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Role of the pharmacist in decreasing discharge medication discrepancies: A prospective observational study

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Medication Reconciliation (Med.Rec) is a major intervention which reduces medication discrepancies and subsequent patient harm at different patients' care transitions. Data on the incidence of the unintended medications discrepancies ranges from 40–50% upon admission to acute care hospitals and 40% at hospitals discharges. Pharmacists' role in Med.Rec is highly recommended due to their distinct knowledge, skills, and abilities to establish and maintain effective Med.Rec process. Pharmacy Med.Rec at admission or discharge is a crucial step for an error free environment. Outpatient pharmacist play a lead role in detecting medication related problems; this urges the need to translate their qualitative values into quantitative measures.

Primary objective: to investigate the impact of outpatient pharmacists' interventions during discharge reconciliation, in reducing medication errors and discrepancies. **Secondary objective:** to detect the most common medication related problems.

Methods: A prospective observational study, conducted at a 62-bed tertiary care cancer center (National Centre for Cancer Care & Research) in Qatar. All discharged patients were included in the study over duration of 10 months (from 1st April 2014 to 31st January 2015). Patients who were discharged from the chemotherapy infusion unit were excluded. A standardized intervention form was generated to document interventions. Collected data were categorized into medication error or medication discrepancy. A statistical analysis included exploratory analysis and descriptive statistics using STATISTICA 11.0 Version.

Results: Total of 591 discharge prescriptions included, 278 (47%) required pharmacist interventions; with 190 medication discrepancies and 122 medication errors. The most common medication related problems were incomplete orders (34%) and prescribing restricted medication without privilege (29%).

Conclusion: Outpatient pharmacists have a significant role towards detecting and reducing medication errors and discrepancies upon patient discharge. However, despite their effective interventions, most of these medications related problems are preventable. An improved quality process and awareness can create an efficient medication safety environment.

Biography

Dr. Shereen Elazzazy received her bachelor degree in Pharmacy from Egypt in 1997 and her Doctor of Pharmacy degree at Purdue University, USA in 2011. She has extensive international experience working in Egypt, KSA, and Qatar, and recently completed internship in Indiana, USA. Her areas of expertise are mainly oncology, nutrition, palliative care, aseptic pharmaceutical preparations and pharmaceutical registration/ regulations. Currently she is an Asst. Director of Pharmacy - Clinical Services in the National Center for Cancer Care and Research, Qatar, an Adjunct Clinical Faculty in College of Pharmacy, Qatar University, a Clinical Preceptor for Collage of Science, North Atlantic, Qatar, local mentor for Pharmacy School, Queen's University, UK, and a Clinical Sponsor, PharmD program, University of Colorado, USA. She has numerous peer-reviewed publications and active presentations in national, regional and international conferences in the areas of oncology, hematology, infectious diseases, palliative care, clinical pharmacokinetics, and nutrition

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