

# NEW REQUIREMENTS OF OUTPATIENTS IN THE COVID-19 ERA: ADAPTING PHARMACEUTICAL CARE

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LACALLE FABO E. <sup>1</sup>, BELOQUI LIZASO J.J. <sup>1</sup>, DE MIGUEL GAZTELU M. <sup>1</sup>, ILLODO BECERRA J.A. <sup>1</sup>, LARRAYOZ SOLA B. <sup>1</sup>, LARREA GOÑI N. <sup>1</sup>, SANMIGUEL ELCANO R. <sup>1</sup>,  
ARRONDO VELASCO A. <sup>1</sup>, SAROBE CARRICAS M. <sup>1</sup>, NOVAJARQUE SALAS L. <sup>1</sup>  
<sup>1</sup>COMPLEJO HOSPITALARIO DE NAVARRA, PHARMACY, PAMPLONA, SPAIN.

## BACKGROUND AND IMPORTANCE

Adapt the Outpatients Care activity to the scenario arising out of the COVID-19 pandemic

## AIM AND OBJECTIVES

- Reorganization of the area
- Non in-person consultation
- Medication Home Delivery (MHD)
- Reduce patient attendance in Day Hospitals

## MATERIALS AND METHODS

### PHASE 1 (P1)

Reinforcement of Human Resources, increase and easy the presential and telepharmacy schedule, adaptation of the facilities.



### PHASE 2 (P2)

Advanced preparation of the medication, MHD, substitution of intravenous treatments by subcutaneous.

### Implementation:

P1 activities began 2 weeks prior to the announcement of the State of Alarm (SoA, 16/03/2020) and then P2 began and continue for vulnerable patients.

The telepharmacy and MHD have been conducted at the patient's request. Delivery routes and alternative urgent delivery systems were established.

Our project is currently underway in a proactive, selective and continuous way.

## RESULTS

### COMPARISON OF OVERALL ACTIVITY IN WEEKS 12-19

Activity in **2020** has been 5,550 consultations (the estimated activity would have been 7,030 consultations)

4,414 (79.5%) in-person  
1,136 (20.5%) telematic

1,480 consultations (21% of the theoretical ones) have been omitted

In-person activity in **2019** has been of 5,973 patients

In-person activity has decreased from 5,973 patients in 2019 to 4,414 in 2020 (-23.3%)

Week	12	13	14	15	16	17	18	19
Distribution of MHD	30	131	232	190	168	155	115	115

Waiting times for in-person consultation have been reduced from an average of 5.2min/patient in the pre-alarm period to 3 minutes during the alarm (-42.3%).

## CONCLUSIONS AND RELEVANCE

The experience gathered may apply to detect the areas of improvement, consultations should be made proactively and have tools to qualitatively analyze omitted activity, and have a system to account for tele assistance that has not resulted in dispensing medication or MHD.