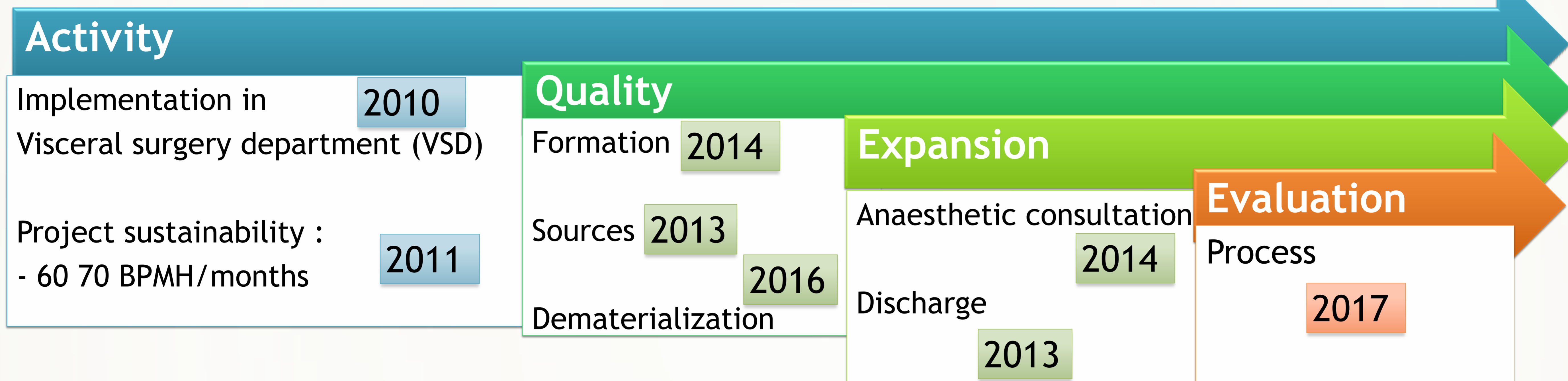


C.Henry, C.Roseau, A.Rieutord, S.Roy  
Pharmacy department, Antoine Béclère Hospital, GH-HUPS, Clamart, FRANCE

