

MEDICATION RECONCILIATION IN A SURGERY DEPARTMENT: 6-MONTHS' EXPERIENCE

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BACKGROUND AND IMPORTANCE

Medication Reconciliation (MR) allows to **reduce medication errors** likely to occur in care transitions: admission, transfer and clinical discharge. In Portugal, a few hospital institutions have MR, although it is known the effectiveness of this method and **Pharmaceutical Interventions (PI)** in preventing adverse reactions, drug interactions and prescription errors.

AIM AND OBJECTIVES

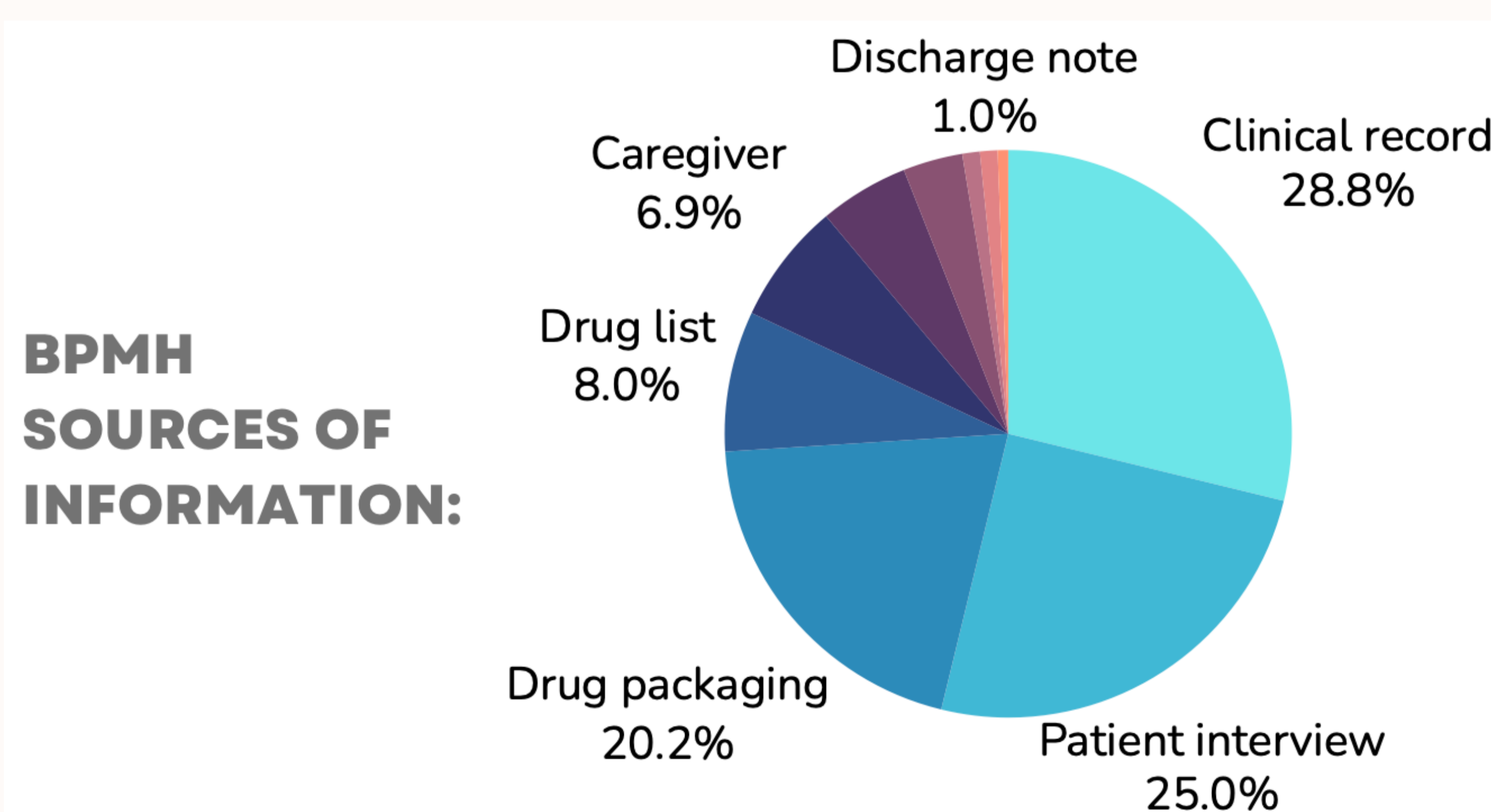
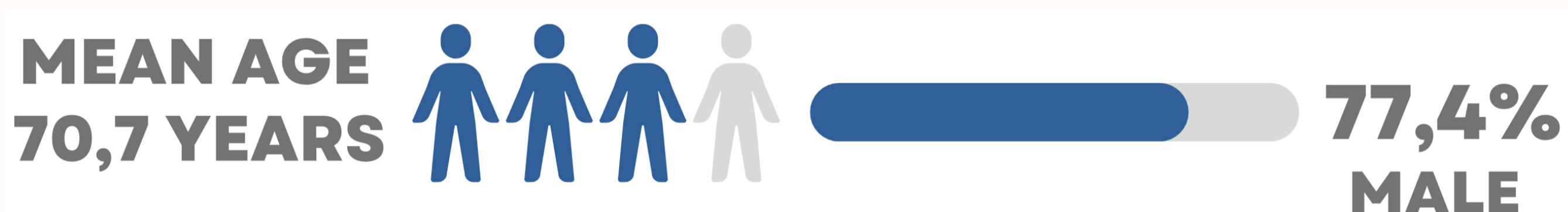
To evaluate the **impact** of establishing MR in patient admission, at vascular surgery department of a tertiary care university hospital; in **preventing prescription error** and to characterize **PI and its acceptance** in our centre.

