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RECONCILIATION ERRORS AT CARDIOLOGY UNIT ADMISSION

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BACKGROUND

The reconciliation process detects medication errors and is a key point to increase patient safety

PURPOSE

Analyze the incidence, type and severity of reconciliation errors at Cardiology Unit admission

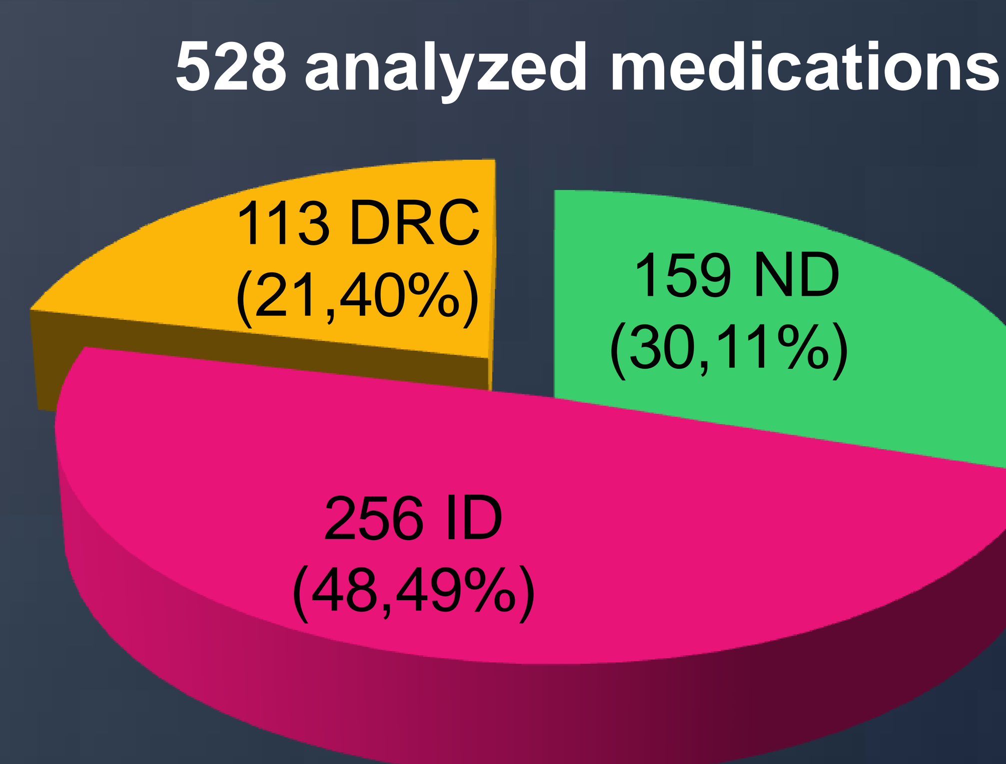
METHODS

- Descriptive prospective observational study from October-November 2011 in patients admitted to Cardiology Unit in a tertiary hospital.
- Demographic data studied: sex and age.
- Patient's usual chronic treatment, obtained by comprehensive interview to the patient and by clinical history revision, was compared with admission medication orders in order to identify:
  - No discrepancies (ND)
  - Intentional discrepancies (ID) (Formulary substitutions/modifications in response to a patient's clinical status)
  - Apparently unexplained discrepancies requiring clarification with the physician (DRC).
- After clarification, Reconciliation Errors (RE) (discrepancies resulting in physician order changes) were classified by type and severity.

RESULTS

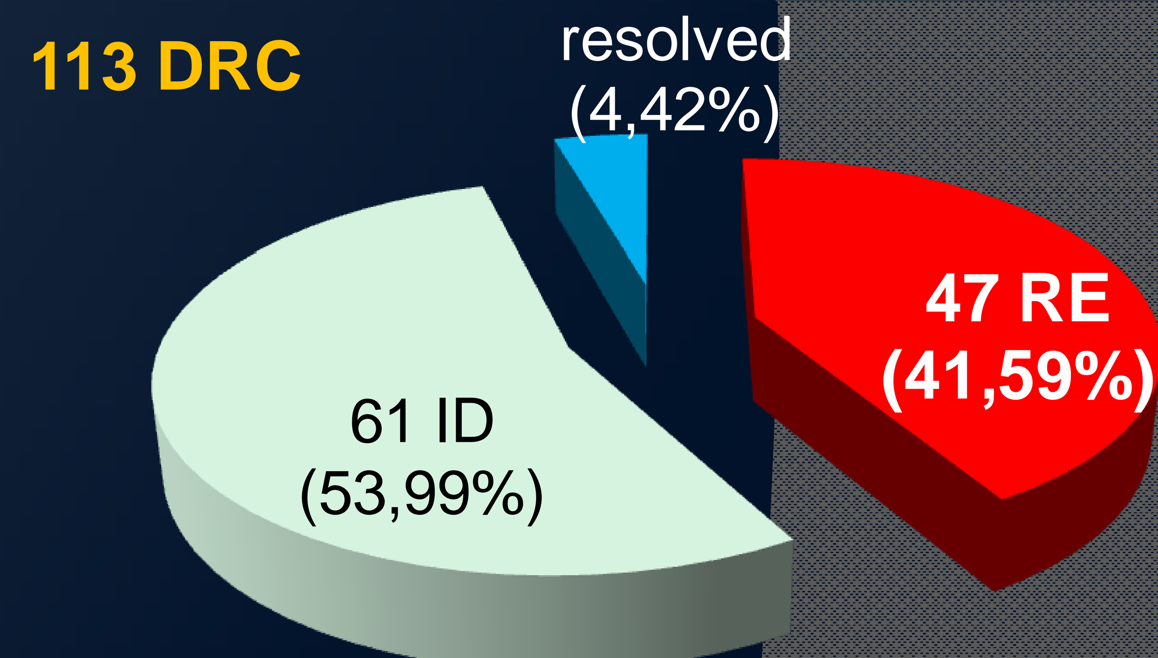
113 patients included. Only 50 patients were reconciled due to logistic reasons
The median age was 71,2 10,4 years. 56,2% were male

528 analyzed medications



After clarification of DRC with the prescriber:

113 DRC



- **8,91% of prescriptions (47/528) were RE**
- **RE affected 22 (45,83%) of the 48 real study patients**
- **The average of RE per patient was 2,14 1,21**

Types of RE

Omissions (n=31)	65,96%
Diifferent dose/route/frequency (n=7)	14,89%
Unnecessary medication (n=5)	10,64%
Wrong medicine (n=3)	6,38%
Incomplete prescription (n=1)	2,13%

Severity of RE

No error, but possible (n=10)	21,28%
Error that does not reach the patient (n=25)	53,19%
Error reaching but not harmful (n=11)	23,40%
Error requiring monitoring (n=1)	2,13%

CONCLUSIONS

- The process of developing a pharmacotherapeutic history at hospital admission is inadequate since almost half of the patients showed RE, mostly omissions.
- Although most of RE caused no damage, if perpetuated at discharge, they might have worse consequences and/or affect the effectiveness of treatment.
- The pharmacist s work in hospitalization units is vital to reduce errors in care transitions.

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