MEDICATION RECONCILIATION BY PHARMACISTS IN DUTCH CRITICAL CARE PATIENTS

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medication reconciliation by pharmacists decreases the amount of medication transfer errors in patients admitted to the intensive care

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON20307

Bron
NTR

Verkorte titel
TIM

Aandoening

medication reconciliation
medication transfer
ICU admission
ICU discharge
Pharmacist,
Medication error,
internally transferred patients within the hospital,
unintentional discontinuation of mediation for chronic diseases,
unintentional continuation of ICU mediation
adverse drug events (ADE),
medication costs,
Patient Data Monitoring System (PDMS),
computerized physician order entry systems with clinical decision support (CPOE/CDS),
medicatieverificatie,
medicatieoverdracht,
IC opname,

IC ontslag,
apotheker,
medicatie fout,
interne overdracht in het ziekenhuis,
onbedoeld discontinueren van chronische medicatie,
onbedoeld continueren IC medicatie,
geneesmiddelkosten,
electronisch voorschrijf system (EVS)

Ondersteuning

Primaire sponsor: Apotheek Haagse Ziekenhuizen (AHZ)
Postbus 43100
2504 AC DEN HAAG /
Erasmus MC
Postbus 2040
3000 CA ROTTERDAM
Overige ondersteuning: both sponsors &
Cooperating Health Insurance Companies
Fund “zorgvernieuwing”

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

TRANSFER ERRORS:
-The proportion of patients with one or more transfer error on admission to the intensive care unit
-The proportion of patients with one or more transfer error after discharge from the intensive care unit.

Toelichting onderzoek

Achtergrond van het onderzoek

SUMMARY

Rationale: Previous studies from our project team have shown that medication reconciliation at the moment of hospital admission or discharge by pharmacy technicians results in increased patient safety. Whether this is also the case at the moment of admission to or discharge from the intensive care unit (internal hospital transfer) is unknown.

Objective: The aim of the study is to show the effect of medication reconciliation by a pharmacist, in patients admitted to and discharged from the intensive care unit on medication errors.

Study design: A one year observational before/after stA one year before/after intervention study design will be used, with medication transfer errors as the primary outcome.

Study population: All patients admitted to the intensive care units of the Erasmus MC Rotterdam and Haga Teaching Hospital The Hague.

Intervention:The intervention consists of medication reconciliation at the moment of intensive care admission and discharge by a pharmacist.

Main study parameters/endpoints:

The proportion of patients with one or more transfer error on admission to the intensive care unit and the proportion of patients with one or more transfer error after discharge from the intensive care unit.
Nature and extent of the burden and risks associated with participation, benefit and group relatedness: The only possible burden will be an interview done by the pharmacy technician to obtain necessary information about the medication history of the patient at the moment of intensive care admission and discharge.

Doel van het onderzoek

medication reconciliation by pharmacists decreases the amount of medication transfer errors in patients admitted to the intensive care

Onderzoeksopzet

COSTS:

-Costs involved with the medicationreconciliation process (labour costs pharmacy technician)

-Cost reduction due to preventing errors (medication costs; costs of prevented (potential) adverse drug events, toxicity and/or symptoms per intensive care admission)

-Medical consumption associated with the consequences of medication transfer errors, such as number of intensive care unit days and medical specialist- and nursing staff time, will be recorded and estimated from the hospital’s perspective.

-The prevention of adverse events, toxicity and/or symptoms could result in decreased medical consumption which may compensate the increased costs incurred for employing an intensive care pharmacy technician.

Onderzoeksproduct en/of interventie

medication reconciliation at the moment of intensive care admission and discharge by a pharmacist.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

-Admitted to the intensive care units of the Erasmus MC Rotterdam and Haga Teaching Hospital The Hague during the study period.

-Admitted to the intensive care units for 24 hours or more.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

-No medication before intensive care admission. AND no medication after intensive care.

-(the Erasmus MC Rotterdam): Admitted to the intensive care unit for home treatment mechanical ventilation (so called CTB).

-Admission and discharge within 72 hours inbetween Friday night and Sunday midnight

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Factorieel
Toewijzing:	Niet-gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	06-01-2013
Aantal proefpersonen:	280
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	05-09-2013
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL3987
NTR-old	NTR4159
Ander register	MedRec at ICU Transfers : 12-097
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten
N/A