

Objectives

- To implement a pre-discharge medication reconciliation process
- To assess and compare this model with a post discharge medication reconciliation

Conclusion

- Pre discharge MR is effective in detecting and correcting unintended medication discrepancies
- The main challenge is to anticipate patient discharge

Purpose

- In 2015 we implemented a discharge medication reconciliation (MR) in the internal medicine ward for patients returning home
- As discharge orders were written just before patient's discharge MR was accomplished in the first 24 hours after they left the hospital
- The correction rate of the unintended medication discrepancies (UMD) was not satisfactory (40%) because of this delay
- In 2016, in collaboration with medical team, we decided to improve the process with a pre-discharge MR implementation

Methods

Implementation of the pre-discharge MR process

- Discharge summaries were written the day before discharge rather than the day of discharge
- Pre-discharge MR was conducted based on the :
 - Best possible medication history
 - Last active in-hospital medication list
 - Outgoing medication list on the discharge summary

Assessment of the pre-discharge MR model

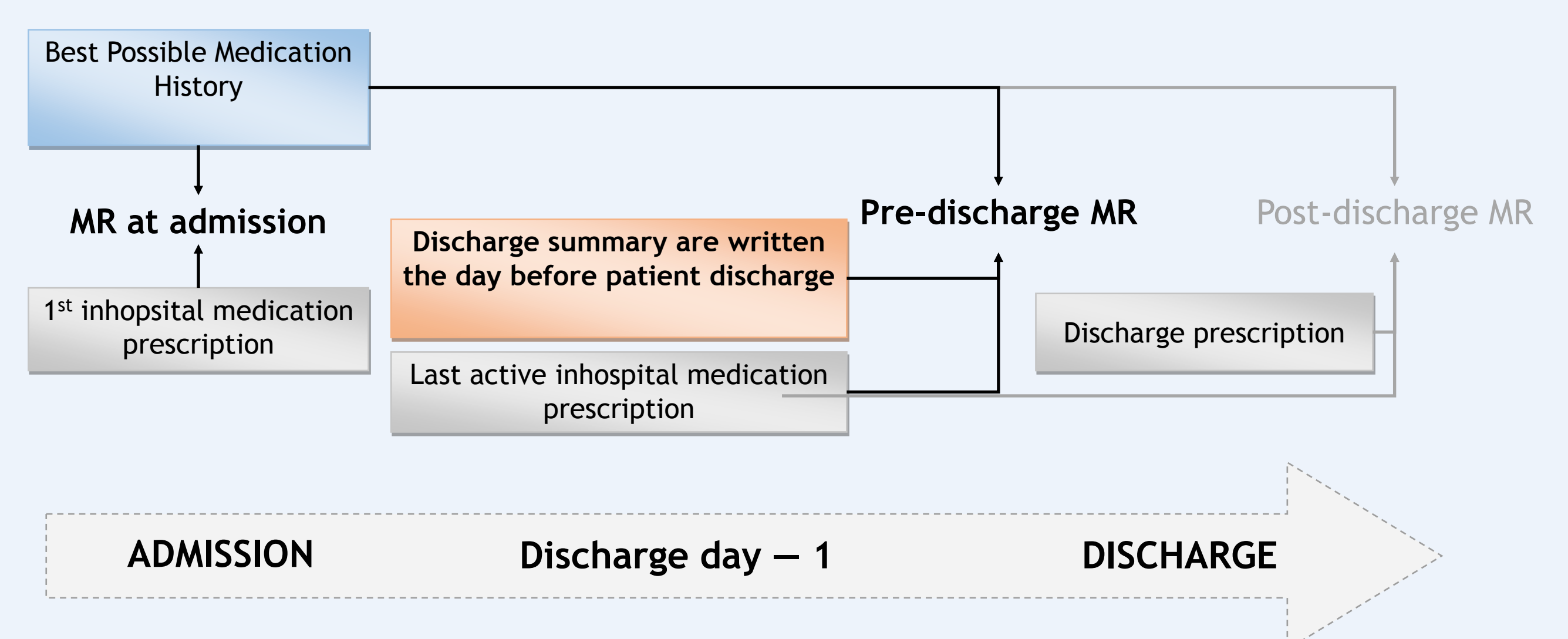
- Prevalence of unintentional medication discrepancies (UMD) :
 - Drug omission
 - Error in drug dosage
 - Error in the frequency of administration
 - Overprescription
 - Drug duplication

Comparison of the pre and post discharge MR processes

- UMD correction rate was assessed on the discharge summaries
- We compared :
 - Residual UMD rate on discharge prescriptions after the pre discharge MR
 - Residual UMD rate on discharge prescriptions after the post-discharge MR (measured in a prior study)

