

Implementing a new pharmaceutical care process in surgery

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What was done ?

We redesigned the pharmaceutical care process for programmed patient courses in orthopaedic and visceral surgery by providing the "best possible medication history" (BMPH) in the patient's electronic medical record (EMR) before anaesthesia consultation (AC).

Why was it done ?

- Antoine Beclere Hospital
- 2017 study of BMPH's use on admission
- Orthopaedic and visceral surgery

Underutilization : **AVERAGE BMPH CONSULTATION RATE 29.8%**
The consultation rate can be obtained through the medical software ORBIS® tracking tool



Delay between the patient's admission and BMPH's availability in the EMR

Competition with AC report which also displays patient's medication



- 70% patients had unintended differences with the BMPH (Gold standard)

- 40% of these discrepancies were categorized by an anaesthetist as having a moderate to severe impact.

Pharmaceutical care process in 2017



How was it done ?

Eliminate the obstacles



Establish BMPH before the anaesthetist consultation in collaboration with the surgery team

Delay before online posting

Competition with the AC report



How to ?	Solution	What we did
Find a method in order to prioritize patients	Coordination with anaesthetists	Gained access to their planning through our medical software thus improving prioritization
Reassure unfamiliar patients with our new process	Creation of support documents	Established documents : • Phone interview procedure • How to visit inpatients • How to gather useful data
Train pharmacy students		

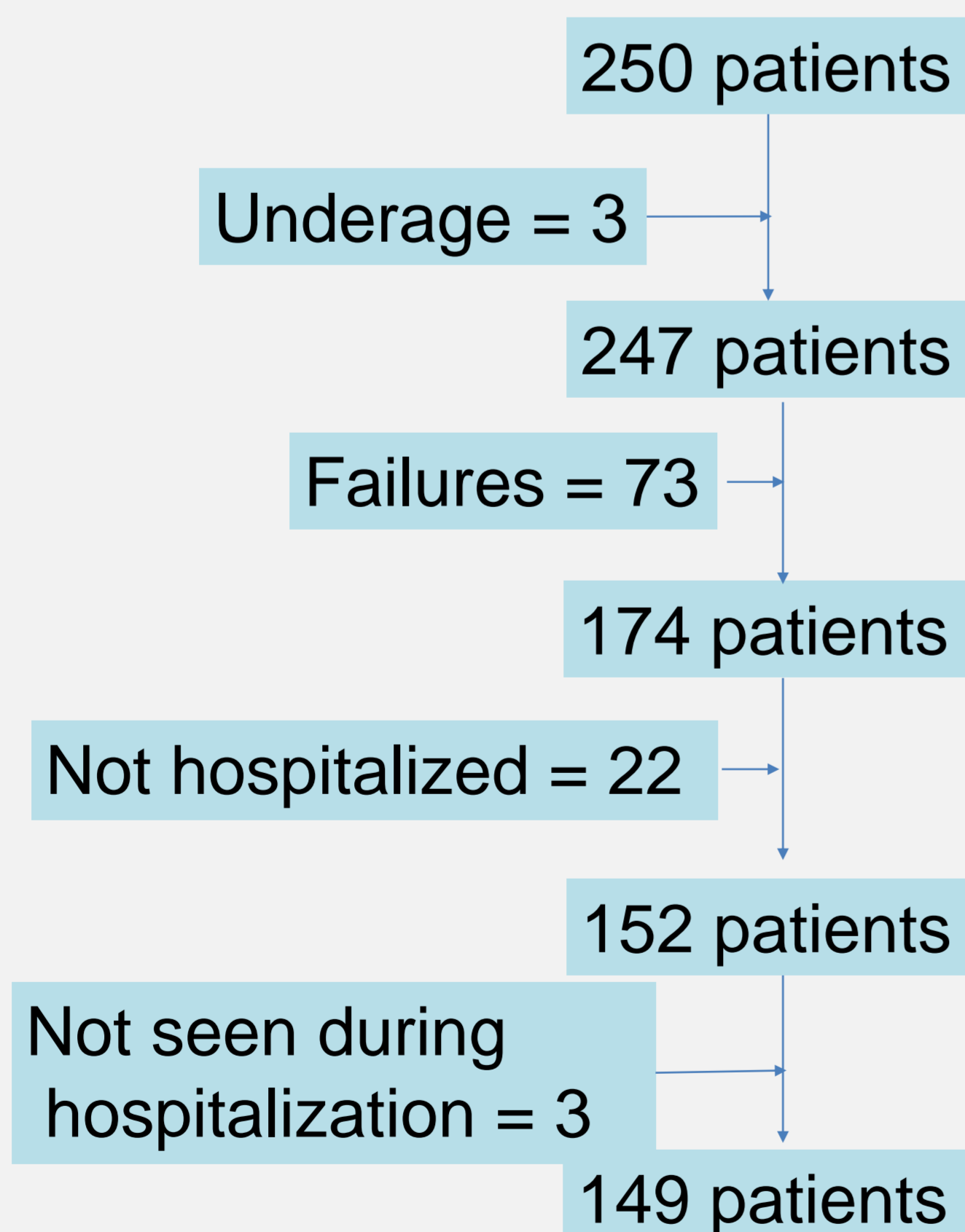
What was achieved?

