Medication reconciliation in a visceral surgery department: is it useful for surgeons?

C. Henry, C. Roseau, A. Rieutord, S. Ray
Pharmacy department, Antoine Béclère Hospital, GH-HUPS, Clamart, FRANCE

Background and Purpose

Activity

Implementation in Visceral surgery department (VSD) 2010
Project sustainability: - 60-10 BPMH/months 2011

Material and methods

A prospective study of 2 months

Inclusion criteria:
- BPMH with a least one treatment line

Logistic regression was used to investigate predictors of least 1 consultation

✓ Number of BPMH consultation obtained using our CPOE software Pharma

Patient:
- Age
- Number of treatment line
- Length of stay
- Admission type (elective or emergency)

Time delay for BPMH availability

Sources of information:
- Pharmaceutical benefit depending on patient treatment
  (The researches for the pharmaceutical team allowed to obtain information additional with regard to those available in the case)

Results

✓ Description of population: 47 patients were included

<table>
<thead>
<tr>
<th></th>
<th>Mean ± sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>67.9 ± 14.2</td>
</tr>
<tr>
<td>Number of treatment line</td>
<td>6.1 ± 3.8</td>
</tr>
<tr>
<td>Lenght of stay (days)</td>
<td>7.1 ± 5.3</td>
</tr>
<tr>
<td>Admission type (elective/emergency)</td>
<td>30/17</td>
</tr>
<tr>
<td>BPMH consultation number*</td>
<td>2.1 ± 2.0</td>
</tr>
</tbody>
</table>

*BPMH consultation number was mainly done by pharmacist. Only 7 BPMH (14.9%) were consulted by surgeon residents.

The length of stay was a weak predictor of BPMH consultation (OR=8.1 IC 95% [1.5 ; 42.3])

✓ Time delay

Sources of information:
- 2.9±0.7 sources/patient
- 28 patients were questioned
- A pharmaceutical benefit was described for 55% of patients

Four surgery resident were interviewed:
- Complete
- Precise
- Low interest for some patients
- Time delay

Conclusion

We observed a low interest for the BPMH among visceral surgeons. A study on unintended medication discrepancies (UMD) between BPMH and medical prescription is warranted. We assume indeed that a high discrepancy rate combined with a high clinical impact might enhance BPMH use in the department. Conversely, if we find a low discrepancy rate combined with a low clinical impact, we might be considering redeploying our activity in another department.

Abstract number: 4CP5-244

Contact: claire.el.henry@gmail.com