

MEDICATION ERRORS AT DISCHARGE SEVERITY AND ROOT CAUSES WHAT DO OUR DOCTORS THINK?

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BACKGROUND AND IMPORTANCE

Transition points between Community and Hospital are known to generate medication errors (MEs). Medication reconciliation is a robust action to intercept MEs. The MEDISIS care pathway secures the medication management of hospitalized patients aged ≥ 65 . It involves medication reconciliations at admission, during transfers, and at discharge.



AIM AND OBJECTIVES :

Analyze medication errors at discharge : roots causes and potentiel severity

MATERIAL AND METHODS



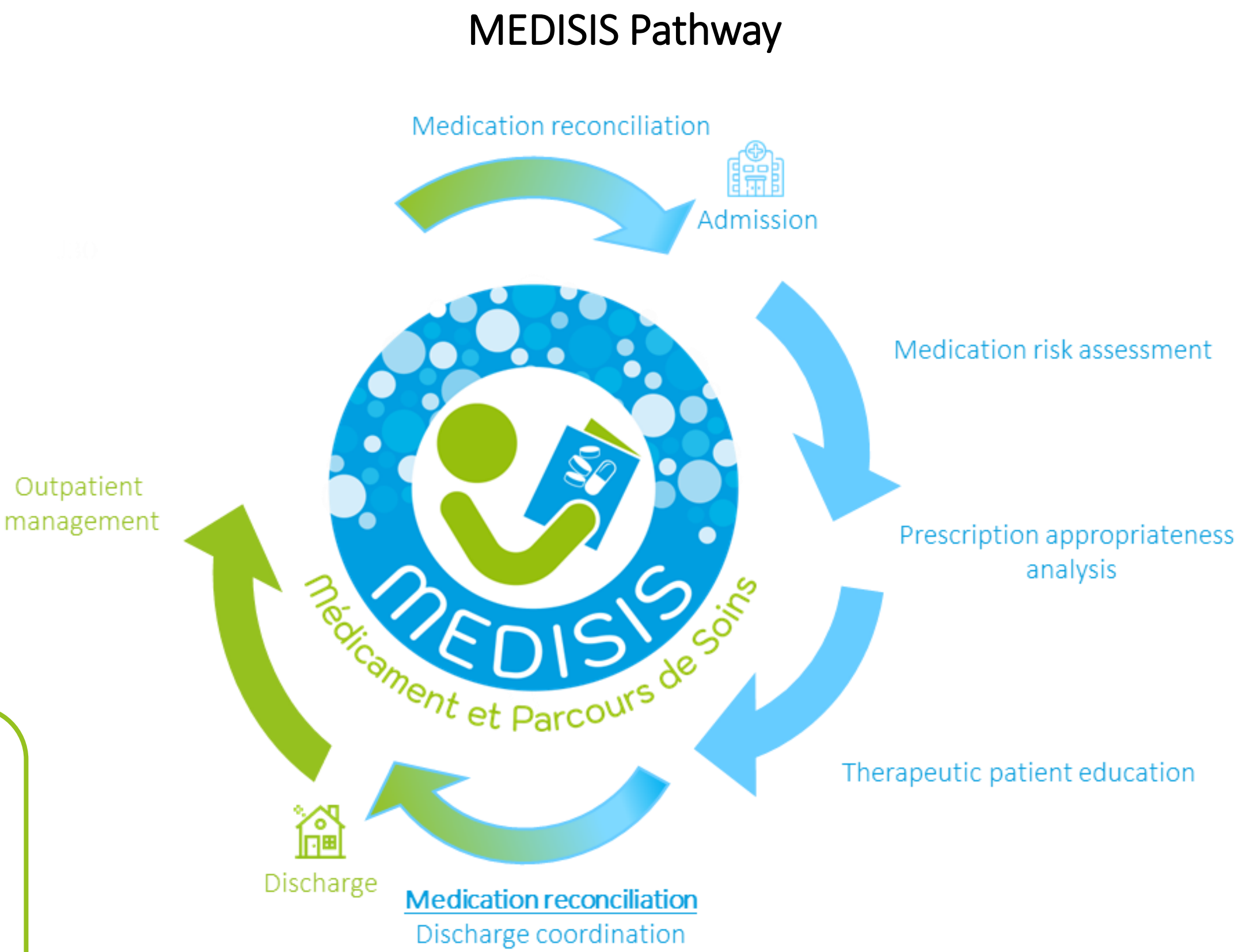
In **medicine/surgery departments**
over **2 months**
for **MEDISIS patients**



