

RECONCILIATION ERRORS ASSOCIATED WITH ANTIRETROVIRAL TREATMENT

Domínguez Menéndez JA, Balzola Regout B, Llona Armada A, Goikolea Ugarte FJ, Mendarte Barrenechea LM, Yurrebaso Ibarreche MJ. Basurto Hospital (Bilbao, Spain).

BACKGROUND

Primary care electronic record system facilitates reconciliation of patients' chronic medicines. However, some chronic medicines ordered by hospital physicians and dispensed only at hospitals like HIV treatments, are not registered in primary care records yet and sometimes are not correctly filled in patients' medical hospital histories.

PURPOSE

The aim of this study is to describe and analyze the discrepancies in HIV chronic treatments ordered by hospital practitioners at the admission to hospital.

METHODS

From June through October 2012, data of admitted patients with antiretroviral medicines were collected. HIV patients admitted to Infectious Diseases Service or treated chronically in other hospitals were excluded. The pharmacist compared the computerized prescriptions at admission with the current HIV treatment registered in Pharmacy chronic dispensation program (Farhos®). In case of discrepancies the pharmacist informed to physician/nurse and corrected the order. Non justified discrepancies were notified and classified as reconciliation errors.

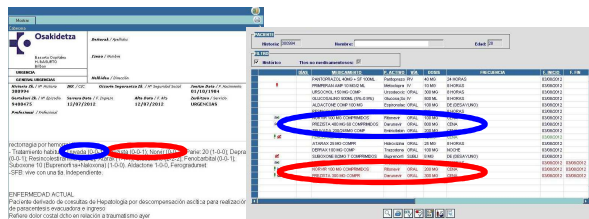


Fig. 1- Patient medical history and computerized prescription.

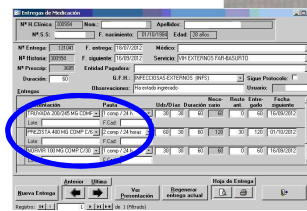


Fig. 2- Pharmacy chronic dispensation database.

RESULTS

Treatment of 68 patients was analyzed (Average age: 46 years. 44 men, 24 women). 49 patients were admitted to emergencies (E) and 19 to other services (O). The average HIV drugs per patient were 2.2. In 17 patients (25%) the treatment was not correct (22.5% of E and 31.5% of O).

A total of 23 discrepancies were found in 150 medications (0.33 per patient). 12 of these were associated with darunavir (41.6% of darunavir treatments were wrong).

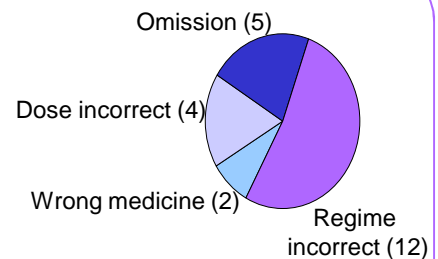


Fig. 3- Reconciliation errors (n=23)

CONCLUSIONS

Prescriptions of chronic hospital medications still not registered in primary care records like HIV treatments cause a great number of reconciliation errors. Complex regimes, like those including darunavir, facilitate prescription errors. Until the registration of HIV medications in patients primary care records, the pharmacy data and pharmacist interventions are needed to guarantee a correct treatment. Due to the results, HIV stock medications were removed from Emergency Service.