GRP038

Medication reconciliation at hospital admission in Internal Medicine service. A necessity?

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OBJECTIVES

The medication reconciliation (MR) is a key point to increase patient safety that allows to detect medication errors, called discrepancies.

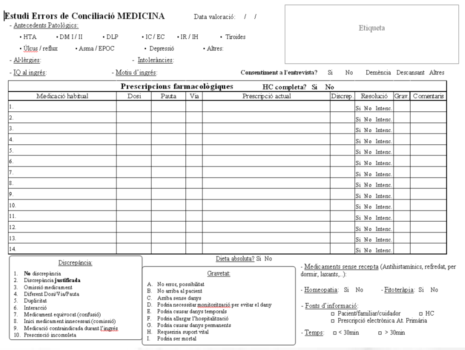
To measure the incidence of medical error in the admission process in our hospital in Internal Medicine service (third level hospital). Solve possible unintended discrepancies to assess the need to implement a MR process into the clinical practice.

MATERIAL AND METHODS

An observational and interventional pilot study in September 2011.

The pharmacological history was obtained from patient history completed with an interview, and then compared to the prescription of the hospital within 24 hours of admission.

Discrepancies were recorded and classified as justified or not justified, and these were reported to the prescriber by written notice and then classified as intentional or non-intentional (medication error, ME).



Estudi Errors de Conciliació MEDICINA   Data valoració: / /   Etiqueta

- Antecedents Patològics:
  • HTA • DM I / II • DLP • IC / EC • IR / IH • Tiroides
  • Úlcus / reflux • Asma / EPOC • Depressió • Altres:
- Al·lèrgies: - Intoleràncies:
- IQ al ingrés: - Motiu d'ingrés: **Consentiment a l'entrevista?** Si No Demència Descansant Altres

Prescripcions farmacològiques HC completa? Si No

Medicació habitual	Dosi	Pauta	Via	Prescripció actual	Discrep.	Resolució	Grav.	Comentaris
1.						Si No Intenc.		
2.						Si No Intenc.		
3.						Si No Intenc.		
4.						Si No Intenc.		
5.						Si No Intenc.		
6.						Si No Intenc.		
7.						Si No Intenc.		
8.						Si No Intenc.		
9.						Si No Intenc.		
10.						Si No Intenc.		
11.						Si No Intenc.		
12.						Si No Intenc.		
13.						Si No Intenc.		
14.						Si No Intenc.		

Dieta absoluta? Si No

Discrepància:
1. **No** discrepància
2. Discrepància **justificada**
3. Omissió medicament
4. Diferent Dosi/Via/Pauta
5. Duplicitat
6. Interacció
7. Medicament equivocat (confusió)
8. Inici medicament innecessari (comissió)
9. Medicació contraindicada durant l'ingrés
10. Prescripció incompleta

Gravetat:
A. No error, possibilitat
B. No arriba al pacient
C. Arriba sense danys
D. Podria necessitar monitorització per evitar el dany
E. Podria causar danys temporals
F. Podria allargar l'hospitalització
G. Podria causar danys permanents
H. Requeriria suport vital
I. Podria ser mortal

- Medicaments sense recepta (Antihistamínics, refredat, per dormir, laxants,..):
- Homeopatia: Si No - Fitoteràpia: Si No
- Fonts d'informació:
  □ Pacient/familiar/cuidador □ HC
  □ Prescripció electrònica At. Primària
- Temps: □ < 30min □ > 30min

RESULTS

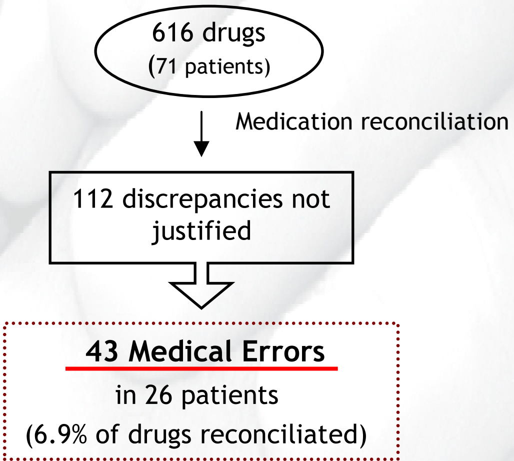
• 71 patients from 126 admitted in the service were included. The mean age of the patients was 79.6 years old, 53.7% were women.

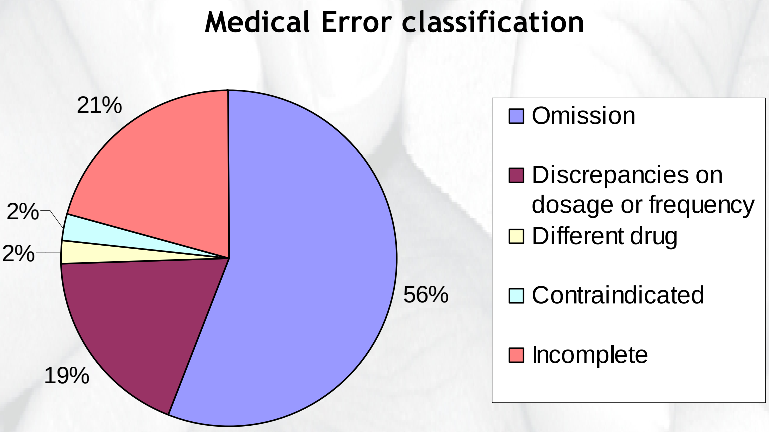
•We reconciled 616 drugs, with an average of 8.68 drugs/patient (SD 3.75) at admission.

• Pharmacist detected 112 discrepancies not justified which 43 was ME in 26 patients.

• That represents a rate of 36.6% patients with ME and the 6.9% of drugs reconciliated. The average of drugs in patients with ME were 9.9 and in those without 8.0 ($p<0.038$).

• The **pharmaceutical interventions in reconciliation were accepted by physicians in 23 cases (53.5%).**





CONCLUSION DISCUSSION

An important number of patients have a medical error, particularly those with a higher number of drugs.

Despite half pharmaceutical interventions were accepted, we must design a medication reconciliation formulary to make the intervention easier and improve patient safety at admission.

To develop the medication reconciliation in the patient with more incidence of medication error in all the services, we will need a full-time pharmacist.

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