

PROACTIVE MEDICATION RECONCILIATION AND PATIENT FLOW IN THE EMERGENCY DEPARTMENT ADMISSIONS

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Abstract number 4CPS-381

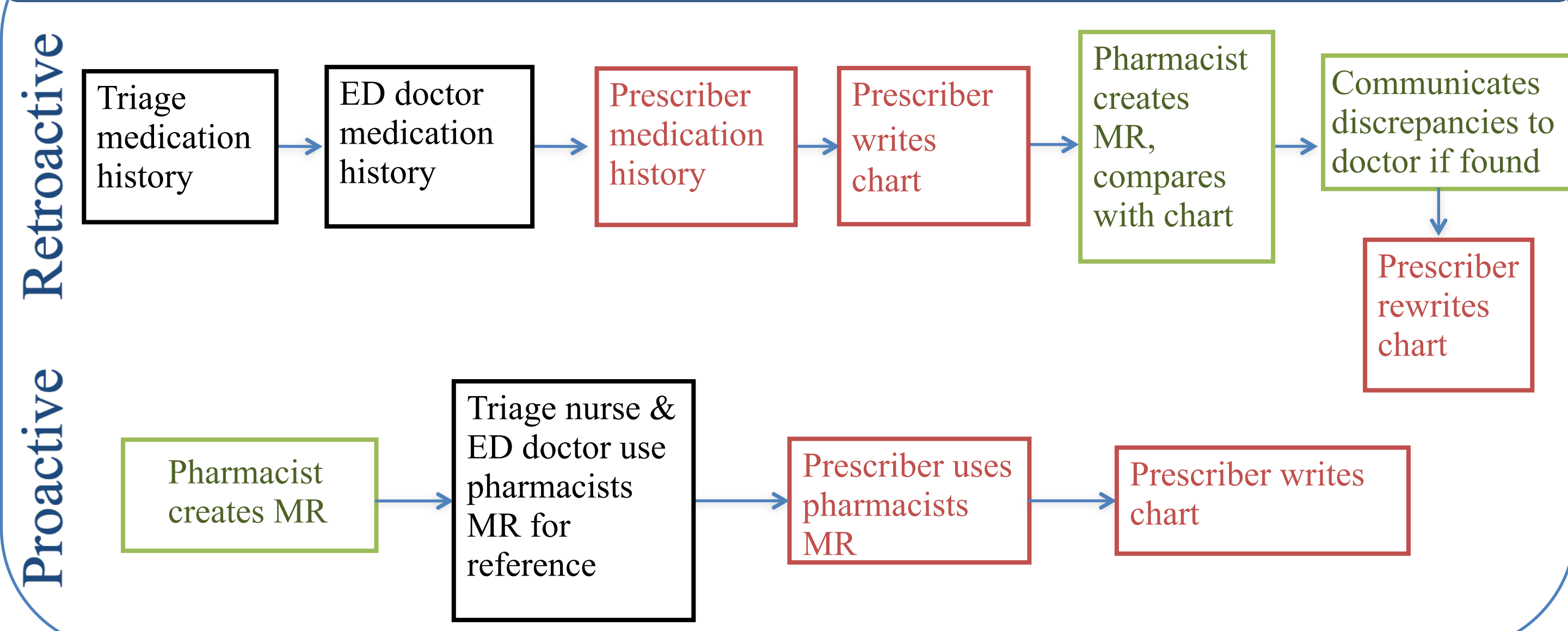
BACKGROUND

Admission to hospital carries a high-risk of medication discrepancies, making medication reconciliation (MR) important. Pharmacist-led MRs are the most exhaustive and accurate MRs, they are comprehensive medication lists using all available information sources and detailing what patients are actually taking(1-4). Proactive MRs have shown several clinical and statistical benefits over retroactive MRs, the impact upon improving patient-flow needs to be determined(5-8).

AIMS / OBJECTIVES

To determine the feasibility of proactive pharmacist-led MRs during ED admission and the patient-flow impact by interviewing those involved in admitting patients and investigating its practical impact(9).

TYPES OF MR



METHODS

This was a mixed-method feasibility study:

- Quantitative –prospective study of retroactive versus proactive MRs in ED.
- Qualitative -semi-structured interviews with ED nurses and doctors and admitting doctors. Interview questions were based upon the pre-determined feasibility areas of acceptability, demand, integration and practicality. The major themes within these areas were determined and analysed as described in below diagram and in the results section (10).

