The impact of clinical pharmacist driven interventions on patient safety in hospitalised patients: preliminary results of a point prevalence study

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OBJECTIVE

To identify potential drug related problems after implementation of hospital wide pharmacists driven medication reviews

CONCLUSION

- Structured medication reviews by clinical pharmacists, besides using CDSSs, contribute to detection and resolution of DRPs, mainly by reducing overtreatment.
- A hospital-wide integration of clinical pharmacists as part of the multidisciplinary team can improve medication safety and optimize pharmaceutical care.

RESULTS

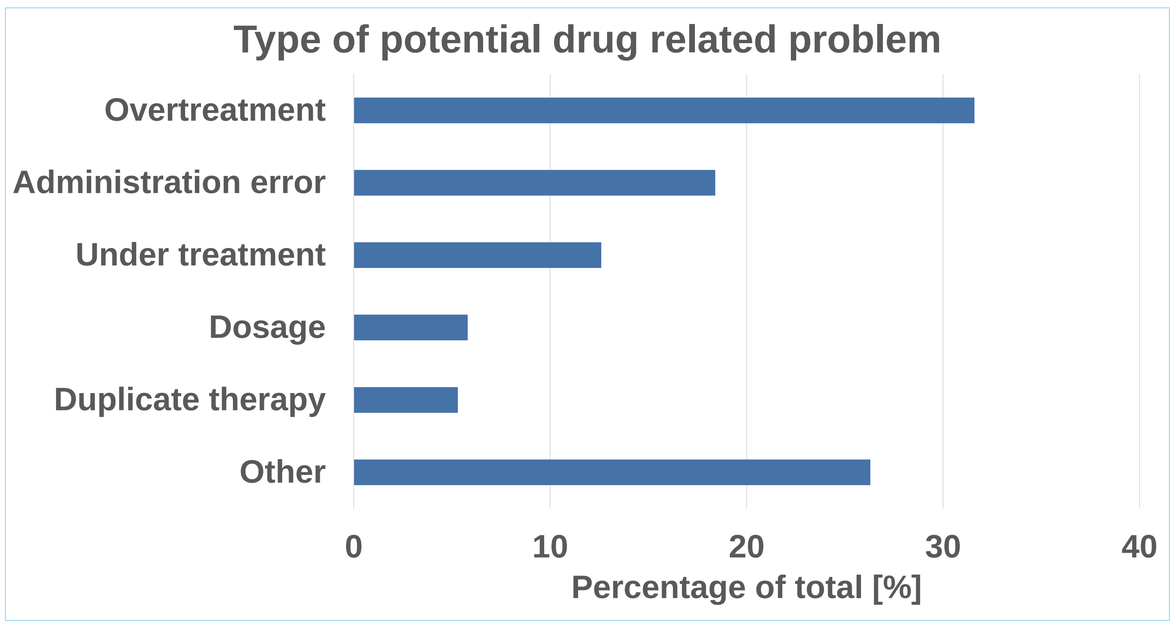
6/16 wards were included

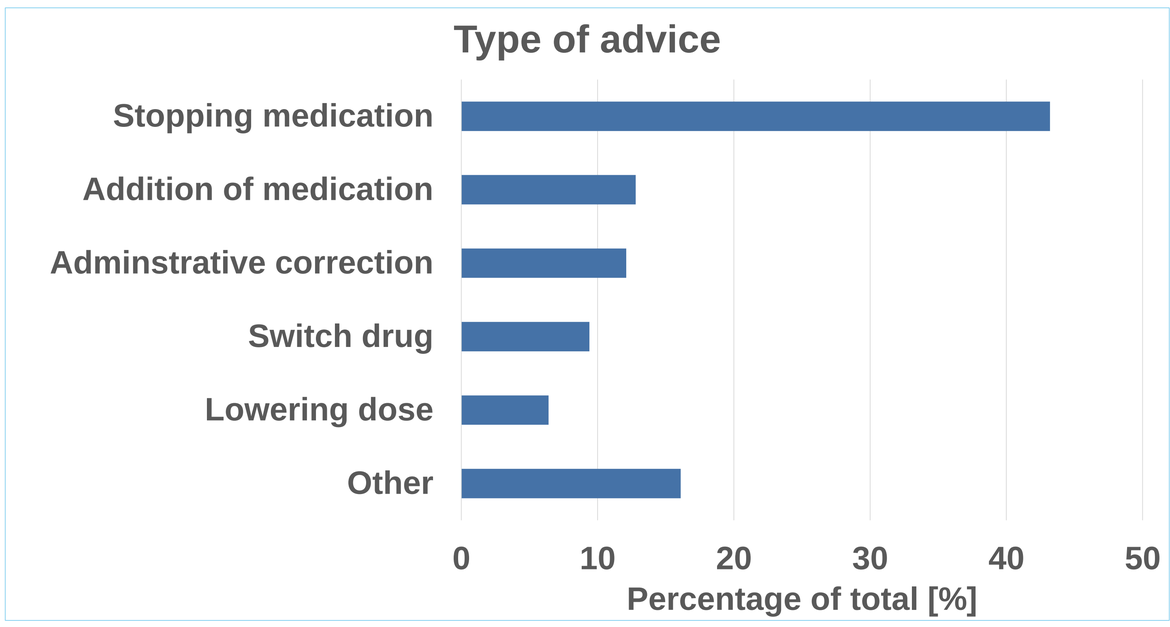
250 medication reviews

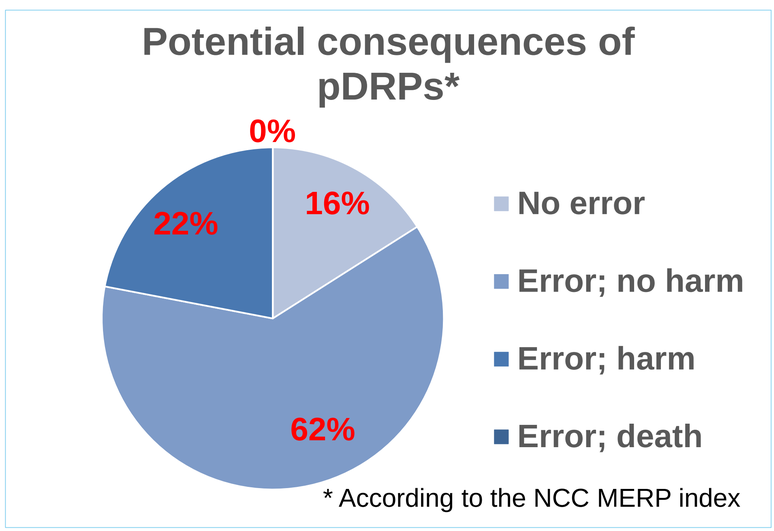
417 potential drug related problems (pDRP)

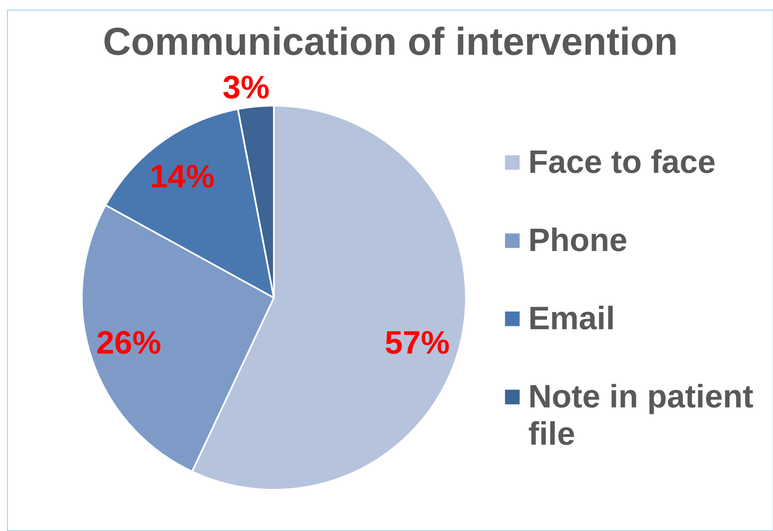
In 60.4% of the reviews a pDRP was detected

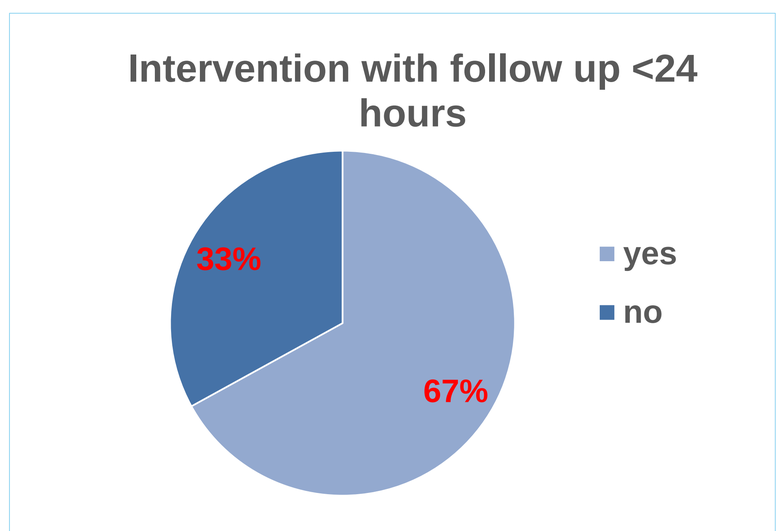
8.6 minutes per review (range 2-30 minutes)











BACKGROUND

- Hospitalised patients are at risk for medications errors.
- Traditionally hospital pharmacists use clinical decision support systems (CDSSs) and clinical rules in order to prevent medication-related problems.

- It has been shown that the involvement of a clinical pharmacists integrated in the medical team on the ward has a beneficial effect on the reduction of drug-related problems. Therefore, there is a shift from the traditional way of practice to a clinical pharmacist on the ward. However, the impact of hospital-wide integration of clinical pharmacists on patient safety is not clear.

MATERIAL AND METHODS

An observational point prevalence study. During 5 consecutive working days pDRPs (on top of the interventions based on clinical rules or CDSSs) were registred.

Setting: clinical pharmacists work on every ward and are performing medication reviews
Inclusion: Patients admitted to the Erasmus University Medical Center for more than 24 hours
Recorded endpoints: type of intervention, reason for intervention, severity of the underlying drug-related problem (using the NCC MERP[1] index scale), proportion of interventions accepted by the physician, communication route and time investment.

REFERENCES

1. Hartwig, S.C., Denger, S.D., & Schneider, P.J. (1991) Severity-indexed, incident report-based medication error-reporting program. Am J Hosp Pharm, 48. 2611-2616

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