



**XIV Congresso Brasileiro de
Farmácia Hospitalar**

Ecosistemas de inovação
nos processos de cuidado, valor
em saúde & ações sustentáveis

**1, 2 e 3
de junho
de 2023**



Perspectivas de um sistema integrado de cuidados em saúde

Fernando Fernandez-Llimos
Universidade do Porto
Porto, Portugal

U. PORTO

 **FACULDADE DE FARMÁCIA**
UNIVERSIDADE DO PORTO

Declaração



XIV Congresso Brasileiro de
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- Não tenho qualquer tipo de conflitos de interesse sobre o tópico desta comunicação.
- Não recebi remuneração ou financiamento externo à organização desta conferência.
- Não represento a qualquer entidade ou associação.

Declaração



XIV Congresso Brasileiro de
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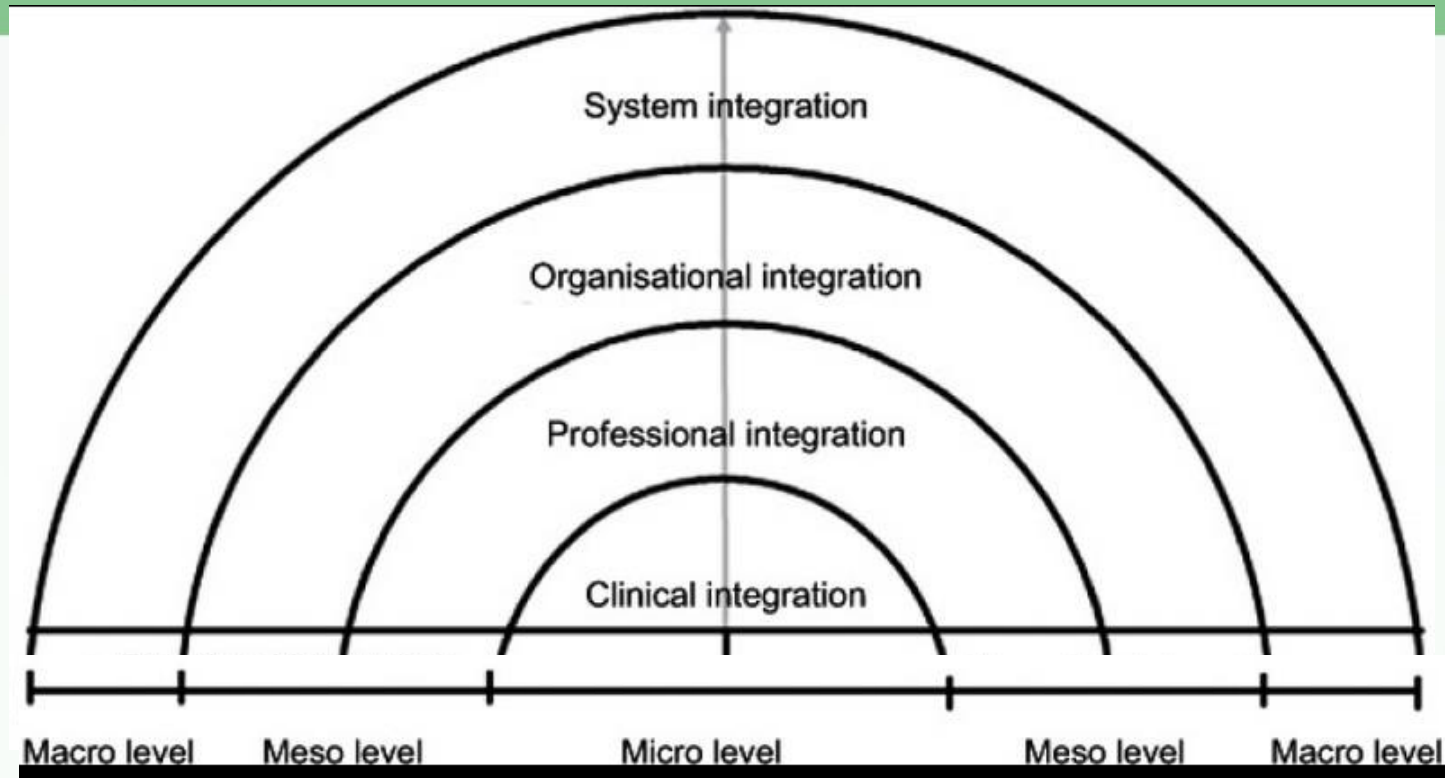
- 1-jun: Perspectivas de um sistema integrado de cuidados em saúde.
- 3-jun: Identificação e sistematização da pesquisa para suporte à prática clínica.
- 3-jun: Impacto econômico da não adesão ao tratamento medicamentoso.

Do que estamos falando?

Integração

- Integração dos farmacêuticos hospitalares e primários?
- Integração da gente nas equipas multidisciplinares de saúde?
- Integração dos componentes da assistência farmacêutica?
- Integração da assistência farmacêutica na assistência à saúde?

Níveis de integração



Rainbow model

- **Macro:** assuntos de política, de recursos y de governação
- **Meso:** assuntos organizativos
- **Micro:** experiencias individuais



Níveis de integração



World Health
Organization

Service Delivery and Safety

WHO global strategy on people-centred and integrated health services

Interim Report

4. Integrated health services are health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs throughout their life course.

Serviços de saúde integrados são serviços de saúde que são geridos e proporcionados de uma forma que assegure que as pessoas recebam um *continuum* de promoção da saúde, prevenção da doença, diagnóstico, tratamento, gestão da doença, serviços de cuidados paliativos e de reabilitação, nos diferentes níveis e locais de atenção do sistema de saúde e de acordo as suas necessidades durante a vida toda.





Integração

Conceptualizing and Measuring Integration: Findings from the Health Systems Integration Study

Robin R. Gillies, Ph.D., is Research Assistant Professor, Center for Health Services and Policy Research, Northwestern University, Evanston, Illinois. Dr. Gillies is Project Director of the Health Sys-

Definitions and Types

The generic concept of integration is defined as the extent to which functions and activities are appropriately coordinated across operating units—that is, any organization within the system that is involved in the provision of health care services such as acute care and specialty hospitals, home health agencies, nursing home facilities, and single- and multispecialty group practices—so as to maximize the value of services delivered to patients. There are three types

**A extensão na que as funções e atividades se coordenam
apropriadamente entre unidades operacionais* para maximizar o
valor dos serviços para os pacientes.**

*** Qualquer organização do sistema de saúde envolvida na provisão de serviços de saúde**



Integração clínica

Conceptualizing and Measuring Integration: Findings from the Health Systems Integration Study

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Clinical integration is defined as the extent to which patient care services are coordinated across the various functions, activities, and operating units of a system. The extent to which care needs to be coordinated is largely a

A extensão na que os serviços de cuidados aos pacientes estão coordenados através das diversas funções e atividades e unidades operacionais do sistema.



Integração profissional-sistema

Conceptualizing and Measuring Integration: Findings from the Health Systems Integration Study

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integration—both horizontally and vertically. *Physician-system integration* is defined as the extent to which physicians are economically linked to a system; use its facilities and services; and actively participate in its planning, management, and governance. Physicians affiliated with the system share common

A extensão na que os **profissionais** estão economicamente ligados ao sistema; utilizam os meios e os serviços; e participam ativamente no planejamento e governação.





Integração funcional

Conceptualizing and Measuring Integration: Findings from the Health Systems Integration Study

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Functional integration is defined as the extent to which key support functions and activities (such as financial management, human resources, strategic planning, information management, marketing, and quality improvement) are coordinated across operating units so as to add the greatest overall value to the system. The relationships among the different forms

A extensão na que as funções chave de apoio e as atividades estão coordenados através das unidades operacionais do sistema para agregar o maior valor ao sistema.



Integração

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Integração clínica

Integração profissional

Integração funcional

A extensão na que as funções e atividades se coordenam apropriadamente entre unidades operacionais* para maximizar o valor dos serviços para os pacientes.

*** Qualquer organização do sistema de saúde envolvida na provisão de serviços de saúde**

Integração

International Journal of Integrated Care – Vol. 2, 14 November 2002 – ISSN 1568-4156 – <http://www.ijic.org/>

Integrated care: meaning, logic, applications, and implications – a discussion paper

Dennis L. Kodner, PhD, Adjunct Associate Professor of Health and Public Administration, Health Policy & Management, Wagner Graduate School of Public Service, New York University, 40 West Fourth Street, New York, New York 10003, USA

Cor Spreeuwenberg, MD, PhD, Dean, Faculty of Health Sciences, Maastricht University, P.O. Box 616, 6200 MD Maastricht, The Netherlands

Meaning and logic of 'integration'

It is impossible to address the meaning of integrated care without first examining the roots and core notions of integration. The word 'integration' stems from the Latin verb *integer*, that is, 'to complete.' The adjective 'integrated' means 'organic part of a whole,' or 're-united parts of a whole.' It is mostly used to express the bringing together or merging of elements or components that were formerly separate.

É impossível afrontar o significado de cuidados integrados sem examinar primeiro a noção raiz e central da integração. A palavra 'integração' surge do termo latim *integer*, que é 'completar'.

Integrar-nos????

Integração



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> [Opt J Rev Optom.](#) 1950 Jul 1;87(13):42-8.

Inter-professional cooperation--a much abused concept

C W ORSTAN

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ACTIONS

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Integração

Inter-Professional Cooperation—A Much Abused Concept

CONRAD W. ORSTAN, A.B., O.D.*

AN article¹ has recently appeared in the optometric press that is worthy of the keenest attention and study because it calls for unity of purpose between ophthalmology and optometry. Let us summarize its main points briefly and then attempt an evaluation of its

1. The inter - professional relationship that exists between ophthalmology and optometry.
2. The bill before Congress. Is it socialized medicine or is it prepaid health insurance?
3. The role that optometry is asked to play by the speaker.

Discussion

1. Concerning the inter-professional relationship that exists between ophthalmology and optometry, we may say that there are many instances of cooperation² on a personal level; but that on the whole organized medicine takes the attitude that eventually we must be eliminated as an independent profession. There should be

→ Relativamente á relação inter-profissional que existe entre oftalmologistas e optometristas, devemos dizer que há muitos exemplos de cooperação a nível pessoal; só que no relativo ao conjunto da medicina organizada existe a opinião de que a gente deveria ser eliminada como uma profissão independente.



