



Why this classic perception of the (hospital) pharmacist? (law 25 mar 1964)

Introduction





embedding in the legislation: law 25 mar 1964, 10 nov 1967 KB nr 78, KB 4 mar 1991, ... establishment of a full medical electronic patient record (full) traceability of drugs /medical devices/sterilisation process

implementation and maintenance of harmonised GMP standards (PE 010-3)

Pilots of clinical pharmacy services

Rise of clinical pharmacy services

Check of medication appropiriateness (COA)

Implementation of quality managemen system (ISO)

Need for regulatory compliance by hospital accreditation (JCI, NIAZ, ...)

Background

Traditional hospital pharmacy

1990

2000

Drugoriented services 2010

Patientoriented services





Background

Current situation of (clinical) pharmacy at UZ Leuven:

- ISO-9001 and JCI accredited
- Establishment of a full medical electronic patient record
- Prescriber support by aCDSS and nurse support by BSS
- Organisation of clinical pharmacy services:
 - Bedside clinical pharmacy on high risk wards
 - Computerized clinical decision support (CDSS): software control of : drug interactions, allergy, food, pregnancy, dosage, therapeutic duplication

Goals clinical pharmacy and CDSS

- improved efficacy and safety of medication use
- Improved patient safety

BUT

- Due to limited resources, bedside clinical pharmacy services are not implemented on a hospital-wide basis in Belgian hospitals.
- Fine tuning of aCDSS needed (cave alert fatigue)
 - Preventing medication errors
 - Need for specificity by computer risk assessment
 - Need for human screening of high risk patients

→ Artificial intelligence, machine learning, clinical pathways and COA





Background

To guarantee patient safety throughout the hospital, specifically targeting patients at risk, we started a new back-office clinical service (= implementation of 'check of appropriateness')

- ·

 centralized service
 - For all patients at risk
 - Personalized advise
 - Evaluation of <u>all</u> prescriptions (independently of drug distribution)
 - Maximum integration of structured data from patient file (e.g. laboratory results, biochemical parameters, ...)

Mar 2016

- Uniform, validated, evidence based
- Unique through computerized risk assessment

End 2015









Jan-feb

May 2016



Vision on Clinical Pharmacy **UZ** Leuven

Bedside clinical pharmacy services

Check of medication appropriateness

> Clinical decision support

Bedside CP on high risk wards

(geriatrics-pediatrics-transplant surgeryabdominal surgery-septic orthopedics)

Projects

(L'mergency – ICU)

Providing expertise

(pain clinic - infectiology - oncology - ...)

- pharmacist control based on computer screening and flow charts

- software control drug interactions, allergy, pregnancy, dosage, therapeutic duplication















COA ... How it works

a view in the command centre

- HIS screens all prescriptions (new and existing) for risks
- Lists with high risk prescriptions are checked by a hospital pharmacist using standardized algorithms
- Interventions are performed via electronic warnings in patient file
- In case of a serious adverse event, a phone call is carried out to the treating physician

Link-KWS	Check	Opvolgnota	gebeld	eadnr	eenheid	Geslach	naam	Leeftijd	kws_omscl	kws_vorm
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http://local	1	0	0		467				MEROPEN	VIAL1G
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COA ... What has been achieved

Development of 75 specific algorithms covering 5 pharmacotherapeutic areas of interest

Evaluation of overruled interventions raised by CDSS

Drugs with restrictive indications

Medication-related biochemical changes

Reimbursement of drugs

Sequential therapy for bio-equivalent drugs

- Education of 8 pharmacists involved in CO(M)A, they cover 0,5 FTE
- During a 6-month period, 19220 prescriptions were checked

