

Pharma Europe 2016 : Improving the utilization pattern and decreasing the direct cost of albumin by pharmacist interventions at an oncology hospital in Iran - Maral Rashidi - Shiraz University School of Pharmacy

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Implementing standard treatment guidelines and drug utilization evaluation strategies can be effective in improving the pattern of medications. This study aimed to evaluate pharmacist interventions in decreasing the cost of albumin as one of the high-cost and overused medications in a teaching oncology hospital in southwest of Iran. A prospective, interventional study was conducted during 9 months from May 2015 to January 2016 in all wards of Amir Oncology Hospital affiliated to Shiraz University of Medical Sciences, Shiraz, Iran. Indication checklist draft of albumin was prepared by clinical pharmacists via reviewing relevant drug information references including Up-to-date and Micromedex. These drafts were then revised and validated by the hematology-oncology faculty members. The physician team was requested to fill out this checklist at the time of ordering albumin. Checklists were then examined by the trained pharmacists. They were allowed to reject the orders if there was no indication or rational for giving albumin. Albumin was ordered for 129 patients (77 males and 52 females) aged 33.24 ± 25.75 years during the study period. Among them 10.51% were inappropriate and not approved by the pharmacists. Compared to the pre-intervention period (from August 2014 to April 2015), the total number of administered albumin in the postintervention period has decreased by 42.6% (from 1570 to 901 vials). The total direct cost reduction of albumin was calculated to be around 25,136 USD. Thus pharmacists can be actively involved in improving the utilization pattern and decreasing the cost of high-price medications in hospitalized oncology settings. Medication use survey alludes to an audit of endorsing, apportioning, directing and ingesting of medication. This approved, organized and progressing audit is identified with drug store advantage managers. Drug use/usage assessment and medicine use assessments are equivalent to sedate use review. With the advancement of society and the economy, the expenses of medicinal services develops quickly, and this turns into a weight on the overall wellbeing insurance system. Aging populaces, a changing illness range, and the advancement and change in innovation of human services become the serious issues which lead to expanding of human services costs. Then, how to utilize tranquilize use assessment and medication economy assessment to improve and advance the allotment of clinical and wellbeing assets is a significant issue looked by numerous countries. Medication use surveys will help guarantee that medications are utilized properly (for singular patients). In the medication usage audit, medication and wellbeing history including all periods of apportioning for a patient is actually listed. Also, this survey is intended to endeavor to accomplish legitimate dynamic restoratively and increase a positive result for the patient. If treatment is viewed as wrong, it will be important to mediate with suppliers or patients to streamline medication. Then, particularly in the network medication

setting, Drug use survey assumes a key job for pharmacist. moreover, The World Health Organization (WHO) sees sedate use as 4 periods of medications in the public eye. These four stages are promoting, dispersion, remedy and utilization. Imminent medication usage audit alludes to evaluating suitable medication and dynamic remedially before patients' medicine are dispensed. This planned survey depends on the history recording of the medication and prescription. At that point, specialists could evaluate treatment for patients on the premise history recording. There are a few issues tended to by this audit: tranquilize misuse clinically, adjustment of medication measurements, sedate medication collaboration, and medication ailment interaction. This audit appears the best survey over each of the three audits since it is the nearest alternative of the ideal. Simultaneous medication use audit alludes to directing the survey simultaneously with the way toward apportioning drug for patients. It implies that the administering procedure will stop if a potential issue happens and it is found by the review. There are a few issues tended to by this survey: modification of medication measurements, sedate medication association, tranquilize ailment connection, understanding avoidance with the medication, and over-use and under utilization. Be that as it may, there are still a few issues in simultaneous medication usage audit. The drug store of clinic and experts may not absolutely know the specific prescriptions that patients regularly use at home. Additionally, emergency clinic and professionals are not sure the report given by patients is finished, and afterward this prompts some rehashing test and prescription. Accordingly, this audit appears to be costly and time-consuming. Review sedate usage survey alludes to tranquilize treatment audit that after patients has the medication. The review sedate use audit has a normal process. This is a PC based audit. PC will show information which are infringing upon the norm. The standard are the principles or desires for the result looking at with. There are a few issues tended to by this survey: modification of medication measurements, tranquilize sedate cooperation, tranquilize malady connection, quiet counteraction with medicate, over-use and under-usage, sedate maltreatment clinically, legitimate conventional use, and bogus in medicate dosage. Be that as it may, there are still a few issues in review sedate use audit. On the off chance that an issue happens, specialists are conceivable to forestall a lot of more regrettable outcomes by stopping the treatment during the following stage survey. In any case, in the event that the issue is not kidding or poisonous, at that point the mischief is unrecoverable and the most noticeably terrible outcome is death.

Biography

Maral Rashidi received Pharmacy degree at Shiraz University of Medical Sciences, Iran. She has finished her BS degree in Biochemistry and is currently undertaking pre-registration clinical trainings at designated pharmacies affiliated to Shiraz University. She is also conducting research in the fields of clinical and herbal pharmacology. She has gathered data on 100 rare herbal medicines merely

found in Iran and their therapeutic applications (To be published). Considerable part of her work is devoted to clinical pharmacogenetics, chronopharmacology, and approaches to the extrapolation of experimental data to the clinical trials.

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