

Umfrage zur kurzfristigen medikamentösen Versorgung (Überbrückung) in Schweizer Spitälern

Masterarbeit

Rita Baraghini, BSc pharm

Betreuung

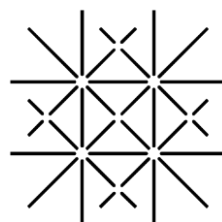
Dr. phil. II Isabelle Arnet

Prof. Dr. Kurt E. Hersberger

13. Januar 2014 - 6. Juni 2014

Pharmaceutical Care Research Group

Universität Basel



**UNI
BASEL**

Abstract

Background

Medication when leaving the hospital is a critical moment for patients. The disposal of medication makes an important contribution towards security of pharmacotherapy. HIV-post-exposure prophylaxis (HIV-PEP) reduces the risk of passing on HIV in case of a risk contact and should be effectuated as soon as possible, until maximum 48h after exposure. In the university hospital Basel starter kits with a daily dose of HIV-PEP medication are given to patients as bridging medication.

Objective

Goal of this thesis is the evaluation of short-term medicinal supply in Swiss hospital pharmacies, as well as the consideration of actual handling of HIV-PEP in university hospital Basel (USB) and analysis of starter kit usage in USB.

Methods

In a first part, a questionnaire for Swiss hospital pharmacies has been developed. Main subject was the usage when leaving hospital and during holidays. The questionnaire has been conducted online with FlexiForm®. The Swiss Association of Public Health Administration and Hospital Pharmacists (GSASA) provided a membership list of all hospital pharmacies. The analysis of data has been done with Excel. In a second part, the following analysis has been conducted at USB: a) procedure of HIV-PEP in the medicinal polyclinic (MUP) and the personnel medical assistance b) 5-year analysis of the starter kit usage c) 5-year analysis of the combined description of Truvada and Kaletra.

Results

Out of the total 294 forwarded links to the questionnaire, 78 responses have been received (26.5%). 74.0% of these responses came from institutions with a chief pharmacist. 76.9% of the participants said that a bridging solution is conducted most frequently through patient care (61.5%). The disposal is mostly done on Saturdays (76.6%), for two days (36.7%) and in strips of blisters (45.0%). The hospital pharmacy of USB delivered between 08.04.2009 and 08.04.2014 851 starter kits to 14 different divisions of the USB. In USB 226 ambulant and hospital treatment prescriptions of Truvada/Kaletra have been conducted. In MUP the starter kits are given for 1 - 2 days, in the personnel medical assistance for 1 month.

Discussion

The response rate of 26.5% is low. Reasons may be that the membership list of GSASA also includes hospital pharmacists, who are not anymore working in this environment. Furthermore the hospital pharmacists do not have information about the disposal, since it is conducted mostly by patient care. Nevertheless is the response rate representative for Switzerland, if the responsive institutions are compared to institutions with chief pharmacists. In USB the starter kits are given in two divisions differently, this brings advantages as well as disadvantages concerning prices, remaining quantities and wastes.