BACKGROUND and IMPORTANCE

Hospital at home (HaH) units provide hospital-level care at home to patients who would otherwise remain hospitalized. HaH unit is a hospital-based with a multidisciplinary team in which the pharmacist role is essential to provide pharmaceutical care in potential medication related problems. Our HaH unit was started in 2015 and 1340 patients were admitted until August 2019.

AIM and OBJECTIVES

To analyze the pharmacist interventions (PI) in HaH admitted patients.

MATERIAL and METHODS

Retrospective study between December 2018 and August 2019. All patients admitted in HaH unit were included, except those under 65 years old or with less than 5 drugs prescribed. PIs made by email and by electronic notification were recorded. Phone PIs were excluded. PIs were classified by intervention type (medication review, pharmacokinetics monitoring, prescription validation, information and therapeutic reconciliation), reason for intervention and therapeutic recommendation.

RESULTS

During this period there were a total of 80 PI in 53 patients included from a total of 425 patients admitted to HaH unit. Most patients (63.5%) had more than 10 drugs prescribed and presented an average of 74.7 years old.

13 cases of severe interactions were detected, of which 69.2% led to drug alteration and 30.8% to deprescription.

The acceptance rate of pharmacist recommendation was 96.3%.

CONCLUSION and RELEVANCE

PI were mainly in polymedicated patients, reinforcing the need of pharmaceutical care due to this high risk patients. Although the study population was small, compared with total patients admitted in HaH, the PIs showed a high impact, reducing potential harm to patients (antibiotic with low therapeutic index, detection of severe or moderate interactions). The interventions high acceptance rate by the physicians reveals their importance and significance. The participation of a pharmacist in the HaH team contributes to improve patients safety and avoid drug related problems.

REFERENCES