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¹ The bio-psychosocial model is often misunderstood. Some hold that the model demands physicians deal with the biomedical and psychological and social problems of their patients. This meaning suggests that medicine should become a resource for healing all society's ills, clearly something that is beyond the professional realm. According to McWhinney [15], this interpre-

O modelo biopsicossocial é frequentemente mal entendido. Alguns insistem em que o modelo requer que os **médicos tratem os problemas biomédicos e os psicológicos e sociais dos seus pacientes. Este significado sugere que a **medicina** deveria se converter num mecanismo de cura de todas as doenças da sociedade, algo que claramente está além do seu campo profissional.**

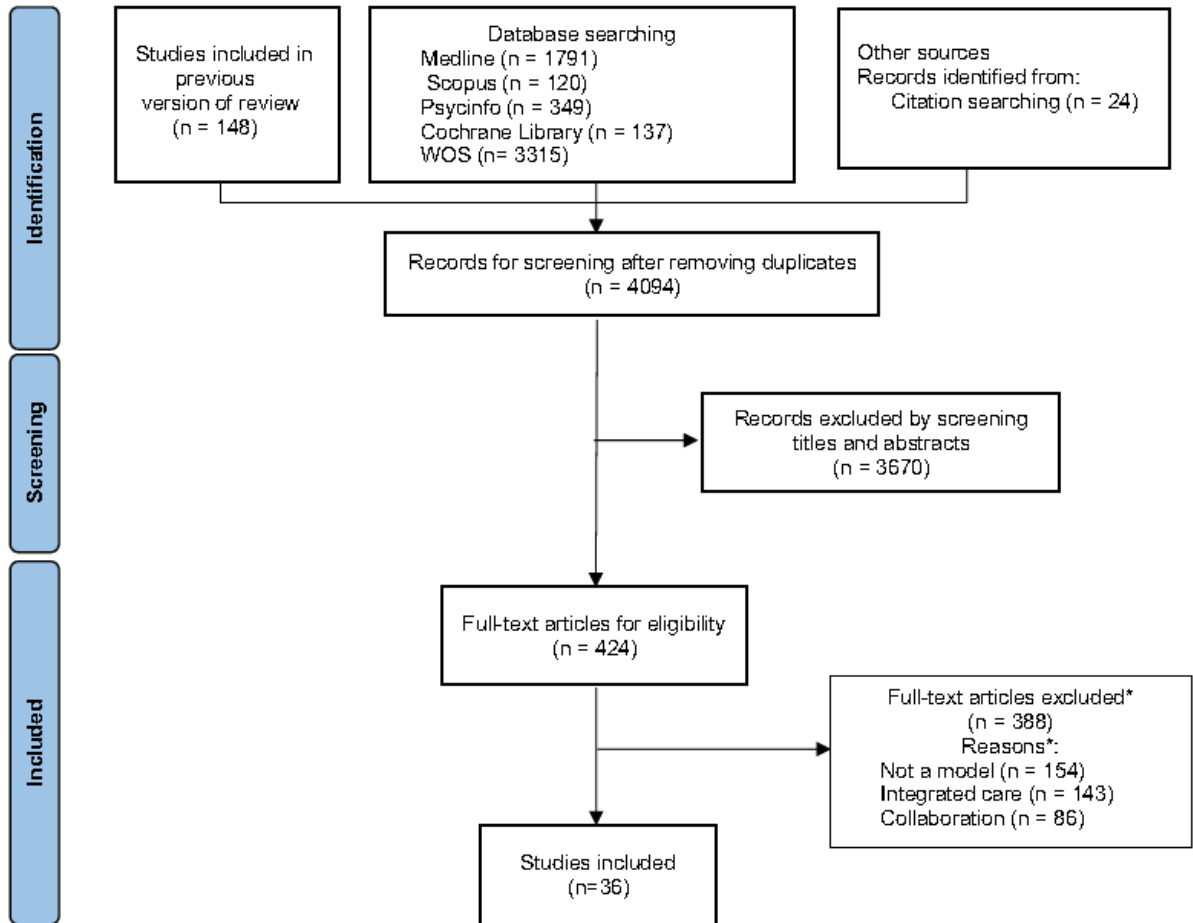
Níveis de integração



Rainbow model

- **Macro:** assuntos de política, de recursos y de governação
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- **Micro:** experiencias individuais

Componentes da integração



50

1.3 Objective

51 The objective of this scoping review is to provide a summary of literature that identifies
52 theories, models, or frameworks used in health systems integration, and to identify their
53 common and distinguishing components.
54
55

Objetivo

→ O objetivo desta revisão de escopo é proporcionar um resumo da literatura que identifique teorias, modelos e enquadramentos usados na integração de sistemas de saúde, e identificar os seus componentes comuns e diferenciais.



Componentes da integração

4º Simpodader internacional



2 TEORÍAS

- Sistema Adaptativo Complejo
- Grado de integración

15 MODELOS

- Modelo de sistema sanitario integrado
- Integración en red
- Modelo de integración médico-sistema
- Integración de la atención primaria comunitaria
- El modelo 7S de McKinsey
- Modelo conceptual de los tipos de integración
- Atención primaria integrada
- Modelo conceptual basado en el proveedor
- Continuidad de la Integración
- Mapa de resultados
- Modelo de prestación de servicios integrados
- Modelo de las 3C
- Toolkit de Integración
- Modelo conceptual CAS integrado
- El modelo integrador médico-hospital

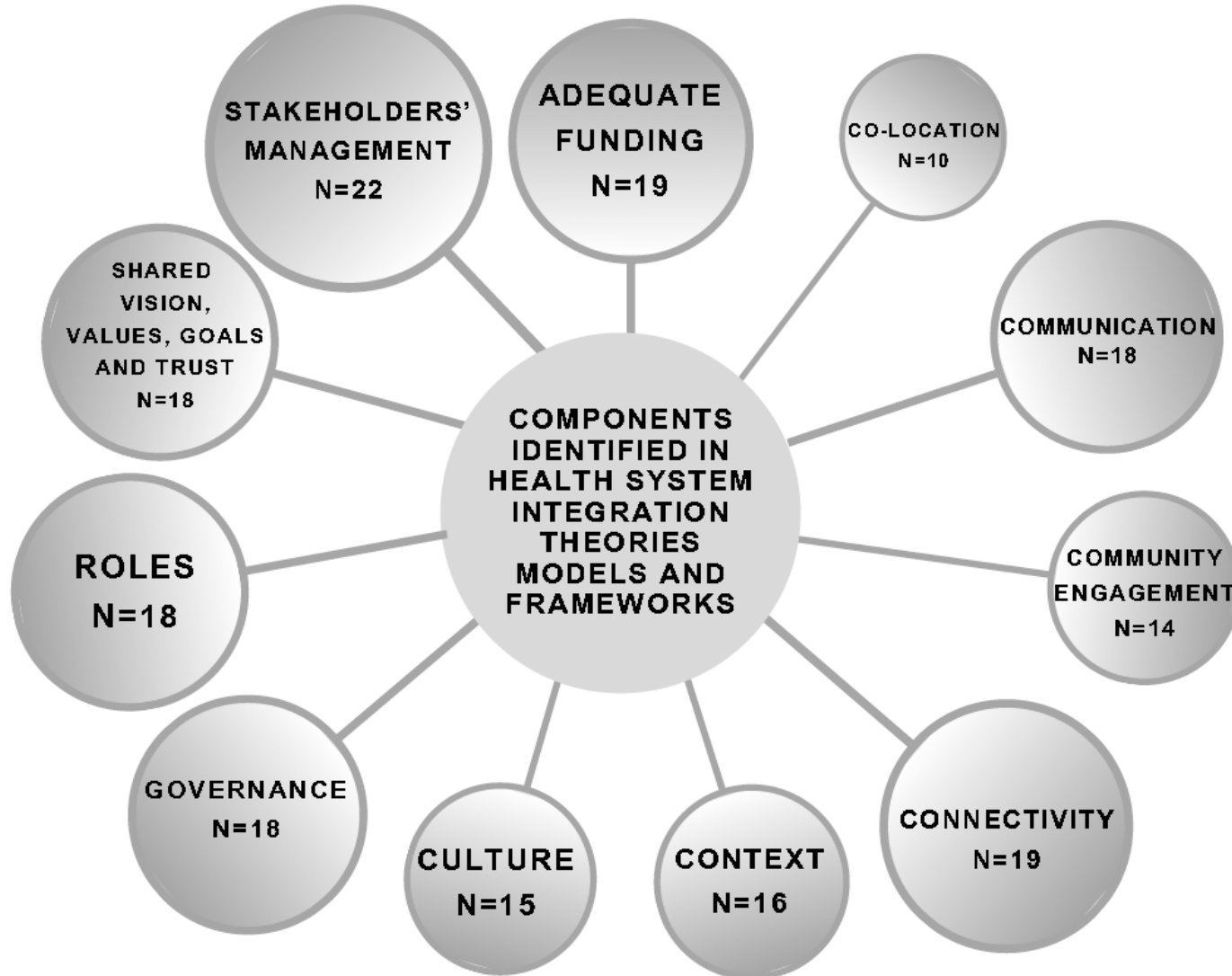
TEORÍAS, MODELOS Y MARCOS

¿CÓMO SE INTEGRAN LOS SISTEMAS DE SALUD?

9 MARCOS

- Marco analítico de la integración
- Marco conceptual: Cinco actividades sanitarias que facilitan la integración
- El marco de los cuatro dominios de la salud integrada (4DIH)
- Marco teórico de las distintas formas de integración
- Marco de seguimiento y evaluación de la integración
- Marco conceptual: intervenciones de integración sanitarias específicas en los sistemas sanitarios
- Marco para un cuadro de mando integral del sistema
- Marco para examinar la integración
- Marco teórico: Esquema conceptual de las distintas formas de integración

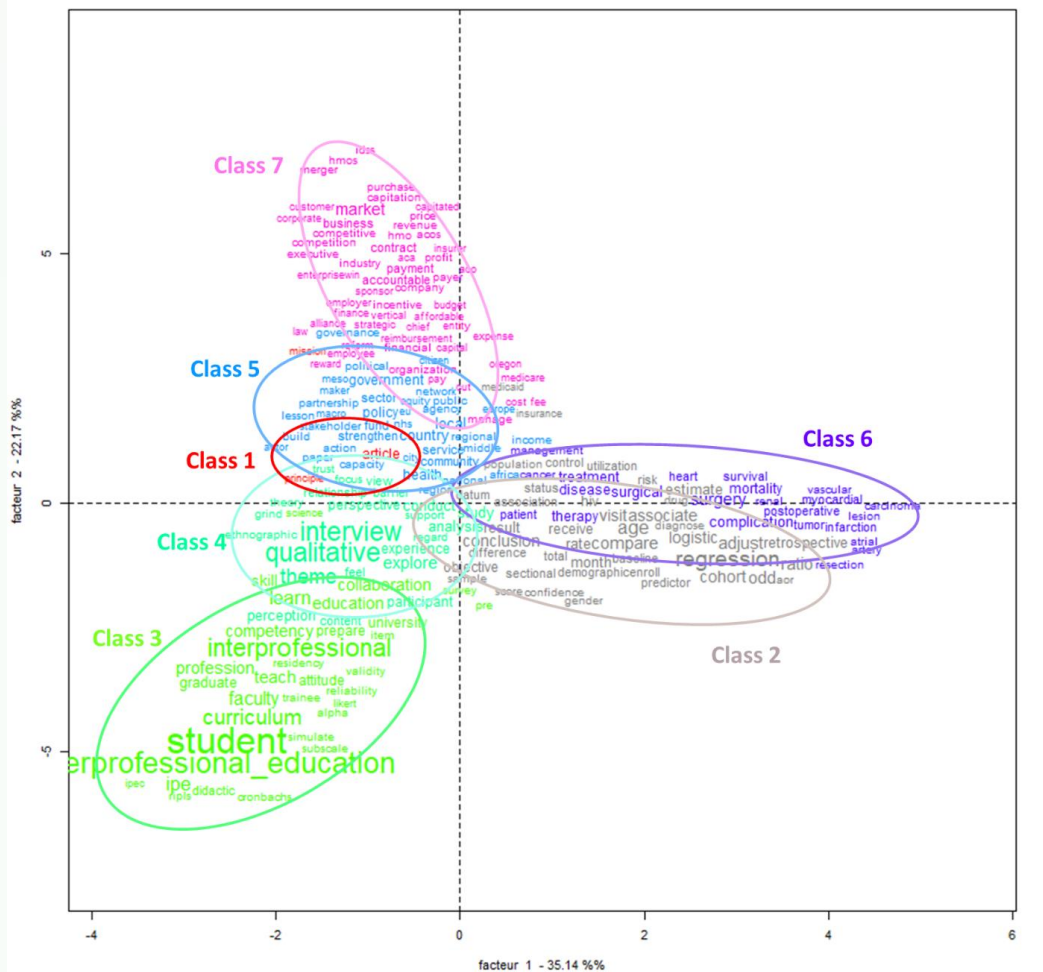
Componentes da integração



Em 36 estudos



Terminologia confusa



O objetivo deste estudo foi identificar e mapear os termos usados na literatura científica sobre integração em cuidados de saúde e caracterizar cada tema emergente.