Root causes :
physicians interviews for each ME



Potential severity :
physician/pharmacist pair
With scale on the severity of MEs



RESULTS

107 patients reconciled at discharge - 51 EMs intercepted

1 in 5 patients (N=21) with at least 1 EM

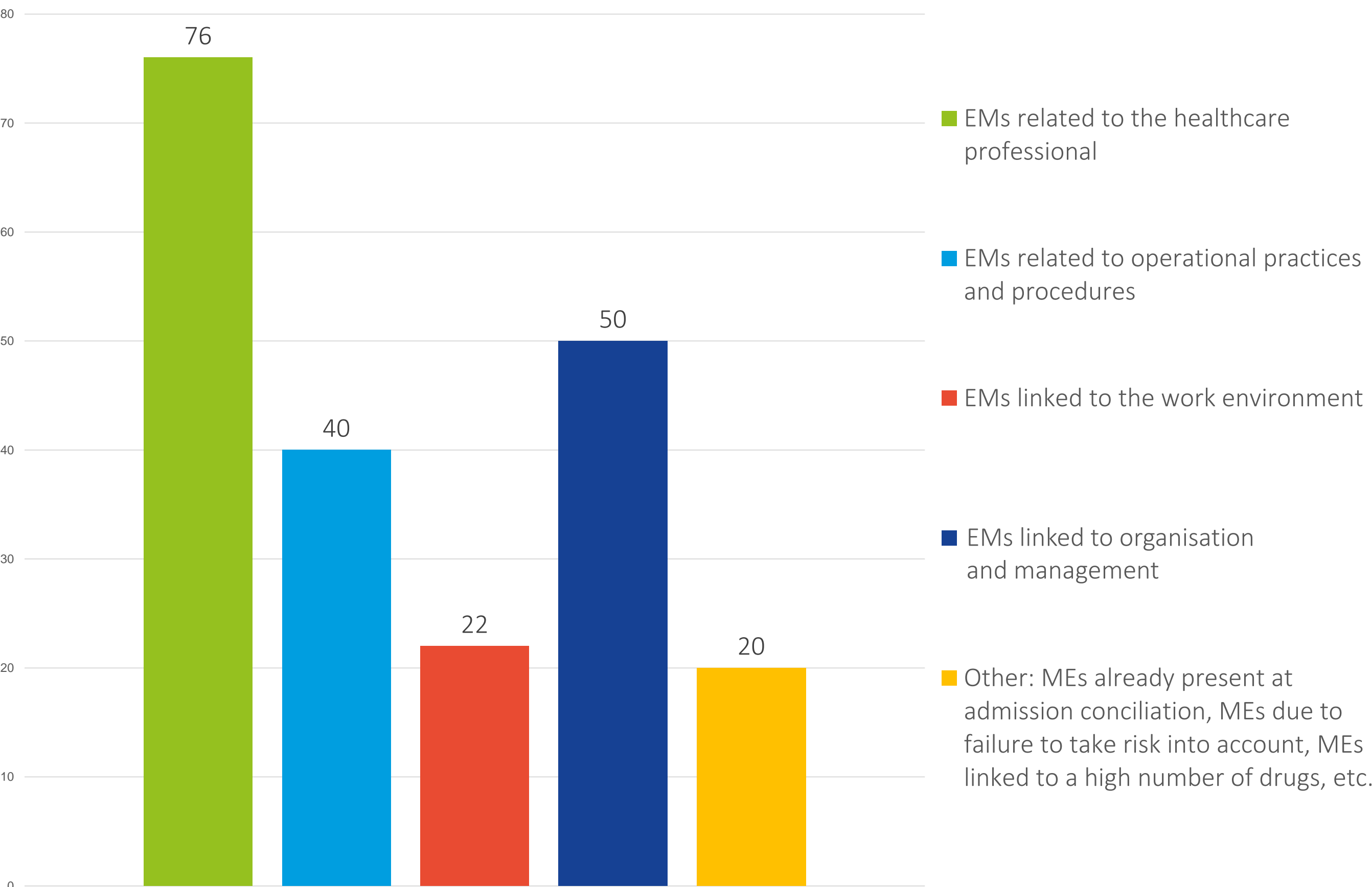
Up to 8 EMs per patient !

