Short, targeted newsletters improve adherence to national treatment guidelines

Ane H. Mortensen, Cand. Pharm.
Clinical Pharmacy, Viborg Regional Hospital, Denmark

What was done?

- Short newsletters showing the ward’s degree of adherence to national treatment guidelines were emailed to the chief consultant of the specific ward.

Why was it done?

- Previously, a quarterly report showing adherence to national treatment guidelines was issued to all hospital administration.
- Administrations often failed to forward the report and even when it was done, consultants didn’t read it.
- Prescription patterns didn’t change despite the report highlighting the wards that weren’t complying with national treatment guidelines.

How was it done?

- A 6-person analytical team, which includes 3 hospital pharmacists, monitors adherence to national treatment guidelines.
- The hospital pharmacists in the analytical team write and send the newsletters direct to the chief consultant.

What was achieved?

- It seems as if the introduction of more targeted information has led to more rapidly changing prescription patterns (figure 1).
- Example: oral iron chelating agents
  - National council for the use of expensive hospital medicines recommends change from deferasirox to deferipron from July 1st 2015.
  - The total increase in the percentage of deferipron use on hospitals in our region was 351% after one year compared to an increase of between 0 and 19% in the other four national regions.

What is next?

Continued and increased use of targeted communication in the health care system is required to ensure that specific information reaches the relevant players.

Figure 1: Oral iron chelating agents on haematology wards in Central Denmark Region (percentage of treatment days)

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For further information contact: anehni@auh.rm.dk

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