Continuous clinical pharmacy services have considerably contributed to the resolution of medication-related problems in oral surgery patients. This is illustrated by the high number of interventions performed and the high acceptance rate.

Counselling at discharge was well received by patients and helped to further resolve MRPs. Based on the project results the political decision to extend funding has been taken.

THE CLINICAL PHARMACIST RESOLVES MEDICATION RELATED PROBLEMS IN CRANIO, MAXILLOFACIAL AND ORAL SURGERY PATIENTS

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BACKGROUND

Within the framework of the Austrian health care reform, a publicly funded project with the aim of resolving medication-related problems (MRPs) by means of in-hospital clinical pharmacy services (CPS) was conducted.

MATERIALS and METHODS

Setting: Maxillofacial surgery ward (40 beds) in a large academic teaching hospital (2000 beds) (see also Infobox 1)

Period: 12 months (10/2014 – 9/2015), 6 months patient counselling (start from 04/2015)

Intervention: On weekdays, three pharmacists alternately provided CPS, comprising medication reviews (MRs) of newly admitted patients, ward round participation twice weekly, and patient counselling at discharge (Fig.1).

Outcomes: O1 and O2: Number/types of MRPs and interventions, O3: Physicians’ acceptance rate, and O4: Number of interventions reducing medicines’ costs

Documentation: Adapted classification system¹

RESULTS

Demographic data

Table 1: Examples of MRPs and interventions

O1: MEDICATION-RELATED PROBLEMS

O2: INTERVENTIONS

O3: PHYSICIANS’ ACCEPTANCE RATE: 93,7%

O4: INTERVENTIONS REDUCING MEDICINES’ COSTS

DISCHARGE MANAGEMENT

459 patients were counselled at discharge. MRPs could be prevented in 41% of those patient talks. The average counselling took 9 minutes. Study on phone call follow ups to be finished in 04/2016

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¹ Infobox 1. Common diagnoses and/or surgical interventions

Table 2: TOP 5 affected ATC code groups and examples (total N=1,362)