



Background

- ➔ Previous collaboration between the pharmacy and medical oncology but with many problems due to the physical separation between the two units.
- ➔ Lack of knowledge of the needs of both services.

Objetives

To establish a good feedback, and integration in clinical sessions ➔ with a change of hospital and the creation of new onco-haematology unit (2003).

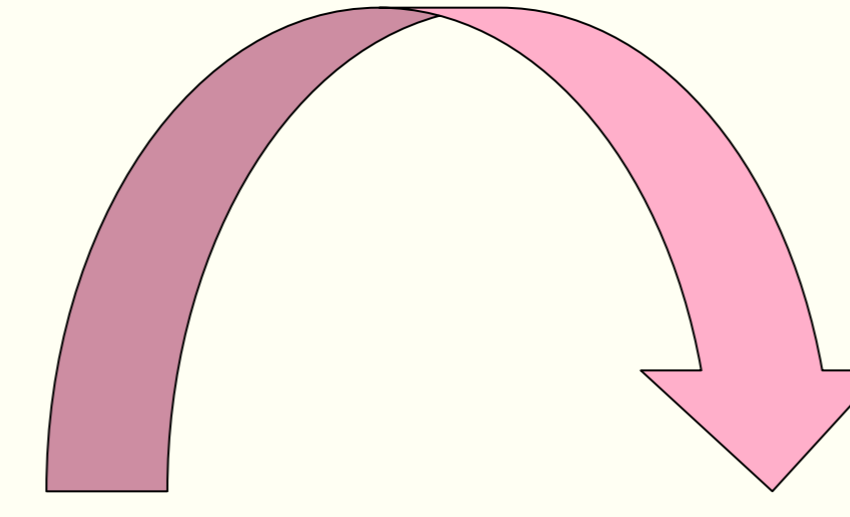
Material and methods

Pharmacist reviews:

- ✓ all chemotherapy prescriptions

If questions arise

- ➔ the physician is contacted.



Contributed to design protocols:

- ✓ Chemotherapy
 - ✓ Supportive care
- Electronic prescribing program

Results:

Work undertaken in 2013:

Variables		
Intravenous chemotherapy prepared	Doses	22.770
Patients consulted the pharmacy	N	9.651
Minimized costs	The preparation of parenteral mixtures at the pharmacy department	N= 2.500.000 €
Aim	Provide the patients with integrated cancer care	
Preparation	Standard or investigational treatments	on the day of blood tests and the medical consultation
Pharmacy consultation	Inform and train the patients and their caregivers	about the use of antineoplastics
	Evaluate prescriptions	medicines, complementary and alternative therapies. drug interactions, update the records
	Dispense doses	adjust them to help improve treatment, adherence and tolerance
Research	Clinical trials	N=166
	Research projects	- Pharmacogenetics - Adherence with an electronic monitoring system
	Several publications	∑IF=84
Other activities	Clinical and teaching reference model	trains residents and staff from other hospitals

- Unit Growth ➔ 4 pharmacists (BCOP),3 nurses,1 technician and 1 investigator.
- Introduced ➔ Standard UNE 179003 and ISO9001.
- Avoiding incidents and errors (0.5%).
- High average patient satisfaction (93%).

Conclusion:

- ✓ We now allow direct patient interaction through an e-consultation platform and Twitter.
- ✓ A staff training and traceability system for preparation and administration (barcode) has been implemented.

Acknowledgements

Team