

Background and Objective

The pharmaceutical analysis (PA) of prescriptions is an act being an integral part of clinical pharmacy. As well, the contract of safe use of medicines – signed by each health establishment and the regional health agency with health insurance – aims a process of continuous improvement of the medication circuit and requires that health establishments evaluate their PA activity. In this context, a regional audit was conducted in 2010 and renewed in 2014, in order to identify trends by providing data on practices, see their evolution in 4 years, and identify the persistent difficulties.

An assessment grid was developed by a multidisciplinary working group (pharmacist, quality specialist, ...)

General information of the grid:

- number of beds with nominative dispensation;
- number of beds benefiting from a PA

Setting and Method

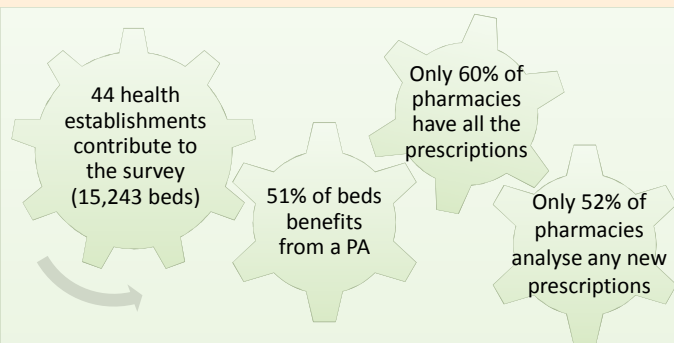
18 questions about pharmaceutical analysis:

- How analysis is realized (on all prescriptions? with which IT tools? Access to medical record);
- level of analysis (towards regulation);
- follow-up of pharmaceutical interventions

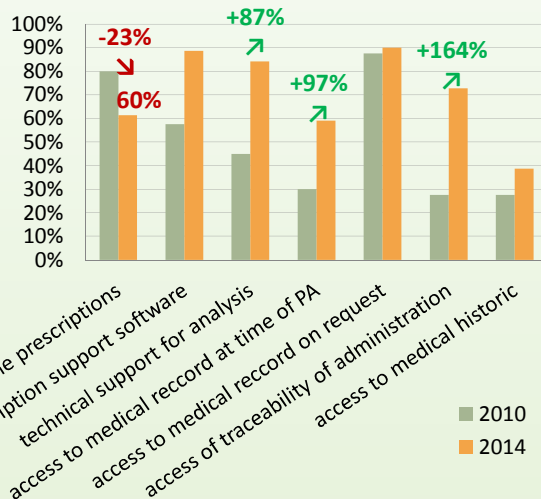
Main outcome measures

Rate of beds with nominative dispensation;
Rate of beds benefiting from a PA;
Rate of positive answers to questions;
Evolution of these rates between 2010-2014 (some questions were not in the 2010 grid, so there is not 2010 value for any questions)

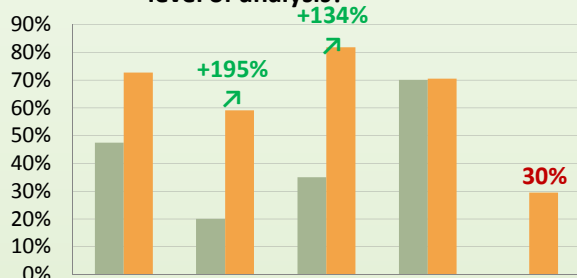
Results



With which element analysis is realized?



level of analysis?

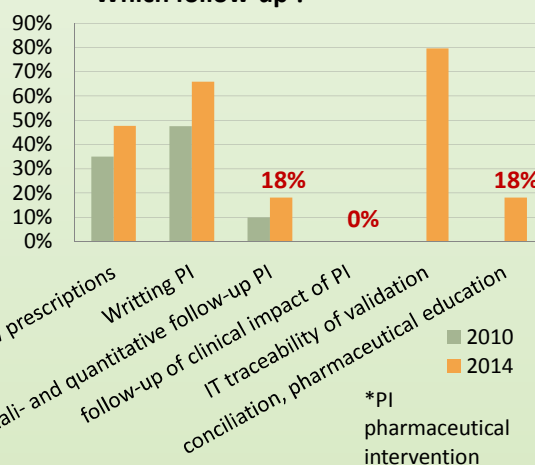


regulatory validation
complete pharmacotherapeutic analysis
consideration of level of drug interaction
use recommendation of proper use
PA targeted on drugs and patients at risk

Despite a rise of access to medical record (+97%), a level 2 analysis (review of therapeutics of patients, access to the medical and biological records of patients) can not be realized for all prescriptions : **40% of pharmacies have not access to medical record.**

For these pharmacies, a **PA targeted on drugs and patients at risk** would be realized, but this is made in only **30% of establishments.**

Which follow-up ?



*PI pharmaceutical intervention

Conclusion

The compared results between 2010 and 2014 showed an important improvement of practices in health establishments thanks to the development of tools and thanks to an improvement policy. But difficulties remain: PA is not realized for any prescriptions; PA is not realized in the same way in any establishments. With the aim of reinforcing this improvement, a regional protocol of PA targeted on anticoagulants and elderly patients is in progress in 2015. The final objective is to realize a level 2 analysis on other drugs and patients at risk, and made conciliation and therapeutic education in care units.