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Background

The Italian Ministry of Health promoted in 2010 a project to improve the management of cancer drug treatments in five Italian oncology hospitals.

A pharmacist was assigned to assist physicians in prescribing. One of the main aims being improving the quality of the data recorded in the Italian web-based Register on oncology drugs.

The register onco AIFA was set up in 2006 to evaluate new and costly drugs introduced in the market. For each drug, it ensures both patient eligibility and periodic evaluation of treatment toxicity and patient follow-up.

The monitoring of AIFA register was one of the process indicators of the project. (tab.1)

Process indicators	Description	Calculation method	Frequency of collection	Frequency of analysis
Appropriateness of prescribing	Requirements in accordance with the tumor registry AIFA	number of prescriptions included in the register AIFA / number of prescriptions to be entered in the register AIFA	Monthly	Quarterly
	Monitoring of off label prescriptions	number of prescriptions off-label approved / number of prescriptions off-label detected	Monthly	Quarterly
Optimization of medication management in the department	Reduction in euros stocks of drugs in the wardrobe department	euro value of medicines in the cabinet of department / euro value of medicines in the cabinet department in the same period last year	Quarterly	Quarterly

Tab.1. Process indicators of the project

Objectives

One of the outstanding critical issues in the management of the onco-AIFA register was the delay in the data entry of toxicity/patient reevaluation.

The objective of this project was to verify how the pharmacist's activity could improve the data quality in the tumor registry, which represents a potentially powerful tool in outcome research.

Materials and Methods

A daily monitoring of the recorded data allowed to identify the pending requests. A reminder e-mail was daily sent to each physician to highlight the incomplete records. Number of patients entry data / overall patients treated, number of treatment completed forms / overall treatments, risk sharing reimbursement obtained / overall treatment cost were evaluated as indicators of the process efficiency.

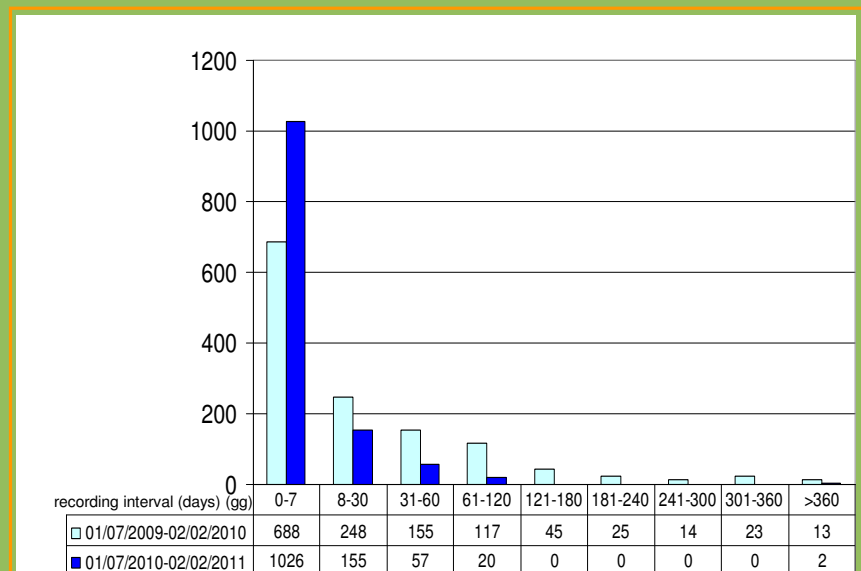
Results

Owing the centralized drug distribution in the IOV Pharmacy department, all treated patients were eligible and inserted in onco-AIFA.

Improving margins have been focused, rather than as "number of entries", as number of closed and reimbursed treatments; both doubled compared to the period before the project. In addition, data suggest the investigation and the evaluation of others indicators, which could better demonstrate the efficiency of pharmacist's role in the department.

Although daily data entry was not achieved, a significant improvement (81,42% vs 51,80%) in records within a week was obtained.

A predefined report has been developed and suggested as standard format for monitoring oncology data.



Istograms represent the frequency of timing update (expressed in intervals of days, between the date of competence and that of the system).

Conclusions

Results obtained confirm the value of the pharmacist in a multidisciplinary team as part of the process of patient care as warranty of prescriptive appropriateness and as an "added value" in different areas of health intervention, including administrative implications

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