- #1 Evidence and implementation,
- #2 Quantitative research,
- #3 Professional education,
- #4 Qualitative research,
- #5 Governance and leadership,
- #6 Clinical research,
- #7 Financial resources.

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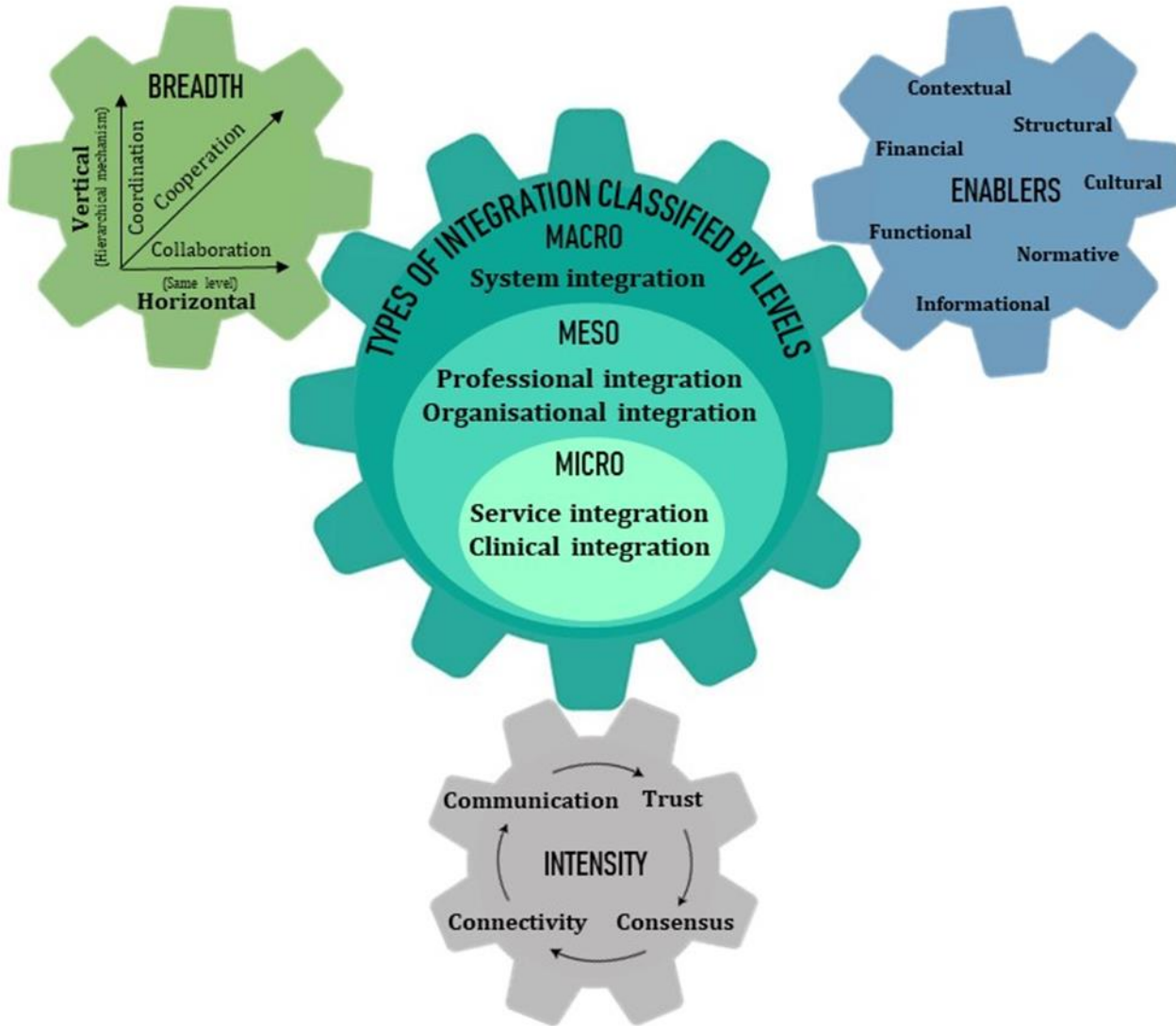
1, 2 e 3 de junho de 2023

Identificação e sistematização da pesquisa para suporte à prática clínica

Fernando Fernandez-Llimos
Universidade do Porto
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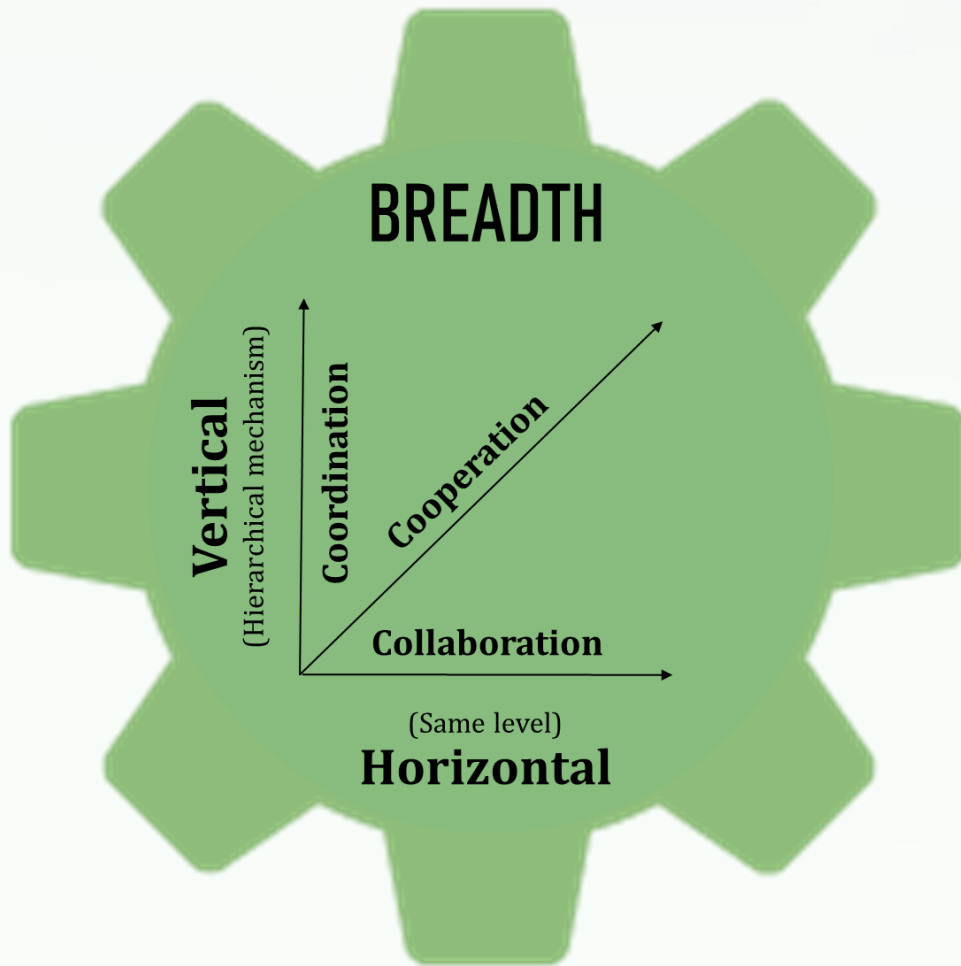


Integração



→ O objetivo desta revisão foi identificar os tipos de integração nos locais de cuidados de saúde e discutir a sua aplicabilidade à potencial integração da farmácia comunitária e os cuidados de saúde primários.

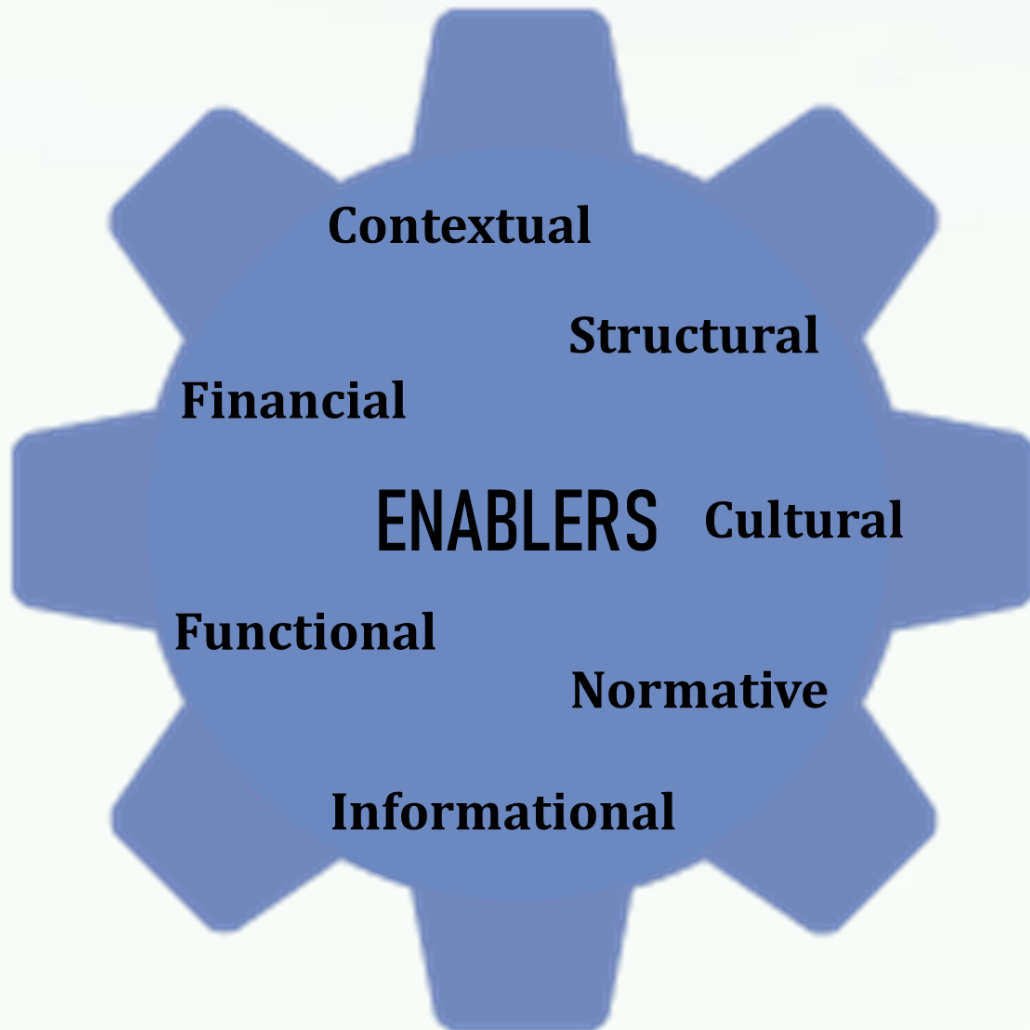
Integração



VERTICAL: Baseado na hierarquia de gestão comum.
(Hospitais – Unidades Básicas de Saúde)

HORIZONTAL: Sem mecanismos de hierarquia organizacional.
(Práticas de grupos entre médicos ou clínicas)

Integração



Research in Social and Administrative Pharmacy 19 (2023) 414–431

Contents lists available at [ScienceDirect](#)

