

ANALYSIS OF THE MEDICINES RECONCILIATION PROCESS IN DIFFERENT CLINICAL SERVICES

Background

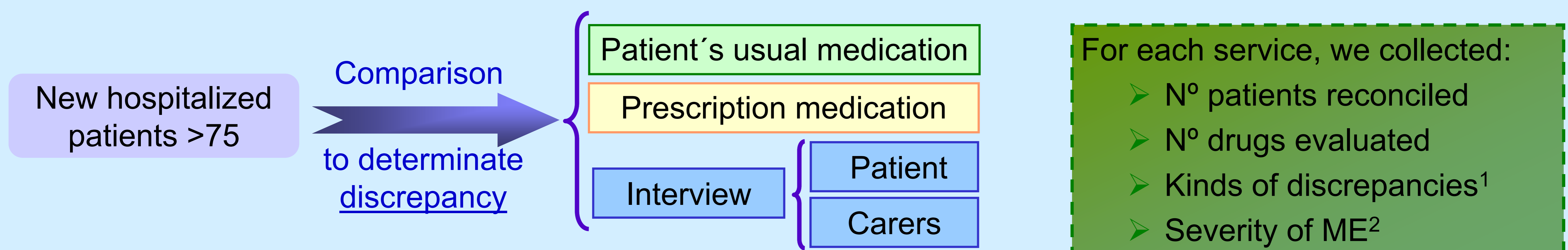
- Medication errors, specifically the lack of continuity of the patient's usual treatment, are a major cause of adverse effects in hospitalized patients, most of them preventable.
- Medication reconciliation is the process of comparing a patient's medication orders to all of the medications that the patient has been taking.

Purpose

Analyze the **impact** of reconciliation in different **clinical services** depending on discrepancies identified and severity of medication errors (ME).

Materials and methods

Retrospective, descriptive study conducted at a general hospital during 6 months.



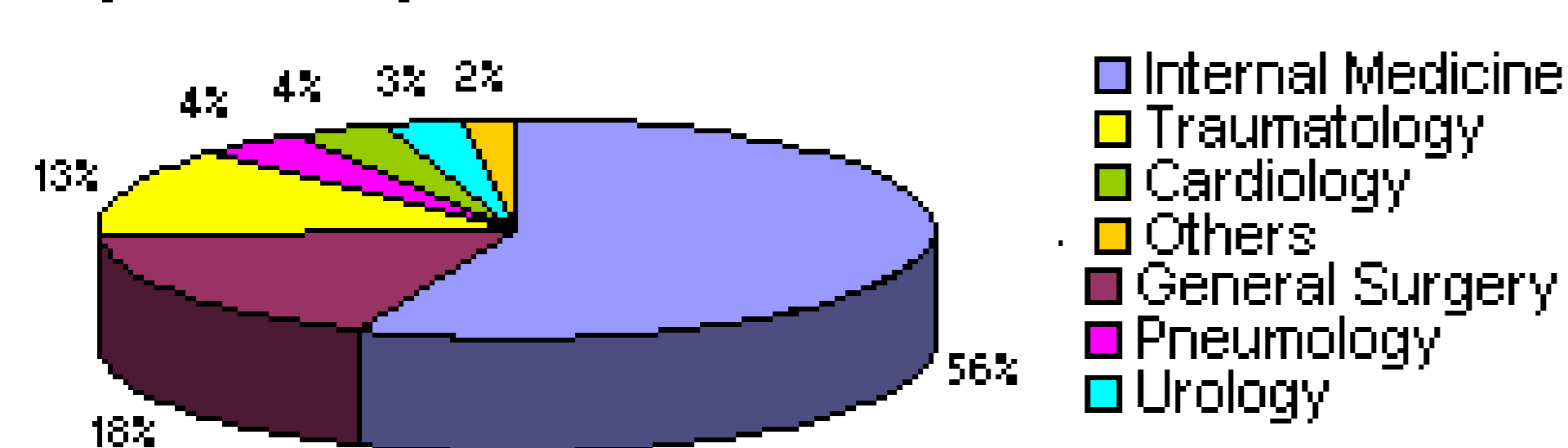
¹ Documento de consenso sobre terminología, clasificación y evaluación de los programas de Conciliación de la Medicación.

