ELECTRONIC RECORDING OF MEDICATION RECONCILIATION AS A RELIABLE REFERENCE FOR MULTIDISCIPLINARY CARE

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What was done ?

We provided **electronic updated reports of patients' current medications (PCM)** after performing **medication reconciliation (MR)** at admission, although the Electronic Medical Record (EMR) is not developed in our hospital yet.

Why was it done ?

MR has been proven to reduce medication errors at admission. If there are no electronic records of PCM, the information obtained by MR usually gets lost and could lead to repetition of errors.

How was it done ?

The procedure, designed in the framework of a pilot MR program, was gradually implemented in three hospitalization units: Internal Medicine, Geriatrics and Oncology.

In order to make the **Medication Reconciliation Reports (MRR) reliable**, the pharmacist:

- ➢ Consulted primary care prescriptions and, at least, another two independent sources of information, such as: Emergency Department's admission report, previous clinical reports, self-reported medication list, or the medication itself, if possible.
- ➢ Confirmed this information by a standardized clinical interview. Medication discrepancies were clarified by specific closed-ended questions. Rest of treatment was investigated by open-ended questions.

Medication Reconciliation Reports included:
✓ current chronic medication,
✓ relevant medications administered on demand,
✓ herbal medicines used for therapeutic purposes
✓ other relevant data (inappropriate medications, interactions, dysphagia, poor adherence).
Sources of information were also detailed.

MRR were integrated within the electronic hospitalization reports, which are **easily accessible via the hospital intranet**.

At discharge, printed copies of reports were handled to patients.

Good! These are recommended patient safety practices!

What has been achieved ?

Results achieved		
99	**MR Reports**	✓ **Updated** ✓ **Reliable** ✓ **Easy access**
751	Current medications registered	
183	**MR errors detected and reyected**	**Patient safety improvement**
24,4%	Current medications poorly registered before this initiative	

- We contribute to the **Best Possible Medication History** of patients. This initiative might have improved patients' safety by reducing discharge and readmission MRE, although it hasn't been measured yet.
- We enhanced the pharmacist´s role at the multidisciplinary team.

What is next ?

➢This model of electronic MRR could become a **useful reference** for healthcare professionals, **until the Electronic Medical Record is implemented**.

➢The next aim is to register MRR and all pharmaceutical care information in the EMR so to improve our patients' healthcare.

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