



THE ROLE OF HOSPITAL PHARMACIST IN MONITORING DRUGS AND MEDICATIONS PRESCRIPTION IN THE HOME CARE SERVICE: A GUARANTEE OF APPROPRIATENESS

C. MARELLA¹, C. MALPANGOTTO¹, D. PEZZELLA¹, M. GIOLITO¹, A. MARTINO¹, C. RASCA¹, M. MASSA¹
¹ASL VERCELLI - OSPEDALE SANT'ANDREA, HOSPITAL PHARMACY, VERCELLI, ITALY.



Among the skills of the NHS pharmacist, the monitoring of medical prescriptions in terms of correctness and appropriateness is essential. Concerning home care service in Vercelli, family doctors visit patients at home once a week and requires drugs and medications directly to Hospital Pharmacy, to guarantee a fast supply, more control and management of correctness and appropriateness.

Background and importance

Aim and objectives

Referring to national regulations, the Hospital Pharmacy of Vercelli has launched a program of controls in order to ensure a correct prescribing behavior by family doctors for patients at home care service (ADI) in order to identify prescriptive anomalies and guarantee a correct and appropriate drugs supply to patients.

Pharmacists collected prescriptions drawn up by family doctors on a specific form and received between 01/07/2020 and 30/09/2020. Using a database, we registered and analyzed the appropriateness of prescriptions in terms of posology, existence of any therapeutic plans for particular drugs, quantity required in each request to be coherent with the hospital protocol (maximum 30 days), presence of required drugs in the PTA (pharmaceutical formulary), the patient's and doctor's individual data to be complete and readable.

Material and methods



Results

On 623 prescriptions received, 58 (9.23%) resulted in at least one prescriptive anomaly: in 44 prescriptions posology wasn't indicated, in 15 prescriptions quantity of drug required exceeded 30 days of therapy, 8 prescriptions contained drugs not in pharmaceutical hospital formulary and 6 prescriptions presented other kind of anomalies (doctor/patient not identifiable, any indication of quantity required, unreadable drug etc). During UCAD (District Activity Coordination Office) meetings with family doctors, pharmacists presented the results obtained, asking them to correct their prescribing behavior. Doctors who reiterated their mistakes in different requests were contacted directly to discuss individual cases.

While wanting to analyze the prescriptions in a similar period of time (next three months), results obtained in the first fortnight of October (85 correct prescriptions out of 86 received) show how the intervention of hospital pharmacist, in collaboration with the professionals involved in patient care, can lead to an improvement in prescribing behavior, in order to protect the patient's health, the appropriateness of use of drugs and the management of resources.

Conclusion and relevance