Slimming Down Medication Errors through Pharmacist Integration into Bariatric Surgery Clinic

Project Plan and Intervention

**Purpose:**
- To improve quality and enhance safety of patient care by adding a pharmacist specialist to the bariatric surgery service clinic team.
- Consultation with a pharmacist specialist prior to surgery is required to ensure patient safety.
  - Discontinuing high risk medications:
    - Benzodiazepines
    - Sleep aids
    - NSAIDs
- Managing high risk medications:
  - Anticoagulation
  - Aspirin
  - Oral contraception
  - Insulin management
  - Nicotine cessation
  - Steroids

**Pilot Proposal:**
- Pharmacy consult for each packet ready appointment.
- One full clinic day every Wednesday [0.2 FTE] initially funded by the clinic, with anticipation of eventual ability to bill for services.

Project Evaluation & Impact

**Preliminary Assessment:**
- Majority of cases are weekend discharges.
  - Limited weekend clinical pharmacist support (gap in care).
  - Limited access to the surgeons for care plan.
- From a 4 month sample of cases 2017:
  - Average of 7.2 (0-20) medications prior to admission.
  - Average of 3.8 (0-10) interventions made by pharmacist.
  - Average of 8.6 (5-19) medications on discharge.

**Impact:**
- Destination Program expansion.

**Outcome Measures: Quality and Safety**
- Discharge times (weekend emphasis)
- Patient experience
- Patient satisfaction scores
- Patient understanding and compliance
- Safe use of medications
- Prevention of errors
- Provider relief
  - Time saved by clinic and hospital providers/staff
  - Satisfaction scores from providers/colleagues

**Future Directions**

**Next Steps:**
- Secure ongoing resources to ensure a permanent pharmacist presence in the bariatric surgery clinic.
- Collaboration with other bariatric programs.
- VTE risk calculator, extended VTE prophylaxis.
- Best practices guide/resource for high risk clinical scenarios:
  - Anticoagulation management, ESRD on HD, organ transplant, complex psych regimens, insulin management.
- Education and Research:
  - PGY1 resident training.

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**Background**

**UCSF Bariatric Surgery Center:**
- Center of Excellence (MBSAQIP).
- One of the few centers that offer bariatric procedures to obese patients with end-stage kidney or liver disease.
- Multidisciplinary care team includes:
  - Surgeons
  - Bariatric Program Coordinator
  - Bariatric Fellow
  - Physician Assistants
  - Nurse Practitioners
  - Dieticians
  - Psychiatrist
  - Gastroenterologist
  - Clinical Coordinators
  - Nurses
- And now, Pharmacist Specialist.

- Bariatric patients have specialized medication needs but are often unaware or misinformed of the changes to medications after surgery.
- Abrupt postop changes have led to delays in discharge from hospital, preventable medication errors, and reduced patient satisfaction.
- Medication lists are updated by assistants who are not specialized in medications, burdened by many other tasks, and unauthorized to make changes in Apex.
- Inaccurate medication lists are briefly reviewed by providers but not discussed in advance of surgery.

**Project Goals**

**Target Condition:**
Incorporation of a pharmacist specialist to provide:
- Comprehensive medication reconciliation.
- Therapeutic plan development using a multidisciplinary approach, with real-time recommendations/interventions for changes to therapies.
- Drug monitoring of pertinent therapies.
- Evaluating appropriateness of drug formulations for safety and efficacy.
- Comprehensive patient education regarding medication regimen changes prior to surgery.
- Serving as a resource for patients and healthcare professionals before and after surgery.

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