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ASSESSMENT OF THE IMPACT OF THE PHARMACEUTICAL INTERVENTION IN MEDICATION RECONCILIATION AT PATIENT ADMISSION IN A SURGICAL PRE-HOSPITALIZATION CLINIC (APIC)

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INTRODUCTION

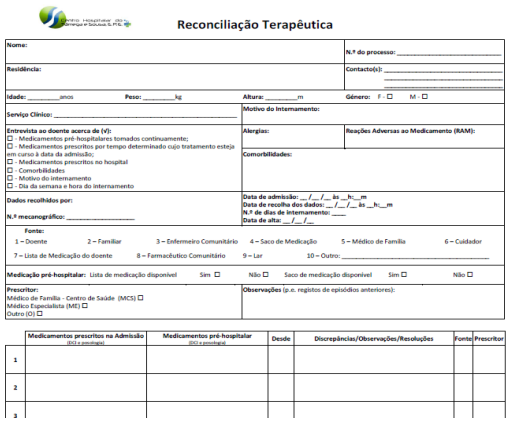
Medication reconciliation is the formal process of obtaining the Best Possible Medication History of all the medications the patient is currently taking and comparing it with the prescribed medication list at patient admission, tranfer or discharge.
The goal is to avoid unintencional discrepancies, thus promoting medication compliance and preventing medication- related problems in transitions of care.

OBJECTIVE

Assess the impact of the pharmaceutical intervention in the medication reconciliation at the admission of patients with programmed surgery, in a surgical pre hospitalization clinic.

MATERIALS AND METHODOS

Prospective observational study conducted between September 2021 and July 2022.
The collection of the medication list is carried out by the nurse. The pharmacist compares the list obtained with the prescription made during hospitalization and analyzes the discrepancies found (Figure 1). Whenever possible, polymedicated patients were selected.



Reconciliação Terapêutica

Nome: | N.º do processo:
Residência: | Contacto(s):
Idade: _____anos | Peso: _____kg | Altura: _____m | Género: F ☐ M ☐
Serviço Clínico: | Motivo do internamento:
Entrevista ao doente acerca de (√):
☐ - Medicamentos pré-hospitalares tomados continuamente;
☐ - Medicamentos prescritos por tempo determinado cujo tratamento esteja em curso à data da admissão;
☐ - Medicamentos prescritos no hospital
☐ - Comorbilidades
☐ - Motivo do internamento
☐ - Dia da semana e hora do internamento
Alergias: | Reações Adversas ao Medicamento (RAM):
Comorbilidades:
Dados recolhidos por:
N.º mecanográfico: _____
Data de admissão: __/__/__ às __h__m
Data de recolha dos dados: __/__/__ às __h__m
N.º de dias de internamento: ____
Data de alta: __/__/__
Fonte:
1 – Doente | 2 – Familiar | 3 – Enfermeiro Comunitário | 4 – Saco de Medicação | 5 – Médico de Família | 6 – Cuidador
7 – Lista de Medicação do doente | 8 – Farmacêutico Comunitário | 9 – Lar | 10 – Outro: _____
Medicação pré-hospitalar: Lista de medicação disponível Sim ☐ Não ☐ | Saco de medicação disponível Sim ☐ Não ☐
Prescritor:
Médico de Família - Centro de Saúde (MCS) ☐
Médico Especialista (ME) ☐
Outro (O) ☐
Observações (p.e. registos de episódios anteriores):

	Medicamentos prescritos na Admissão (DCI e posología)	Medicamentos pré-hospitalar (DCI e posología)	Desde	Discrepâncias/Observações/Resoluções	Fonte	Prescritor
1						
2						
3						

Figure 1 – Registration form

The procedure is summarized in the following diagram (Figure 2).

1. The nurse collects the list of all medications instituted prior to the patients' hospitalization, which is drawn up through an interview with the patient and verification of the medication bag.
2. In the morning, the pharmacist goes to the APIC clinic, collects the list obtained by the nurse and records the information on the registration form and, in case of doubts, questions the patient.
3. The pharmacist compares the list obtained with the prescription made during hospitalization and analyzes the discrepancies found, classifying them as justified and unjustified.
4. Unjustified discrepancies found are communicated to the prescribing physician and changes are suggested.

Figure 2 – Therapeutic reconciliation procedure

BIBLIOGRAPHY

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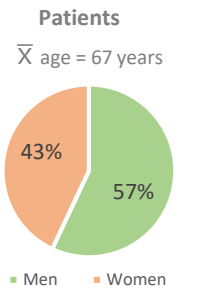
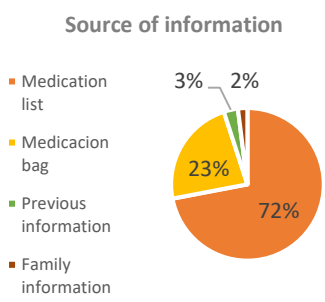
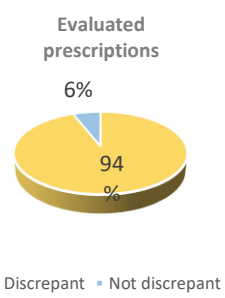
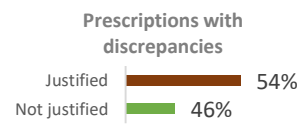
RESULTS

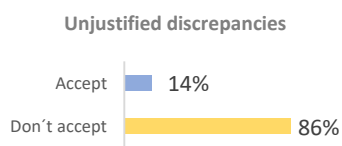
In total, 654 patients were included and 1115 reconciliation records were made during the study period. The main reconciliation errors found were omission of medication and modification of dose, frequency, route and posology. The main results of this study are represented in the graphs below.

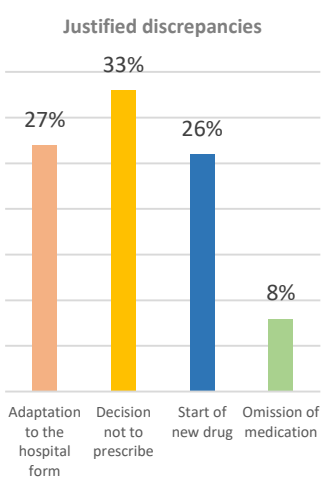


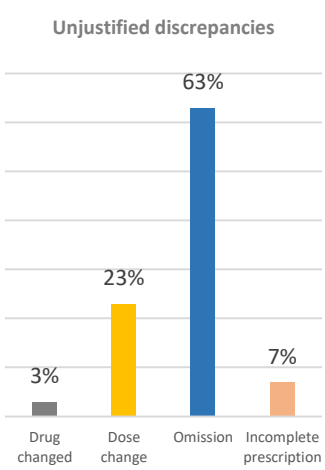












CONCLUSION

Therapeutic reconciliation is an important challenge for health care, being essential to ensure safer care. The integration of the hospital pharmacist in the multidisciplinary team, due to their technical/scientific knowledge and their role in the drug circuit, enables the prevention and detection of medication related problems, contributing to the optimization of therapy.
Despite the low acceptance rate, it is considered that the impact of the pharmaceutical intervention was relevant due to the importance of the changes made. There is, however, high scope for improvement. This study identified some limitations of the process, such as the difficulty in contacting the prescriber and the limitation of resources, which does not allow the pharmacist to collect the medication list.

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