

# INTEGRATION OF A CLINICAL PHARMACIST INTO A GENERAL AND DIGESTIVE SURGERY TEAM: IMPACT ON PATIENT SAFETY AND QUALITY OF CARE

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## Background and Importance

Medication reconciliation is a key strategy to enhance patient safety, especially in **surgical units** where frequent transitions of care increase the risk of medication errors.

## Aim and Objectives

To evaluate the impact of incorporating a clinical pharmacist into a general and digestive surgery unit, focusing on patient safety and quality of care.

## Materials and Methods

Prospective interventional study over **6 weeks** in the general and digestive surgery unit of a regional hospital.

The pharmacist-led intervention included:

- **Medication reconciliation** at admission, during hospitalisation, and at discharge
- **Pharmacotherapeutic follow-up:**
  - Prescription validation
  - Dose adjustments
  - Antimicrobial stewardship
  - Thromboprophylaxis review
  - Nutritional support
- **Documentation** of pharmaceutical interventions and their clinical impact.

\*Inclusion criteria: hospitalised patients with a length of stay >48 hours and active pharmacological treatment.

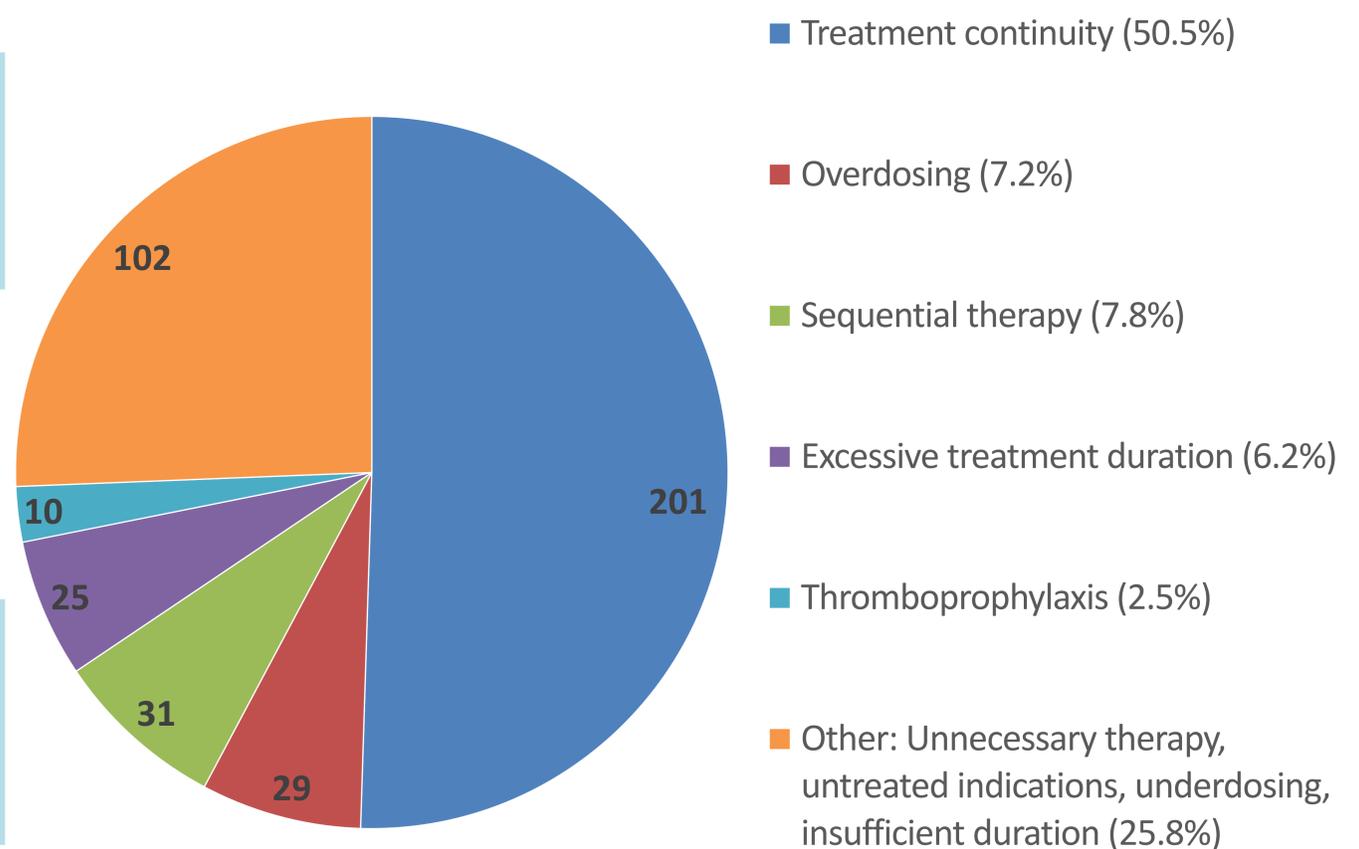
## Results

- **119** patients
- Mean age: 67 years
- Average of **11 medications**
- Charlson Comorbidity Index: 6

### Interventions

- **398**
- **3.4** per patient
- **12** per day

Most impacted therapeutic areas:  
**antibiotics, antihypertensives, antiplatelets, antidepressants, analgesics.**



## Conclusion and Relevance

The integration of a clinical pharmacist into surgical teams significantly improved patient safety by reducing reconciliation errors and optimising pharmacotherapy. **Medication reconciliation should be a core strategy in surgical units** to enhance care quality and minimise adverse drug events.

