Impact of a clinical pharmacist at transition of care
A prospective study in an orthopaedic ward of a regional hospital
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Transition of care (TOC) is a high-risk period for medication errors1-2. Discrepancies and incomplete medication information are common on hospital admission and discharge, potentially leading to drug-related problems and adverse drug events at TOC1-3.

To identify discrepancies on admission and at discharge and to detect completeness of medication information in discharge documents
To assess the potential clinical impact of discrepancies

Method

4-week prospective interventional study
29-bed orthopedic surgery ward of a regional Belgian hospital
Assessment of risk by clinical pharmacist and internist

Introduction

Objectives

Results

Conclusion