



CP-054 Validation of some indicators for monitoring the quality of reconciliation of medication within the surgery unit

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Background

Searching for an effective method for improving the quality of reconciliation of home medication (RHM).

Objectives

Validate some indicators for monitoring interventions to improve the quality of reconciliation of home medication (RHM) within the surgery unit.

Methods or Study Design

Study Observational, descriptive, transversal pre-post intervention, in patients from general and digestive surgery unit of a regional hospital, in the last two weeks of February and June. The pharmaceutical intervention consisted of:

- Dissemination of the results of RHM from pre-intervention period
- Distribution of RHM tasks

a.- Realization by surgeons of RHM of regulated patients, with the possibility of exceptionally requesting "RHM by pharmacy", by using this command in the electronic prescribing program.

b.- Realization by the surgery unit responsible pharmacist of RHM of emergency surgery patients (pending validation by surgeon), by selecting patients from the list of admission of emergencies.

Results

Analysis of the reconciliation of home medication (RHM) pre-post intervention.

	Pre-intervention		Post-intervention			
	patients number: 92	100%	patients number: 92	100%		
1 Not need reconciliation		30	33%	27	29%	
2.1. Without registration of RHM		16	17%	3	3%	
2.2. With complete registration of RHM	46	25	27%	62	41	45%
2.3. With incomplete registration of RHM		21	23%		21	23%
total patients		92	100%	92	100%	

PATIENTS WHO NEED RECONCILIATION OF HOME MEDICATION (RHM) -2.1+2.2+2.3-

PATIENTS WITH REGISTRATION OF RHM We increased from 74.19% in the pre-intervention period, to 95.52% in the post-intervention period. (p=0,001) . Test Chi Square. (EPIDAT 4.1)

TIME TO RHM median (interquartile range) decreases from 2 (1-6) days to 1 (1-3) days

REGISTRATION OF RECONCILIATION OF: ANTIHYPERTENSIVES Increased from 64% to 96%, **ADO / INSULINS** from 77% to 96%, **ANTICOAGULANTS** 100% in the two periods.

Conclusions

These indicators are useful to regularly monitor quality of RHM. This is demonstrated by the effectiveness of the dissemination of the data of monitoring, and distribution of RHM tasks on a team.

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