

TAKING A LEAD IN WARD PATIENT SAFETY

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BACKGROUND



(Previous Hospital)
800 beds / 6 pharmacists
(1 pharmacist per 133 patients)



(Temporary Hospital)
250 beds / 6 pharmacists
(1 pharmacist per 42 patients)



(New Hospital Project)
500 beds / ? pharmacists

PURPOSE

- Using the extra time and workforce granted
- A good leadership in pharmacy care can result in better patient care

MATERIAL AND METHODS

LEADERSHIP TOOLS HAVE BEEN USED

Pharmacists were encouraged to apprise the clinical skills of their department

Determine the level of the need of ward patients

Considering the potential sources of collaboration with other health professionals

Judge the resources currently available for implementation



Used for gaining detailed results on patient chart evaluations

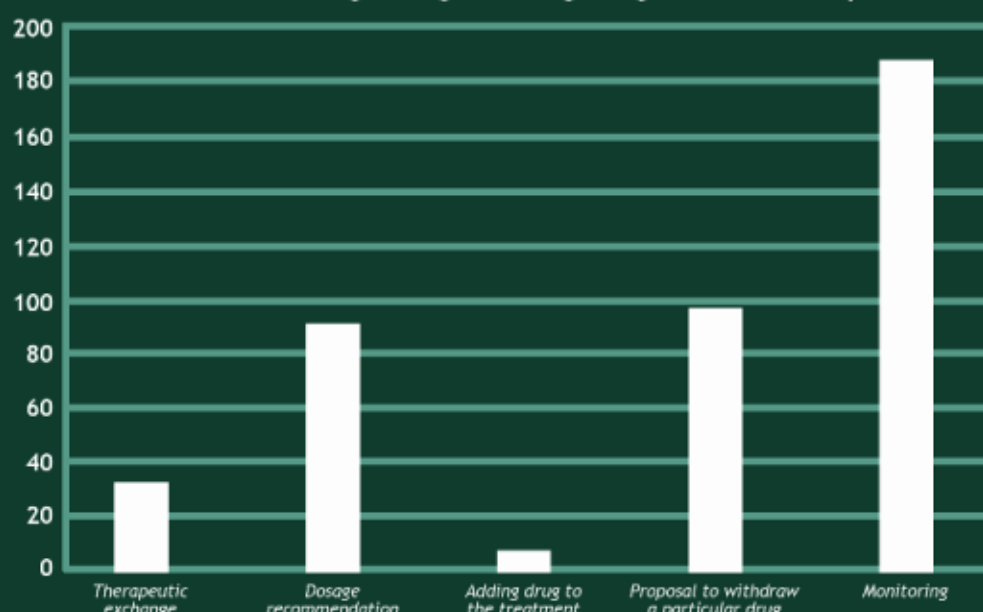


Allowing participants to share and make changes online directly with selected health professionals.

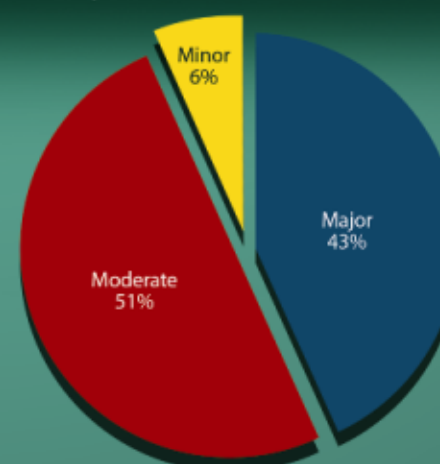
RESULTS

- 200 patient charts were reviewed.
- Average number of drugs used was 7.6
- Drug-drug interactions identified were 2.02 per patient

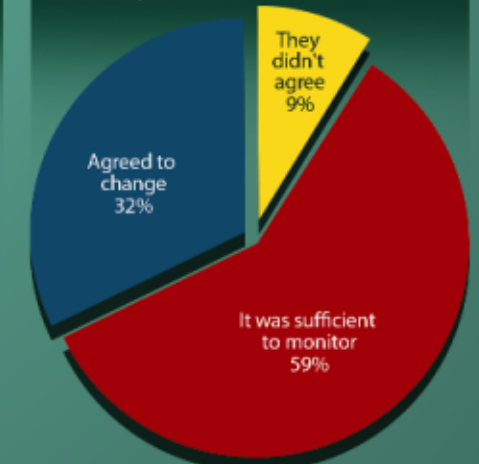
Recommendations regarding the drug-drug interactions spotted



The importance of the interactions



Physicians' Feedback



Issue	Number of Instance	Instance per Patient
Food-Drug Interactions	286	1.43
IV Incompatibility	118	0.59
Inappropriate dosage	62	0.31

- In 124 cases (0.62 per patient), pharmacists requested information about the use of the drugs prescribed for treatment

CONCLUSION

- Continuous service at this level of quality is needed for ward patients.
- Similar studies should be encouraged by health care leaders in Turkey to improve hospital care.



BEA-004