

## 8.06 Consultant respiratory pharmacist input to COVID-19 Respiratory Support Unit - An Evaluation

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Medicines optimisation in patients admitted to the COVID-19 Respiratory Support Unit during the COVID-19 pandemic presented new problems for healthcare staff.

The objectives were to

1. To quantify medication-related interventions made by the consultant pharmacist (CP)
2. To determine potential clinical significance and estimate potential cost-savings

Medicines reconciliation and optimisation occurred on admission [1]. Patients were reviewed daily. Interventions, recorded over 10 weeks, were graded for clinical significance using Eadon Criteria [2] — a score of 4 or greater represents improvement in quality of care. A selection were independently reviewed by consultant respiratory physician (MK). University of Sheffield School of Health and Related Research (SchARR) model [3] was used to estimate potential cost savings associated with the interventions (Table 1) [1].

Table 1(8.6): Eadon Criteria [2], Grade and Number of Interventions [1].

Eadon Criteria (Grade)	Number of Interventions	SchARR Lower Limit (£)	SchARR Upper Limit (£)
Significant: improvement in standard of care (Grade 4)	826	53,690	123,900
Very significant: prevents major organ failure or adverse reaction of similar importance (Grade 5)	53	42,930	65,296
Potentially life-saving (Grade 6)	2	2,464	3,520

This service demonstrated an improvement in the standard of care. Applying SchARR model yielded potential annual health economy savings between £495k and £960k.

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**Conflict of Interest: None to declare**