

# MANAGEMENT OF A MEDICATION RECONCILIATION PLAN AT ADMISSION IN DIFFERENT LEVELS OF GERIATRIC HEALTHCARE

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## BACKGROUND AND OBJECTIVES

Medication reconciliation and review reduce drug related problems (DRP) and improve patient safety. Elderly population is at risk of DRP during transitions at different levels of health care.

Pharmacist giving pharmaceutical care at long term facilities could detect this problems and improve treatment quality and patient safety.

Detect and classify DRP in long term care institutions and evaluate the clinical interventions impact in quality prescription in order to improve patient safety. Give pharmaceutical care focused on the person by detecting and quantify the DRP and evaluate the impact of the interventions.

## METHODS

Prospective study conducted in intermediate care hospitals and long term care institutions (336 beds).

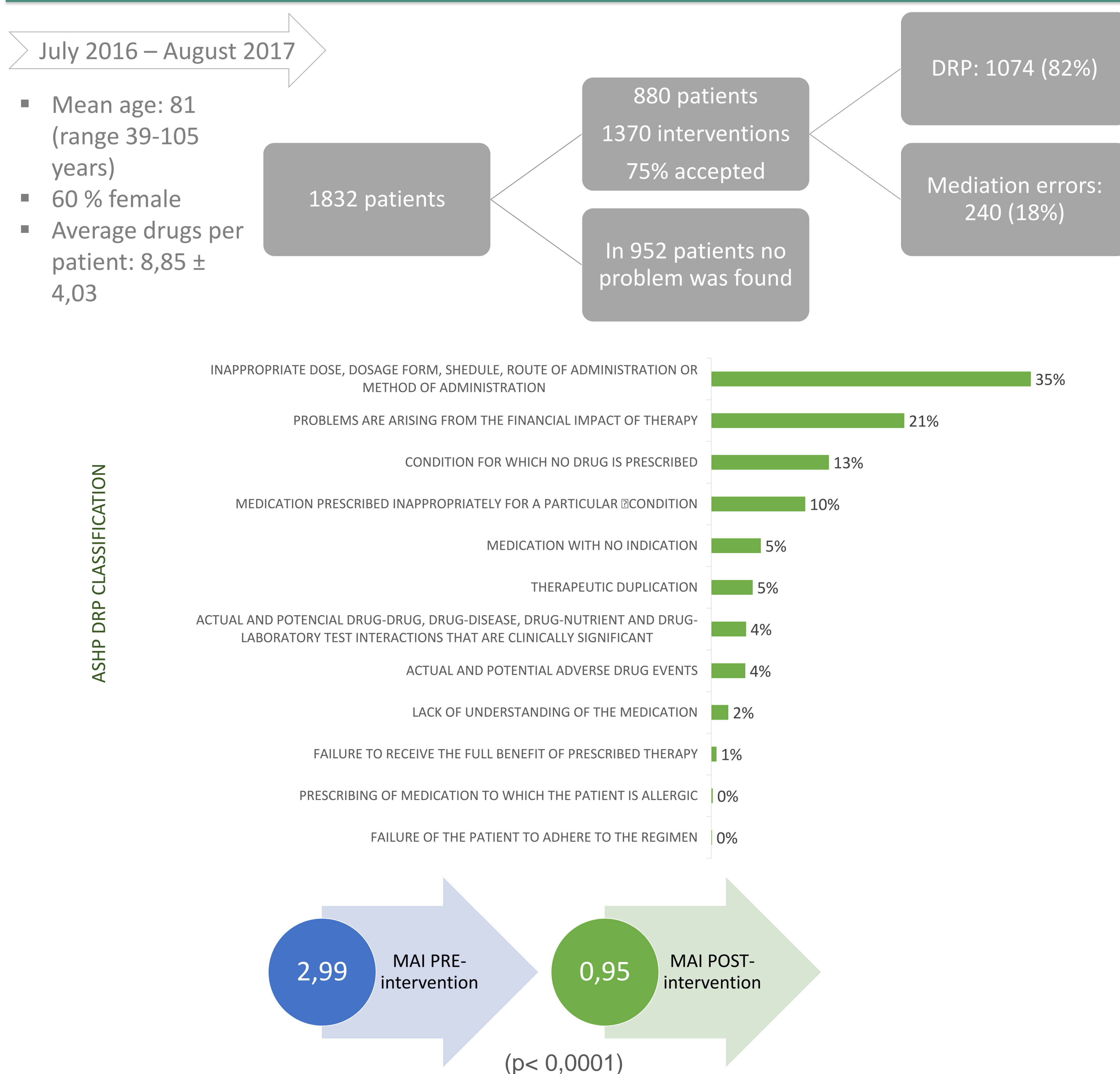
All treatments were reviewed at patient admission (all patients included). DRP were detected taken into account actual prescription, previous discharge reports and controls and medical history. The DRP were classified by the American Society of Health-System Pharmacists (ASHP)(1).

Problems and discrepancies were notified to the clinician during the first 48 hours after patient admission.

The impact of the interventions in prescription quality was evaluated through the Medication Appropriateness Index (MAI)(2).

All interventions were managed by PowerPivot® software.

## RESULTS



## CONCLUSION

**Patients are at risk of DRP in the moment of admission in long term care facilities. Treatment revision improve the quality of the prescriptions and guarantees a continuous health care assistance.**

Although more research is needed, pharmaceutical care in Intermediate care hospitals and long term care institutions enable the optimization of pharmacotherapy after an acute episode, taking into account the new patient needs and focusing in patient centered care.

1. Van Mil JF. Drug-Related Problem Classification Systems. Ann Pharmacother. 2004;38(5):859–67.

2. Hanlon, Joseph T.Schmader KE, Samsa GP, Weinberger M,Uttech KM,Lewis IK CH. A method for assessing drug therapy appropriateness. J Clin Epidemiol. 1992;45(10):1045–51.