² National Coordinating Council for Medication Error Reporting and Prevention

Results

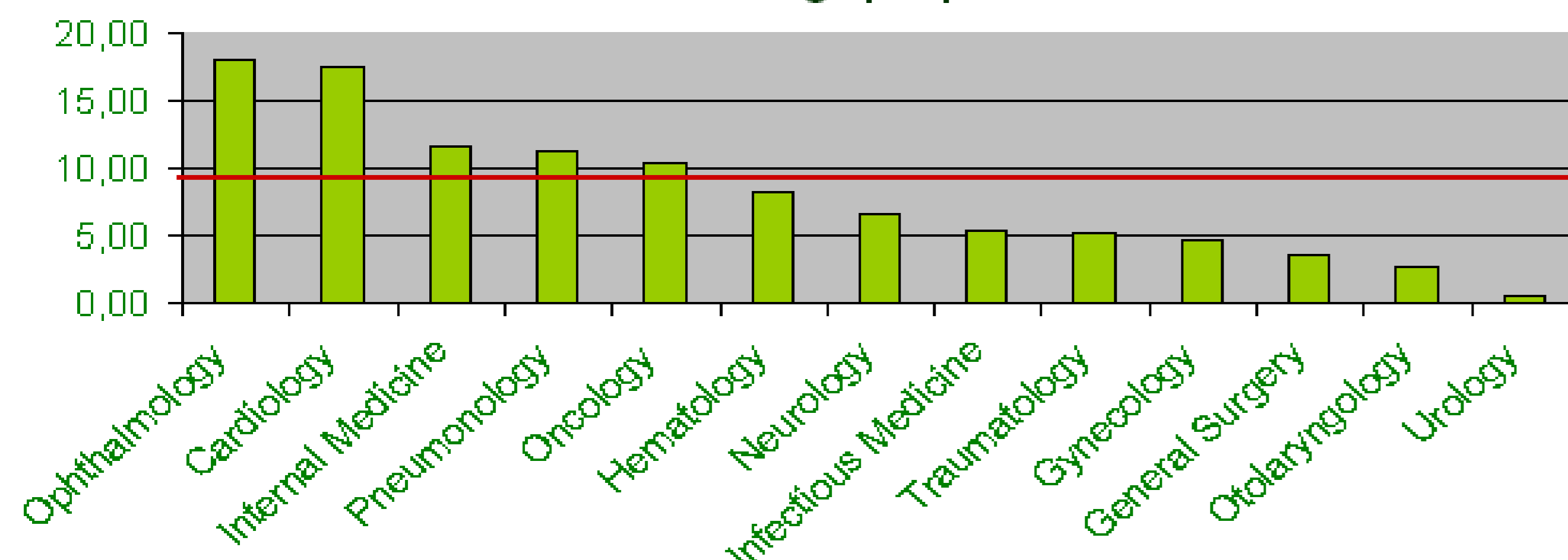
- 13 clinical services
- 558 patients (83.86 years)