- Antoine Beclere Hospital
- From June to October 2019 study of BMPH's use on admission
- Orthopaedic and visceral surgery

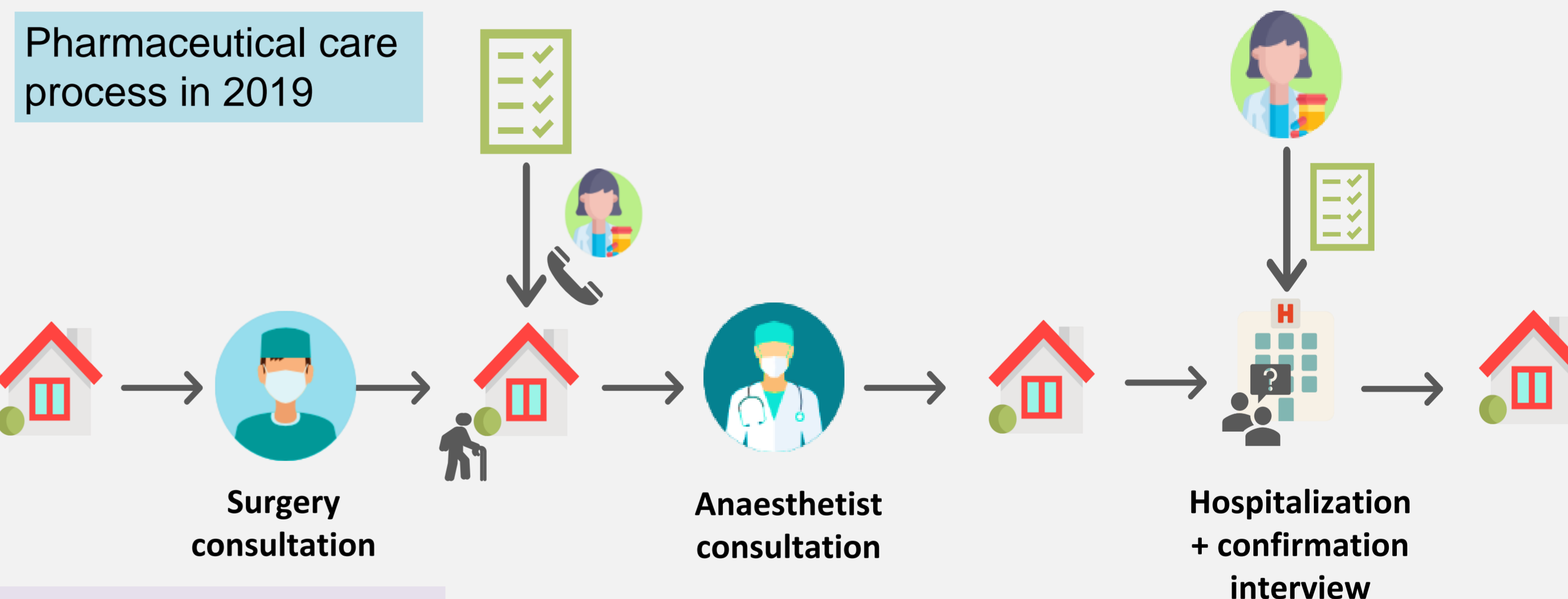
250 patients

124 126

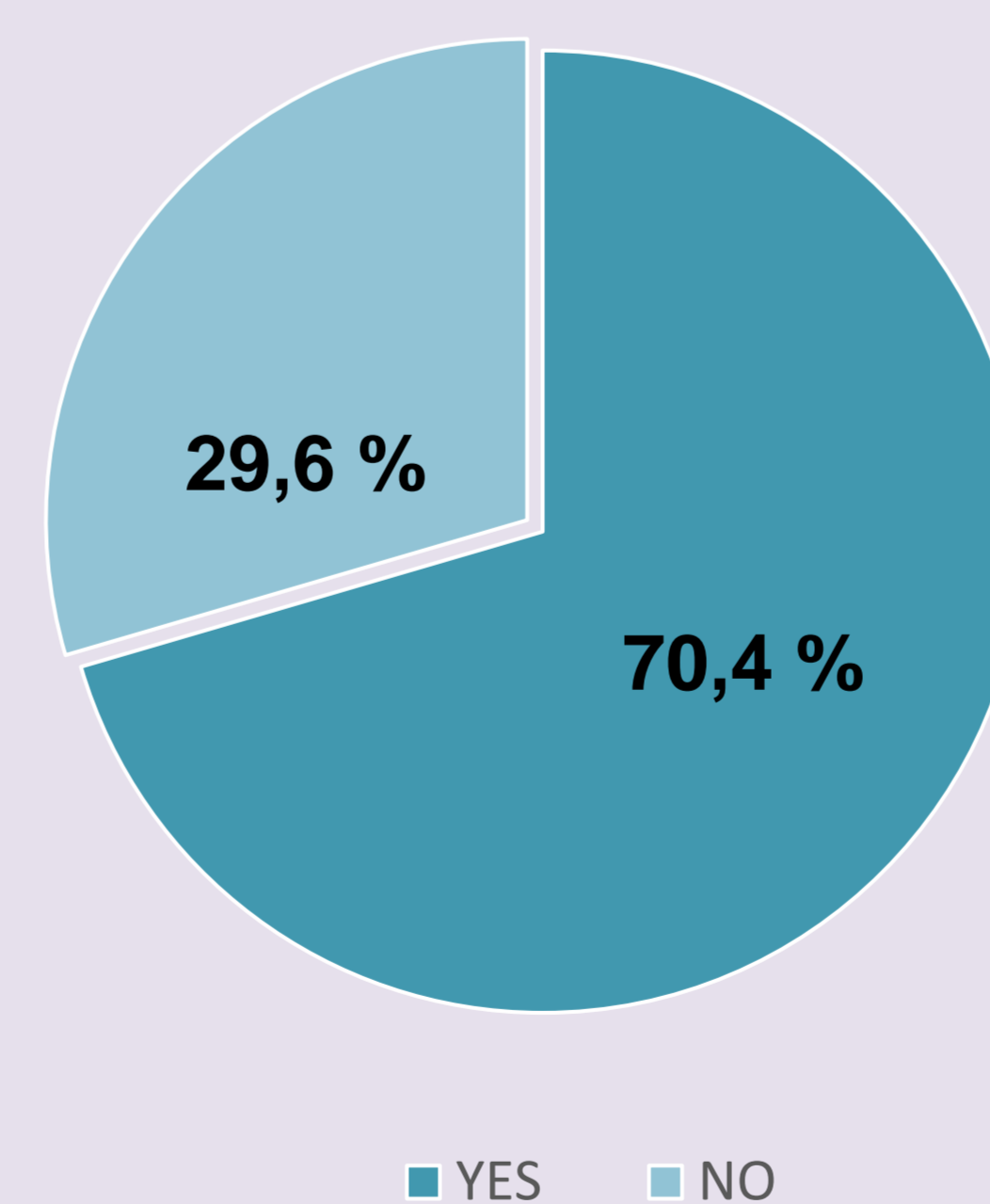
Age = 59 +/- 17,6 yo



Flow chart describing patients lost to follow up through the care path



Medical and paramedical staff's consultation rate at discharge



- Length of stay = 7,4 days
- Number of medication = 5
- Average number of sources = 3
- Calls needed to reach a patient = 1,58 +/- 0,81
- Modifications on admission = 16%
↳ 27 best possible medication history were modified upon confirmation

- Patient's satisfaction : 5,3/6
↳ Assessing their liking of :
- the call,
- medication management during hospitalization
- the confirmation interview

What next ?

Implementing this **new process** in the care path streamlines information transfer between the different stakeholders (anaesthetists, surgeons, pharmacists) and provides a better integration of pharmaceutical care in surgery wards as an efficient support system for prescribers.

