

EVALUATION OF CLINICAL PHARMACIST INTERVENTIONS IN A UNIVERSITY HOSPITAL LOCATED IN A RURAL AREA IN LEBANON

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INTRODUCTION

Clinical pharmacist role has grown considerably in the last period of time due to its prominence in coordinating with healthcare professionals to achieve optimal health outcomes. Few studies have been published regarding the clinical pharmacist interventions in Lebanese hospitals, and none concerning remote hospitals has been done.

OBJECTIVES

To evaluate the impact of clinical pharmacist as a member of the healthcare team and as a drug information source, and to evaluate the clinical pharmacist interventions acceptance rate at the Centre Hospitalier du Nord (CHN) University Hospital located in a rural region of Lebanon.

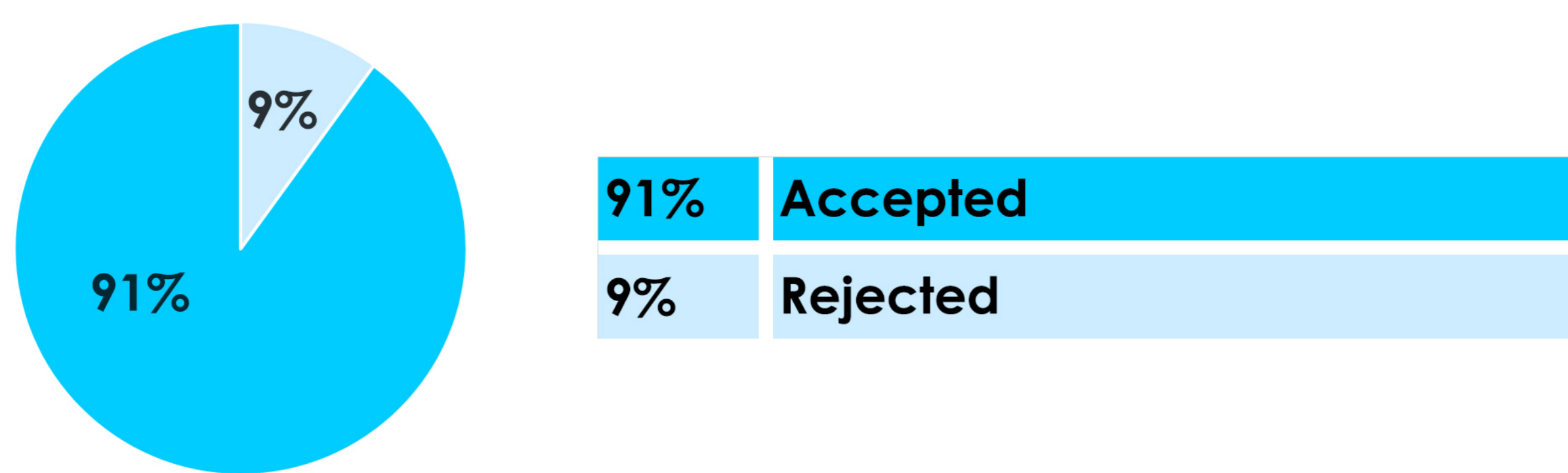
METHODS

A 12-month prospective analysis was conducted in the Internal Medicine department of CHN where a clinical pharmacist was attending daily rounds for 3-4 hours and spending the rest of the working hours checking prescriptions and answering drug information questions. All performed interventions were documented on a "Pharmacist Intervention" form. After data entry, the statistics were analyzed by the clinical pharmacist, reported and discussed every 2 months at the Pharmacy and Therapeutics committee.

