

D-1461 Classification for pharmaceutical interventions in patient oriented care: a new concept

Background: In patient care, we defined a “pharmaceutical intervention” as a recommendation initiated by a pharmacist in response to a drug-related problem in an individual patient occurring in any phase of the medication process. In daily practice, a classification helps to document interventions and data generated provide a pool for epidemiological studies. Most existing instruments have not been routinely implemented in practice yet and none has been used parallel in community pharmacy and hospital settings. In Switzerland, a classification system was implemented in several hospitals, while in community pharmacies no standardised classification is used. To ease seamless care and to promote mutual information, the structure of the classification system should be similar but provide different levels of complexity.

Purpose: To develop a new concept of classification for pharmaceutical interventions suitable for both, primary and secondary care, and integrable into patient file.

Methods: Previously, we developed and validated a new classification system for hospital setting (GSASA system), starting with an expert panel discussion. During the adaptation of the system for the use in community pharmacies, further discussion rounds followed and relevant classification systems were retrieved by literature research. As a first exploratory trial to test the suitability of the system in ambulatory settings, we analysed protocols of medication reviews (Polymedication-Check, PMC) performed by a community pharmacist and we classified the interventions using the GSASA system.

Findings: We identified the need for a new computerized classification system which allows high flexibility in documenting pharmaceutical interventions. Corresponding to the complexity of the case, the available information, the type of medication review, and the need for follow-up, different levels of classification may be indicated. This instrument should be suitable for both, community and hospital pharmacy practices to provide continuity of care. In a total of 65 medication reviews, 190 pharmaceutical interventions were performed. All of them could be classified with the GSASA system (median of 3 per PMC). Most frequent interventions were “patient counselling, training” (69; 36.3%) “optimisation of administration” (45; 23.7%), “dose adjustment” (13; 6.8%) and “therapy monitoring” (13; 6.8%).

Conclusion: The GSASA classification system proved to be suitable to classify interventions of medication reviews performed in primary care. Further refinements are needed to improve the precision of the system. Thus, the development of one classification system suitable for both, primary and secondary care, flexible for addressing different levels of complexity, and easily integrable in daily practice is a promising approach.

Location of Primary Work: Switzerland

