



Evaluation of pharmacist clinical interventions profile in a University Hospital

CPC052

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BACKGROUND AND OBJECTIVE:

The pharmacist is incorporated step by step to daily clinical activities at hospital. However, there is still a lack of uniformity both among the tasks assumed and also the way of performing these tasks. The aim of this paper is to evaluate the profile for clinical pharmacy interventions at University Hospital environment.

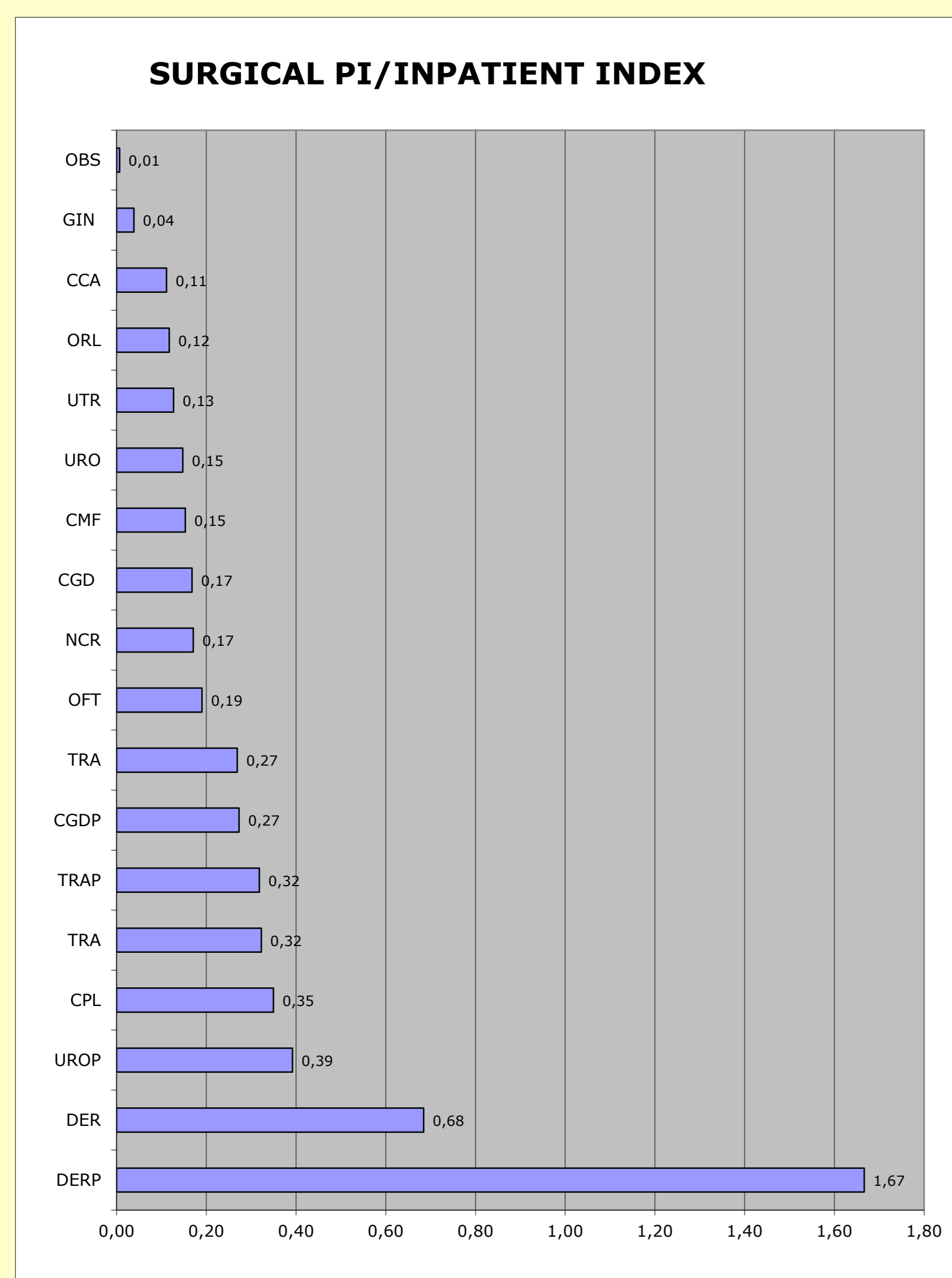
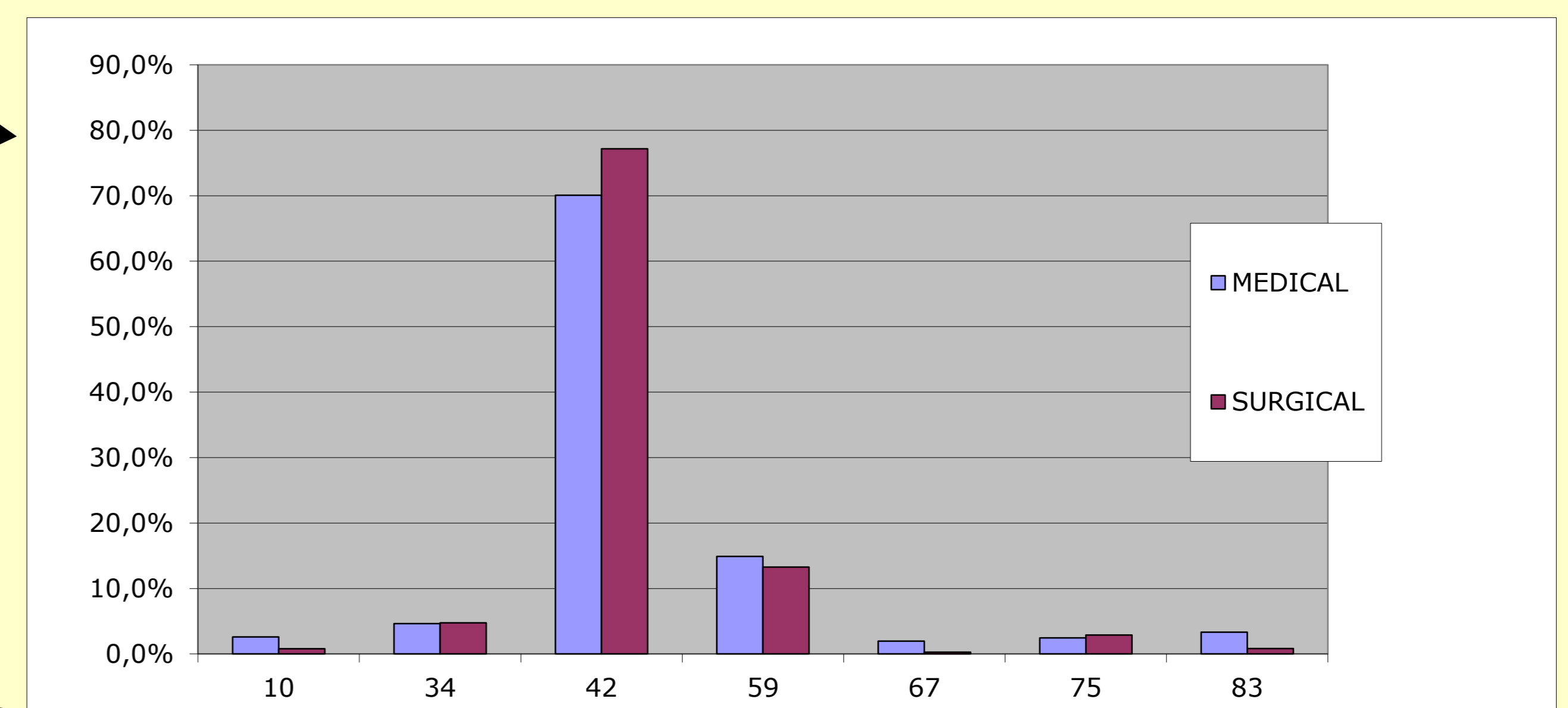
METHODS:

We performed a prospective, open and descriptive study for twelve months (January-December 2010) of the interventions made by pharmacists in a centralized model, after establishing a classification of tasks, and their codification, that the pharmacist could assume in relation to the clinical patient management. This relation was made after reviewing the methodology proposed by Dader Group (Granada's pharmaceutical group), and introducing some important modifications.

As a previous result we proposed an encoding system of pharmacist's clinical tasks grouped into seven categories: proposing to withdraw a drug, propose to incorporate a drug, exchange, dosage recommendation, confirmation personal treatment, information and monitoring.

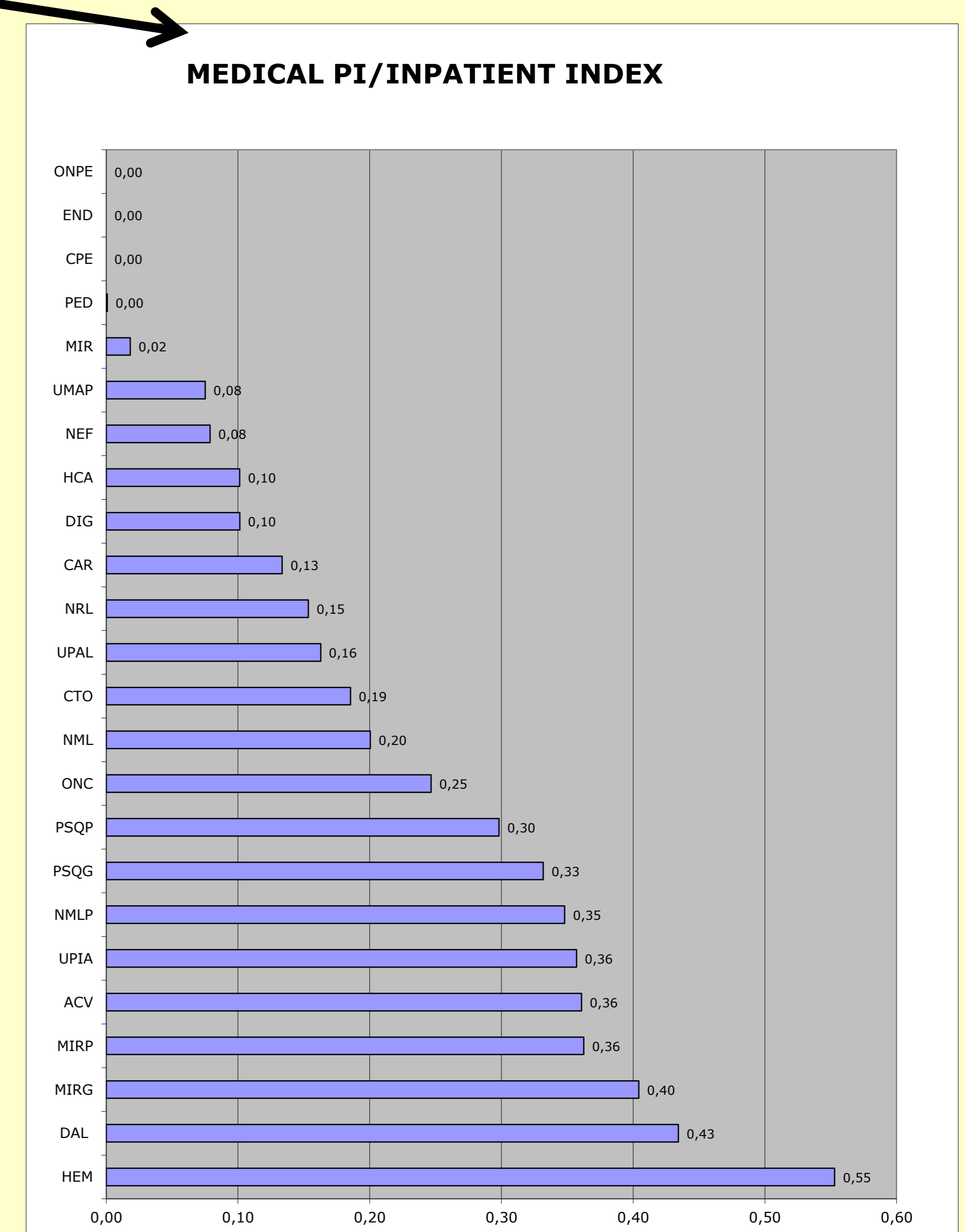
RESULTS:

| | Surgical | Medical | Clinical Wards without unit dose |
|-----------------------------------|----------|---------|----------------------------------|
| Inpatients | 17.437 | 14.545 | 3.660 |
| Pharmaceutical interventions (PI) | 3.200 | 3.836 | 183 |
| PI/inpatient index | 0.18 | 0.26 | 0.05 |



PHARMACEUTICAL INTERVENTIONS CODES

| CODE | INTERVENTION | Description |
|------|-------------------------------------|--|
| 10 | To suggest a new treatment | Patient is not prescribed a treatment that he needs. |
| 34 | To suggest to eliminate a treatment | The patients is treated with no indication Duplicity Adverse reaction Pharmacological interaction Alergy |
| 42 | Drug Exchange Program | Interaction Alergy Substitution (the same drug) Therapeutic equivalent (Different drug) |
| 59 | To suggest a posology change | Dose change Administration route change Treatment duration change Secuencial therapy Frequency of administration change Dose monitoring |
| 67 | Drug monitoring | To resolve a monitoring problem To demand a drug monitoring level To manage the outcome of any treatment |
| 75 | Treatment review | Treatment Reconciliation |
| 83 | Clinical Information | Any activity related with drug information to patients, nurses or doctors. |
| 91 | Others activities | |



CONCLUSION:

The pharmaceutical intervention profile does not change between surgical and medical units in our centralized model. The intervention rate for wards with unit dose is five times higher. The average intervention rate is 0.22. The higher average intervention rate for medical units is 0.55 (Hematology) , and for surgical units is 1.57 (Dermatology).

CONFLICT OF INTEREST

No conflict of interest

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