

A qualitative study on how clinical pharmacist perform medication reconciliation in the emergency department

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OBJECTIVES

The aim of this study was to describe how clinical pharmacists perform medication reconciliation (MR) in an emergency department (ED) and to identify barriers and factors influencing all steps of MR such as preparation, patient interview and documentation.

METHODS

- The study was conducted in the ED in a hospital in central Norway with 173 beds



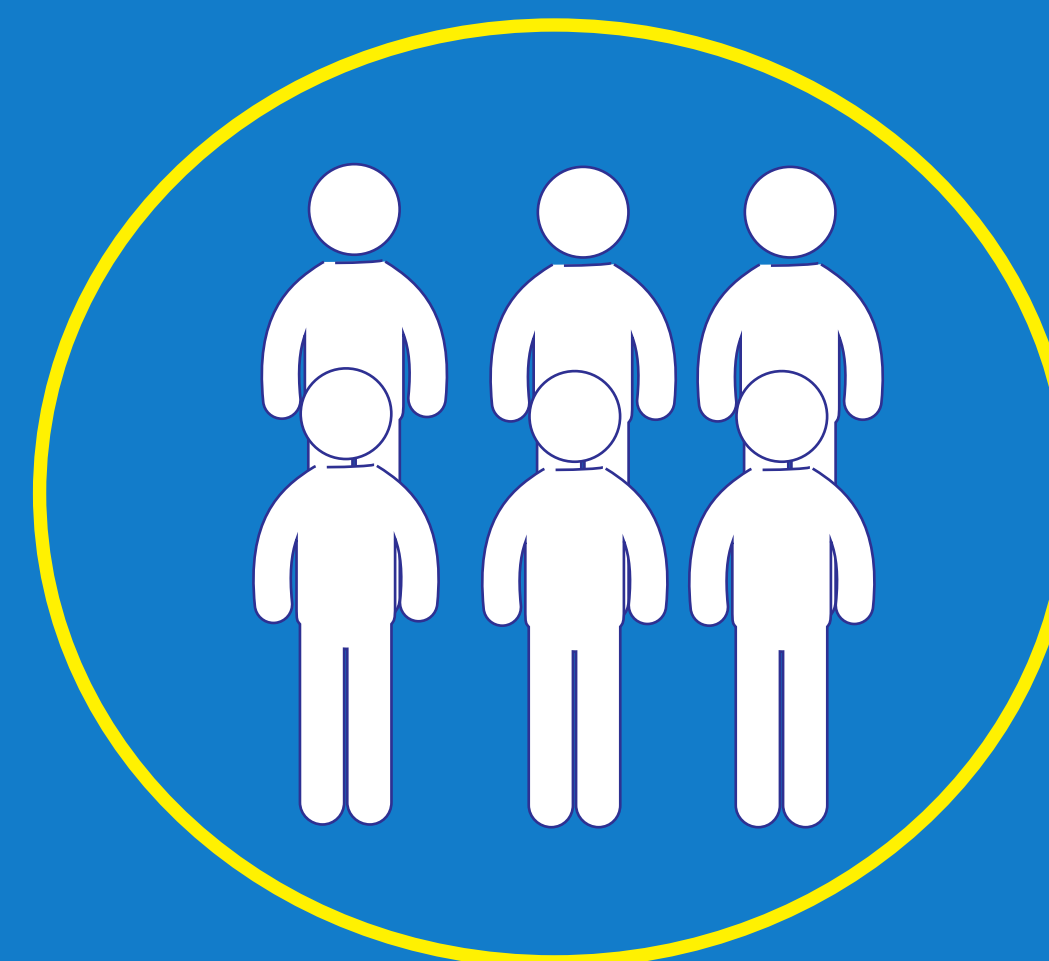
OBSERVATION

A non-participating observational method was used and a standardized observation-form was developed based on existing procedures