Proportion of patients



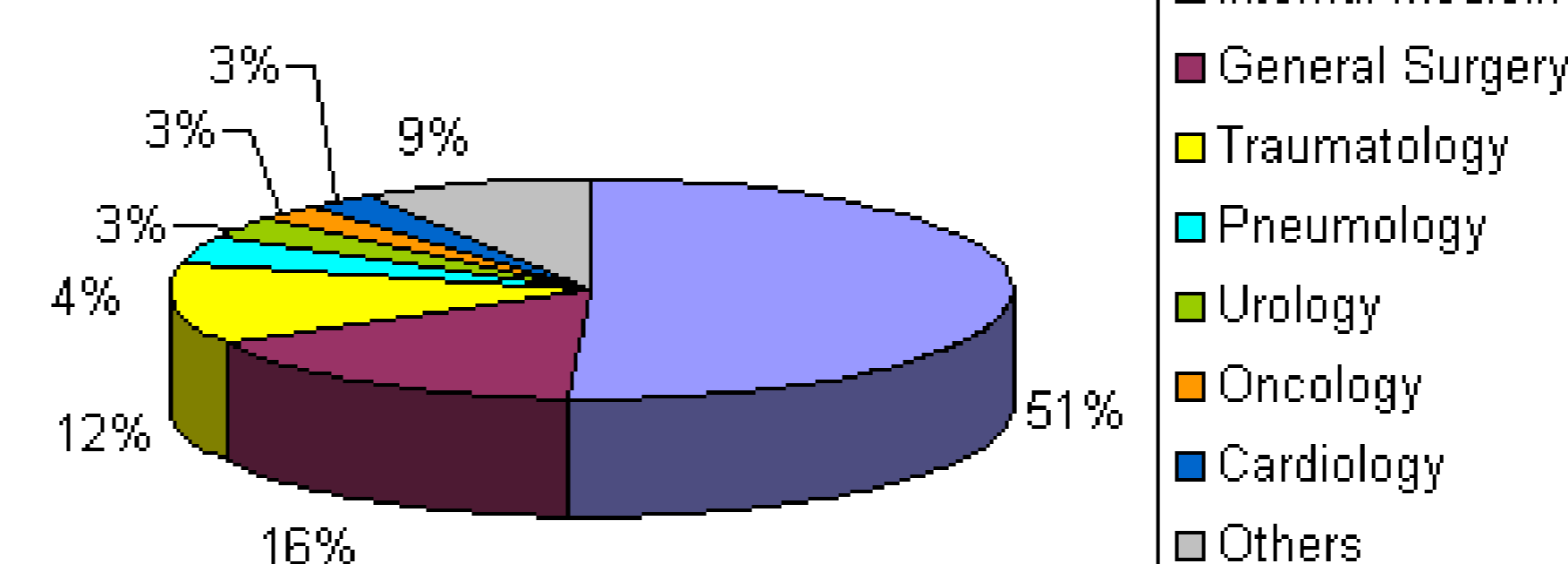
- 9.33 drugs/patient

Number of drugs per patient



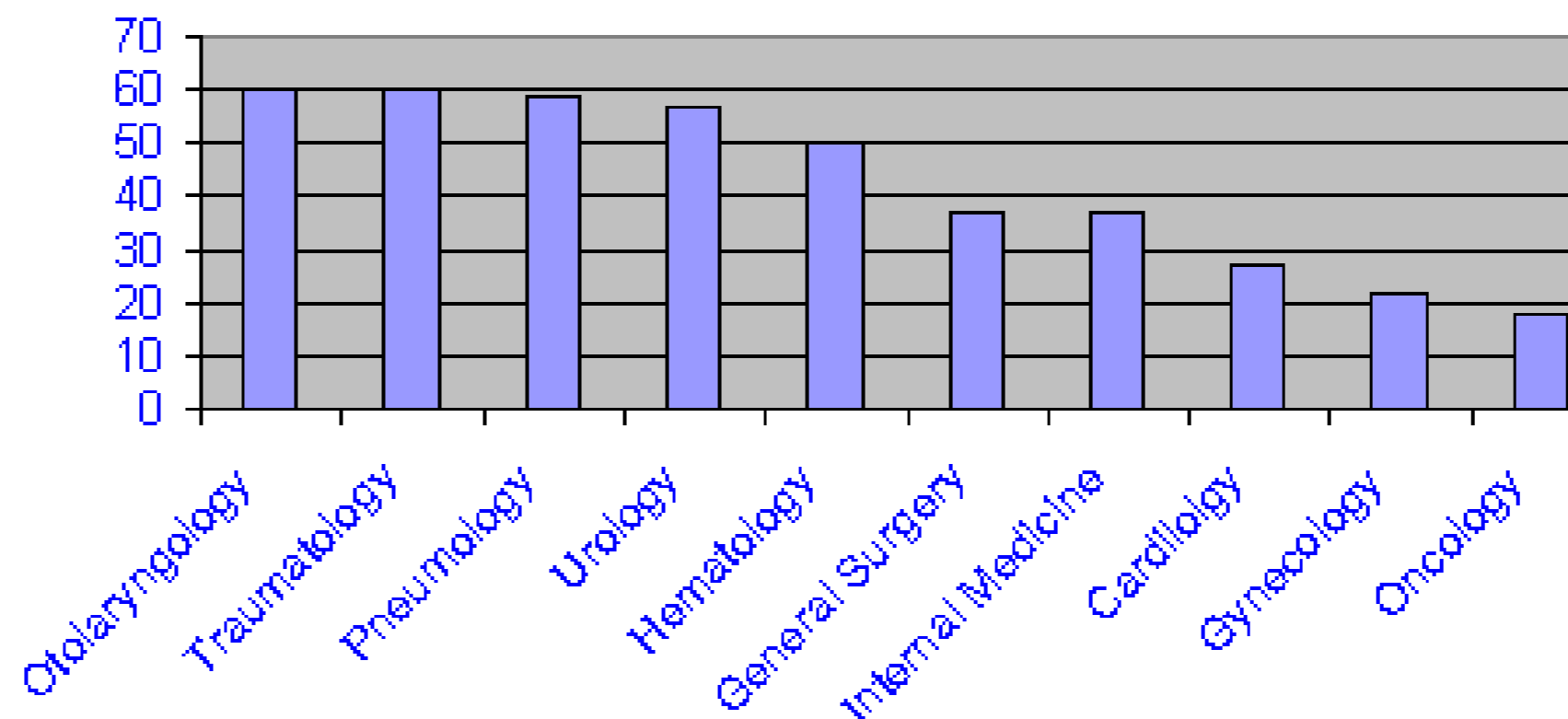
- 1140 discrepancies → 412 discrepancies requiring clarification