 **Research in Social and Administrative Pharmacy** 

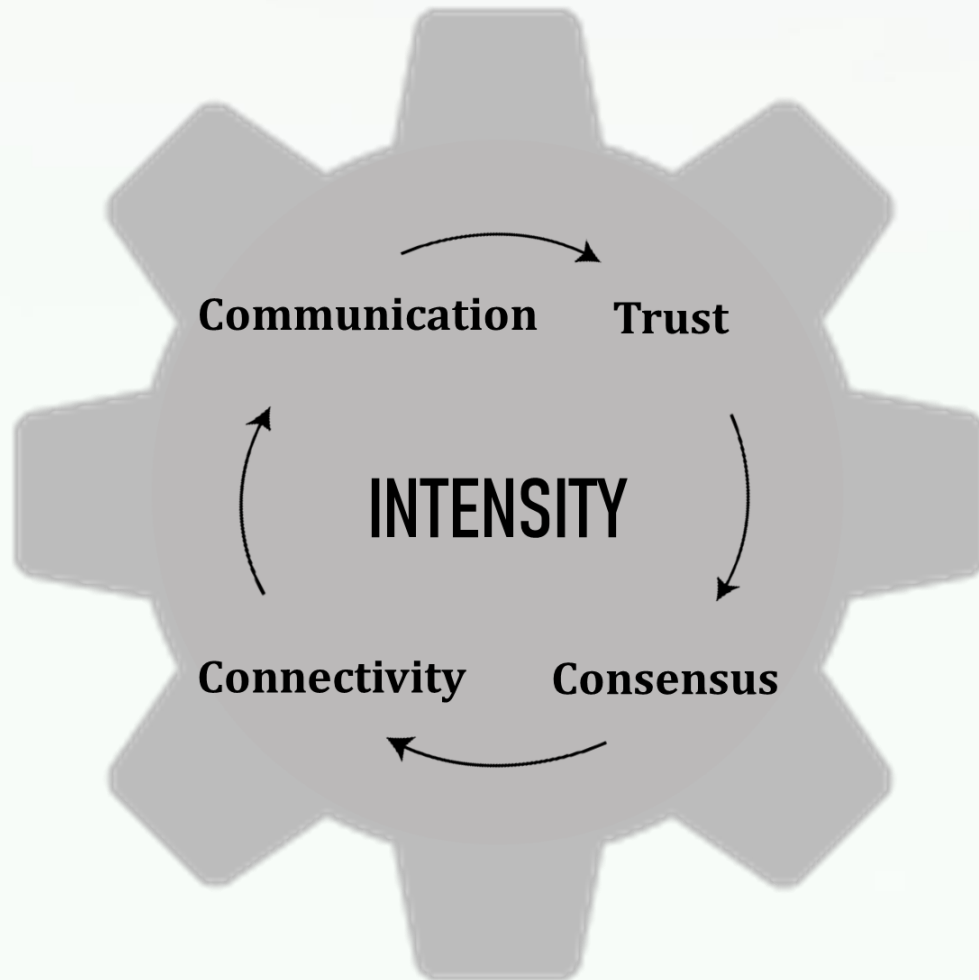
journal homepage: www.elsevier.com/locate/rsap

Community pharmacy and primary health care - Types of integration and their applicability: A narrative review 

Amaia Urionagüena ^{a,*}, Celia Piquer-Martinez ^b, Miguel Ángel Gastelurrutia ^{a,b}, Shalom Isaac Benrimoj ^b, Victoria Garcia-Cardenas ^c, Fernando Fernandez-Llimos ^d, Fernando Martinez-Martinez ^b, Begoña Calvo ^a

FACILITADORES
(Moduladores para que aconteça a integração)

Integração



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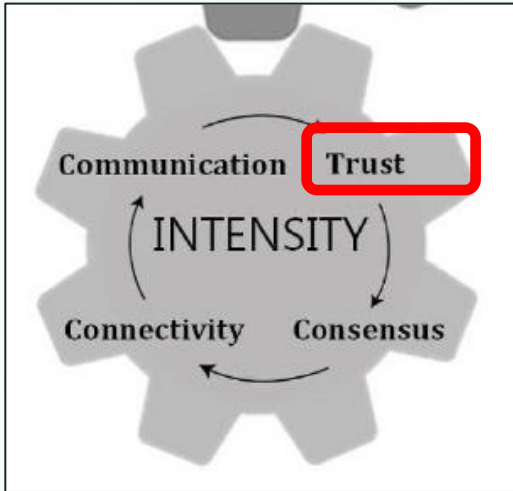


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INTENSIDADE
(Moduladores do grau da integração)

Abrangência



O farmacêutico (generalista) tem uma formação mais abrangente que lhe permite atuar em muitas partes dos cuidados da saúde.

Abrangência

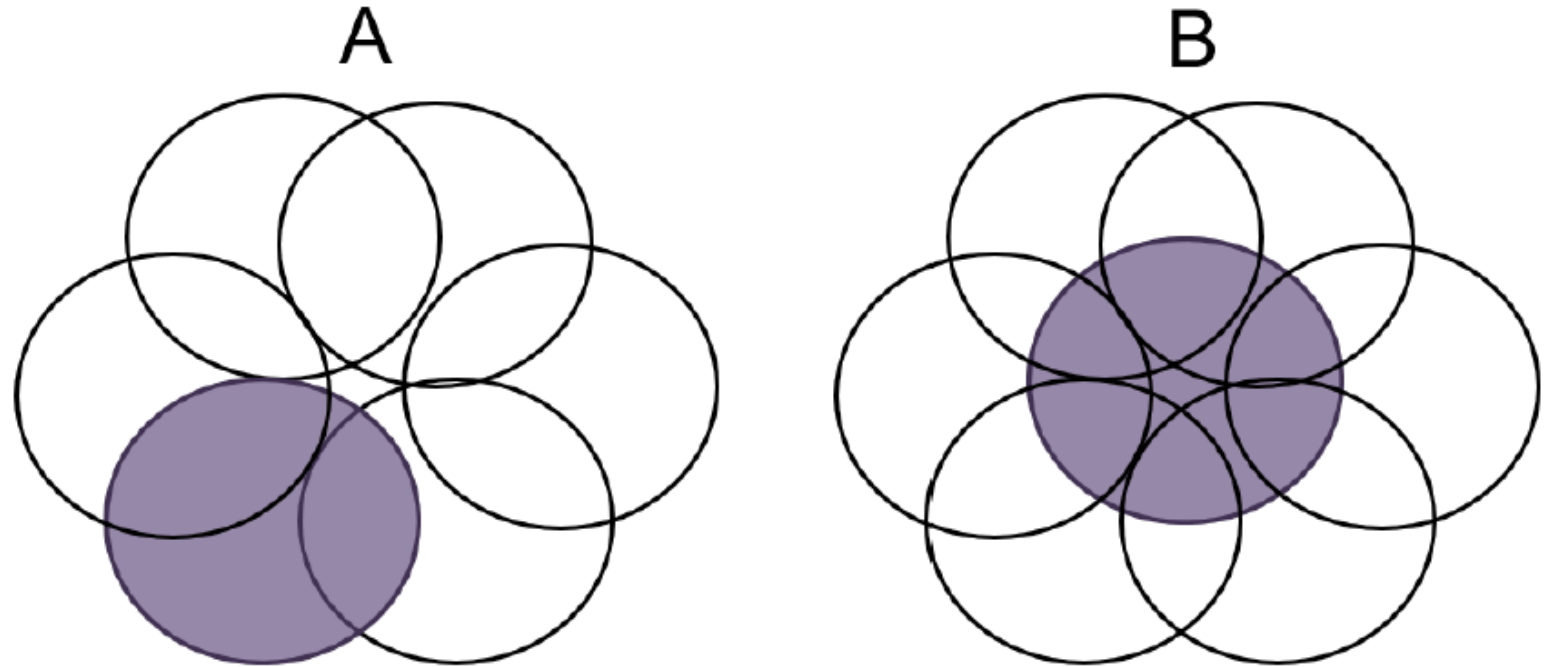


Figura 2 Modelo de uma equipa multidisciplinar em que A. todos os elementos têm competências diferenciadoras e B. um dos elementos tem uma função "generalista", abarcando competências de outros profissionais sem uma competência diferenciadora identificada

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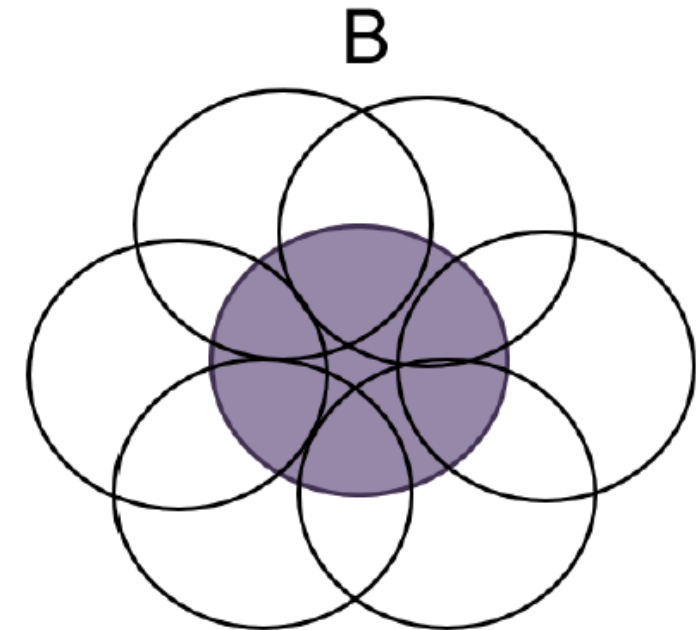
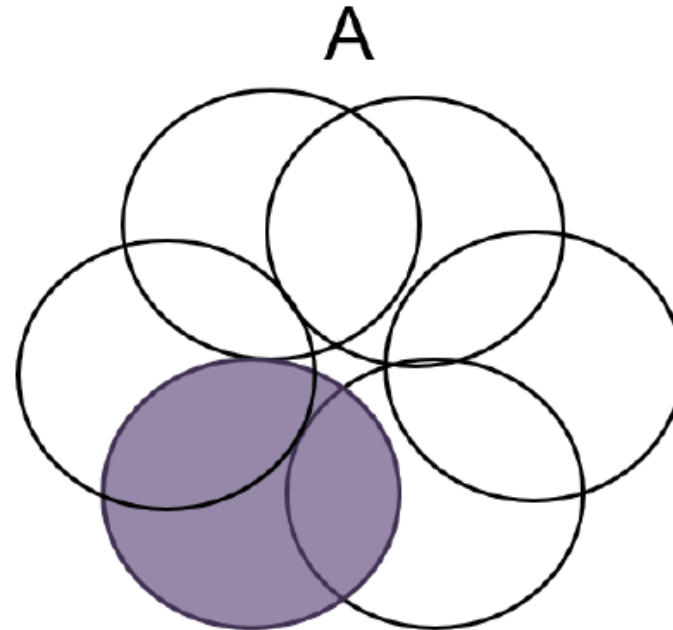
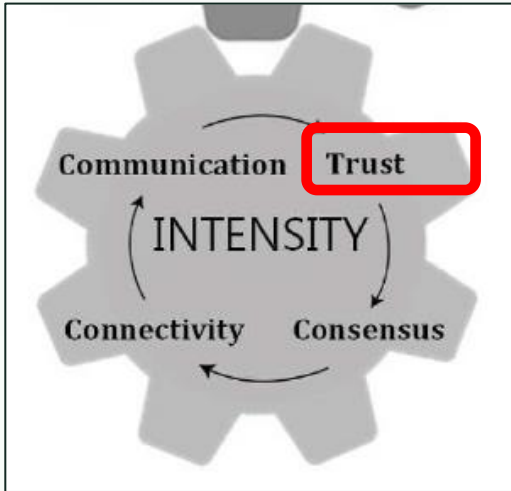


Análise da concorrência ao Mestrado Integrado em Ciências Farmacêuticas

Autores:
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Aluna do 1º ano de Doutoramento da Faculdade de Farmácia da Universidade de Lisboa
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Professor Auxiliar da Faculdade de Farmácia da Universidade do Porto

2021

Abrangência



Em qual dos modelos o farmacêutico completa a os outros profissionais?