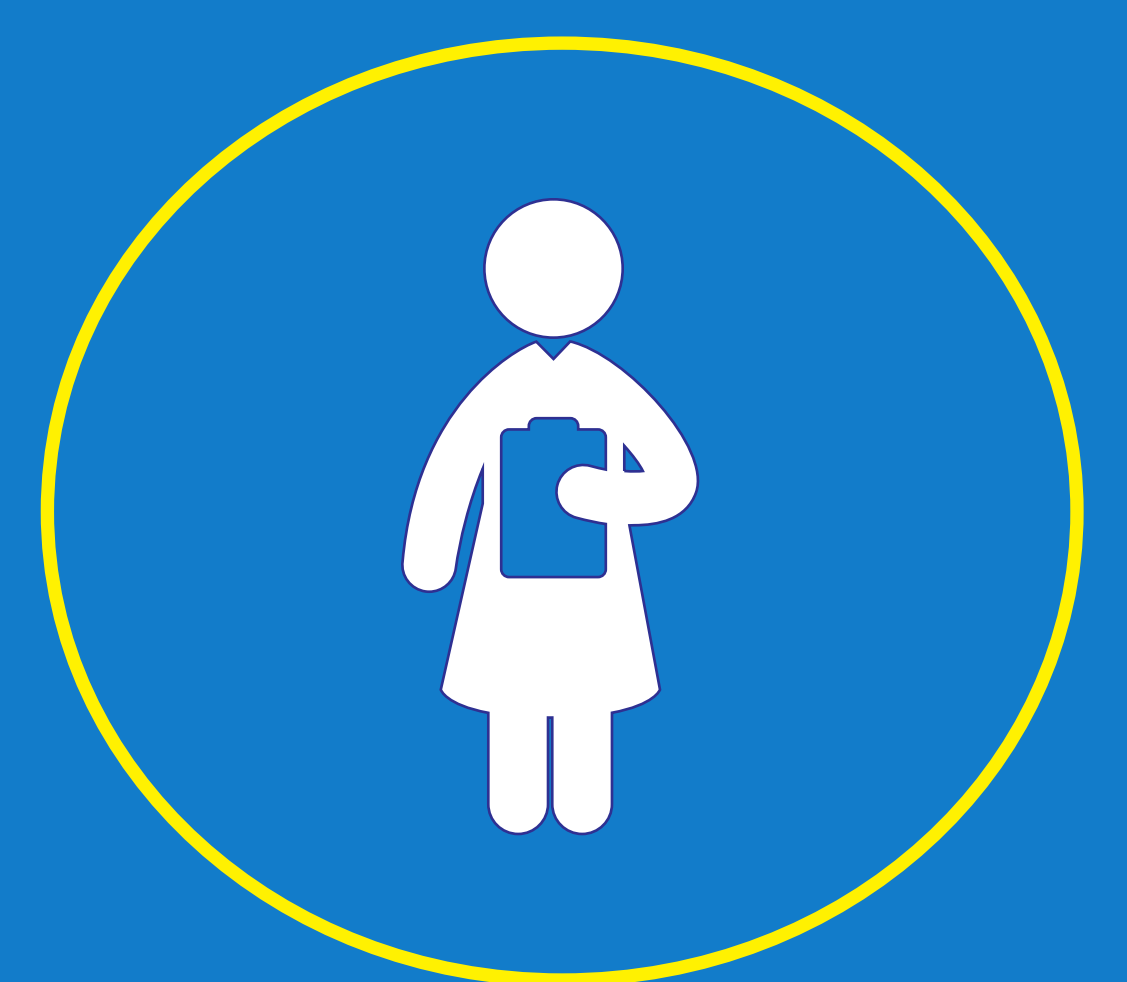
DATA

Data from the observation study was described in relation to the existing procedure



FOCUS GROUP

Based on the findings from the observation study a semi-structured focus group interview was conducted



ANALYZED

Data from both the observation study and the interview was analyzed using systematic text condensation

RESULTS

61 MRs performed by seven different hospital pharmacists were observed over ten days. Five hospital pharmacists participated in the semi-structured focus group interview. Variations were observed and influencing factors identified and organized in three themes;

Patient: The complexity of the patient's medication history affected how the pharmacists prepared for and conducted the interview. The patients' relatives and the general condition of the patient also had impact on the questions asked.

Clinical pharmacist: Degree of clinical experience and training influenced the clinical pharmacists' decisions in all phases of the MR, as well as the clinical pharmacists' assertiveness.

Workflow: The clinical pharmacy service was not fully integrated in the ED workflow, and although the clinical pharmacists felt integrated, they seemed to perform their service in parallel with other healthcare professionals

CONCLUSIONS

The results show that both personal, patient-related and organizational factors influence how the pharmacists perform MRs in the ED.

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