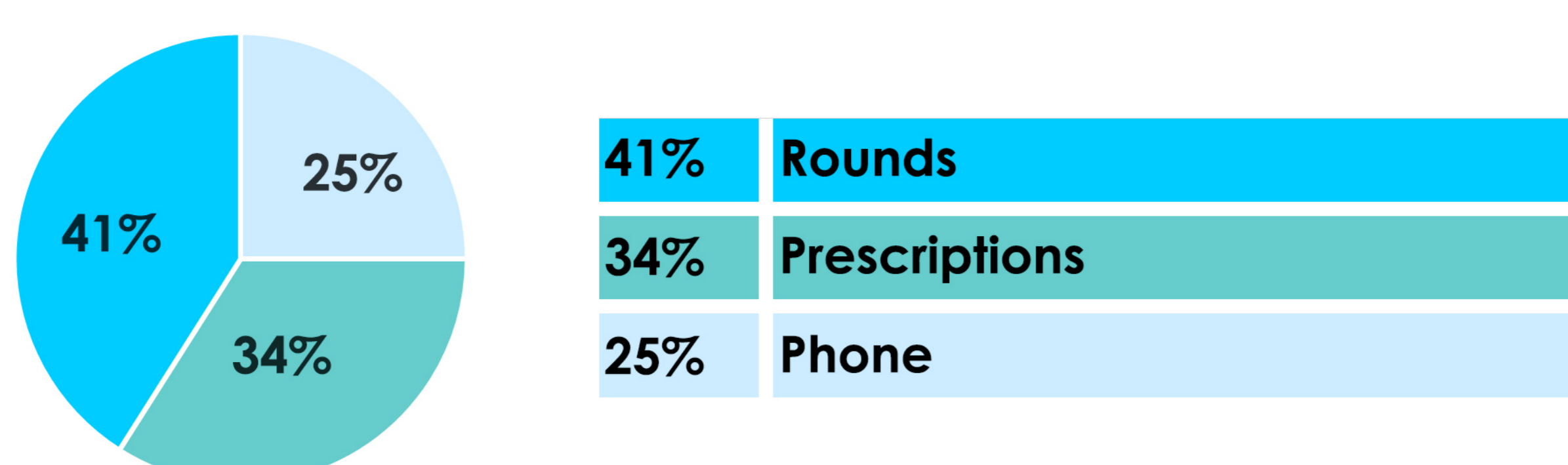
RESULTS

1631 interventions were performed by the clinical pharmacist; 91% were accepted and 9% were rejected. The major source of interventions was the daily rounds (41%) followed by prescription checking (34%) and pharmacy phone calls (25%). The MDs (physicians and medical residents) were the contact persons in 60% of the cases followed by the nurses (38%) and others (2%).

