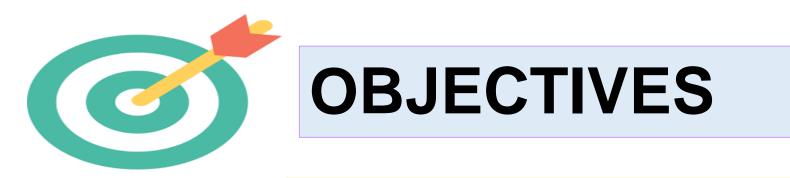


IMPLEMENTATION OF A PATIENT STRATIFICATION METHOD TO PRIORITIZE MEDICATION RECONCILIATION AT ADMISSION IN THE EMERGENCY DEPARTMENT

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BACKGROUND AND IMPORTANCE

Medication reconciliation (MR) in the Emergency Service (ES) involves creating a complete list of a patient's prior medications, comparing it to the current prescription, and resolving any discrepancies. REDFASTER group found that 79% of patients show medication discrepancias. Implementing a patient stratification system is essential to prioritize MR.



To implement a patient stratification method to prioritize MR performed by the pharmacist at admission for patients in ES. To prioritize MR conducted by the pharmacist for target patients receiving high-risk medications (HRM).

MATERIALS AND METHODS:

Form design

- A stratification tool was created to prioritize MR for high-risk patients in the ES, using Microsoft Forms, scoring variables.
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IMPLEMENTATION:

After the form was developed, emergency pharmacists began performing patient stratification. To evaluate the activity over 10 days, RE were recorded across the 3 stratification levels.

Inclusion of variables in the form

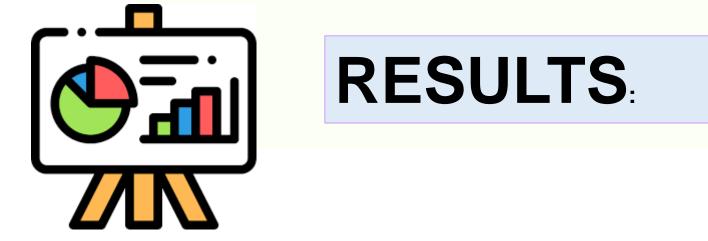
- Age: ≥75 years (2 points), 65-74 years (1 point),
 <65 years (0 points).
- Chronic treatment (CT), categorized by drug groups:
- Oral cytostatics, immunosuppressants, antiretrovirals, hospital-dispensed medications (5 points).
- Alpha-adrenergic agonists, oral anticoagulants, antiplatelets, antidepressants, antiparkinsonians, antiepileptics, antipsychotics, benzodiazepines, beta-blockers, amiodarone/dronedarone or digoxin, corticosteroids >3 months, hypoglycemics, opioids or non-steroidal anti-

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Stratification levels

- N1: Patients with 2 points for age and ≥5 points for CT.
- N2: Patients with ≥5 points for CT.
- N3: Patients with <5 points for CT.

inflammatory drugs, diuretics, ocular and respiratory therapy (1 point).



Total of 612 patients were stratified, with an average of 18.54 patients per day

A total of 39 RE in 83 patients

The primary cause of error across all groups was OMISSION

	N1	N2	N3
MEAN NUMBER OF DAILY PATIENTS BY STRATIFICATIO N LEVEL	15.36% (n=94)	8.01% (n=49)	76.63% (n=469)
AVERAGE NUMBER OF ERRORS PER PATIENT IN EACH GROUP	1.23 errors/patient	0.50 errors/patient	0.31 errors/patient



This method effectively streamlines medication reconciliation (MR) and is easily implementable for Pharmacy Services with electronic chronic medication records and an emergency department pharmacist.



The inclusion of these drug groups was based on the MARC list for chronic patients and REDFASTER 's Guide.

