

IMPLEMENTATION OF A MEDICATION RECONCILIATION PROGRAM AS A PATIENT SAFETY STRATEGY



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BACKGROUND

Medication errors (**ME**) are especially frequent in Hospital Emergency Departments (**ED**). In order to minimize these ME, medication reconciliation programs are established, which analyze and resolve the discrepancies detected in the medication regime of the patient.

AIM AND OBJECTIVES

To evaluate the implementation of the **reconciliation program** in the ED of a second-level General Hospital.

MATERIALS AND METHODS

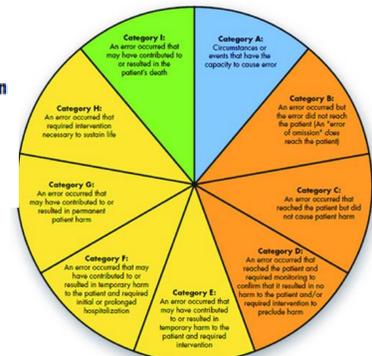
Observational retrospective study of patients admitted to the ED (*January-2018 to March-2019*).

Discrepancies were classified according to **NCC MERP Index for Categorizing Medication Errors**

The information related to their **chronic medication** was collected from:

- The hospital medical records
- The primary care prescriptions
- Interview with the patient

- **No Error**
- **Error, No Harm**
- **Error, Harm**
- **Error, Death**



The **pharmacotherapeutic groups** involved in these ME were also analyzed.

RESULTS

The **26.7%** of patients admitted to the ED was reconciliated with a mean of **10.14 medications** and **1.6 discrepancies per patient**.

- **2/3** resulted from the **omission of chronic medication**.
- **72.15%** of ME reached the patient but **did not cause harm**.

The **40.52%** were **ME**

From the total amount of **pharmaceutical interventions** performed, **49.25 %** were accepted by the physicians.

The drugs involved in a higher proportion of ME were **cardiovascular disorder treatment drugs**

CONCLUSIONS

Due to the high average chronic drug intake of patients attending the ED and, therefore, the potential risk of ME, the collaboration between physicians and pharmacists is crucial in order to assure a reconciled medication of patients, as a patient safeguard strategy and a standard of quality within health system.