

ANALYSIS OF PRESCRIBING QUALITY INDEX (PQI) IN HOSPITAL CARE AND STRATEGIES FOR IMPROVEMENT

I. Moya-Carmona 1, C. Estaún-Martínez 1, Y. Dominguez-Rivas 1, J.M. Fernández-Ovies1.
1 Hospital Virgen de la Victoria, Pharmacy Service, Málaga, SPAIN.

Background

Drug therapy represents a major portion of health care spending. Drug utilisation research contributes to optimise drug policies in a rational drug use context.

Purpose

To analyse PQI results in our centre and to identify new strategies in order to reinforce its compliance.

Material and methods

Descriptive study based on the information arising from the PQI result in November 2015–October 2016 compared to the previous two years. PQI is a tool proposed by our health care service (HCS) in order to establish a qualitative and quantitative assessment of drug prescribing. The index includes 14 items for specific improvement objectives for different therapeutic areas, and they are weighted according to their importance to the global pharmaceutical spending (optimal 10 points, minimum 5). Data on defined daily dose (DDD) and prescriptions (number, cost, medical department) were retrieved from the Microstrategy® assistance application.

Results

In Nov 2013–Oct 2014 our centre scored 6.71 (HCS average 4.83), in Nov 2014–Oct 2015, 4.72 (4.83), and in Nov 2015–Oct 2016 2.54 (2.37). Due to the evident decline, an in-depth analysis was imperative in order to reverse this trend. Analysis showed imbalance when data were broken down by medical department. Most of medical departments achieved minimum score of 5 points at PQI, but they did not reach minimum score for those items with higher impact in their pharmaceutical consumption. Comparing the data between Nov 2014–Oct 2015 and Nov 2015–Oct 2016, we observed poorer results for the following items (therapeutic group (treatment of choice)): second-line antihyperglycemic therapies (glicazide, glipizide, glimepiride), insulin treatment (intermediate and biphasic), lipid lowering medication (simvastatin), high blood pressure medication (angiotensin-converting-enzyme inhibitor ± thiazides and angiotensin-II-receptor-antagonists losartan ± thiazides), antidepressants (selective serotonin reuptake inhibitors). Endocrinology, Cardiology and Mental Health medical departments were responsible for the low scores in those items. Consequently, a programme was designed and implemented to ensure the achievement of the PQI objectives: medical departments will have to comply with only 3/14 items from PQI, those who represent ≥80% overall DDD consumption in their department. Scores are now regularly reviewed in order to identify possible deviations and take the actions necessary to correct them. First results are reported positive (August 2017 2.88), particularly in Cardiology department.

Conclusion

Analysis of PQI results is essential to adapt the specific improvement objectives to the medical units, in order to grant a sustainable high-quality public health system.