The economic and clinical impact of a clinical pharmacy team on surgical patients: the SUREPILL study.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON25425

Source
Nationaal Trial Register

Brief title
SUREPILL

Health condition

Adverse Drug Events

Sponsors and support

Primary sponsor: - Academic Medical Centre Amsterdam

Participating hospitals:
- Onze lieve Vrouwe Gasthuis Amsterdam
- Diakonessenhuis Utrecht
Source(s) of monetary or material Support: ZonMW

Intervention

Outcome measures

Primary outcome

Number of preventable ADE's per 100 admissions.

Secondary outcome

1. Severity of all preventable ADE's;

2. Number and clinical relevance of pharmacy interventions;

3. Lenght of hospital stay;

4. Number of readmissions within 3 months after admission;

5. Costs;

6. Quality of life within 3 months after admission;

7. Additional quality of pharmaceutical care.

Study description

Background summary

Rationale:

Injuries caused by medication errors are widely agreed to be a problem in hospitalized patients. These injuries are known as preventable Adverse Drug Events (pADE’s). Also in The Netherlands is stated that hundreds of people die each year as a result of pADE’s. Surgical patients are especially at risk for these ADEs because of the frequent transfer moments within the hospital and subsequent changes in medication.

International studies have shown that hospital pharmacists can effectively reduce pADE’s when they actively participate on the ward. This concept is known as ‘ward-based pharmacy’. The activities consist of close review of medication on admission, active participation in rounding teams and counselling patients at discharge. The applicability of these findings to the Dutch setting is unknown as our health care system is differently organized. In The Netherlands hospital pharmacists work from a central pharmacy and they are scarce and more costly.

Objective:

The aim of the proposed study is to establish whether the active participation of a clinical pharmacy team on the surgical ward reduces pADE's cost-effectively in the Dutch setting.

Design:

Three hospitals will participate. First, baseline assessments (n=480) will be made in each hospital at the surgical wards. Then, in each centre, one unit will randomly be assigned (one-time randomisation) as experimental unit (n= 482) receiving ward-based pharmacy, whereas the other unit will serve as control unit (n= 482) receiving usual pharmaceutical care.

Population:

Consecutive patients admitted to a surgical ward for elective surgery with an expected length of stay of more than 2 days.

Intervention:

The ward-based pharmacy team assesses medication reconciliation at admission and discharge and daily optimizes the patient medication during hospital stay. Patients admitted to control units receive standard pharmaceutical care.

Outcome measures:

The number of pADE’s per 100 admissions in experimental unit patients will be compared to that of control unit patients, corrected for differences at baseline. Besides presence, also the severity of the pADE’s will be determined. Additionally, the quality of care will be measured using newly developed quality indicators. The follow-up of 3 months will provide information on the outcomes readmissions, quality of life and additional costs after discharge. All interventions by the clinical pharmacy team will be documented.

Study objective

The active participation of a clinical pharmacy team on the surgical ward will reduce preventable ADE's cost-effectively.

Study design

1. Medication reconciliation at admission and discharge with questionnairre;

2. Daily registration of interventions by clinical pharmacy team;

3. Follow -up by questionnairre within 3 months after admission;

4. Retrospective patient chart analysis to detect ADE's and determine quality of care.

Intervention

Three hospitals will participate. First, baseline assessments (n=480) will be made in each hospital at the surgical wards. Then, in each centre, one unit will randomly be assigned (one-time randomisation) as experimental unit (n= 482) receiving ward-based pharmacy, whereas the other unit will serve as control unit (n= 482) receiving usual pharmaceutical care.

Active participation of a hospital pharmacy team on the surgical ward:

1. Medication reconciliation at admission by pharmacy technicians;

2. Daily review of prescribed medication by hospital pharmacists;

3. Medication reconciliation and couselling at discharge by pharmacy technicians.

Contacts

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Eligibility criteria

Inclusion criteria

1. Study ward: surgical ward;

2. Elective admitted for surgical procedure;

3. Hospital stay: > 48 hours.

Exclusion criteria

1. Patient already included in the study;

2. Admitted from other department within hospital or other hospital.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-10-2008
Enrollment:	1444
Type:	Anticipated

Ethics review

Positive opinion

Date:	24-03-2010
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL2134
NTR-old	NTR2258
Other	ZonMw : 17088.2706
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A