MATERIALS AND METHODS

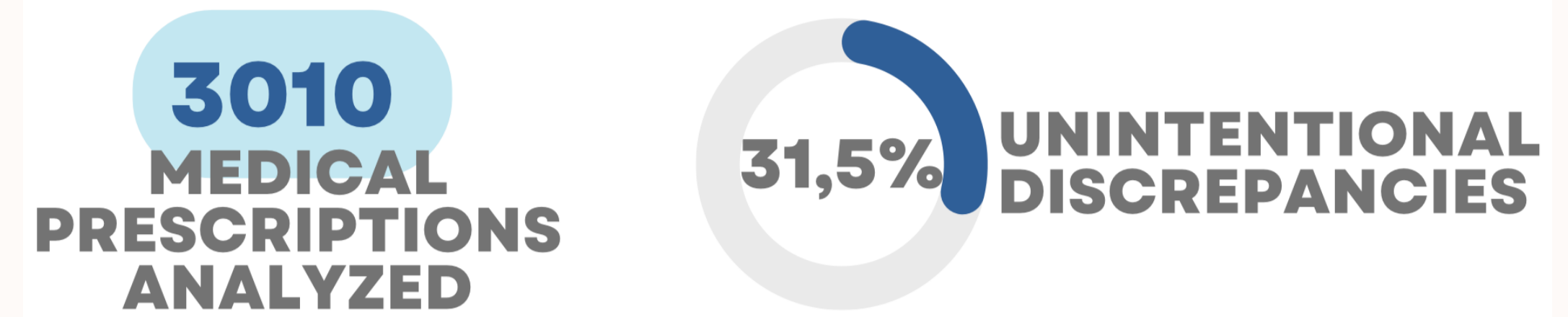
MR applied in the first 48 hours of patient admissions between April-2023 and September-2023. **Inclusion criteria:** age \geq 35 years, presence of comorbidities and pharmacotherapy with \geq 3 drugs. Elaboration of **Best Possible Medication History (BPMH)** with \geq 3 sources of information, comparison with medical prescription for identification and **classification of discrepancies**. Discussion of PI with prescribers, data recording and analysis using Microsoft Excel.

RESULTS

Of **210 patients**, 16 were excluded for intervention rescheduling, sudden clinical discharge or transfer. Mean of 4,7 comorbidities per patient as hypertension, dyslipidemia and diabetes were the most prevalent.

