



José Marco del Río, María Luisa Ibarra Mira, Gregorio Romero Candel, Ana Valladolid Walsh, Ana Ramírez Córcoles, Francisco Tomás Pagán Núñez.

Gerencia de Atención Integrada de Almansa. Pharmacy Department

## What was done?

A program which includes every patient admitted into the internal medicine department. It consists on three steps: clarification of chronic medication that the patients are taking, upon discharge we handle them and updated schedule of their drugs and we check the coherence with the active prescriptions.

## Why was it done?

Our main goal was to improve **patient's safety**, because we noticed that many patients did not take actually all the drugs that were prescribed by the physicians, and other times there were drugs that the patients were taking because they had an active prescription, but they were not supposed to. Additionally we aimed to **improve the drug-related information** that the patients take home.

## How was it done?

We **interview** the patients during the admission in order to clarify and update the chronic medication that they are taking. When a patient is about to be discharged, the nurses call us, so at this moment we talk to the physician to know what changes are going to be made on the medication. To coordinate with the physicians and nurses, we had two meetings in which we established the timing of the program, so the patients don't have to wait for us a lot.

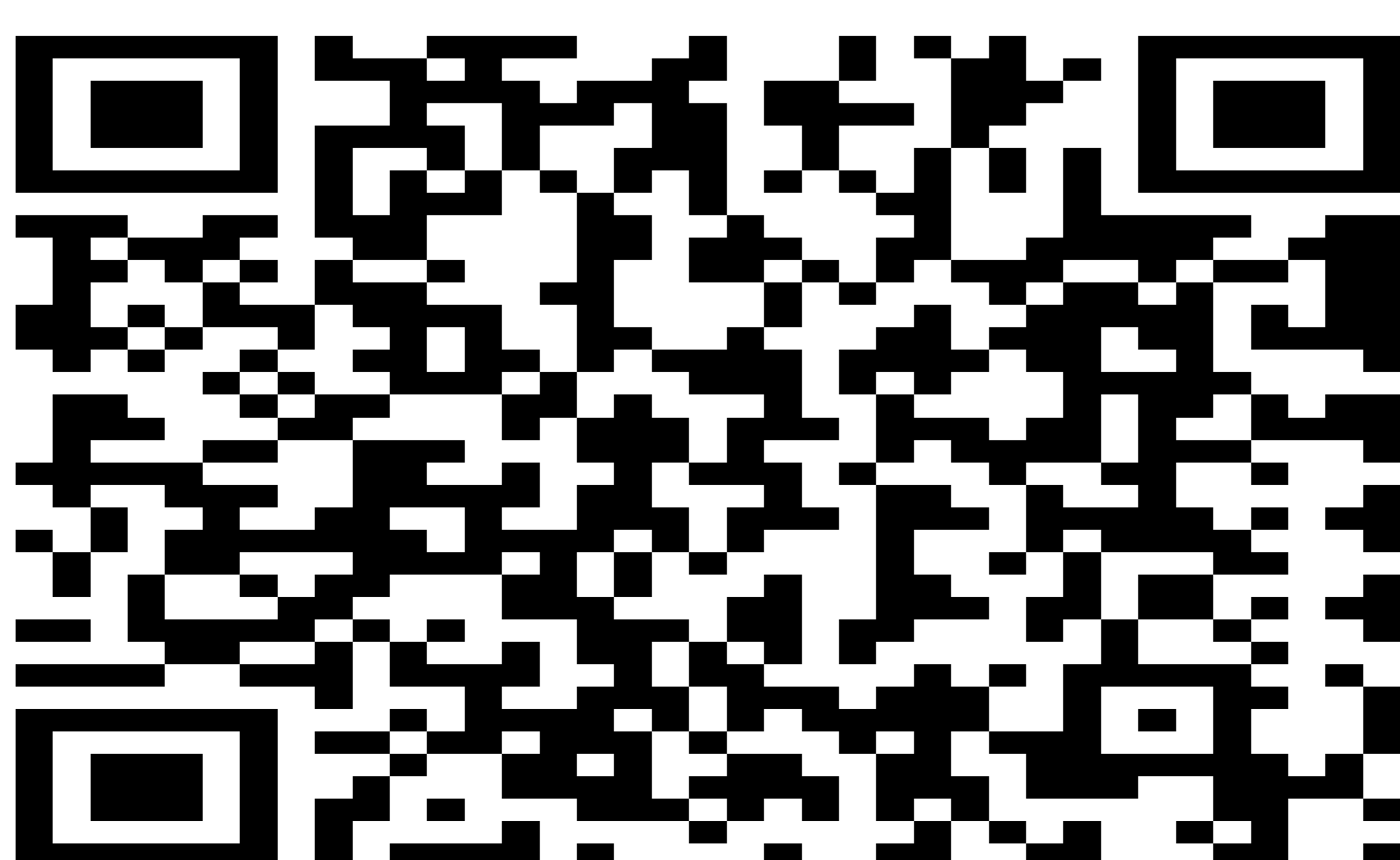
When we know the changes that the physician is going to make, we **update the medication schedule** to handle it to the patients or their family, and we explain them the changes and how they should manage the new drugs. If any discrepancy or medication-related problem is found, we talk to the physician to solve it.

## What has been achieved?

In the last four months, we performed 180 discharges and we solved together with the physicians 20 discrepancies. Patients are receiving a **more comprehensive information about their treatment**.

## What next?

To continue with the reconciliation program and broaden it to the rest of our hospital departments. Also we are working on a way of uploading our pharmacy schedules to the **electronic medical record** of the patients, so they can be available for every healthcare worker, which would improve even more the transitions of care.



<https://www.eahp.eu/gpis/implementation-medication-reconciliation-programme-upon-discharge>

E-mail correspondence:  
jmarcodelrio@gmail.com

