



Point Prevalence Review of Medicines Reconciliation

Follow-up by Medical Teams

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1 INTRODUCTION

Medicines Reconciliation (MR) is identified as a patient safety priority by the World Health Organisation (WHO). The pharmacist led Medicines Reconciliation Service at our institution undertakes MR in the WHO priority patient cohort; patients 65 years and over admitted through the Emergency Department (ED). Completed MR is documented in the General Drug Chart (Figure 1). On completion of MR, the pharmacist documents in the medical notes that MR has been undertaken and refers the medical team to view the MR in the General Drug Chart. Discrepancies identified through MR are reviewed and actioned, as required, by the medical team.

2 AIMS & OBJECTIVES

- To determine if MR completed by pharmacists is being reviewed and actioned by medical teams.
- To determine any trends in discrepancies not being followed-up

3 METHODS

- A one day hospital wide point prevalence review of MR follow-up by medical teams was undertaken.
- The review was completed by clinical pharmacists in February 2020 using a data collection form designed for this purpose.
- All wards were included with the exception of ICU / HDU, the Emergency Department and the inpatient Oncology / Haematology ward.
- All patients who had a MR completed by a pharmacist in the current General Drug Chart were reviewed.
- No patient identifier was noted during data collection.
- Data was collected on the number of discrepancies identified by the MR pharmacist, if the discrepancies were followed-up by the medical team and the drugs involved.
- Drugs were grouped as high risk or non-high-risk as per hospital policy.

4 RESULTS

- A completed MR in the in-use General Drug Chart was identified for 88 in-patients.
- A total of 226 discrepancies were recorded by MR pharmacists. The average number of discrepancies was 2.5 per patient (range 0-11).
- 76 patients (86%) had at least one discrepancy requiring medical review.
- Review and actioning of MR discrepancies by medical teams is reported in Figure 2.
- Discrepancies related to 27 individual drugs. Frequently occurring drugs included hydroxocobalamin, folic acid, colecalciferol, denosumab, inhalers and eye drops.
- High risk drugs accounted for n = 2 of the discrepancies not actioned, in both cases involving sedative drugs.

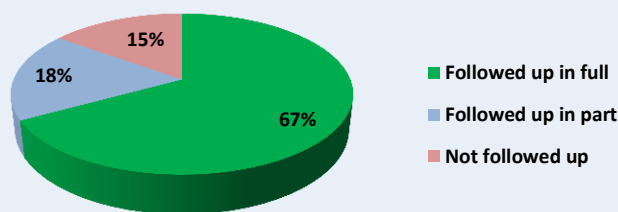


Figure 2: Actioning by medical teams of medicines reconciliation forms that contained a discrepancy (n=76 patients)

Figure 1: Hospital Medicines Reconciliation Form

5 CONCLUSION

In most instances, MR undertaken by pharmacists is being reviewed and actioned by the medical teams. However, there is room for improvement.

There is no international published data to benchmark the MMUH data. The low incidence of incomplete follow-up of high risk drugs is reassuring.

A large body of literature demonstrates the benefit of MR to the patient; however this benefit can only be realised if MR is followed-up. Identification of in house initiatives to ascertain barriers to follow-up is recommended. The results were disseminated to the Drug and Therapeutics Committee.

DISCLOSURE:

- Dearbhla Murphy nothing to disclose
- Mariosa Kieran nothing to disclose
- Jennifer Brown nothing to disclose