THEMES WITHIN FEASIBILITY AREAS



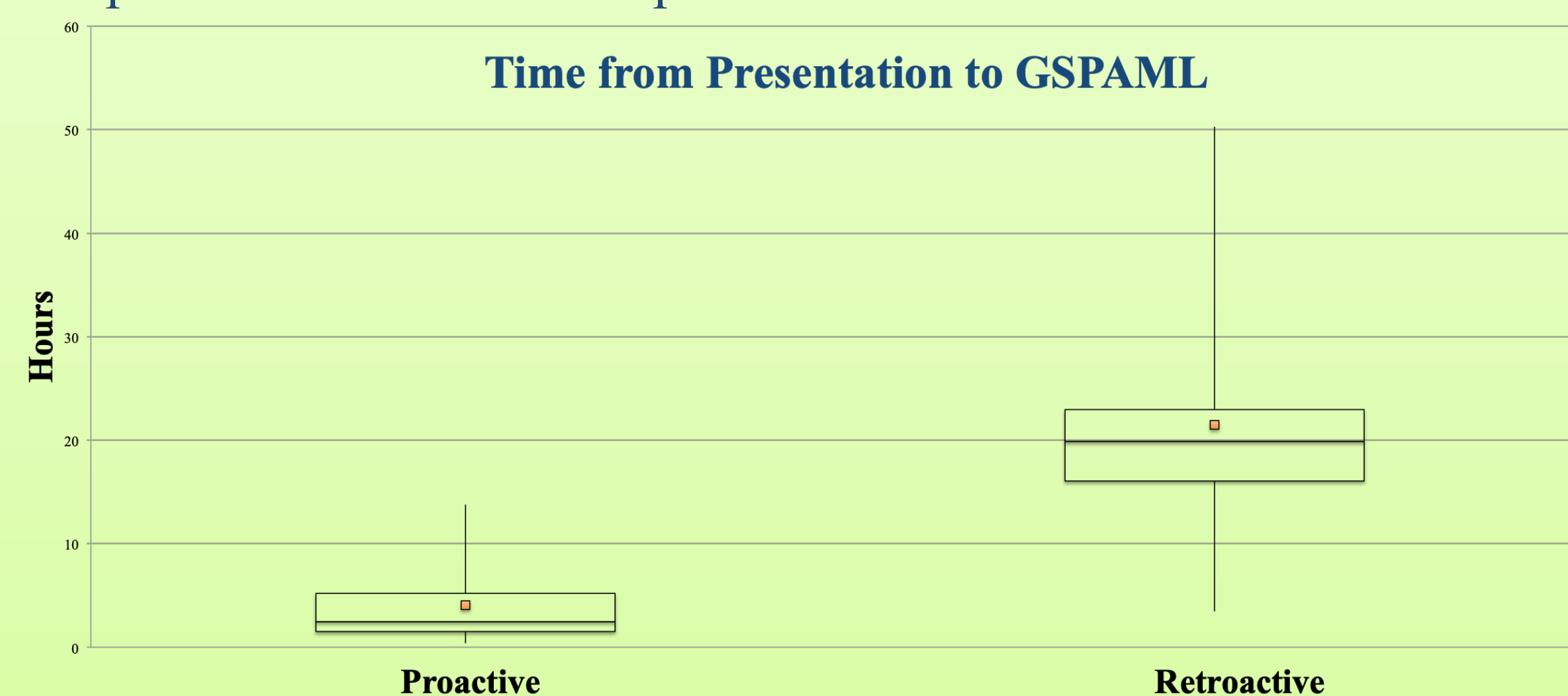
RESULTS

Acceptability:

- Qualitative:
 - All interviewees thought pharmacists should lead MRs and considering the service had a positive impact on workflow.
- Quantitative:
 - Pharmacists utilised a greater number of and more accurate medication information sources versus other healthcare professionals.
 - Workflow improved, saving up to 19.5 minutes per proactive MR.

Demand

- Qualitative
 - Many thought we could reduce the amount of MRs completed and subsequently not admitted through targeting more complex patients.
 - Improved prescribing and reducing late/missed doses were significant themes.
 - Most used the service when available
- Quantitative
 - The number of MRs completed increased from 5.2 to 8.6 per day.
 - 20% of proactive MRs were subsequently not admitted
 - 80% of retroactive MRs detected an error
 - Time from presentation to MR completion reduced from 20.5 to 2.5 hours



Integration

- Qualitative
 - Staffing and cost were considered barriers to integration.
 - Targeted approach, integrated into admissions and linking with medication-flow technician service, was preferred
 - Face-to-face communication preferred
- Quantitative
 - Project saves up to €19,077.18/year (excluding error avoidance savings)

Practicality

- Qualitative
 - Most stakeholders aware of the project despite difficulty spreading information, stakeholders suggested education regarding the service during hospital induction.
 - MRs location/layout was suitable. Admitting doctors looked for MR information within clinical notes and ED doctors within ED notes

CONCLUSIONS

This study demonstrated that pharmacist-led proactive MRs in ED are feasible and cost-effective. It should be integrated into admissions after triage, ideally 8am to 8pm, with the aim to target more complex patients. Targeting complex patients can be achieved through referral from triage nurses and linking in with the pharmacy technician led medication-flow service. Completed MRs hold be attached to the ED notes and information signposting added to the patients clinical notes. Information about the service should be disseminated using presentations on SHO induction training days.

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