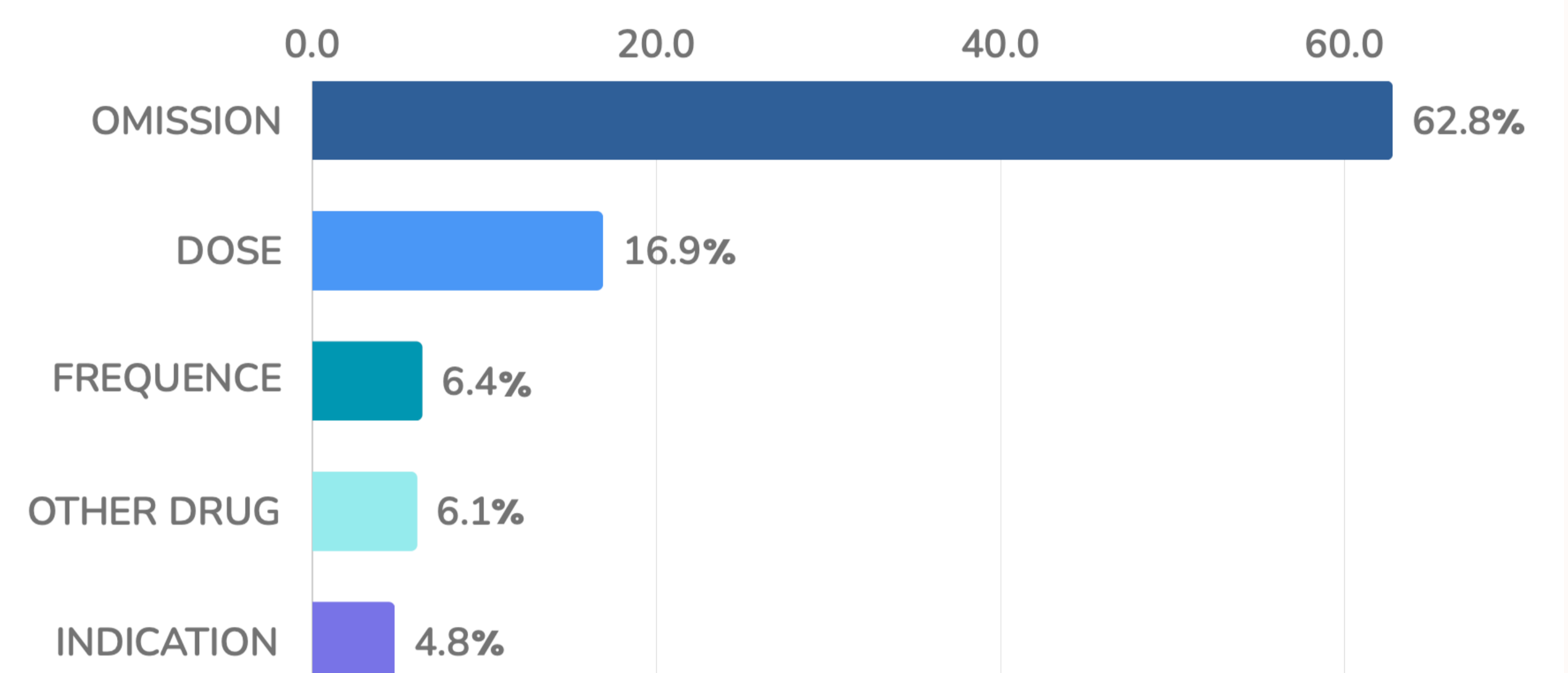


In **202 MR**, 3010 prescription lines were analyzed and **77,5%** of them contained discrepancies. Of those, **31,5%** were **unintentional with potential to cause harm to patients**.



Drug omission was the most frequent medication error, followed by erroneous dose and drug.