Discrepancies requiring clarification

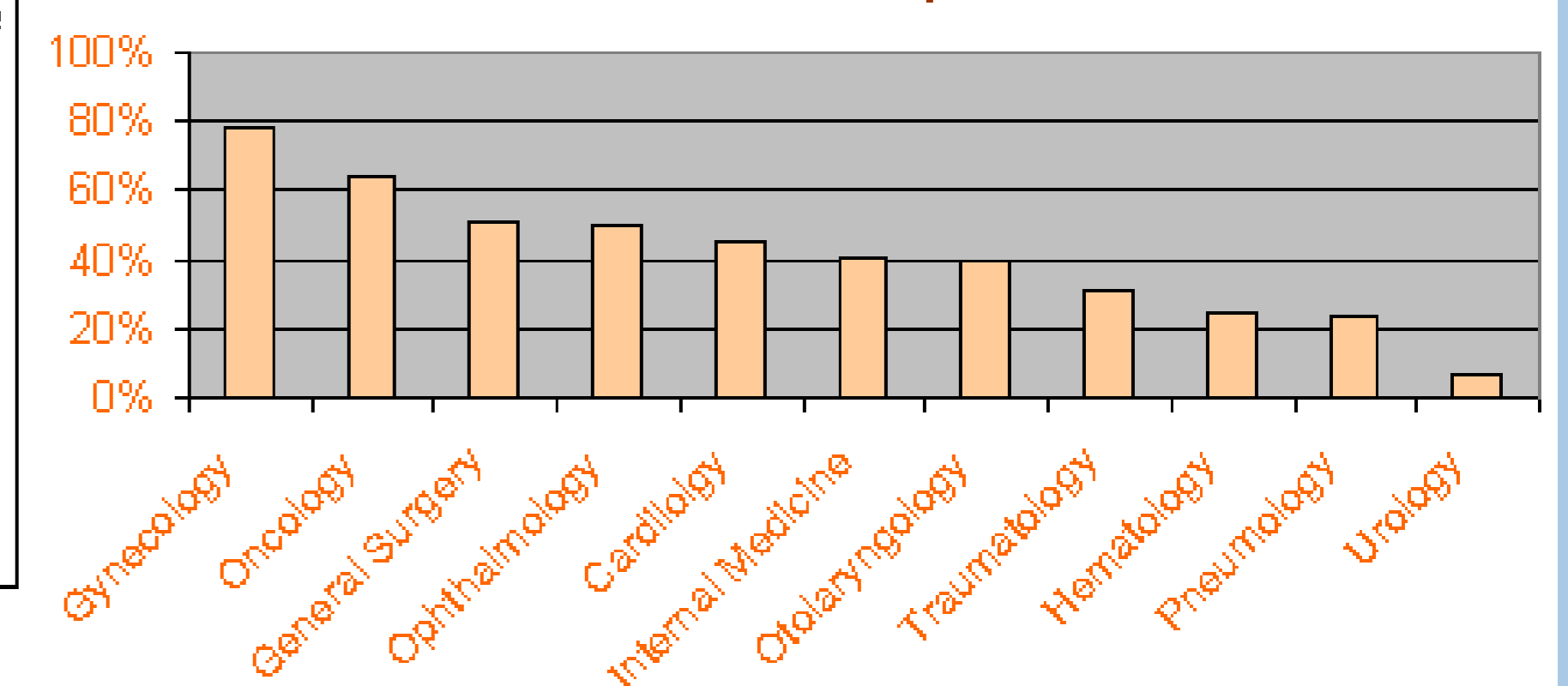


- The omission of a medication was the most common unjustified discrepancy.

Medication Errors



Unresolved discrepancies



- The most of **ME** corresponded to category C severity (error that reaches patient but did not cause damage) but 1% were category E (error that results in temporary harm and require an intervention).

Conclusions

Medication reconciliation is important in Internal Medicine (IM), General Surgery and Traumatology because of numerous discrepancies requiring clarification, the proportion of patients and, mainly in IM, the amount of drugs for the chronic treatment. The role of reconciliation would be essential in clinical services with more ME (Traumatology, Otolaryngology). Unresolved discrepancies pose a potential cause of ME, so in Gynecology and Oncology we should improve communication with clinical teams in favour of patient safety

AUTORES:

Corrales Pérez L, Rubio Cebrián B, Gasanz Garicochea I, Segura Bedmar M, Calderon Acedos C, Vázquez Castillo MJ, Moriel Sánchez C, San Miguel Torvisco P, Catalá Pizarro RM. SERVICIO DE FARMACIA. HOSPITAL UNIVERSITARIO DE MÓSTOLES. MADRID. ESPAÑA.