EVALUATION OF PHARMACEUTICAL INTERVENTIONS: DEVELOPMENT OF A BELGIAN CLASSIFICATION

Aim and objectives To evaluate pharmaceutical interventions and the degree of acceptance, and to evaluate the quality of interventions and optimise the process.

Material and methods A descriptive retrospective study of 3 years’ duration of the interventions performed (October 2016–September 2019) was carried out. After reviewing and validating the electronic medical prescriptions and communicating to the responsible physician any possible medication errors detected by electronic messaging or by telephone, the pharmacist recorded the interventions performed daily in a database, classifying for further analysis.

Results A total of 5137 interventions were recorded in 4032 patients. Of these, 3032 were accepted after communicating them to the prescribing physician. A total of 25.36% of the interventions were related to therapeutic duplications, 13% to drug interactions, 12.09% to documented drug allergies, 10.6% to dose error (66% excessive dosage and 34% insufficient dosage), 8.6% required clarification/request for information because of an incomplete medical order, 8.75% were inappropriate or unavailable pharmaceutical form, 8.5% were medications not included in the hospital guide and 5.5% were inappropriate dosage range. etc. The services with the highest number of interventions were internal medicine 1436; neurology 356; cardiology 350; digestive 349; oncology 335; infectious diseases 290; psychiatry 183. The degree of acceptance of the interventions in the internal medicine service was 49%; digestive (79%); neurology (73%); and cardiology (75%).

Conclusion and relevance Pharmaceutical interventions improve the quality of care and patient safety by reducing medication errors. The service with the highest number of interventions was internal medicine, although the degree of acceptance was not very high. These results highlight the importance of pharmaceutical interventions and suggest the need to implement an automatic registration system for the interventions performed, integrated into the electronic prescription programme, in order to facilitate interventions and promote their acceptance.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-168 DEVELOPMENT OF A BELGIAN CLASSIFICATION SYSTEM FOR CLINICAL PHARMACY ACTIVITIES

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10.1136/ejhpharm-2020-eahpconf.269

Background and importance Registration of clinical activities and interventions is essential for an objective evaluation of the pharmacist’s contribution to pharmacotherapy. However, in Belgium, a nationally standardised classification system is lacking, prohibiting structured and uniform registration of drug related problems (DRPs) and pharmaceutical interventions (PIs), thus complicating benchmarking and feedback to management and government.

Aim and objectives To develop and validate a Belgian classification system for clinical pharmacy activities, based on the literature and stakeholders’ opinions.

Material and methods Firstly, existing classification systems for DRPs and PIs were identified through a systematic literature review. Secondly, through a nationwide electronic survey (Snap Surveys; June–July 2018) we assessed current registration practices of Belgian hospital pharmacists and their opinions.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-167 EVALUATION OF PHARMACEUTICAL INTERVENTIONS: IMPROVEMENT PLANS

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10.1136/ejhpharm-2020-eahpconf.268

Background and importance Medication errors are frequent in the hospital setting, increasing the morbidity and mortality of patients. The pharmacist detects medication errors, preventing the appearance of medication related problems through pharmaceutical care and pharmacotherapeutic follow-up.
regarding an ideal registration system. This information was used to develop a preliminary version of the classification system, which was further evaluated by major stakeholders (hospitals, universities, government) during a focus group discussion (September 2018). A final version was validated and assessed for interrater reliability in a second nationwide electronic non-Delphi survey (March–April 2019), comprising the classification of DRPs and PIs in 45 theoretical cases. Participants were also asked to score interpretability, user friendliness and user satisfaction.

Results Following the literature review, 22 classification systems were identified, all with different categories and numbers of categories. Both the survey and focus group discussion revealed that the use of validated systems is very scant, but desirable in Belgium, with practicality and time investment as the most important characteristics. The final classification system included seven clinical activities, grouped into four activity classes. The most extensive activity class (ie, medication therapy) included 29 DRPs and 22 PIs. Forty-four hospital pharmacists participated in the validation study. Interrater reliability was substantial for the DRPs (Fleiss' \(\kappa=0.731\)) and PIs (Fleiss' \(\kappa=0.784\)). The classification system was found to be user-friendly, with good interpretability and user satisfaction, resulting in a very high interest to use our system in daily practice.

Conclusion and relevance A classification system, adapted to Belgian clinical pharmacy activities, was developed and validated, and was well received by hospital pharmacists. The final version will be promoted at different levels for use in daily practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.