OBTAINING THE MOST ACCURATE LIST OF CURRENT MEDICATION FOR THE PATIENT

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Purpose:

- To evaluate the harmony between the most complete and accurate list of a patient's current medications (PCM) and the list in the medical report at admission to and at discharge from the hospital.
- To identify/analyze the discrepancies found after the medication reconciliation (MR) realized by the pharmacist.

Material and methods:

Prospective study
(12/23/2016 - 04/23/2017)

Tarjet poblation:
- Patients ≥65-year-old
- > 5 medications as PCM
- Admited in Internal Medicine service (second level hospital)

Pharmacist

1) Interview to patient/keeper, 2) review of clinical history, 3) review of the PCM listregistered in the report, 4) MR

Registration of complete and accurate PCM list in the clinical history at admission and at discharge.

Classification of MD according to the ATC classification.

Analysis of medication discrepancies (MD): comparison of PCM´s list registered by the physician with the list obtained after MR.

MD definition: any difference betwen the information obtained by the pharmacist and the registered one in the medical report.

Clasification: comission; different dose/route/frequency/form; duplicity; wrong medicine; omission; unfinished prescription/clarification.

Results:

106 patients analyzed — Median age: 83,7 years old (51,9% male)

Admission — 527 MD detected

Incomplete prescription: 63,6%

Omission: 15,7%

Other discrepancies: 20,7%

3 patients presented no MD
62,2% MD solved

Discharge — 51 new MD detected

Incomplete prescription: 66,7%

Omission: 23,5%

Other discrepancies: 9,8%

51 patients presented no MD
17,6% MD solved

In 17 patients PCM was only checked at admission

578 discrepancies detected: 5,4/patient [range:0-14])

Median medicines number: 9,2/patient (admission and discharge)

Main ATC group with MD:
- Cardiovascular system (31,7%)
- Nervous system (18,3%)

Conclusion:

- It was found harmony between PCM's list registered at admission and the real medication list only in 2.8% of patients, which improved notably after the MR by the pharmacist; 57.3% had no medication discrepancies at discharge. It helps to a correct transmission of information in future care transitions.
- 63.1% of the discrepancies was incomplete prescriptions.
- Cardiovascular and nervous system were the main medicines groups with discrepancies.

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