

# PATIENT SAFETY AT HOSPITAL DISCHARGE: PRESCRIPTION-RELATED MEDICATION PROBLEMS AND PHARMACEUTICAL INTERVENTIONS IN BONE MARROW TRANSPLANTATION

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## BACKGROUND AND IMPORTANCE

- **Complexity:** BMT therapy involves high-risk, multi-drug regimens.
- **Vulnerability:** Hospital discharge is a critical "transition of care" point.
- **Risk:** Prescription-Related Medication Problems (PRMPs) can compromise treatment continuity.
- **Role:** The pharmacist acts as the final safety barrier.

## AIM AND OBJECTIVES

- To identify and classify **PRMPs** at BMT discharge.
- To evaluate the impact of **pharmaceutical interventions** on patient safety.

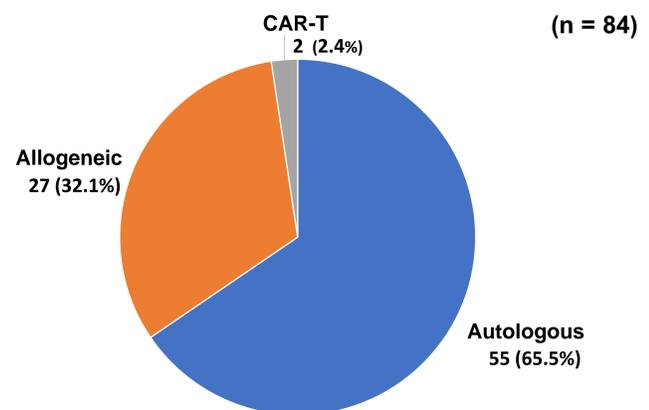
## MATERIAL AND METHODS

- **Study Design:** Retrospective, real-world observational study.
- **Setting:** Tertiary University Hospital (São Paulo, Brazil).
- **Period:** March – December 2023.
- **Population:** Patients >18 years undergoing BMT (Autologous, Allogeneic, and CAR-T).
- **Analysis:** Classification of PRMPs by **Necessity, Effectiveness, and Safety.**

## RESULTS

### The Patient Sample

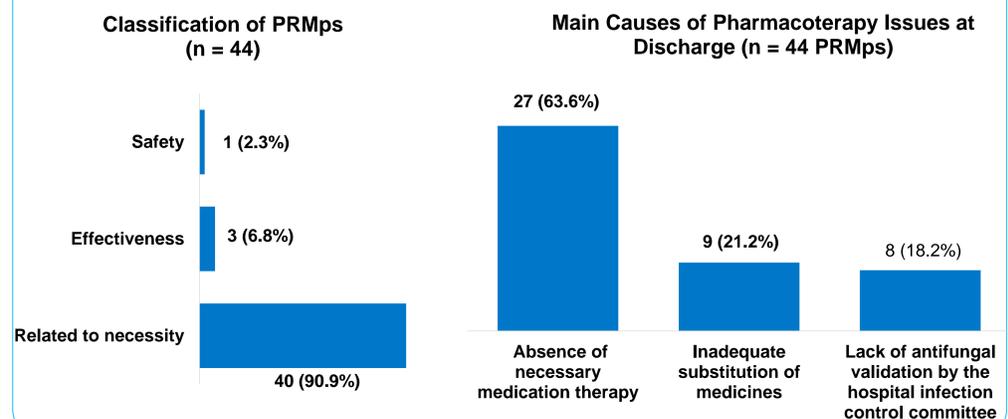
Distribution of Transplants Types at Discharge



### The "Safety Gap"

- **42.9%** of prescriptions contained at least one medication problem.
- **100% Acceptance Rate:** Every pharmacist intervention was accepted by the medical team.

### Top Medication Problems Identified:



## CONCLUSION AND RELEVANCE

- **High Vulnerability:** Nearly half of BMT discharges require pharmacist intervention.
- **Clinical Barrier:** Pharmacists effectively prevent "missing therapy" errors.
- **Takeaway:** Systematic pharmaceutical reconciliation is essential for safe transitions in high-complexity onco-hematology.

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