

6th World Pharmacists and Clinical Pharmacy Annual Congress

May 22-23, 2017 Chicago, USA

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

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Medication reconciliation 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% upon discharges. 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 of this study is to investigate the impact of outpatient pharmacists' interventions during discharge reconciliation in reducing medication errors and discrepancies. Secondary objective is to detect the most common medication related problems. A prospective observational study was conducted at a 62-bed tertiary care (National Centre for Cancer Care & Research) in Qatar. All discharged patients were included in the study over duration of 10 months. 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. Statistical analysis included exploratory analysis and descriptive statistics using STATISTICA 11.0 Version. 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%). 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

Taghrid Shehleh Abu Hassan has completed her Bachelor's degree of Pharmaceutical Science at Philadelphia University, Jerash, Jordan in 2003 and completed her Master's degree in Clinical Pharmacy at Queen's University, Belfast, UK in 2014. She has experience in hematology/oncology hospital pharmacy, pharmacy management, aseptic pharmaceutical preparation, inpatient and ambulatory setting. Currently she provides care as the Senior Pharmacist for Unit Dose/Inpatient Pharmacy Unit at National Center for Cancer Care and Research, Qatar. She is a Preceptor for Qatar University students

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