

# INTEREST IN THE MEDICATION RECONCILIATION AND ESTABLISHMENT OF A PRIORITISATION SCORE IN A VASCULAR SURGERY DEPARTMENT



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## CONTEXT

Patients in Vascular Surgery Department (VSD) are under several medications with high risk of medication error

Because of high turn-over in surgery department it is difficult for pharmacist to check the whole admissions

## PURPOSE

We want to evaluate the interest of Medication Reconciliation (MR) in VSD and identify a prioritisation score to target patients with the highly risk of medication error

## MATERIAL AND METHOD

1

The pharmacist use MR to collect several sources about admitted patient

All the information concerning current patient treatment is compared to actual hospital prescription to highlight if there are Unintentional Divergences (UD)

Three classes of divergences are distinguished : intentional with notification, intentional without notification and unintentional

2

For each patients included, a prioritisation score is calculated based on age, number of drugs, comorbidities and different therapeutic class prescribed

Items	Score	Items	Score
<b>Age (year)</b>		<b>Current treatment with</b>	
< 14	1	Anticoagulant drugs	3
15 – 74	0	≥ 3 cardiovascular drugs	5
75 – 84	1	Antidiabetic drugs	2
> 85	2	Anticancer drugs	3
<b>Initial number of drugs</b>		Antiepileptic drugs	2
0 – 3	0	Antipsychotic drugs	2
4 – 6	2	Ophthalmic eye drops or ointment	1
≥ 7	4		

3

❖ A threshold of this score is searched to target the patients with high risk of UD

❖ A Chi2 test is performed to assess if a threshold of 11 is significant to found an association between the score and the presence of UD

## RESULTS

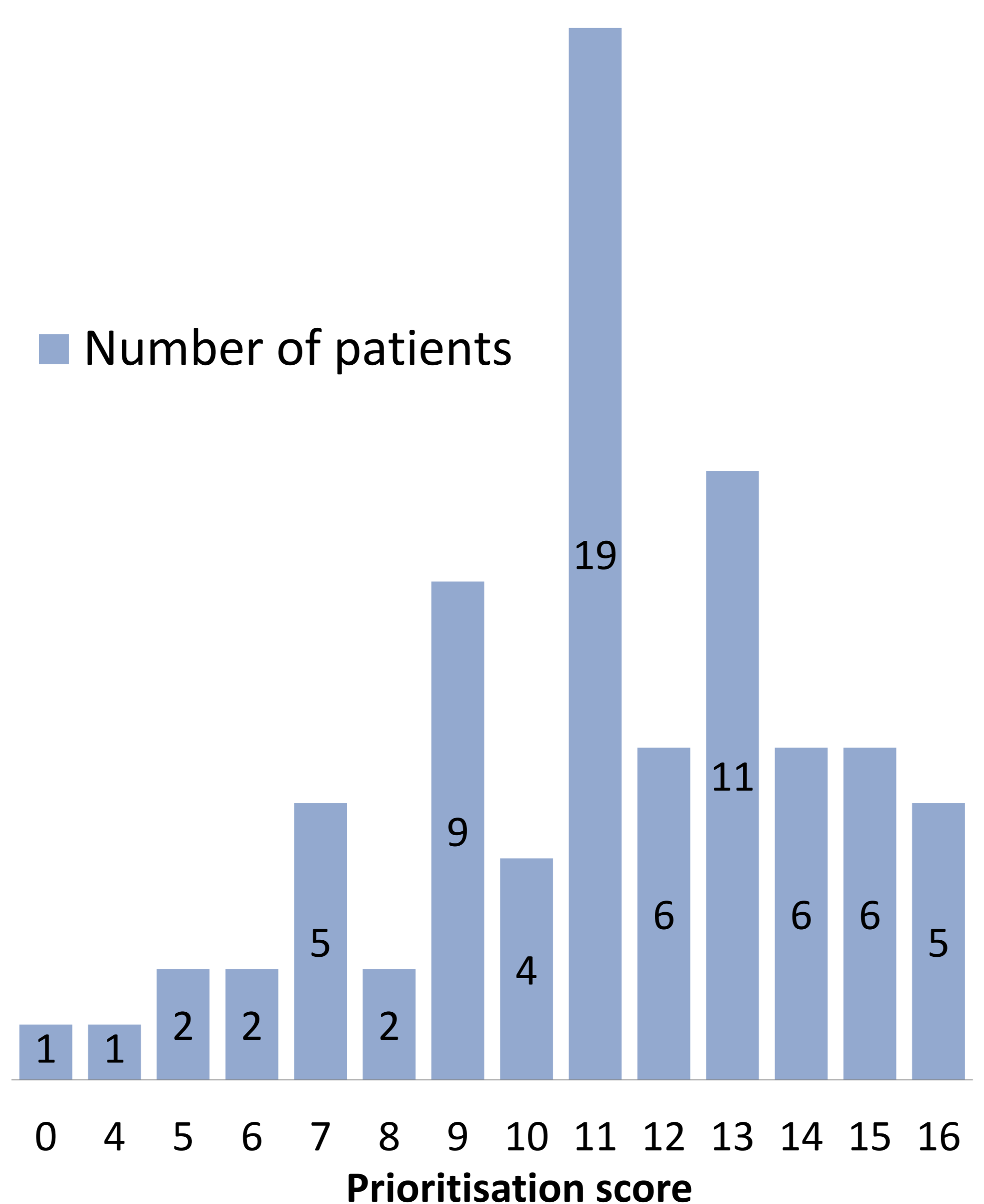
Patients	
Number	233
Age median [min-max]	69 [19-97]
Admitted per day mean	12