Em qual dos modelos o farmacêutico seria prescindível?

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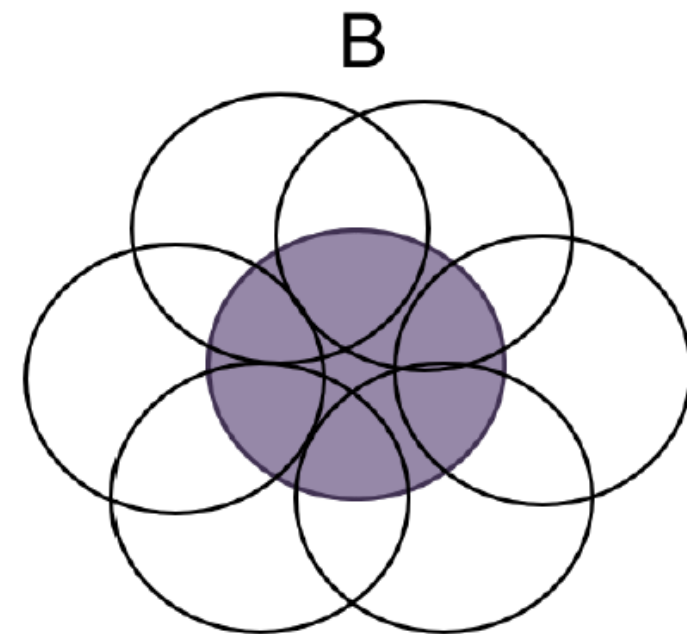
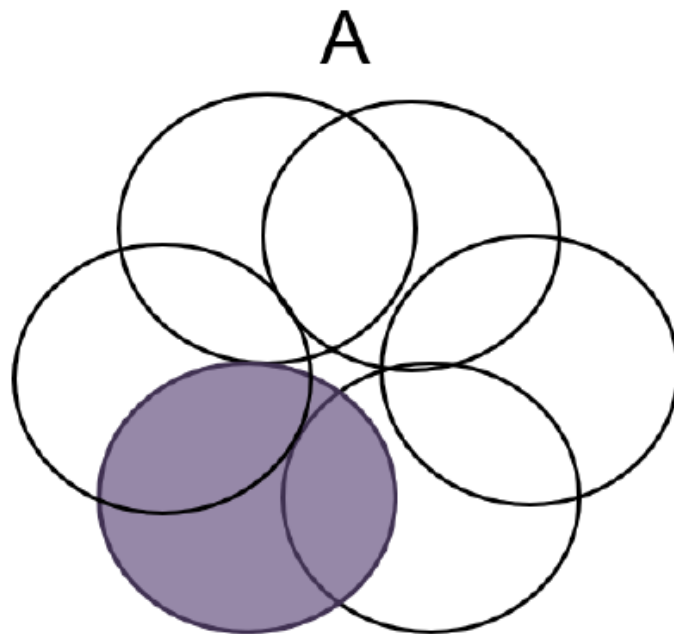
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Abrangência



Devemos tratar os problemas clínicos, psicológicos e sociais?

Ou deve haver especialista em cada um desses problemas?

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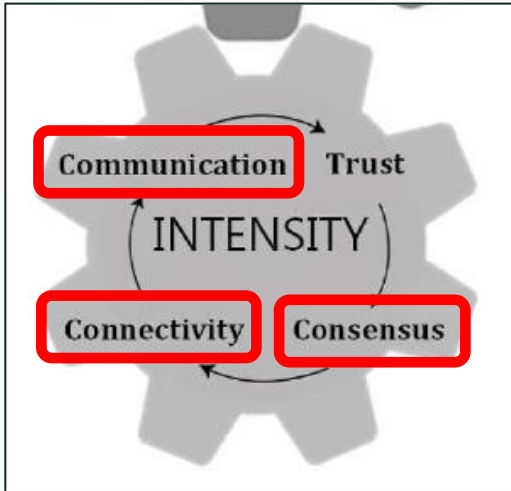
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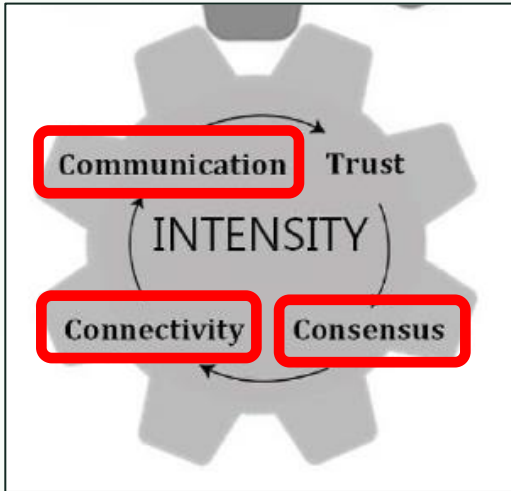


Linguagem própria (exclusiva)



Devemos adotar uma linguagem própria que nos identifique e diferencie o que nós farmacêuticos fazemos.

Linguagem própria (exclusiva)



Opportunities and responsibilities in pharmaceutical care

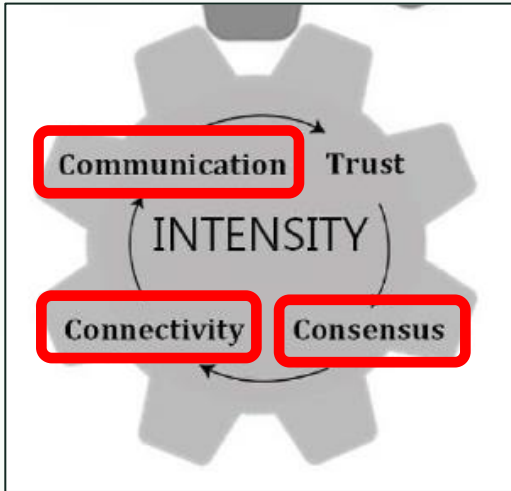
CHARLES D. HEPLER AND LINDA M. STRAND

Pharmaceutical care involves the process through which a pharmacist cooperates with a patient and other professionals in designing, implementing, and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient. This in turn involves three major functions: (1) identifying potential and actual drug-related problems, (2) resolving actual drug-related problems, and (3) preventing potential drug-related problems.

[Atenção farmacêutica] envolve três funções principais:

- (1) Identificar problemas relacionados aos medicamentos reais ou potenciais,**
- (2) Resolver problemas relacionados aos medicamentos reais,**
- (3) Prevenir problemas relacionados aos medicamentos potenciais**

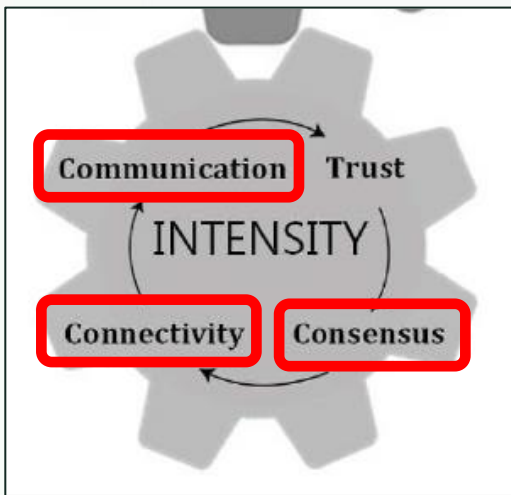
Linguagem própria (exclusiva)



- 1.** Uma experiência indesejável do paciente que envolve a farmacoterapia e que interfere real ou potencialmente com os desfechos desejáveis do paciente.
- 2.** Um evento indesejável experimentado pelo paciente que envolve ou se suspeita que envolve a farmacoterapia e que interfere real ou potencialmente com um desfecho desejável do paciente.
- 3.** Um evento ou circunstância que envolve a farmacoterapia e que interfere real ou potencialmente com um desfecho desejável de saúde.



Linguagem própria (exclusiva)



Annex 1. Definitions, and process and outcomes elements used in studies monitoring drug-related problems, drug therapy problems, in adverse-related problems, medication-related problems, or adverse drug events.

| Arte k | Name | Definition | Process | Outcomes |
|-------------------------------------|------------------|--|--|---|
| McKenney & Harrison ¹⁴ | DEP | - | • Drug interactions, erroneous drug use, inadequate therapy. | • ADR, erroneous drug use, overuse/abuse of disease because of patient's poor compliance |
| Prisk et al. ¹⁴ | DEP (DTP) | An undesirable drug effect or improper patient drug usage. | • | • Adverse or non-compliance, drug-drug interaction; demerol patient treatment; appropriateness of therapy |
| Martins & Bridges ¹⁴ | DEP (MTP) | - | • Different signs and symptoms | • |
| Cassat et al. ¹⁴ | DEP | - | • | • |
| Bergman & Wilhoit ¹⁴ | DEP | - | • | • |
| Milne ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DEP (DTP) | - | • | • |
| Steward et al. ¹⁴ | DEP | - | • | • |
| Brickland et al. ¹⁴ | DEP | - | • | • |
| Brickland et al. ¹⁴ | DEP | - | • | • |
| Kane et al. ¹⁴ | DEP | - | • | • |
| Fabian & Boonman ¹⁴ | DEP | - | • | • |
| McDonough ¹⁴ | DEP | - | • | • |
| Chan & Spinksky ¹⁴ | DEP | - | • | • |
| Alkham ¹⁴ | DEP | - | • | • |
| Curtis et al. ¹⁴ | DEP | - | • | • |
| Saiki et al. ¹⁴ | DEP | - | • | • |
| Boonman et al. ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DEP | - | • | • |
| Tedeschi ¹⁴ | DEP | - | • | • |
| Sater et al. ¹⁴ | DEP | - | • | • |
| Shaw & Ormrod ¹⁴ | DEP | - | • | • |
| Paul & Zia ¹⁴ | DEP | - | • | • |
| Murphy & Carron ¹⁴ | DEP | - | • | • |
| Lawrence et al. ¹⁴ | DEP | - | • | • |
| Sellers et al. ¹⁴ | DEP | - | • | • |
| Triller et al. ¹⁴ | DEP | - | • | • |
| Leite et al. ¹⁴ | DEP | - | • | • |
| Estroff-Carter et al. ¹⁴ | DEP | - | • | • |
| Brickland ¹⁴ | DEP | - | • | • |
| Murphy et al. ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DEP | - | • | • |
| Murphy et al. ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DEP | - | • | • |
| Brown ¹⁴ | Adverse outcomes | - | • | • |

Annex 1. Definitions, and process and outcomes elements used in studies monitoring drug-related problems, drug therapy problems, in adverse-related problems, medication-related problems, or adverse drug events.