## Background and Purpose



## Material and methods

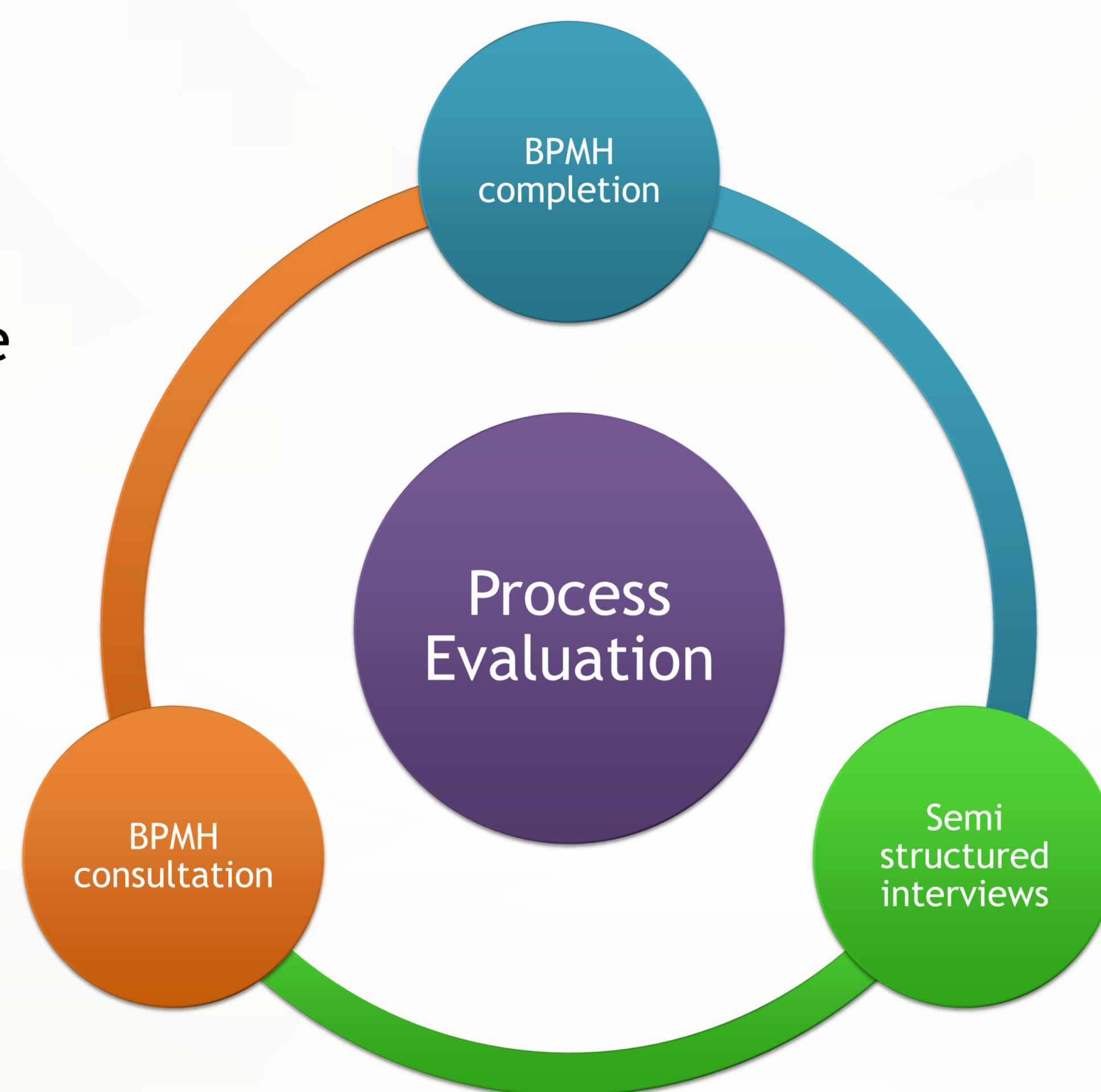
A prospective study of 2 months

Inclusion criteria :

- ✓ BPMH with a least one treatment line

Logistic regression was used to investigate predictors of least 1 consultation

- ✓ Number of BPMH consultation obtained using our CPOE software Pharma



✓ Patient :

- Age
- Number of treatment line
- Length of stay
- Admission type (elective or emergency)

✓ Time delay for BPMH availability

✓ Sources of information

✓ Pharmaceutical benefit depending on patient treatment (The researches for the pharmaceutical team allowed to obtain information additional with regard to those available in the case)

## Results

❖ Description of population : 47 patients were included

	Mean ± sd
Age (years)	67,9 ± 14,2
Number of treatment line	6,1 ± 3,8
Length of stay (days)	7,1 ± 5,3
Admission type (elective/emergency)	30/17
BPHM consultation number*	2,1 ± 2,0

\*BPMH consultation number was mainly done by pharmacist. Only 7 BPMH (14,9%) were consulted by surgeon residents.

The length of stay was a weak predictor of BPHM consultation (OR=8,1 IC 95% [1,5 ; 42,3])