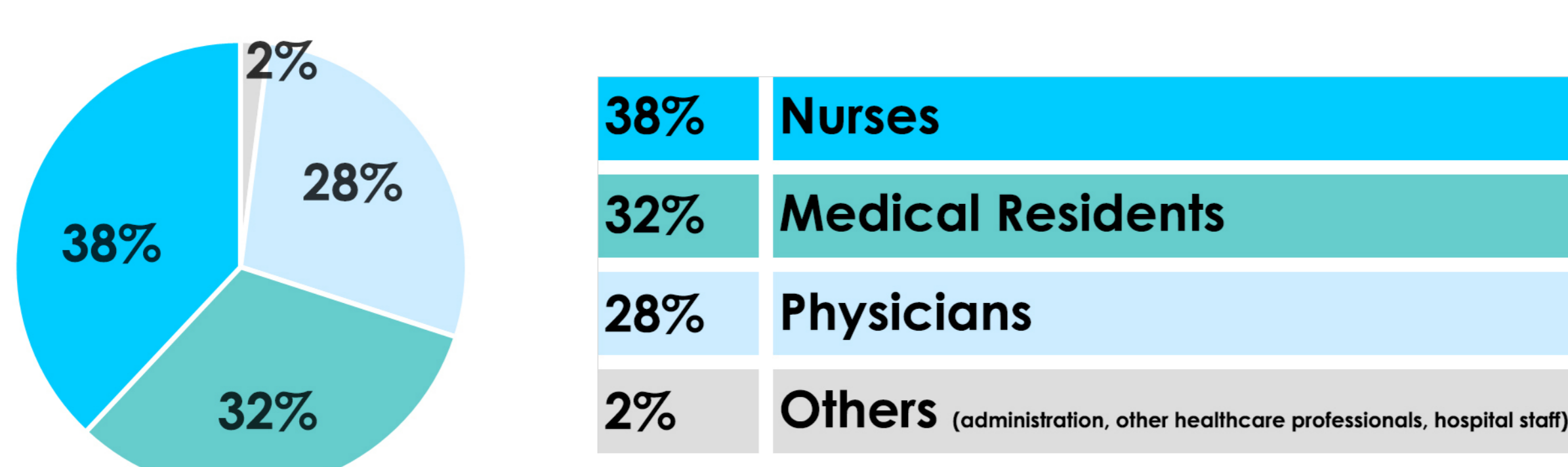
Intervention Acceptance Rate



Intervention Source

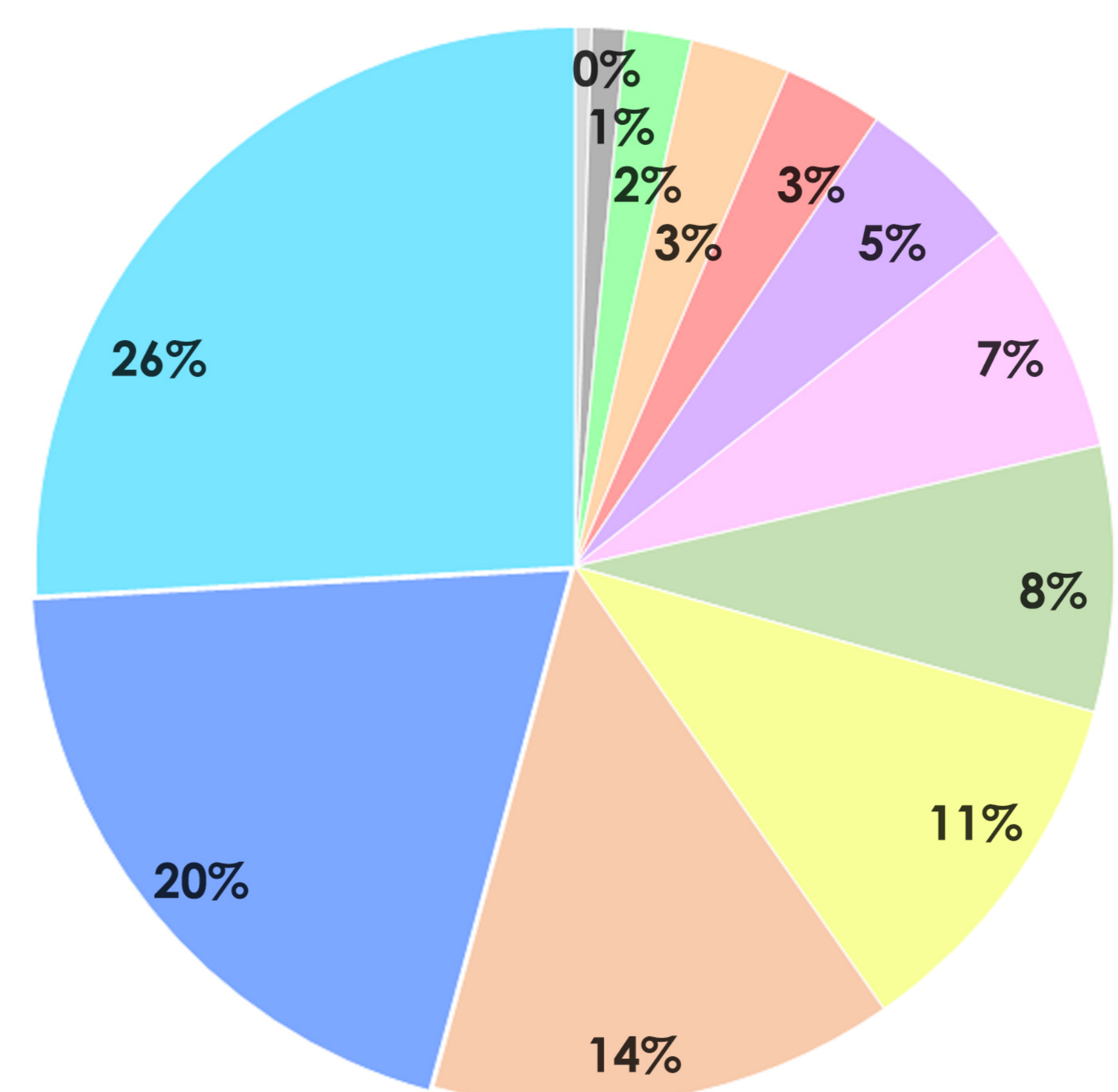


Intervention Contact Person



The frequency of performed interventions was as follows: order clarification (26%), alternate route (20%), therapeutic consultation (14%), drug information (11%), dose adjustment in renal impairment (8%) followed by the other categories.

Intervention Categories



26%	Order clarification
20%	Alternate route
14%	Therapeutic consultation
11%	Drug information
8%	Dose adjustment in renal impairment
7%	Formulary conversion
5%	Interaction/compatibility
3%	Antibiotic regimen
3%	Duplicate/unnecessary therapy
2%	Monitoring parameters
1%	Non conformity of medical prescription
0%	Allergy/Disease state contraindication

DISCUSSION

These results expose versatility in intervention types not shown in previous published studies concerning the same topic. These publications have only discussed physician's acceptance rate, and role of pharmacist in drugs' dose/ administration/ initiation and discontinuation. In addition to this, they did not discuss neither the source of the intervention nor the contact person. Also, the acceptance rate reported in these results is higher than the one in the other published studies.

CONCLUSION

This study shows the impact of including a clinical pharmacist in the healthcare team for all the added value that he/ she offers in the different areas of interventions while achieving a high approval rate. The significance of the results is more pronounced because they occurred in a remote hospital where the clinical pharmacist has scarce human, financial and logistic resources.