

SEVERITY OF MEDICATION RECONCILIATION ERRORS IN ELDERLY PATIENTS PRODUCED IN THE EMERGENCY DEPARTMENT

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BACKGROUND

Medication errors are one of the main causes of morbidity of hospitalized patients. To minimize them at admission, it is convenient to perform a correct medication reconciliation that avoids discrepancies in the chronic treatment.

PURPOSES

- ✓ To assess the severity of the medication reconciliation errors (MRE) produced in the Emergency Department (ED) in patients admitted to the Acute Geriatric Unit.
- ✓ To describe the incidence of the MRE detected.

MATERIALS AND METHODS

Observational, prospective study conducted in a general hospital

October 2017

April 2018

INCLUDED

All patients admitted to the Acute Geriatric Unit

EXCLUDED

Patients in palliative care

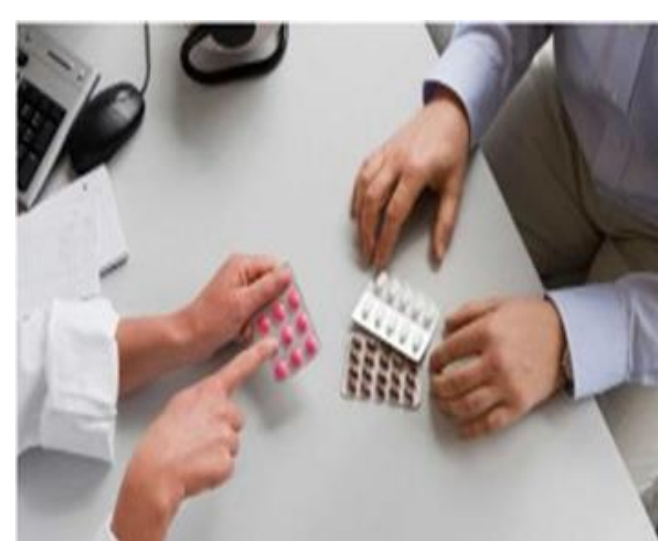
VARIABLES

- ❖ Sex, age
- ❖ Number of chronic pathologies
- ❖ Number of chronic medications
- ❖ Type of discrepancy (justified or MRE)
- ❖ Number of MRE that reached the patient
- ❖ Severity of MRE (NCCMERP classification, collaboration of a specialist in Geriatrics)
- ❖ Type of MRE

COMPARISON

CHRONIC TREATMENT ↔ TREATMENT PRESCRIBED IN THE ED

collected by the pharmacist (interview with the patient or main caregiver)



RESULTS

351 patients

1473 discrepancies in 328 patients

♀ 238 (67.8%)

Mean age: 92.7 ± 3.9 years

Median of chronic pathologies: 5 (0-13)

Median of chronic medications: 7 (1-24)

Polymedicated (≥ 5 medications): 282 (80.3%)

300 MRE (20.4%) in 151 patients

248 MRE (82.7%) reached the patient

2 ± 0.7 MRE/patient

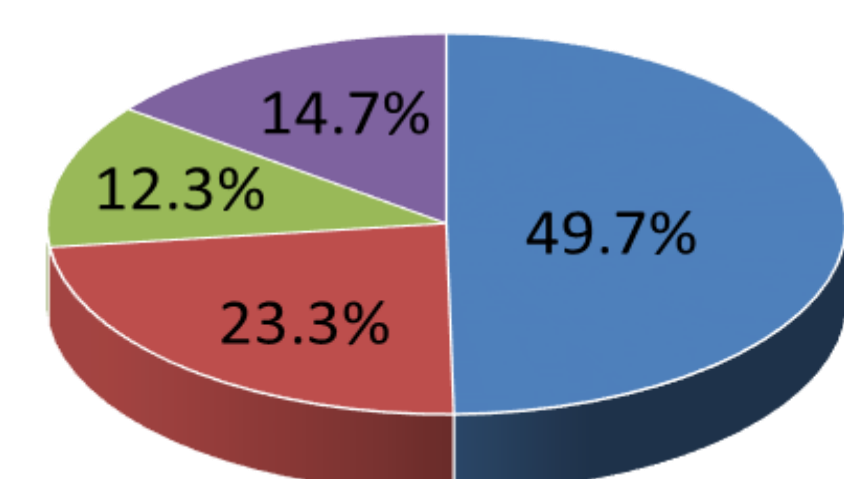
SEVERITY OF MRE

Category C: 104 (34.7%)

Category D: 117 (39%)

Category E: 27 (9%)

TYPE OF MRE



■ Omission ■ Wrong dose
■ Comission ■ Other

CONCLUSIONS

- Most of the MRE were not detected on time and reached the patient; one in ten caused a temporary damage (category E).
- In almost half of the patients admitted to the Acute Geriatric Unit at least one MRE was detected, being the most frequent the omission errors.
- These results reflect the need to implement medication reconciliation programs in the ED.

