EE518: Characteristics of the Clinical Pharmacist Interventions at a Tertiary Cancer Care Hospital in Qatar

Dina Abushanab[1], Sara Aldali[1], Daoud Al-Badriyeh[2], Amaal Gulied[1], Anas Hamad[1], Moza Al Hail[1], Palli Valappila Abdul Rouf[1], Wessam El-Kassem[1]
[1]Pharmacy Department, Hamad Bin Khalifa Medical City, Hamad Medical Corporation, Doha, Qatar
[2]College of Pharmacy, QU Health, Qatar University, Doha, Qatar

Background

- Patient safety is 'to do no harm' and the prevention of adverse drug events (ADEs) during the provision of health care to patients
- Despite the increased emphasis on patient safety and improvements in healthcare systems, ADEs are prevalent in clinical practice settings
- Cancer patients, in particular, are at a significantly increased risk of drug-related problems (DRPs)
- There are no published summative reports that describe the clinical pharmacy interventions in practices, including cancer care.

Objective

- We sought to analyze the clinical pharmacy interventions in the primary tertiary cancer care provider in Qatar, the National Center for Cancer Care and Research (NCCCR).

Methods

- The study was a retrospective review of clinical pharmacist interventions, defined as any action by a pharmacist that directly resulted in a change to patient management or therapy over 3-monts period. The study was approved by the Medical Research Center, HMC (MRC-01-19-110).
- The study was conducted at the HGH in HMC, the main provider of secondary and tertiary healthcare in Qatar.

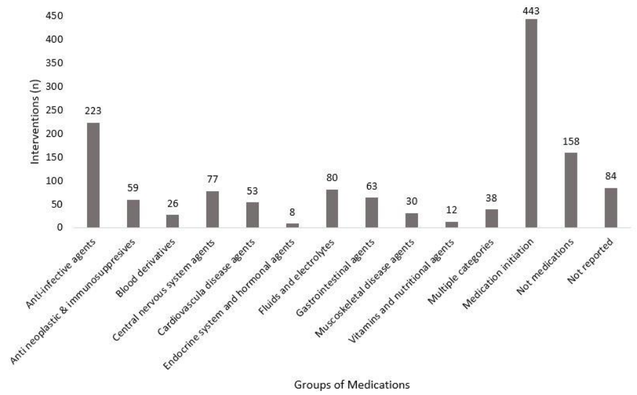
Methods (Cont.)

- The main outcome of this study was to evaluate the nature and prevalence of DRPs among patients admitted to NCCCR. We also reported the types and prevalence of clinical pharmacist interventions to resolve these DRPs.

Results

- A total of 1,354 interventions were reported during the overall 3-month study period in 281 cancer patients, with a ratio of 4.8 CPIs for DRPs per patient
- Around 67% of patients were admitted to the oncology ward, 21% to the PCU, while the remaining patients were admitted to the hematology ward and urgent care unit (11%, 1%, respectively).

Figure 1. The description of pharmacy interventions implicated classes of medications



Results (Cont.)

- The addition of another medication and discontinuation of a medication had the highest percentages among all the types of CPIs, with 22.53% and 21.27%, respectively
- On the contrary, change in medication strength and decrease in medication duration had the lowest percentages of CPIs, with 0.07% and 0.81%, respectively.
- Anti-infectives comprised the majority of medications (n=223, 16.47%)
- Fluids and electrolytes were the second most common group of medications to be associated with interventions (n=80, 5.91%), with normal saline infusion as the most common fluid (n=25, 31.25%)
- A total of 991 (73.19%) interventions were documented for patients hospitalized in the oncology ward followed by hematology department with 192 (14.18%) interventions, and PCU recorded 149 (11%) interventions

Conclusion

- The paradigm shift in the role of clinical pharmacists in practice is ever-growing. The prevailing interventions were the addition of medication followed by the discontinuation of medication.