

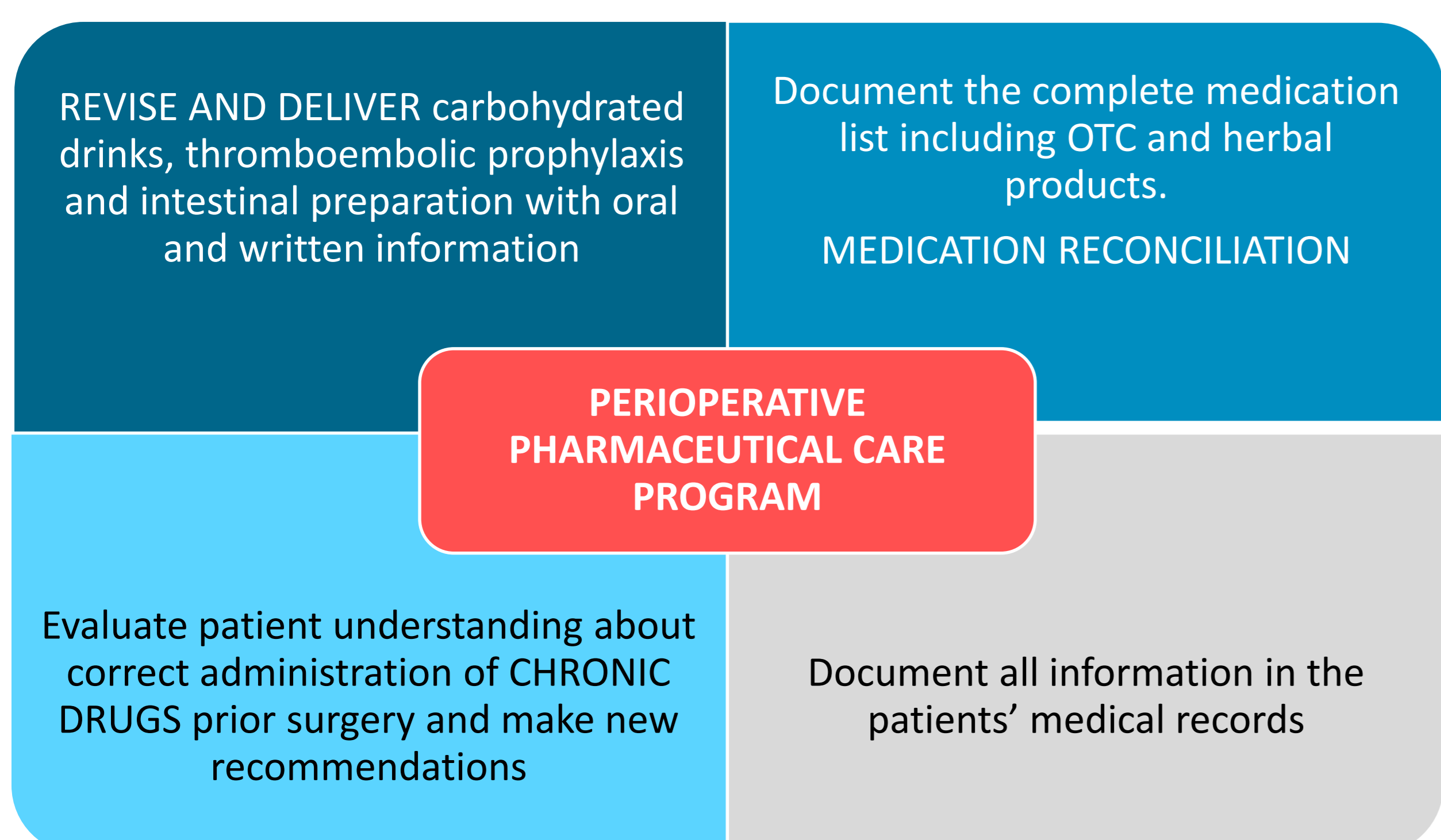
ADDING VALUE: PHARMACIST INTERVENTIONS IN THE PERIOPERATIVE SETTING

A. Ribed, A. Gimenez, A. de Lorenzo, J. Zorrilla, C. Ortega, A. Herranz, M. Sanjurjo
Servicio de Farmacia. Hospital General Universitario Gregorio Marañón. Instituto de Investigación Sanitaria Gregorio Marañón (IISGM). Madrid, España

OBJECTIVES

OBJECTIVE: To describe the interventions in a perioperative pharmaceutical care program and health outcomes in abdominal surgery patients.