❖ Time delay

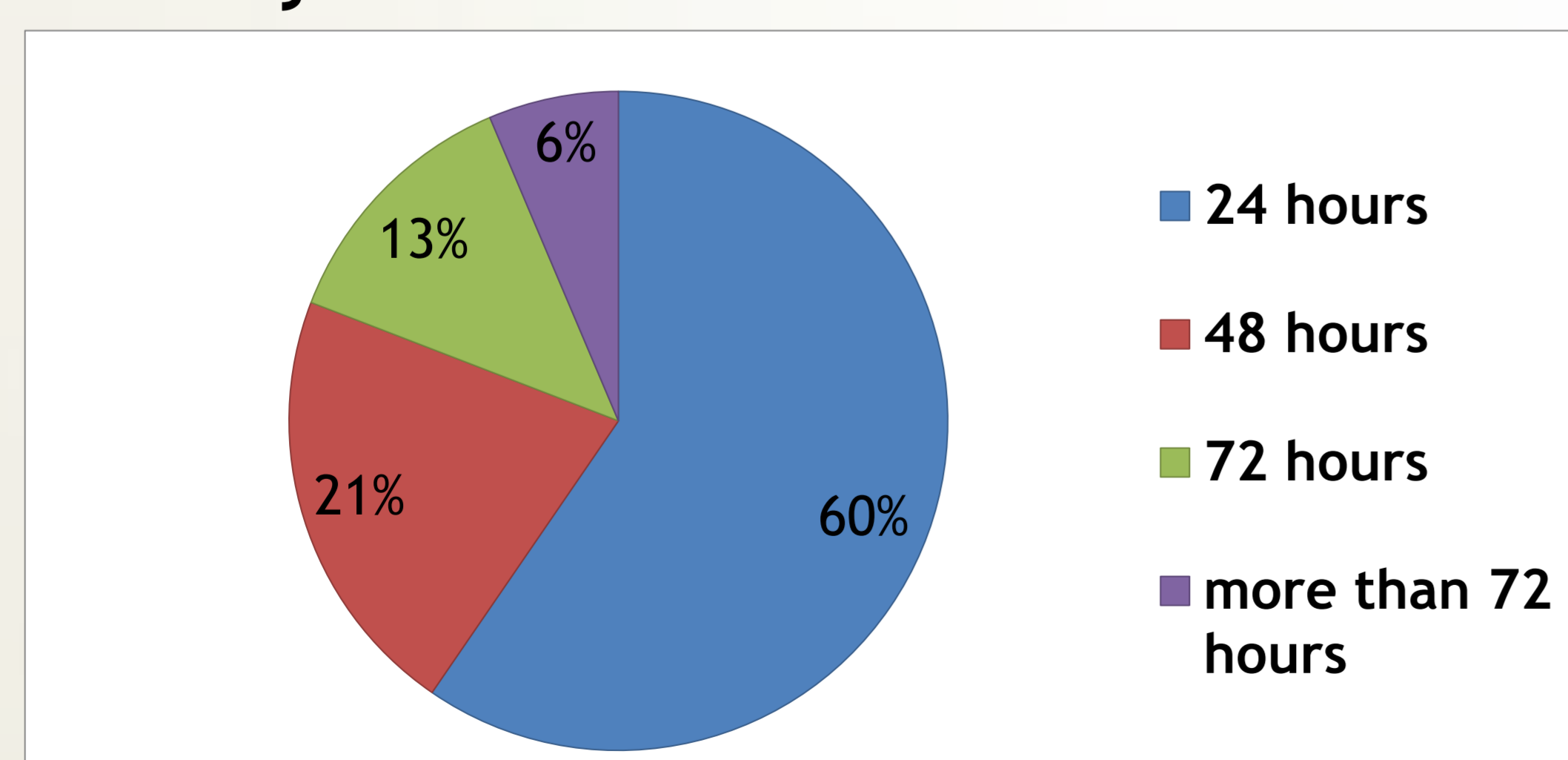


Figure 2 : Distribution of BPMH availability delay

❖ Sources of information :

- ✓ 2,9±0,7 sources/patient
- ✓ 28 patients were questioned
- ✓ A pharmaceutical benefit was described for 55% of patients

