How best to report pharmaceutical intervention to a medical team?
A clinical relevance assessment.

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Background
The clinical Pharmacy department has recently started working with the medical team of infectious and tropical diseases department. A Pharmacy resident, supervised by a clinical pharmacist, daily analyses 28 patient’s prescriptions.

Purpose
The aim of this study is to evaluate the impact and quality of pharmaceutical interventions (PI) issued over a period of 8 months.

Materials and method
All interventions are recorded and coded according to the criteria defined by the working group of the French society of clinical pharmacy [1]. A note of relevance is attributed separately by the pharmacy resident and the clinical pharmacist to each PI, according to the scale used in the work of Bayliff and Einarson [2].

Scale of clinical relevance

| IP3 | Avoiding a potentially fatal accident |
| IP2 | Prevents organ dysfunction, intensive medical supervision prevents or irreversible sequelae |
| IP1 | Increases the effectiveness of treatment and/or safety of the patient and/or improves the quality of life of patients |
| IP0 | Without direct clinical impact but financial objective, informative, or proposed after the event |

Results

- From January 2012 to August 2012
- 980 patients hospitalized
- 1947 paper prescriptions analysed
- 133 Patients concerned
- 168 Pharmaceutical interventions accepted
- 209 Pharmaceutical Interventions

Conclusions
Highlighting the clinical impact of PI increased the interest of physicians for pharmaceutical work. Consequently, they asked for report more frequent (twice a month versus once a year).

Discussion
It would be interesting to compare these results with impact evaluation of pharmaceutical interventions by physicians.

Bibliography