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| Arte k | Name | Definition | Process | Outcomes |
|-----------------------------------|-----------------------------|---|---|----------|
| Stewart et al. ¹⁴ | DEP | - | • Duplicate, inappropriate prescribing; medication; complexity of drug regimens | • ADR |
| Lohse et al. ¹⁴ | DTP | - | • | • |
| Mason & Colby ¹⁴ | Potential DTP | - | • | • |
| Rogien ¹⁴ | Clinical intervention event | - | • | • |
| Edwards et al. ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DEP | - | • | • |
| Tomich et al. ¹⁴ | DTP | Something unintended or occurring with the drug therapy. | • | • |
| Edwards et al. ¹⁴ | DTP | - | • | • |
| Robertson et al. ¹⁴ | Problem in drug therapy | - | • | • |
| Smith & Christensen ¹⁴ | DTP | - | • | • |
| Curran et al. ¹⁴ | DEP | - | • | • |
| Renold ¹⁴ | DEP | - | • | • |
| Orde et al. ¹⁴ | DEP | - | • | • |
| Alm et al. ¹⁴ | DEP | - | • | • |
| Dowley et al. ¹⁴ | DEP | - | • | • |
| Solomon et al. ¹⁴ | DEP | - | • | • |
| Doerflinger et al. ¹⁴ | DEP | - | • | • |
| Schmidt et al. ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DTP, DEP | Undesirable event experienced by the patient that involves a suspect drug therapy and that usually is potentially preventable with a desired patient outcome. | • | • |

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Annex 1. Definitions, and process and outcomes elements used in studies monitoring drug-related problems, drug therapy problems, in adverse-related problems, medication-related problems, or adverse drug events.

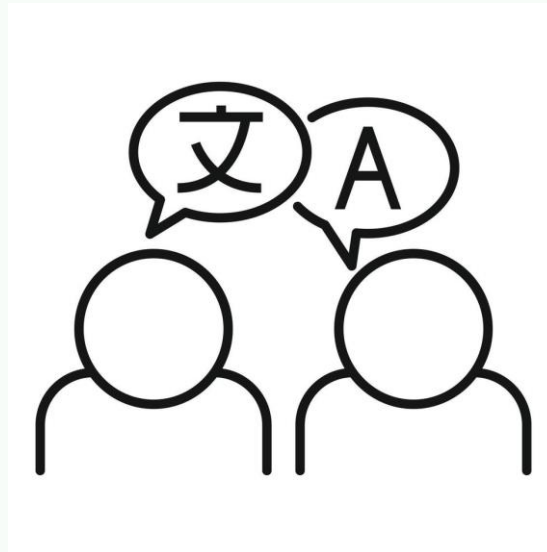
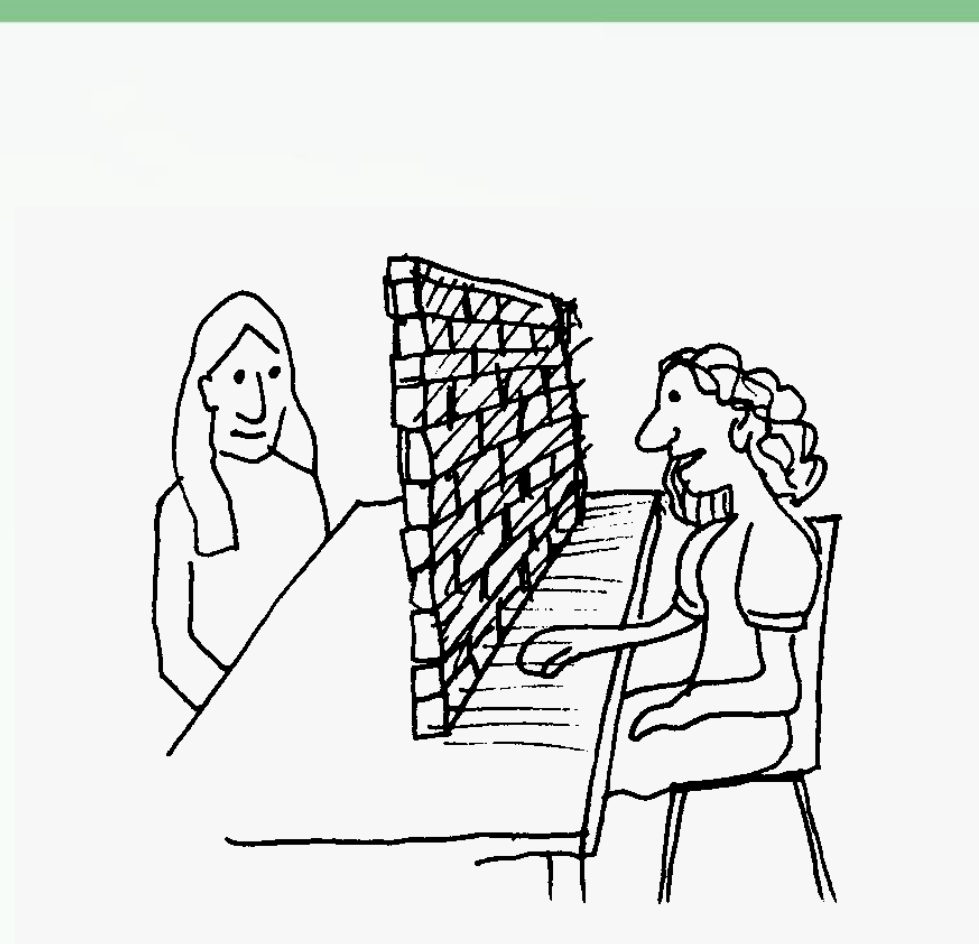
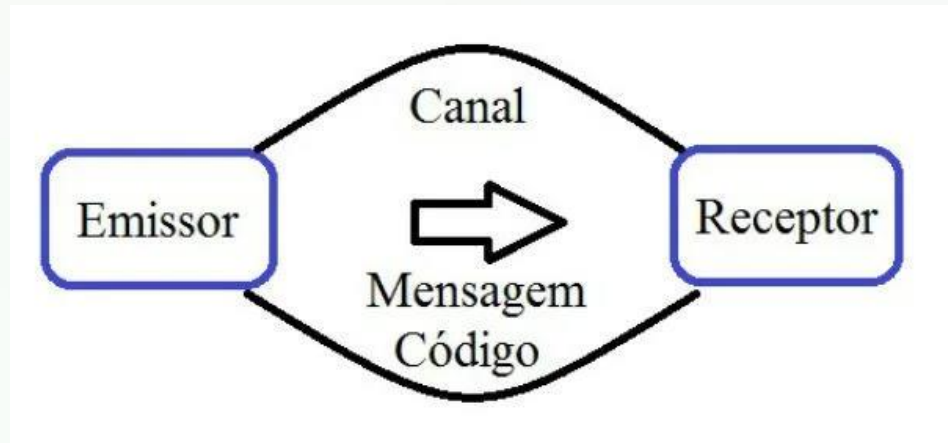
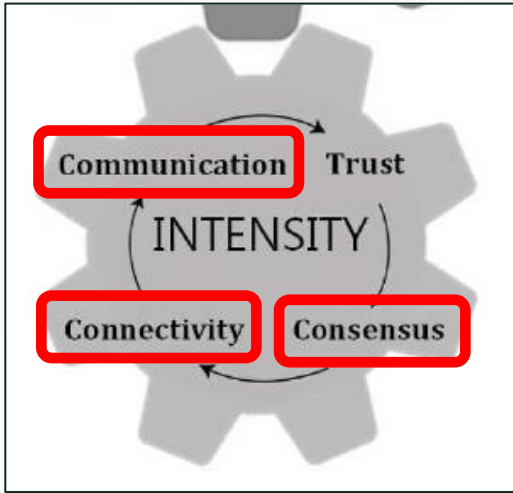
| Arte k | Name | Definition | Process | Outcomes |
|----------------------------------|---------------|------------|---------|----------|
| Lineman & Hayes ¹⁴ | DEP | - | • | • |
| Gomes et al. ¹⁴ | DEP | - | • | • |
| Cerdas & Malone ¹⁴ | DEP | - | • | • |
| Karam et al. ¹⁴ | DEP | - | • | • |
| Karam et al. ¹⁴ | DEP | - | • | • |
| Volmer et al. ¹⁴ | DEP | - | • | • |
| Westerlund et al. ¹⁴ | DEP | - | • | • |
| Westerlund et al. ¹⁴ | DEP | - | • | • |
| Westerlund et al. ¹⁴ | DEP | - | • | • |
| Breracher et al. ¹⁴ | DEP | - | • | • |
| Christensen et al. ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DEP | - | • | • |
| Edwards et al. ¹⁴ | DEP | - | • | • |
| Fallon & Rowan ¹⁴ | DEP | - | • | • |
| Hohl et al. ¹⁴ | ADP, DEP, MRP | - | • | • |

Annex 1. Definitions, and process and outcomes elements used in studies monitoring drug-related problems, drug therapy problems, in adverse-related problems, medication-related problems, or adverse drug events.

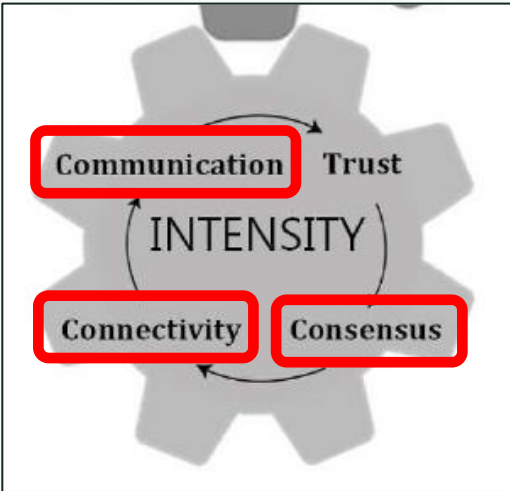
| Arte k | Name | Definition | Process | Outcomes |
|-------------------------------|------------------|------------|---------|----------|
| Vanni et al. ¹⁴ | DEP | - | • | • |
| Algers et al. ¹⁴ | MRP | - | • | • |
| Schoof et al. ¹⁴ | DEP | - | • | • |
| Farré et al. ¹⁴ | DEP | - | • | • |
| Martin et al. ¹⁴ | DEP | - | • | • |
| Aouette et al. ¹⁴ | DEP | - | • | • |
| Lee et al. ¹⁴ | Medication issue | - | • | • |
| Milfor et al. ¹⁴ | DEP | - | • | • |
| Miyoshi et al. ¹⁴ | DEP | - | • | • |
| Emmerton et al. ¹⁴ | MTP | - | • | • |
| Zaid et al. ¹⁴ | DEP | - | • | • |
| Koh et al. ¹⁴ | DEP | - | • | • |
| Omidi et al. ¹⁴ | ADP | - | • | • |

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Linguagem própria (exclusiva)



Linguagem própria (exclusiva)



7 anos

From “drug-related problems” to “negative clinical outcomes”

“Drug-related problems” (DRPs) is a term that was coined in 1990.¹ DRPs represent the core of what we do in pharmaceutical care. However, the use as a situation in which a patient has poor health status because of something related to his or her pharmacotherapy. Statements provided by these authors

Other “circums may inter objective” symptom enced by therapy.”² DRPs con

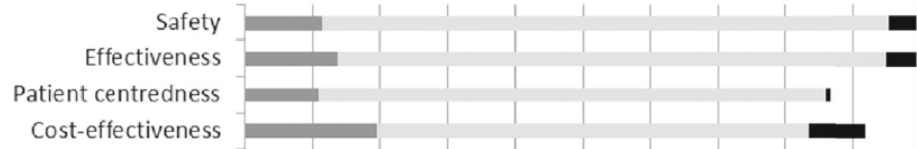
18 anos



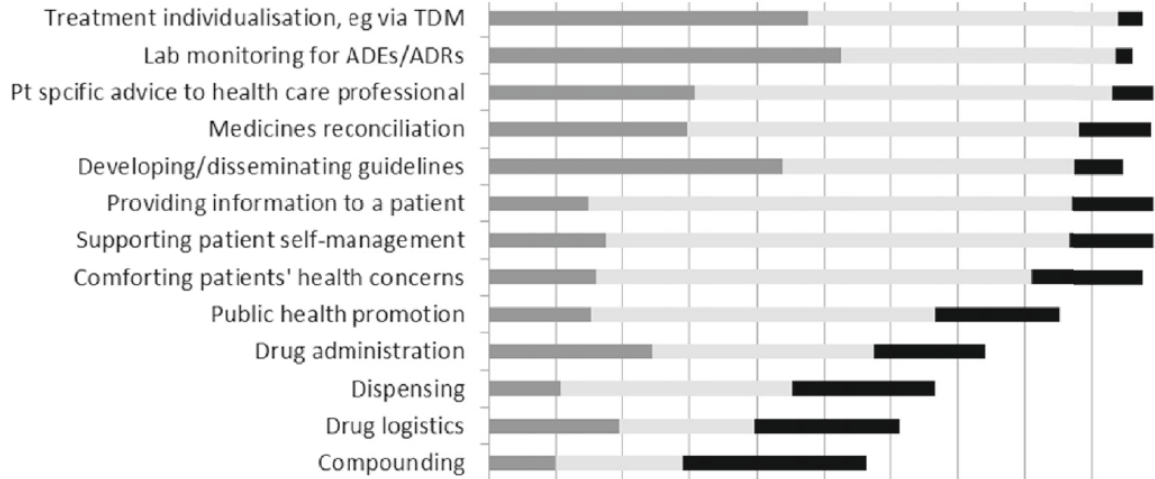
DRP classifications. From this point of view, we should abandon the term “drug-related problems” and use “negative clinical outcomes” instead. It is more precise.