METHODS



Design: Observational prospective study.

Inclusion criteria: Patients attending the pharmaceutical consultation from August 2016 to August. The Pharmacist clinical interviews was embedded in the surgical patient flow and took place 2 weeks prior surgery.

Primary outcome: pharmacists' interventions classified according to Overhage classification and severity of medication errors according to NCC MERP.

RESULTS

122 patients were included, mean age 69.2 years, 59.8% male, 58.2% undergoing colon and 41.8% rectal surgery.

✓ In 65 patients: chronic drugs should be modified prior surgery.

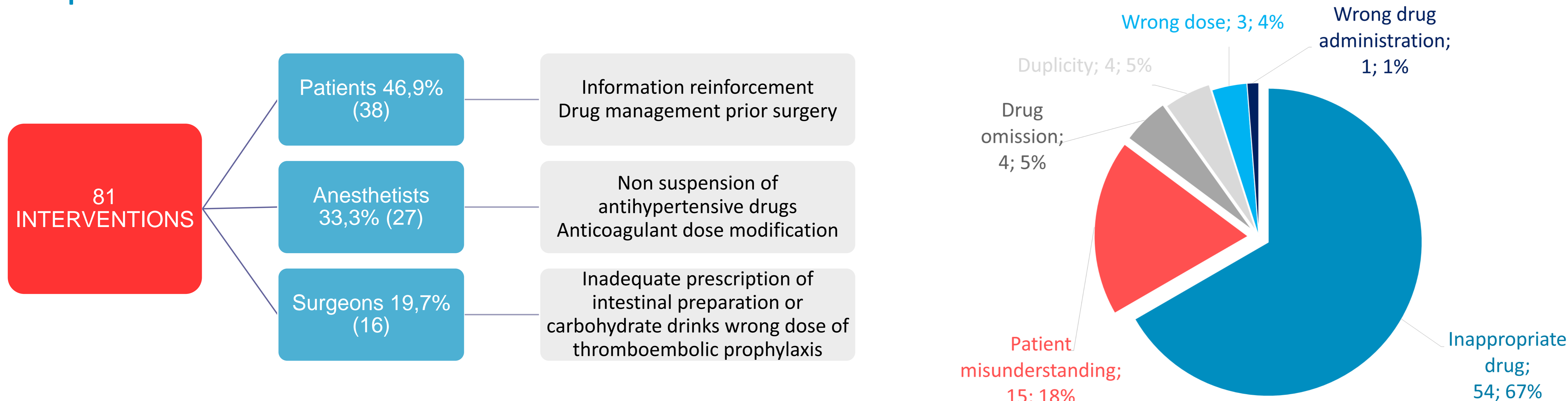
✓ 81 interventions were recorded. Of a total of 9 patients on anticoagulants, anticoagulant dose was modified in 2 patients whereas 3 patients had misunderstood the recommendations.

✓ According to the medication errors' severity, 77(95.1%) errors were serious D/E/F, and 4(4.9%) classified as error without harm (C).

✓ Regarding health outcomes:

- one surgery suspension was recorded due to wrong perioperative medication management
- Mean length of hospital stay was 5 days (3-8)
- Readmission rate at 30 days was 16.4% (n=20)

Graph 1. Pharmacist interventions



CONCLUSIONS

The perioperative pharmaceutical care program was successfully implemented.

Pharmacist interventions avoid serious errors improving chronic drug management prior surgery.

Only one surgery in a year period was suspended due to wrong perioperative medication management.