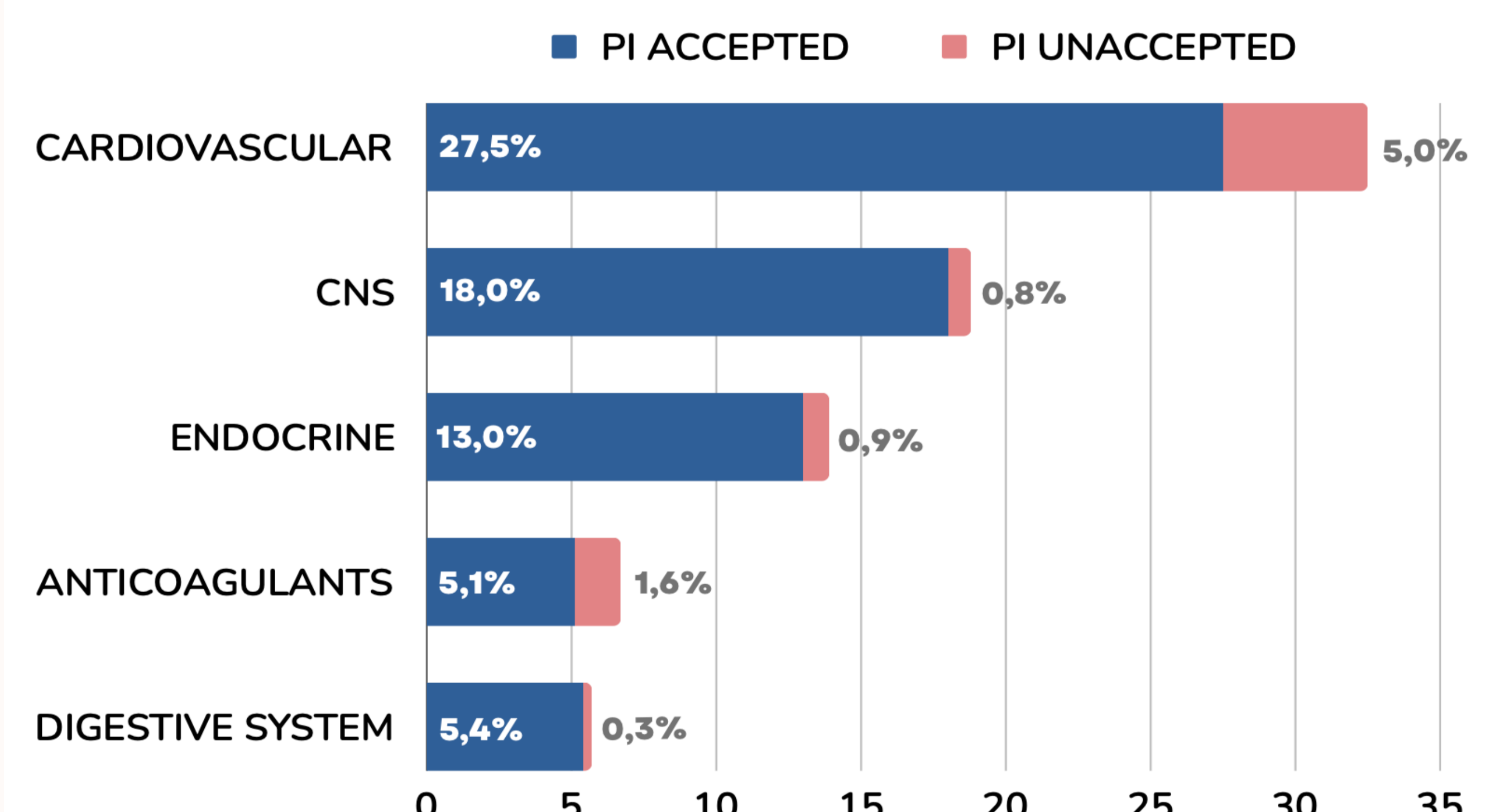
TOP 5 CAUSES OF UNINTENTIONAL DISCREPANCIES



Most of PI were made for drugs with cardiovascular, Central Nervous System (CNS) and endocrine action.



PI BY THERAPEUTIC CLASS



It was detected 348 pharmacological interactions and 37 adverse events with independent PI, whenever patient harm was considered.

CONCLUSION AND RELEVANCE

MR allowed to reduce and prevent a major number of medication errors, as almost 90% of PI were accepted by physicians, resulting in **improvement of health outcomes**. A clinical pharmacist daily presence and MR implementation benefits both, all healthcare team and the patient.

