ANALYSIS AND EVALUATION OF PHARMACEUTICAL INTERVENTIONS PERFORMED IN THE EMERGENCY DEPARTMENT OF A TERTIARY HOSPITAL

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BACKGROUND AND IMPORTANCE
Prescription in the emergency department (ED) is compromised by multiple causes, which could lead to a higher risk of medication errors.

AIM AND OBJECTIVES
To compare and analyze the pharmaceutical interventions (PI) performed on frailty patients (FP) with those performed on the rest of the patients (ROP).

MATERIALS AND METHODS
• Prospective interventional study (January 2019-June 2019) in a tertiary hospital.
• Daily medical reconciliation of chronic and acute treatments of patients in the ED.
• Data collected: age, sex, kind of patient (FP, ROP), recorded in the electronic medical history. PI performed, kind of PI, kind of drug in which the intervention is performed and rate of medical acceptance.
• Classification of drugs: high-risk drugs (HRD), potentially inappropriate drugs in the elderly (PID), and others.

TYPE OF PATIENT
• FRAILTY PATIENT
  Classified by their Primary Care Physician
  Personal interview with the patient and face-to-face PI with the ED physician.
• OTHER PATIENTS
  Medical reconciliation and PI carried out electronically.

RESULTS

PI ON FRAILTY PATIENTS
64 patients; mean age 70.2 years; 65.5% men;
Nº PI = 188; Nº PI/patient = 3.1

ODAT 11.2%
Other 12.7%
ID 16.0%
DP 16.5%
MRE

OVERALL ACCEPTANCE RATE: 80.9%
ACCEPTANCE RATE OF PI ON HRD: 85.7%
ACCEPTANCE RATE OF PI ON PID: 73.9%

PI ON OTHER PATIENTS
357 patients mean age 76.4 years; 50.0% men;
Nº PI = 370; Nº PI/patient = 1.25

OD... 5.1%
DP 5.4%
ARF 7.8%
PED 14.7%
MRE 18.1%
Ot... 19.4%
DI 29.5%

OVERALL ACCEPTANCE RATE: 69.0%
ACCEPTANCE RATE OF PI ON HRD: 75.0%
ACCEPTANCE RATE OF PI ON PID: 40.5%

CONCLUSION AND RELEVANCE
The high rates of acceptance of the PI show that the integration of the pharmacist in the multidisciplinary ED team improves the safety of the prescriptions, especially when the pharmacist is physically present.