Linguagem confusa

b Drug therapy outcomes targeted by Clinical Pharmacy and/or Pharmaceutical Care



c Professional activities that fall under the terms Clinical Pharmacy and/or Pharmaceutical Care



Int J Clin Pharm (2016) 38:1445–1456
DOI 10.1007/s11096-016-0385-3



RESEARCH ARTICLE

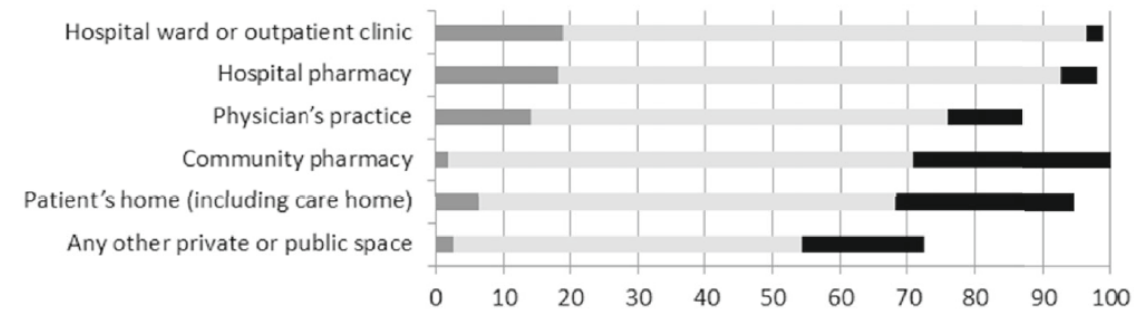
Current perceptions of the term Clinical Pharmacy and its relationship to Pharmaceutical Care: a survey of members of the European Society of Clinical Pharmacy

Tobias Dreischulte¹ · Fernando Fernandez-Llimos²

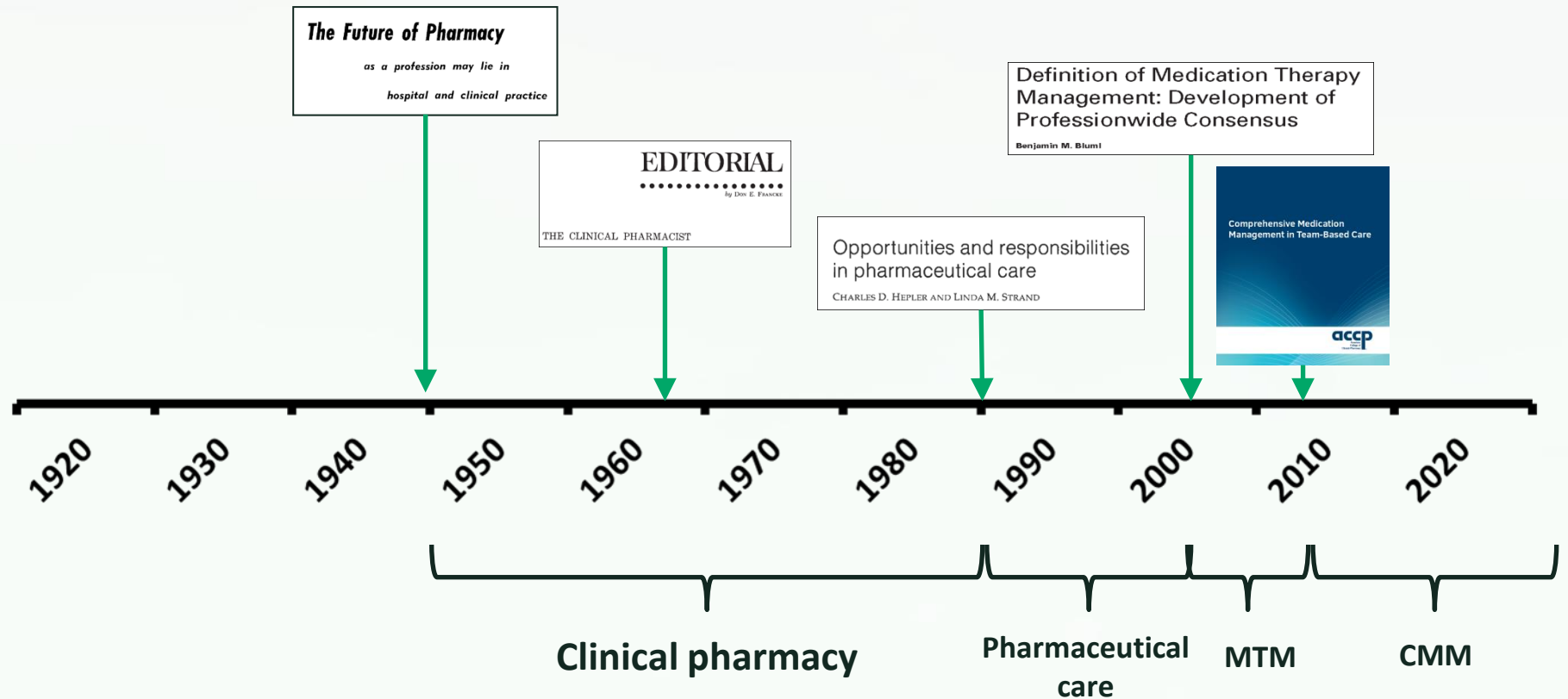
d Providers of Clinical Pharmacy and/or Pharmaceutical Care services



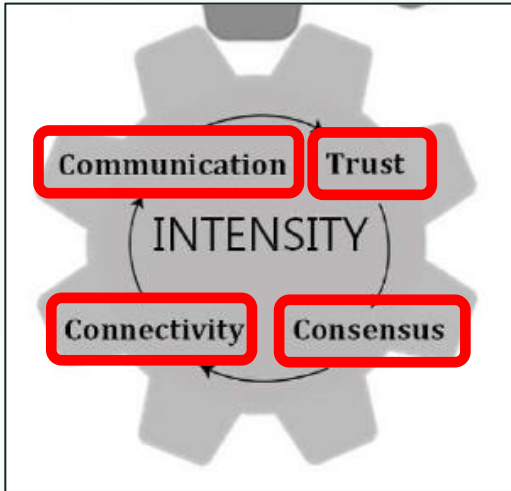
e Settings for the provision of Clinical Pharmacy and/or Pharmaceutical Care services



Linguagem confusa

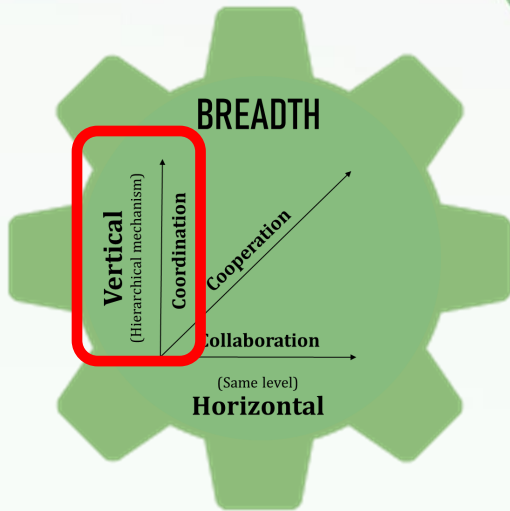


Integrar com alguns



Queremos integrarmos com alguns mais do que com outros.

Integrar com alguns



Medication reconciliation is the formal process in which health care professionals partner with patients to ensure accurate and complete medication information transfer at interfaces of care (see Annex 1).

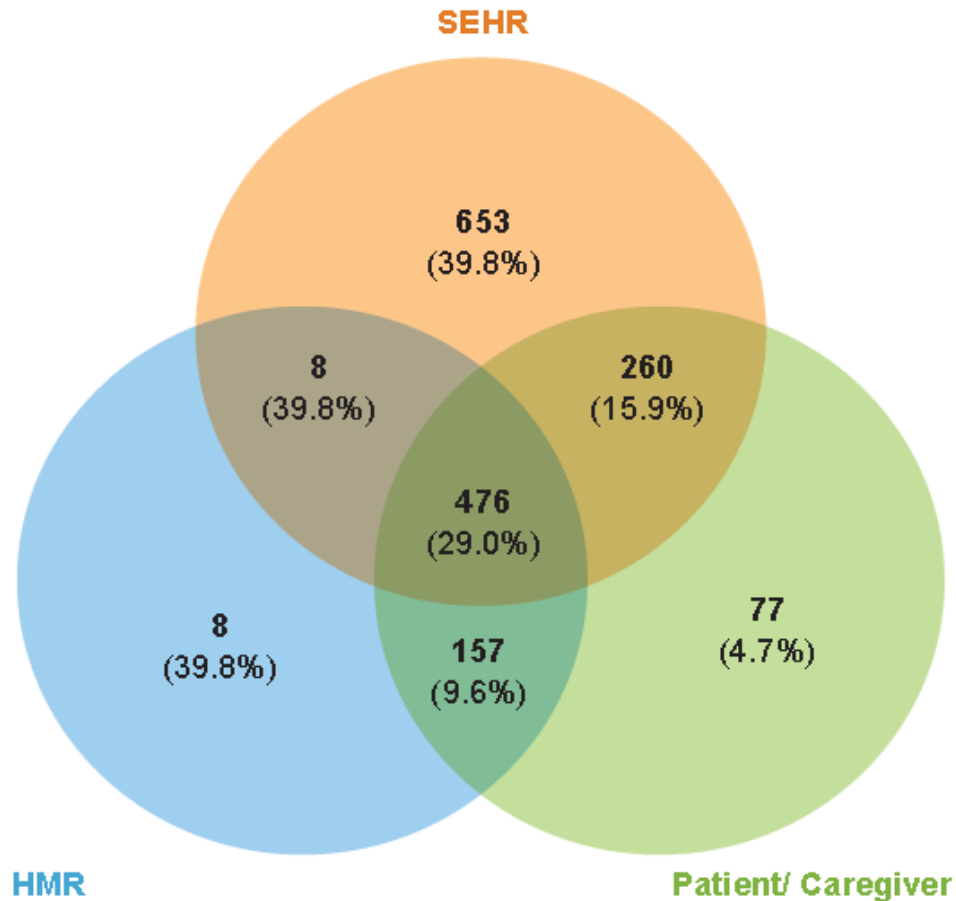
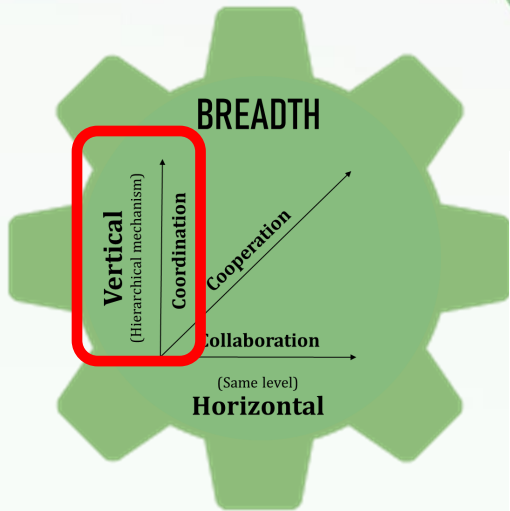
Best possible medication history

