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IDENTIFYING THE MEDICATION HISTORY ERRORS AT HOSPITAL ADMISSIONS USING THE SWEDISH LIMM-MODEL

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BACKGROUND AND OBJECTIVES

Inaccurate Medication history **List** (ML) at admission is a common problem, and that may lead to unsuitable treatment during hospitalization[1]

WHO has adopted Medication Reconciliation (MR) as a method to gain an accurate ML at every transition of care[2]

The approach of the Clinical Pharmacist (CPh) at study hospital is mainly based around reviewing the patient's medical chart to identify the drug related problem (DRP). *Patients Interview (PI) and MR were not done systematically and routinely*

Therefore, the objectives were:

> To assess the value of the MR at admission by determining the frequency and type of medication errors (ME).

> The acceptance rate of suggested recommendations.

LIMM - Model
(*Lund Integrated Medicine Management Model*)

MATERIALS AND METHODS

The LIMM-Model:

The Model has proved to enhance patient safety during hospitalization[3]

Prospective descriptive study of two-phase mixed method

PI:
To obtain the patient's home medication before admission (pharmacists pre-admission medication list [PhL])

MR:
(comparing between the PhL and the physicians medication list)
To determine the prevalence of discrepancies (Medication Errors (ME))

Setting:
MR across two internal medicine wards at the Teaching Hospital in Baghdad, Iraq

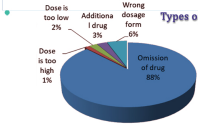
Sampling:
- 114 patients, on average 61 years, receiving the MR during a 6 week data collection period.
- 45.6% and 33% of patients had diabetic and hypertensive related conditions, respectively.

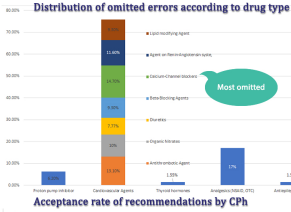
The information documented in the LIMM medication interview questionnaire:

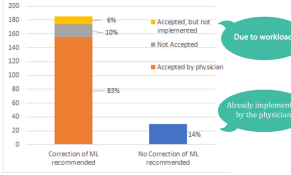
- Part 1 is focused on correct ML.
- Part 2 focuses on knowledge and adherance

Result

- 215 ME in 84 patients, on average 2.5 ME/ affected patient.
- The frequency of errors that had at least 1 ME is 74%







Conclusion

ME
- Common & Undetected at Hospital Admission
- The high rate of Accepted recommendations reflect the contrubtion of the MR to detect the ME

MR
A structured approach, like the LIMM-based MR, is needed at the Iraqi hospital to detect these errors

CPh
Can be the keyrole for conducting MR to avoid the risk of ME

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No conflicts of interest

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[3]T. Eriksson et al., The Hospital LIMM-Based clinical pharmacy service improves the quality of the patient medication process and saves time, IJHH 2012

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