

# KEY POINTS IN IMPROVING THE RECONCILIATION PROCESS IN AN EMERGENCY DEPARTMENT

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## BACKGROUND

Medication errors commonly occur at transition points in patient care, particularly on admission to hospital. Medicines reconciliation is the process of identifying the most accurate list of a patient's current medicines and it should be done before the first 24 hours after admission. The participation of pharmacists in obtaining an accurate medication history for hospitalized patients is a key point to improve in the process of reconciliation.

## PURPOSE

Evaluate the benefits of the introduction of a pharmacist into the Emergency Department (ED) for improve reconciliation process.

## MATERIAL AND METHODS

A prospective intervention study (2016-2017). The medication was reconciled at two different times and place: in the admission in Geriatric ward (2016) and in the admission in ED (2017). Patients older than 65 years and 6 or more drugs admitted in ward were included. A target was set that ideally 100% of patients admitted would have their medications reconciled within 24h of admission. To calculate the percentage of patients reconciled within 24h, the total number of patients who meet inclusion criteria for conciliation is collected. We did not collect data on Saturdays or Sundays. For the inferential statistics, the Chi-square test was used.



## RESULTS

A total of 394 patients was reconciled, 106 patients in the ward in the first time and 288 patients in ED in second time. The percentage of patients with their medicines reconciled by a pharmacist within 24h of admission increased from 38% in ward to 83% in ED, and was significant ( $p < 0,001$ ). Lack of weekend cover results in not met the target of 100% of patients having medication reconciliation complete within 24h of admission. For those patients in ED who have been admitted medically but await a bed on a ward for a number of hours, the opportunity for their medicines to be reconciled within 24h is greatly reduced in the absence of an ED pharmacist.

## CONCLUSION

The presence of an Emergency Department pharmacist improve the number of patients have their medicines reconciled within 24h of admission. Since this initial project, we must continue working for to expand the role of the clinical pharmacist further and to provide an extended pharmacy service to both hospital staff and patients.