A medication history obtained by a clinician which includes a thorough history of all regular medication use (prescribed and non-prescribed), using a number of different sources of information (6)

- **Reconciliação da medicação é o processo formal no que os profissionais de saúde se associam com os pacientes para assegurar a informação completa e precisa da medicação nas transferências de interfaces de cuidados.**
- **Melhor lista de medicamentos possível é a historia obtida de diferentes fontes de informação e que inclui uma lista completa de toda a medicação regular do paciente.**



Integrar com alguns



Contribution of Different Patient Information Sources to Create the Best Possible Medication History



Contribuição de Diferentes Fontes de Informação para Obter a Melhor História Farmacoterapêutica Possível

Joelizy OLIVEIRA^{1,2}, Ana Cristina CABRAL^{2,3}, Marta LAVRADOR^{2,3}, Filipa A. COSTA^{4,5}, Filipe Félix ALMEIDA⁶, António MACEDO⁶, Carlos SARAIVA⁷, Margarida CASTEL-BRANCO^{2,3}, Margarida CARAMONA², Fernando FERNANDEZ-LLIMOS⁸, Isabel Vítória FIGUEIREDO^{2,3}
 Acta Med Port 2020 Jun;33(6):384-389 • <https://doi.org/10.20344/amp.12082>

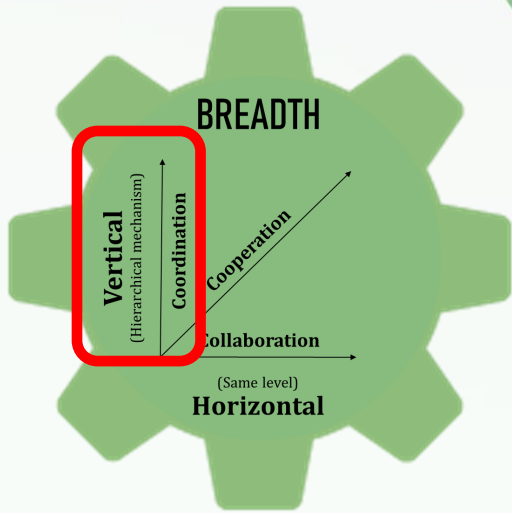
ABSTRACT

Introduction: Obtaining the best possible medication history is the crucial step in medication reconciliation. Our aim was to evaluate the potential contributions of the main data sources available – patient/caregiver, hospital medical records, and shared electronic health records – to obtain an accurate ‘best possible medication history’.

Material and Methods: An observational cross-sectional study was conducted. Adult patients taking at least one medicine were included. Patient interview was performed upon admission and this information was reconciled with hospital medical records and shared electronic health records, assessed retrospectively. Concordance between sources was assessed. In the shared electronic health records, information was collected for four time-periods: the preceding three, six, nine and 12-months. The proportion of omitted data between time-periods was analysed.

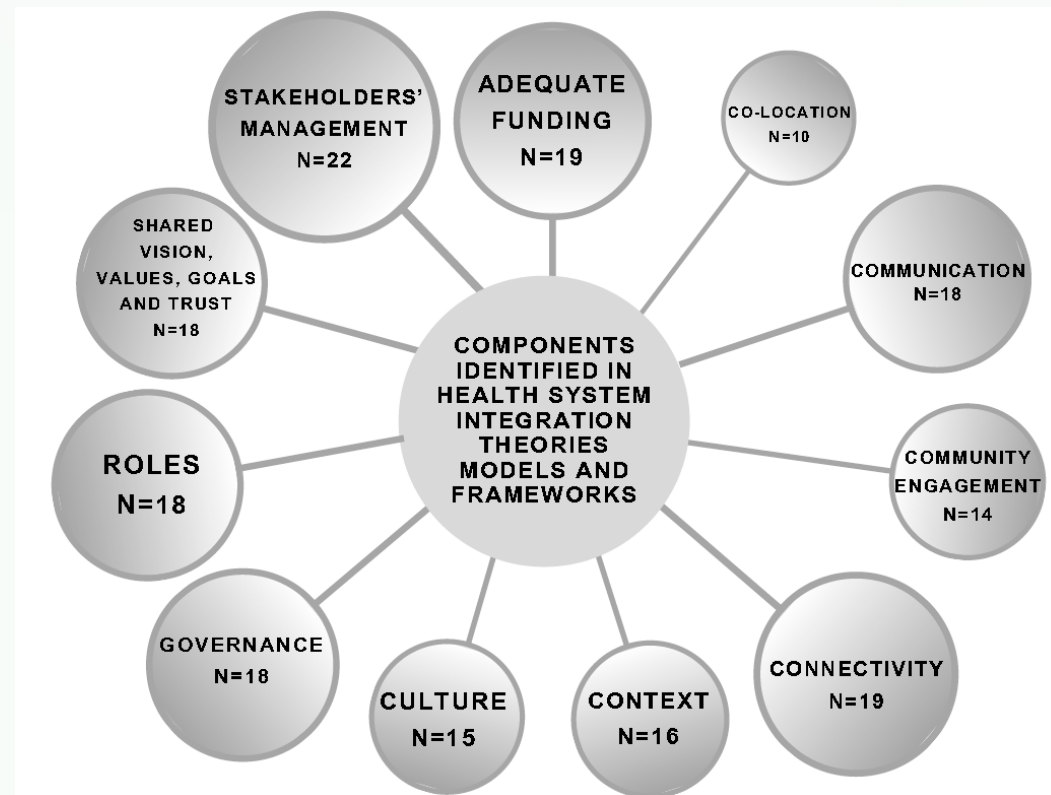
Results: A total of 148 patients were admitted, with a mean age of 54.6 ± 16.3 years. A total of 1639 medicines were retrieved. Only 29% were collected simultaneously in the three sources of information, 40% were only obtained in shared electronic health records and only 5% were obtained exclusively from patients. The total number of medicines gathered in shared electronic health records consider-

Integrar com alguns



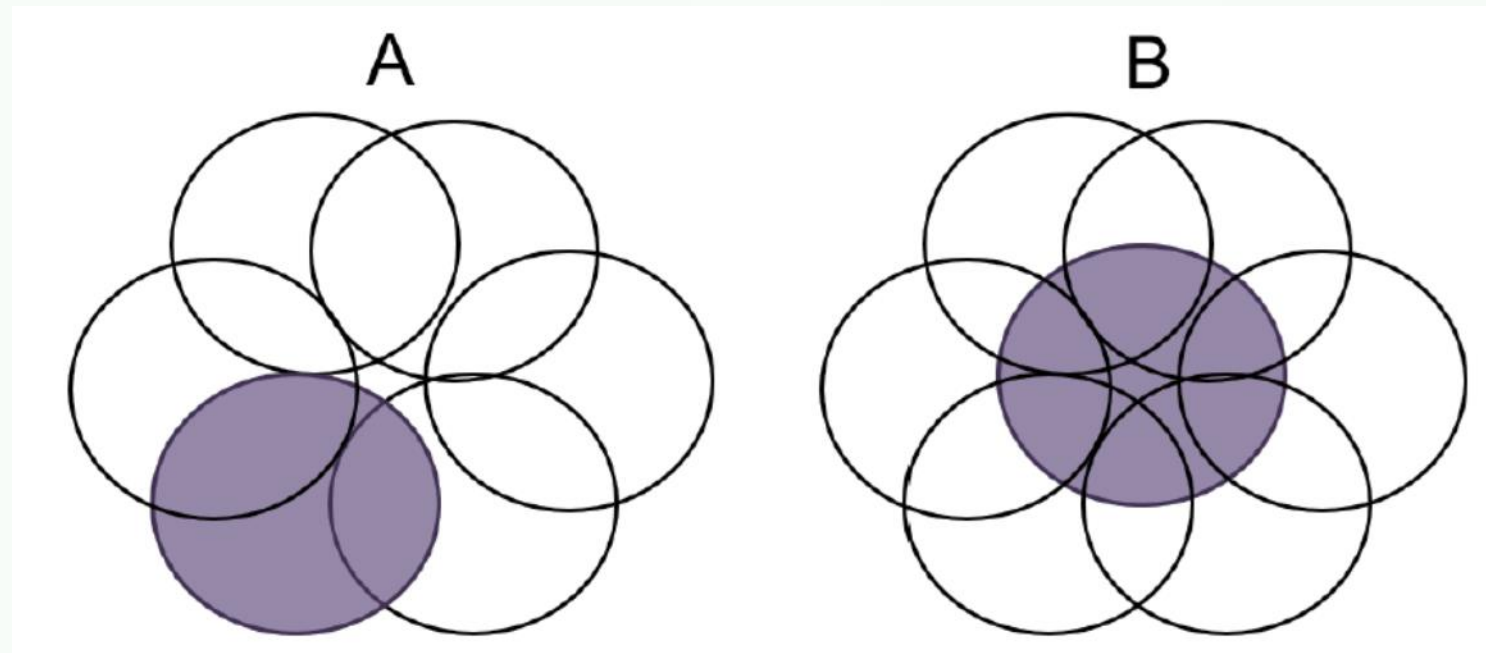
Para pensar em casa

- Promover a integração do farmacêutico nas equipas é mais complexo do que trabalhar com algum componente isoladamente.



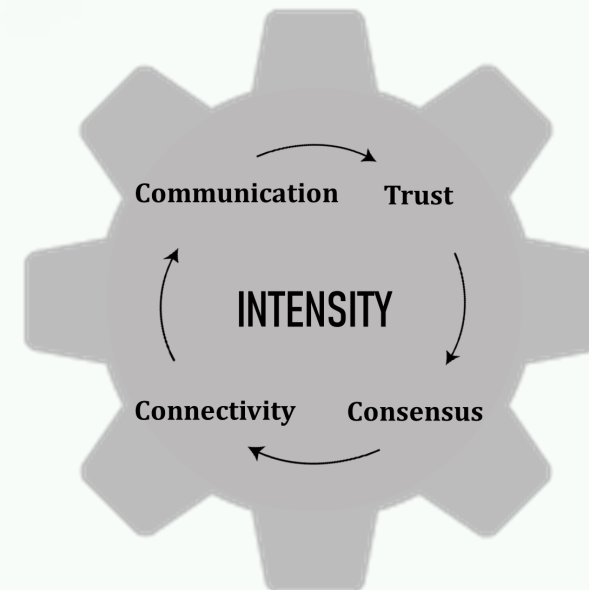
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- A palavra ‘integração’ surge do termo latim *integer*, que é ‘completar’.



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- A comunicação leva a confiança, a confiança a consenso, o consenso a conectividade.



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- A comunicação leva a confiança, a confiança a consenso, o consenso a conectividade.
- Podemos dar exemplo e começar por integrar níveis entre farmacêuticos.





XIV Congresso Brasileiro de Farmácia Hospitalar

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