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Objectives: Since April 2014, an ASP has been implemented in hospitalization units in a 580 bed hospital. The aim was to assess the degree of acceptance of interventions in antibiotic therapy mediated through the multidisciplinary team compared with those developed by the hospital pharmacy department. As a secondary objective, we analyzed the type of interventions developed and the impact of ASP activity on consumption of antibiotics.

Material and methods:

- ❖ **Retrospective observational study** from its implementation period to February 2016.
- ❖ **Patients selection:** hospital pharmacy selected patients with antibiotics suitable for optimization through the **unit dose drug distribution** and **pharmacokinetics area**.
- ❖ **Type of intervention:** depending on the degree of urgency, the intervention was direct (by contacting the prescriber orally or in writing) or through weekly meetings with the multidisciplinary team.
- ❖ **Statistical study:** χ^2 test for qualitative variables by STATA/IC-14.1

ASP TEAM

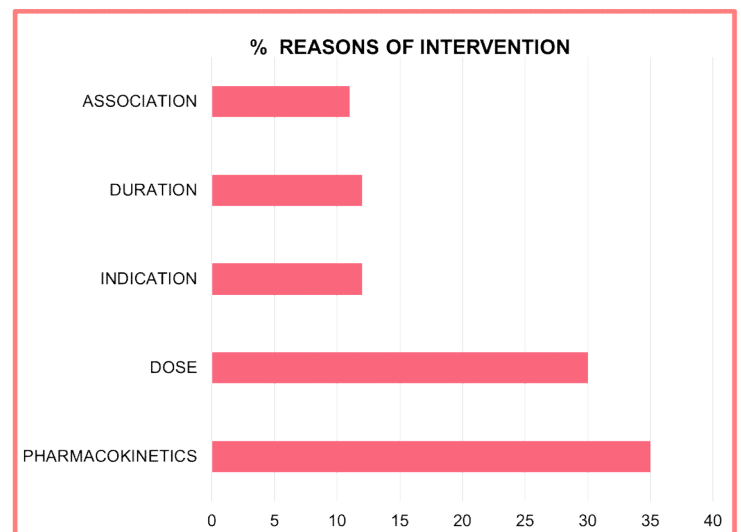
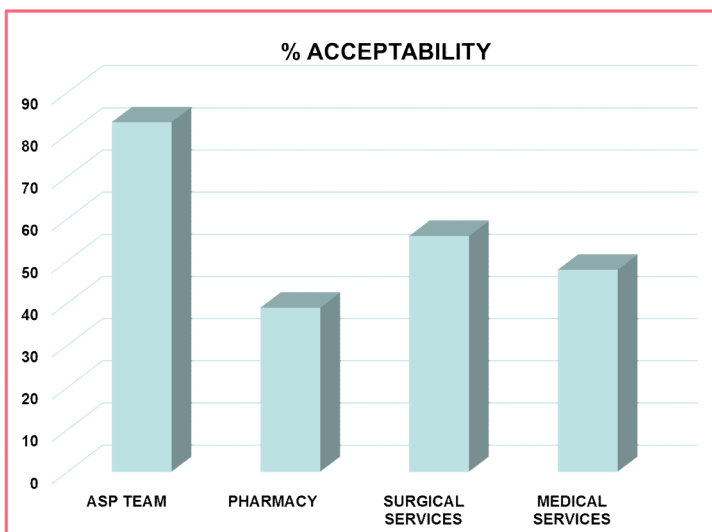
- 2 clinical pharmacists.
- 2 infectious diseases physicians
- 2 microbiologists

REASONS OF INTERVENTION

- Dosing
- Pharmacokinetic
- Duration 8 > días
- Not justified associations.
- Indication
- Sensivity Testing

Pharmacoeconomic Indicator: number of defined daily doses (DDD)/100 days bed was estimated monthly, and the decline on the impact on healthcare that led to the implementation of the programme was quantified.

Results: After 22 months of implementation, 289 episodes in 216 patients (aged 64.8 years, SD=18.1) was proposed to optimize antibiotic therapy. Interventions mediated by the multidisciplinary group were more accepted than those mediated directly by the pharmacy department (83% vs 39%; $p < 0.001$). Acceptability in surgical and medical services was 56% and 48%, respectively. The annual NDD/100 days bed in monitoring antibiotic was reduced by 17% following the implementation of the ASP.



Conclusions: The significantly greater efficiency of the interventions in the optimization of antibiotic therapy mediated through multidisciplinary programs was demonstrated.