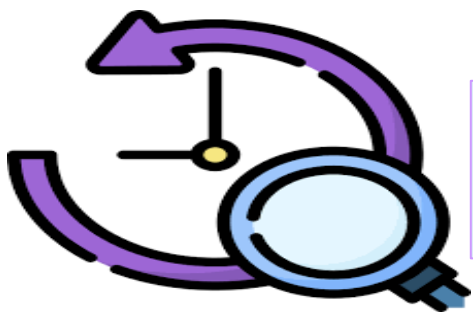


# IMPLEMENTATION OF A PATIENT STRATIFICATION METHOD TO PRIORITIZE MEDICATION RECONCILIATION AT ADMISSION IN THE EMERGENCY DEPARTMENT

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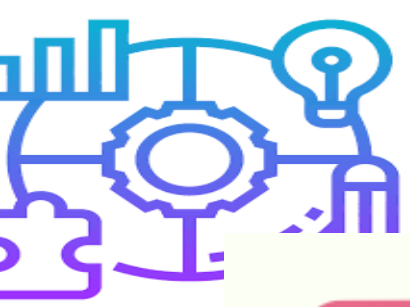
## BACKGROUND AND IMPORTANCE

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 discrepancies. Implementing a patient stratification system is essential to prioritize MR.

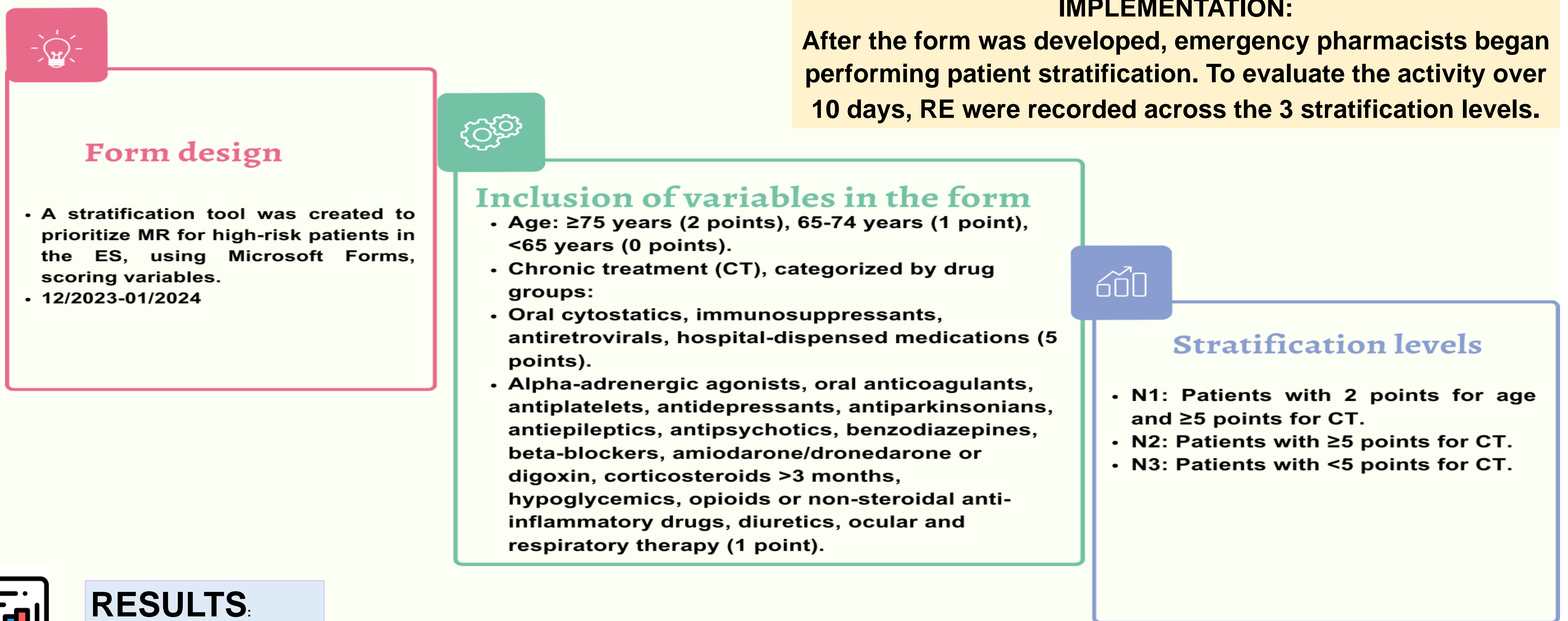


## OBJECTIVES

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:



## RESULTS:

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 STRATIFICATION 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



## CONCLUSION AND RELEVANCE:

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



## REFERENCES

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