Results

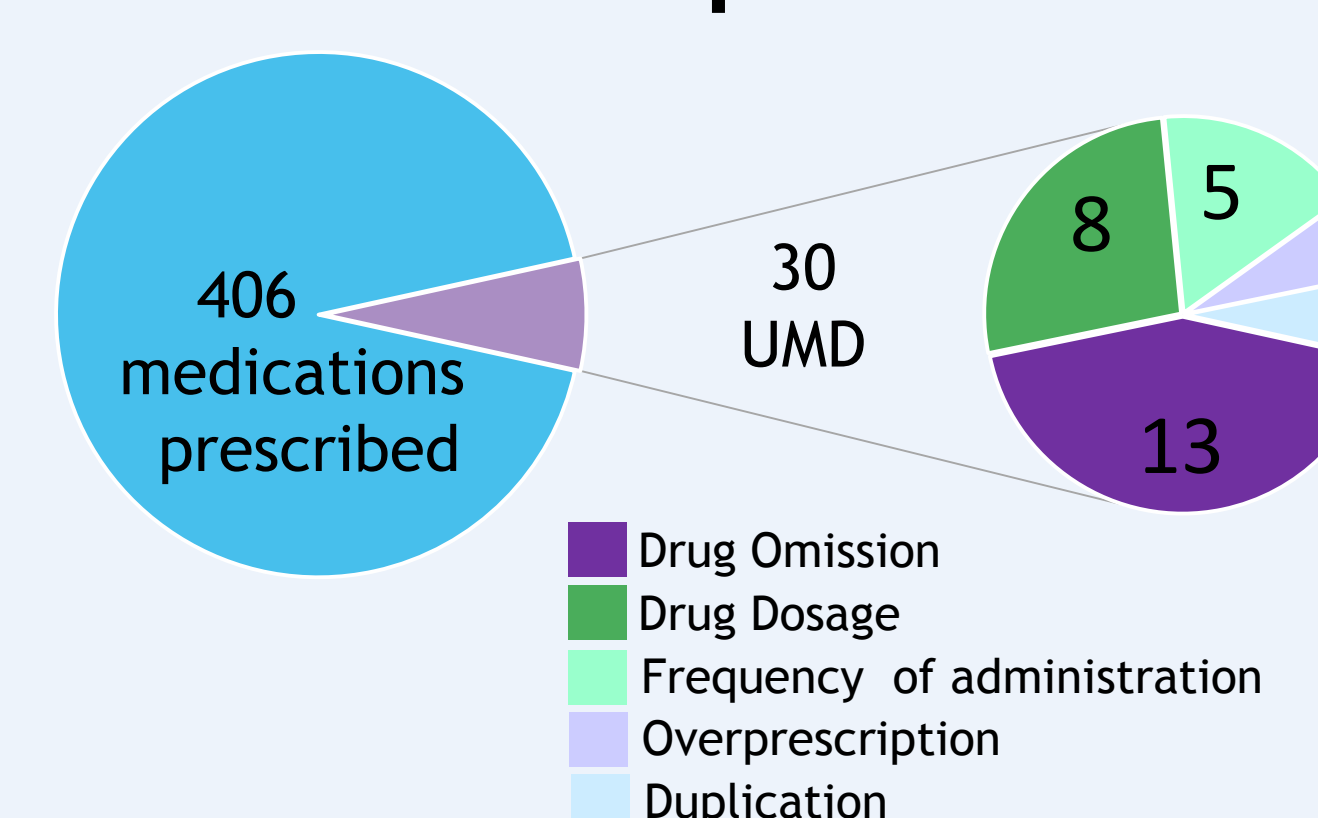
Figure 1 : post and pre discharge Medication reconciliation processes



Patients characteristics

- During 3 months (January to March)
- 52 patients included (62% of women)
- Medium age : 67.8 ± 14 y.o.
- 436 medication on the discharge summaries (8.4 ± 4.0 medications per patient)

UMD repartition



Post and Pre discharge MR models comparison

	Pre-discharge MR	Post-discharge MR
UMD correction rate	93% (28/30)	40% (12/30)
Residual UMD rate on discharge prescription	0.5% (2/436)	2.25% (18/800)

Discussion

- Partnership with physician is essential during the MR discharge process and required the reengineering of the medication use process
- Anticipating patients discharge can be challenging in case of numerous or unplanned patients discharge
- Thus we suggest combining pre and post discharge to be more effective, for instance :
 - ❖ Pre discharge MR could be done when patients are at high risk of UMD
 - ❖ Post discharge MR could be done when patient are at lower risk of UMD