

IMPACT of hospital pharmacist integration on PATIENT SAFETY in a general surgery service and the related direct financial savings

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BACKGROUND:

In the last years, patients' security has become a Health-care Systems' priority.

An expert panel established the **presence of Hospital Pharmacist in the patients environment** and its direct collaboration with nurses and doctors as a head measure in medication use security(*).

PURPOSE:

We want to study the impact that this integration has over patients security and moreover if there is related direct economics savings.

MATERIAL AND METHODS:

During two months a pharmacist worked full-time focus on the General Surgery service.

The **pharmacist was part of the daily activity** of the service in clinical sessions, patients' visits, drug monitoring advice, discharge information, home medication reconciliation, among others.

- All activity carried out by the pharmacist was collected.
- Cost saving derived from "sequential therapy" and "non necessary drugs" stopped by pharmacist's indication were calculated.

RESULTS:

166 patients were admitted in Surgery Service during this period.

In 56% of these patients the Pharmacist performed **at least ONE treatment recommendation** which ended in a treatment change or a drug monitoring by doctors.

About treatment reconciliation results, see *Figure 1*

Sequential therapy were made in 37 drugs, and were stopped 19 unnecessary medications by pharmacist indication:

- Direct costs saving derived from that sequential therapy and non necessary drugs were in total **1.372 Euros** (686Euros/month).

Figure 1: treatment reconciliation results

166 patients

pharmacist-patient interview

108 treatment reconciliation reports

• 65% patients

106 drugs added in hospital treatments

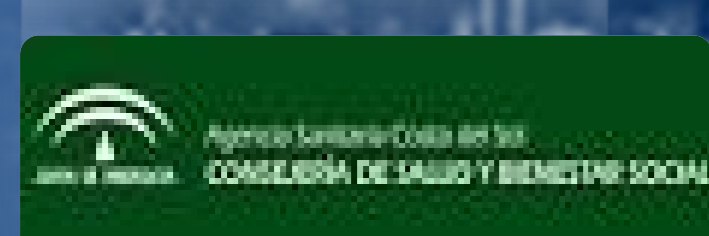
18% of them recommended not to stop.

• (beta-blockers, opioids, tricyclic antidepressants...)

CONCLUSIONS:

Hospital pharmacists play an important role as part of **multidisciplinary** teams, enhancing medical care and **increasing** treatments **security**.

Also direct **cost savings** are related to pharmacist clinical practice.



(*)Top-priority actions for preventing adverse drug events in hospitals. Recommendations of an expert panel. AmJHealthSystPharm.1996;53:747-51.