# IMPLEMENTATION OF MEDICATION RECONCILIATION ON ADMISSION IN A PSYCHIATRIC HOSPITAL: WHO COMES FIRST ?



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#### **BACKGROUND**

Medication reconciliation (MR) improves safety at transition of care. This time-consuming process requires patients prioritizing. MR in general hospital focuses on patients  $\geq$  65 years old (yo) admitted through an emergency department (ED). No recommendation was specifically elaborated for MR in psychiatric hospitals.

### **PURPOSE**

To identify patients' selection criteria among psychiatric inpatients for MR on admission.

## MATERIAL AND METHODS

A 6-weeks prospective monocentric study was conducted in a psychiatric hospital ward

Pharmacy resident

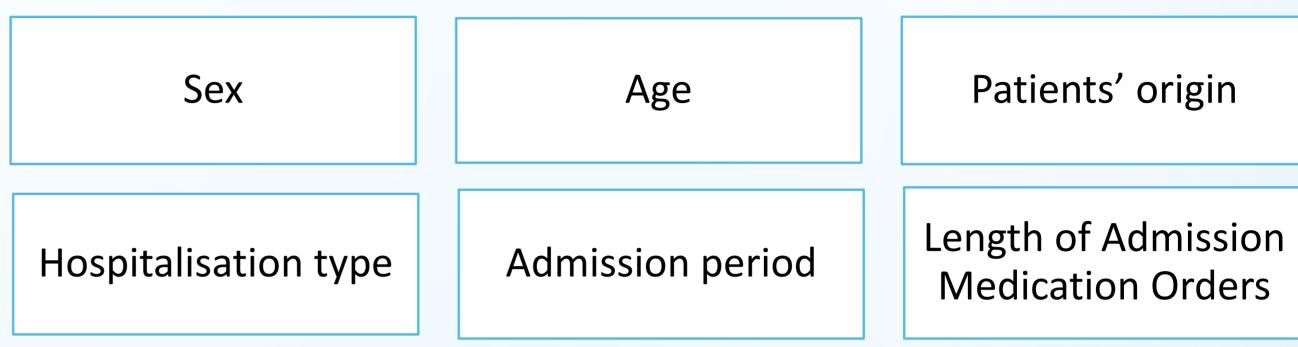
Checks for allergies

Using all information sources available

Psychiatrist

Identification and correction of Medication Errors

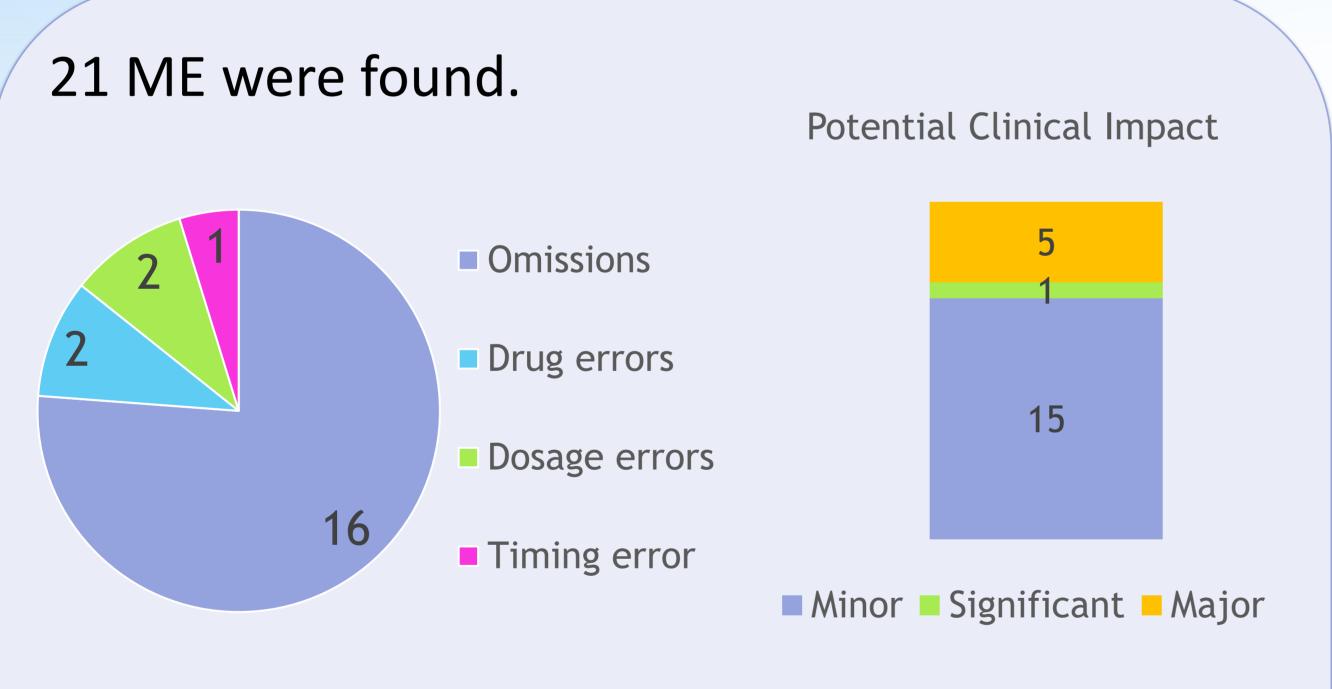
6 patients' selection criteria were investigated.



- Estimation of the proportion of patients presenting ME under each criterion and of confidence interval (CI), to compare to that in the sample
- Comparison of average of medication prescribed on admission between patients with and without ME using an unilateral Student test.

#### **RESULTS**

45 patients included, mean age = 51 years old
10 patients presented ≥ 1 ME (22%, CI=[11,2-37,1])



Significant or major ME involved anticoagulants, antihypertensive, antidiabetic and corticosteroid omissions.

| Criteria         |              | Sample | Patients with ME   |
|------------------|--------------|--------|--------------------|
|                  |              | n      | N(%)[CI]           |
| Sex              | Men          | 23     | 3(13%)[2,8-33,6]   |
|                  | Women        | 22     | 7(32%)[13,9-54,9]  |
| Age              | < 65 yo      | 37     | 8(22%)[9,8-38,2]   |
|                  | ≥ 65 yo      | 8      | 2(25%)[3,2-65,1]   |
| Patients' origin | Home         | 28     | 8(32%)[13,2-48,7]  |
|                  | ED           | 12     | 2(20%)[1,9-45,5]   |
|                  | Other        | 5      | 0(0%)[0,0-52,2]    |
| Admission type   | Voluntary    | 37     | 10(27%)[13,8-44,1] |
|                  | Involuntary  | 8      | 0(0%)[0,0-36,9]    |
| Admission period | Daytime      | 26     | 6(23%)[9,0-43,7]   |
|                  | Out-of-hours | 19     | 4(21%)[6,1-45,6]   |

Cl overlap → Proportions of patients presenting ME under the above criteria don't significantly differ from that in the sample.

| Admission | medication order |
|-----------|------------------|
| _         |                  |

#### Patients without ME

- 6,4 medications on average
- [Min=5; Max=15

# Patients with ME

- 8,8 medications on average
- [Min=1;Max=14]

was significantly longer among patients with ME

than patients without ME (p=0,038).

#### CONCLUSION

ME didn't appear to be related to sex, age ≥ 65 yo, patients' origin, admission type or period. But admission prescription was longer among patients presenting ME, even though most ME were omissions.

→ The length of medication prescription on admission should be considered as a patient selection criterion for psychiatric patients' MR on admission.