¾ of EMs corrected (N=39)

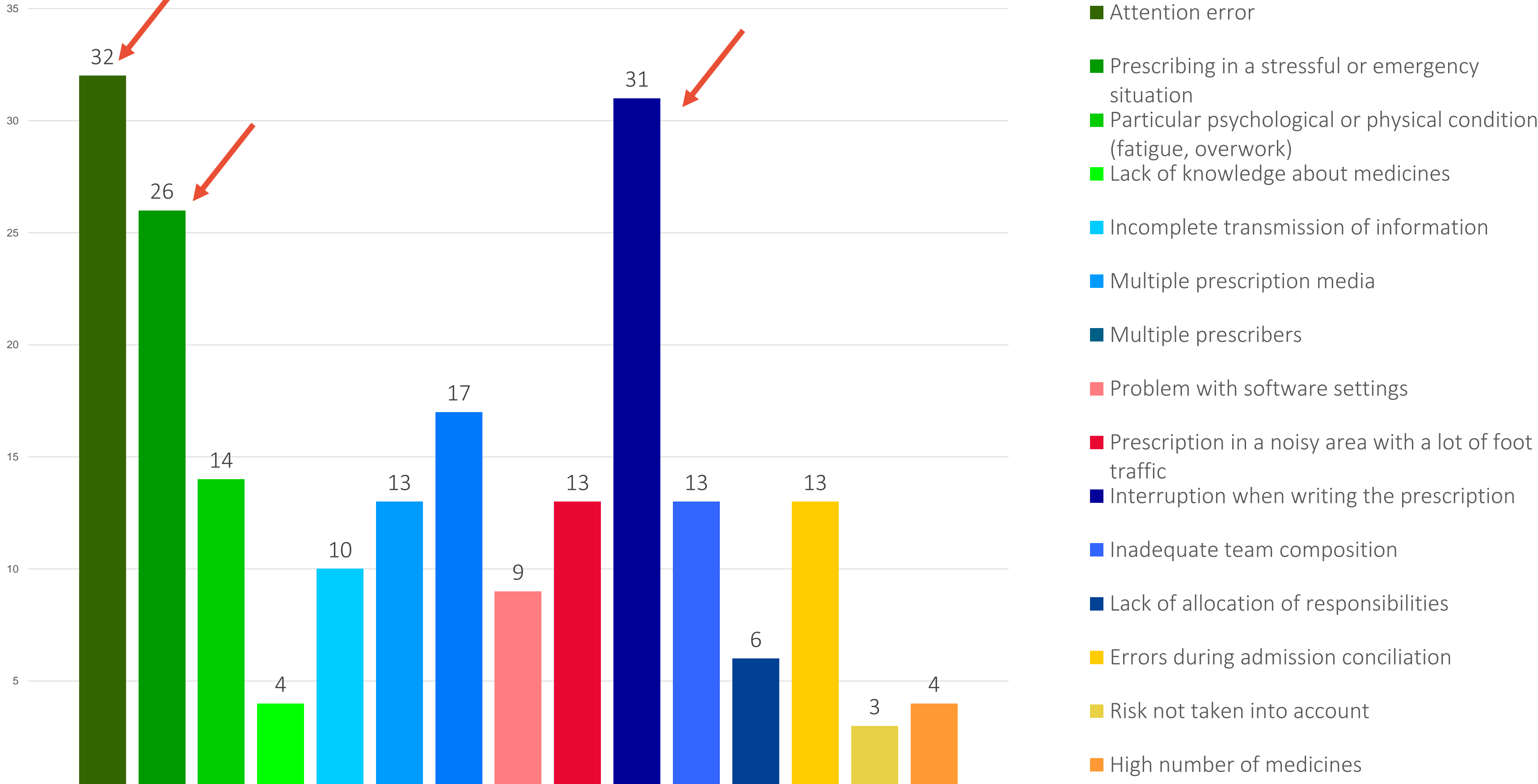
Root causes

All EMs are multifactorial

Root causes of EMs

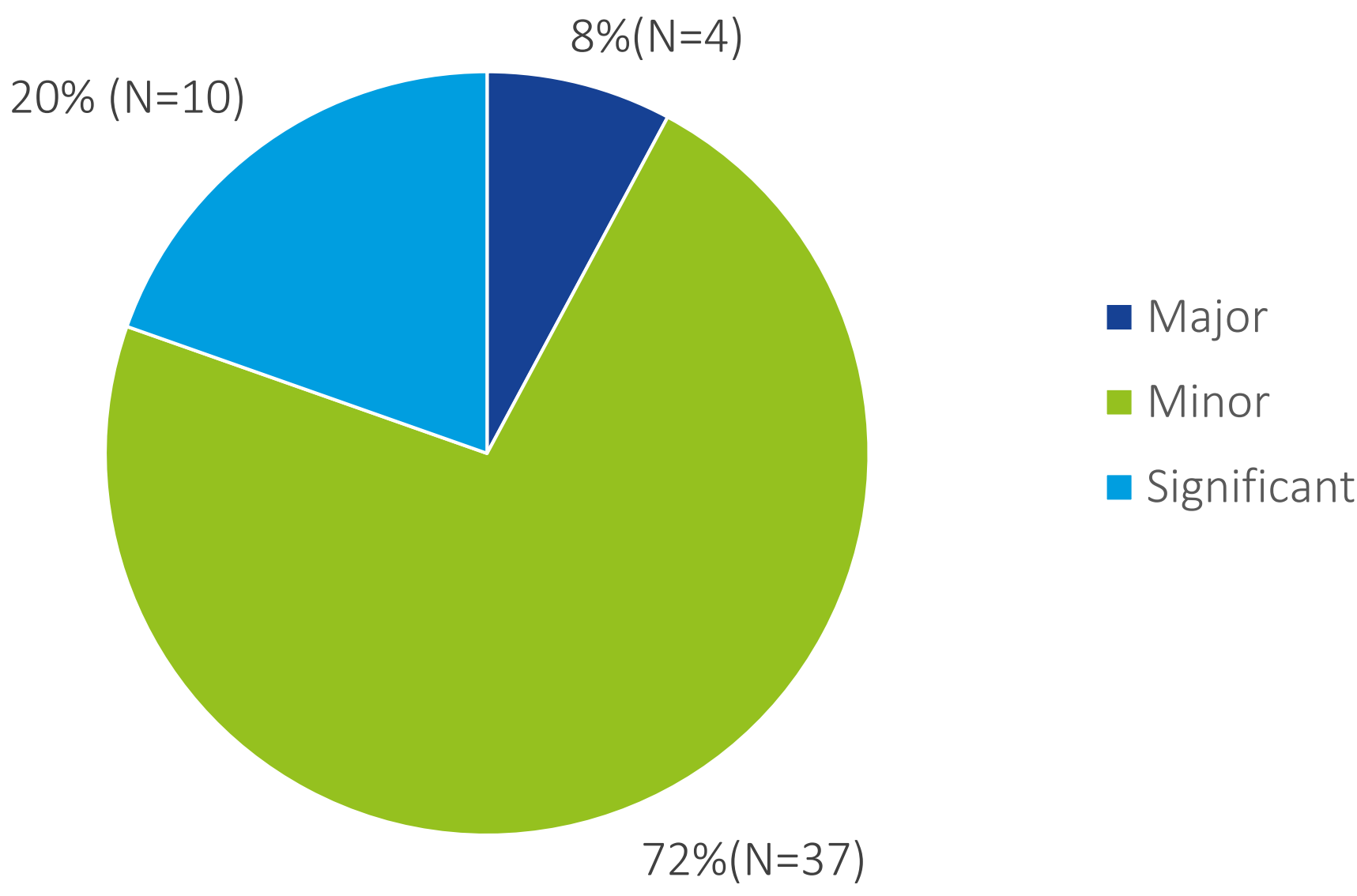


Deep causes of Ems identified : Interview with physician

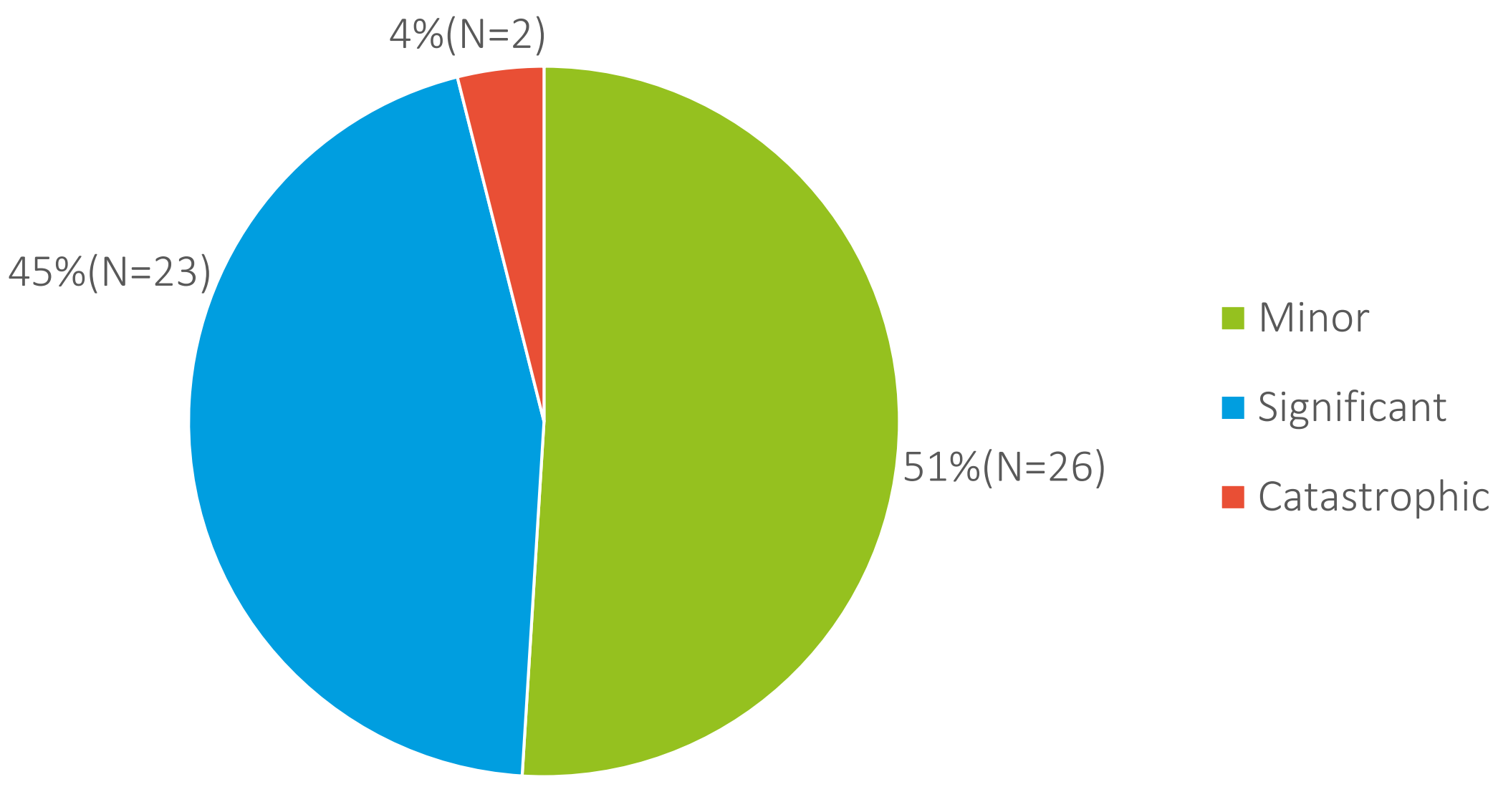


Gravity assessment

Potential severity assessed by the hospital pharmacist



Potential severity assessed by the hospital physician



CONCLUSION AND RELEVANCE



Many stressful and emergency situations, task interruptions and attention errors occur during hospital discharge. Theses situations are linked to a **general disorganization** of this high-risk stage. **Leading to MEs...**

Although most MEs are labeled as minor, the presence of potentially major or catastrophic MEs draws attention to **the importance of a secure discharge process**.

Implementing a care pathway that includes **medication reconciliation at each transition point** is an effective way to **limit adverse events related to health products**.