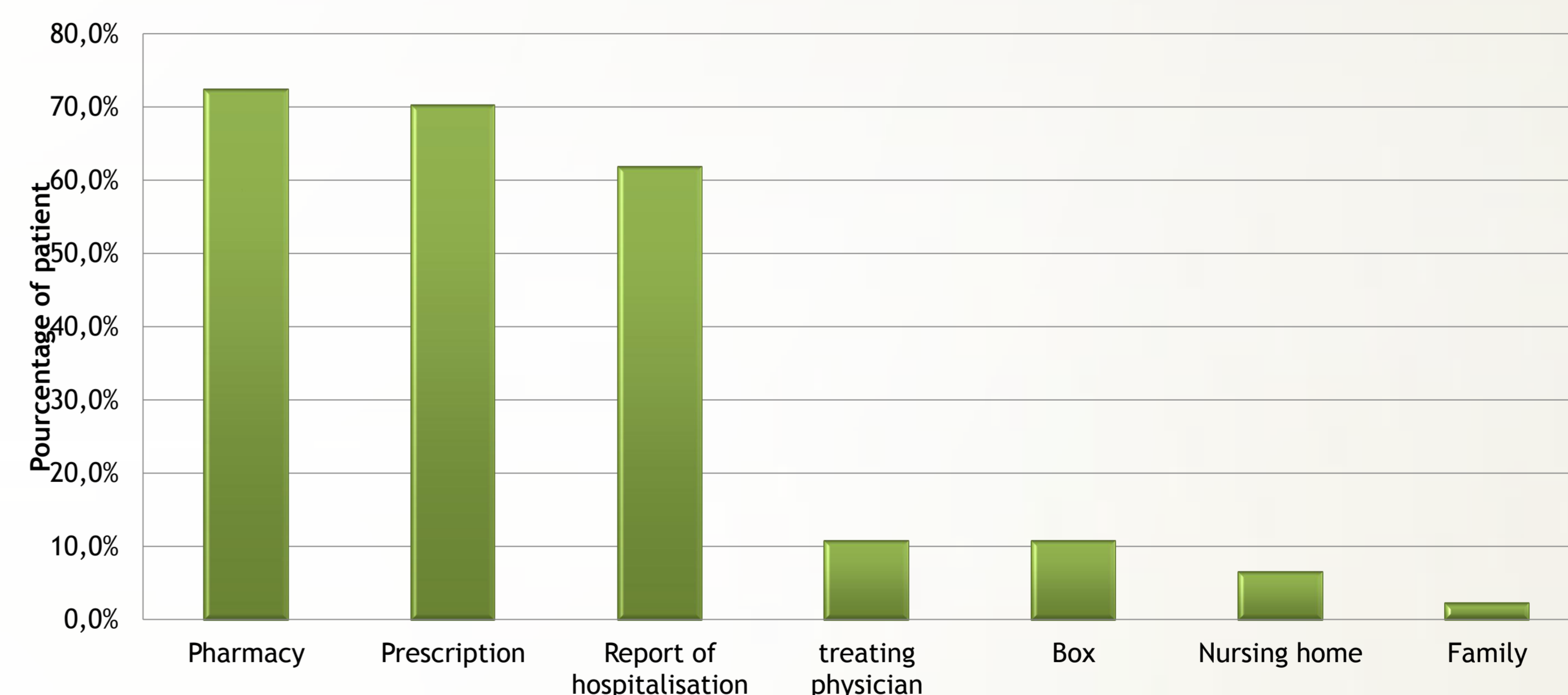


Figure 1 : Distribution of sources except patient's interview

❖ Four surgery resident were interviewed :



- ✓ Complete
- ✓ Precise



- ✓ Low interest for some patients
- ✓ Time delay

## Conclusion

We observed a low interest for the BPMH among visceral surgeons. A study on unintended medication discrepancies (UMD) between BPMH and medical prescription is warranted. We assume indeed that a high discrepancy rate combined with a high clinical impact might enhance BPMH use in the department. Conversely, if we find a low discrepancy rate combined with a low clinical impact, we might be considering redeploying our activity in another department.