Number of drugs prescribed	
Current treatment median [min-max]	9 [0-21]
During hospitalisation median [min-max]	9 [1-19]

Unintentional Divergences	
Number	145
Main medication	Antihypertensive drugs (10%)
Main reason	Omission (30%)

Patients with at least one UD are grouped according to their score calculated with our prioritisation grid

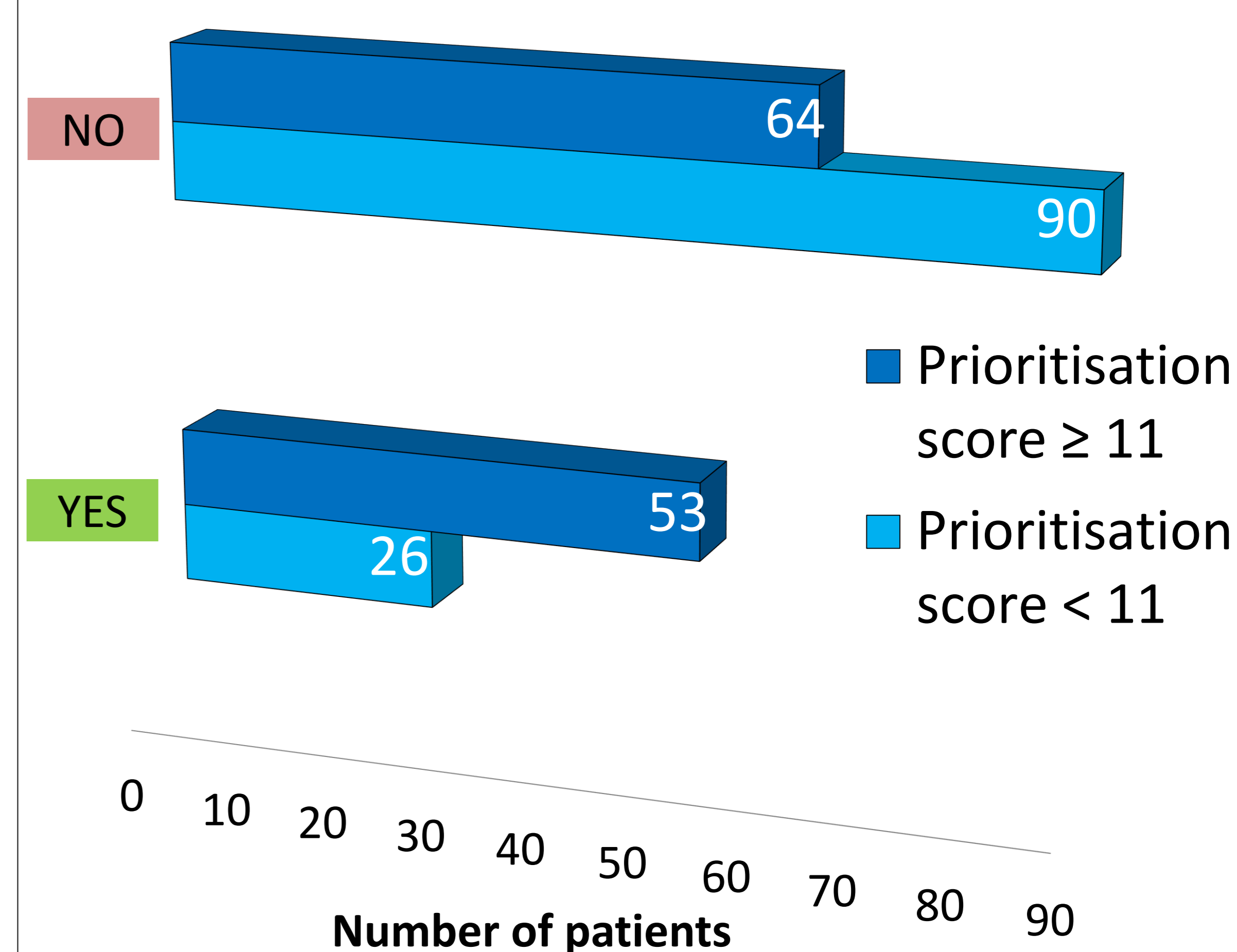
Chart 1 - Number of patient with UD according to the prioritisation score



Divergences	Prioritisation score		TOTAL
	≥ 11	< 11	
NO	64	90	154
YES	53	26	79
TOTAL	117	116	233

p-value < 0,01  
→ Significant association between the score ≥ 11 and presence of UD

Chart 2 - Divergences for threshold of prioritisation score of 11



## CONCLUSION

Medication reconciliation identifies UD in 34% of patients

A threshold score at 11 has been identified with our prioritisation grid

Criteria of the grid could be improve to be more specific to patients in VSD

Real interest of MR in VSD to limit the risk of error

Optimization of MR's time according to the high turn-over in VSD

More efficient and time saving for the pharmacist to identify patient

Currently, MR has been performed to VSD, mainly to patient with score ≥ 11