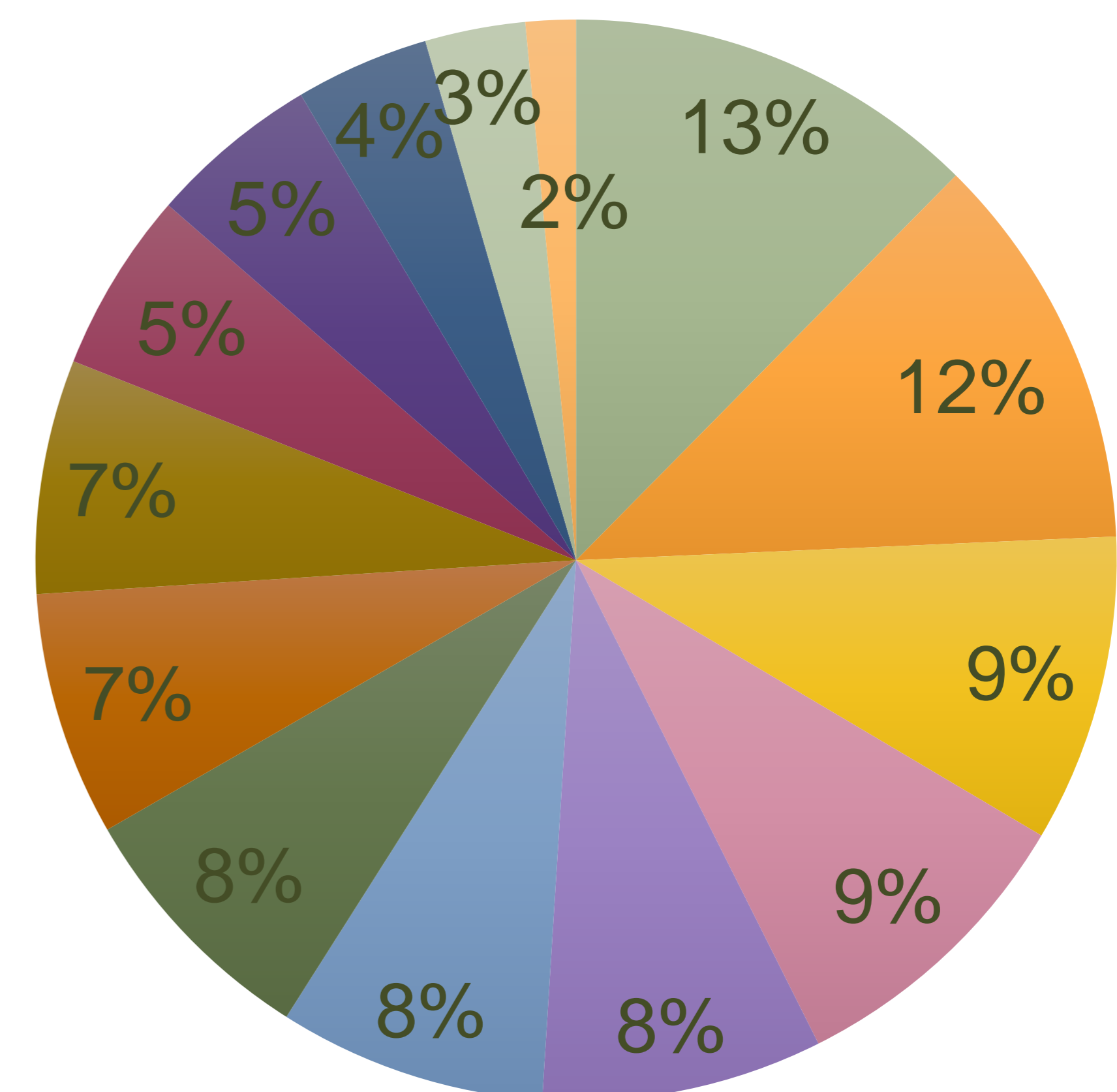
Results

Classification of PIs



- Pharmacokinetic monitoring
- Dose adjustment in renal failures
- Clinically relevant interactions
- Medical reconciliation error
- Prescribing error
- Information to prescriber
- Adverse drug reaction
- Other

PIs per hospitalisation unit



- Pneumology
- Neurology
- Urology
- Digestive
- Cardiology
- Oncology
- Psychiatry
- Internal medicine
- General surgery
- Traumatology
- Vascular surgery
- Neurocirugy
- Heart sugery
- Intensive Care Unit

1102 PIs
868 patients
1.3 PI per patient
Acceptance rate → 78.6% (866)

Conclusion and Relevance

The acceptance rate was high, which indicated a considerable concern by the majority of hospitalisation units. The clinical pharmacist integration into hospitalisation units improved the quality of patient care, especially through pharmacokinetic monitoring and dose adjustment in renal failures.