19220 11751*



8284 (43%) 815 (7%)*



224 (1%) 224 (2%)*



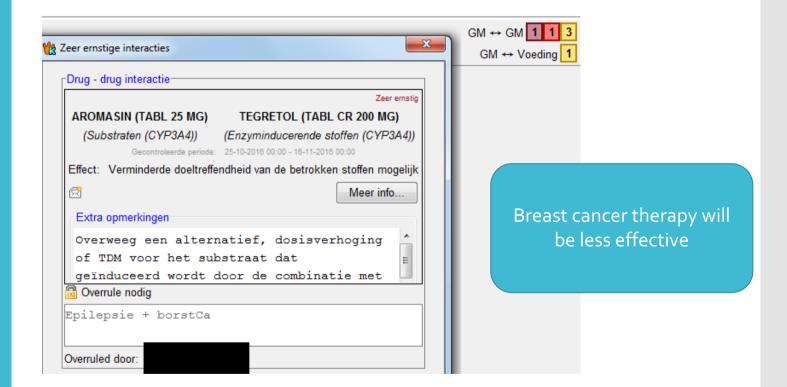
Fig 4. Details of amount of prescription's, electronic warnings and phone calls. * = results without automatic warnings



COA... an example from practice



Overrule severe drug interaction





COA... an example from practice



Overrule severe drug interaction

Medicatie	Toed.	di 01-11	wo 02-11
AROMASIN (TABL 25 MG)	^❷ P0	25 mg	25 mg
#ORFINE HCL (AMP INJ 10 MG/1 ML) # bij pijn om de 4 uur	≠ sc	6*5 mg	
#ORFINE HCL (AMP INJ 10 MG/1 ML) # enkel op de PAZA	IV-Bolus	⇔ 5*1 mg	
#ETHISOM (AMP 100 MG/2 ML) #enkel op de PAZA	IV-Bolus	⇔ 1*20 mg	
DAFALGAN (TABL FORTE 1 G) # bij pijn om de 8 uur	PO PO	3*1 g	
DAFALGAN (TABL FORTE 1 G)	[∞] P0		
PARACETAMOL FRESENIUS (FL INJ 500 MG/50 ML) # bij pijn om de 6 uur	₹ IV-Inf	700 mg (2/3)	3*700 mg (3/4) + 700 mg
PARACETAMOL FRESENIUS (FL INJ 1 G/100 ML)	₹ IV-Inf	750 <mark>m</mark> g	
TEGRETOL (TABL CR 200 MG)	[∞] P0	≠2*200 mg	3*200 mg
LODMETAZEDAM EC (TARL 1 MC)	<u>۵</u> ه	1*1 ma	

03-11-2016 09:21		flap prima , vndg labo als labo ok mag DVC uit, BS uit	ass	sistent	03-11-2016 09:25
02-11-2016 14:25	_	Oncologie gaat nakijken of aromasine therapie dient aangepast te worden advies apotheek: cfr tel gesprek: interactie tussen aromasin en tegretol(Afname	аро	otheek	02-11-2016 14:48
		werking aromasin mogelijk). Graag nazicht therapie			



COA... an example from practice



Overrule severe drug interaction

bevindingen

Geachte collega

Herevaluatie adjuvante antihormonale therapie tijdens opname op dienst reconstructieve heelkunde.

Gezien significante interactie (D) tussen tegretol (sterke CYP3A4 inducer) en aromasin is een posologieverhoging van aromasin volgens het US-label naar 50 mg/dag aangewezen. Er is geen restrictie in het aantal afleverbare verpakking zo aanvraag tot terugbetaling in adjuvante setting werd goedgekeurd. Er werd met patiënte dan ook besproken om de posologie van Aromasin te verhogen naar 1 * 2 tabletten/dag, onder controle van de subjectieve tolerantie. We zien patiënte terug op raadpleging in februari op het multidisciplinair borstcentrum. Dan zal tevens een botdensitometrie worden ingepland.

Met collegiale hoogachting





- Medico-legal framework for the hospital pharmacist to adapt prescriptions in line with the prescribed therapy (e.g. dose escalation, dose reduction, modification of infusion time, ...)
- Continuation of multi-disciplinary collaboration (MFC, DC, IT, ...)
- Evaluation of the current COA process, with emphasis on improving performance
- Development of new algorithms, also expanding to other areas of interest
- Supported by scientific research
 - Satisfaction survey
 - Acceptance trial
 - Measure of clinical/ economic impact



