

Background

Medicines reconciliation is an important approach to prevent medication errors and adverse health outcomes. However, the implementation of these interventions is frequently unsuccessful especially due to difficulties in information access and communication.

Objectives

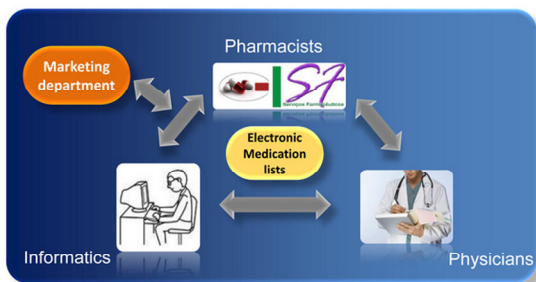
To analyze the outcomes of a computer program developed to summarize patients' therapeutics on a list including specific information on how to take the medicines and precautions.

Materials and methods

Descriptive analysis was performed over medication lists created from May 2010 to June 2012. The impact of the project was measured through a questionnaire on patients'/caregivers' opinions about the medication list.

Results and discussion

A multidisciplinary team developed a computer program in order to allow for electronic construction of therapeutic lists. A database was created by completing the National Medicines Database with information written for patients, by pharmacists, on how to take the medicines and their therapeutic goals. Monthly updates are performed to include or eliminate medicines from the database.



Access for physicians is currently available throughout the hospital for reconciliation at discharge and consultation. Medication lists can be updated over time.

Front and back page (when folded in half)

Medicines that are no longer prescribed and that shall be securely eliminated

Hospital contact

Inner page

Medicine name and trade mark

Therapeutic goal, Dosage and dosage form, Treatment duration

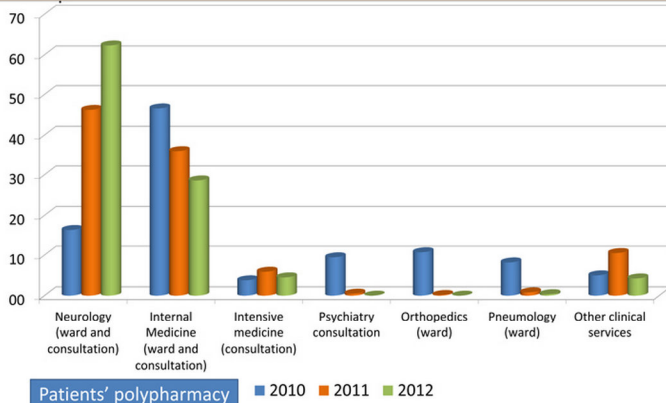
Information on how to take the medicines and precautions

Patient ID, Hospital Physician; General practitioner Date

1 – Number of medication lists / patients included

From May 2010 to June 2012	
Total number of medication lists	Total number of patients included
1057	720

2 - Main users of the Medication List application (% of medication lists per year)



Patients' polypharmacy and physicians' individual motivation

Main factors for physician's adherence

3 – Medicines Database evaluation (by June 2012)

Total database % of specific developed information	% medicines with information in medication lists
17%	55%

The most commonly used therapeutic groups had been selected as high-priorities, by pharmacists

4 – Patients' and caregivers' opinions about the Medication List

48 patient's /caregiver's answered a questionnaire

	YES	No? Why not?
Was it useful in medication management at home?	87%	-Already know how to take the medicine - Already has another list
Was the written information clear?	92%	- Text lettering too small

Conclusion:

The program we created is an effective tool for medication reconciliation and gathers patients' acceptability. This approach may improve patients' knowledge and medication use at home, reducing medication errors.