

CONCILIATION FROM HOSPITAL PHARMACY EXTERNAL CONSULTATIONS IN COLLABORATION WITH PRIMARY CARE PHARMACY

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Background

Medication conciliation is one of the main strategies to reduce medication errors and increase patient safety. This strategy may be enhanced with the Hospital Care (AH)-Primary Care (PC) collaboration.

Objectives

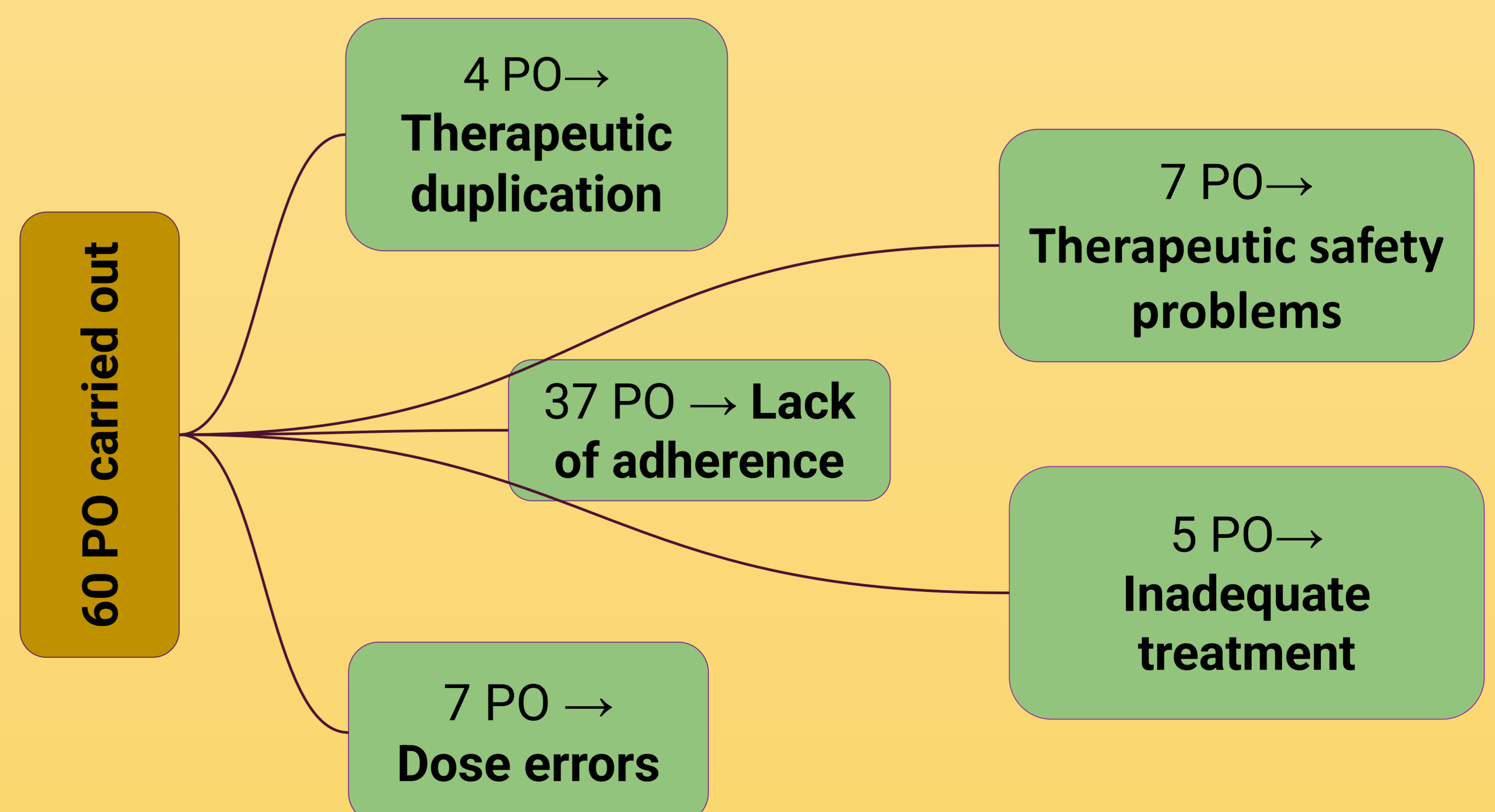
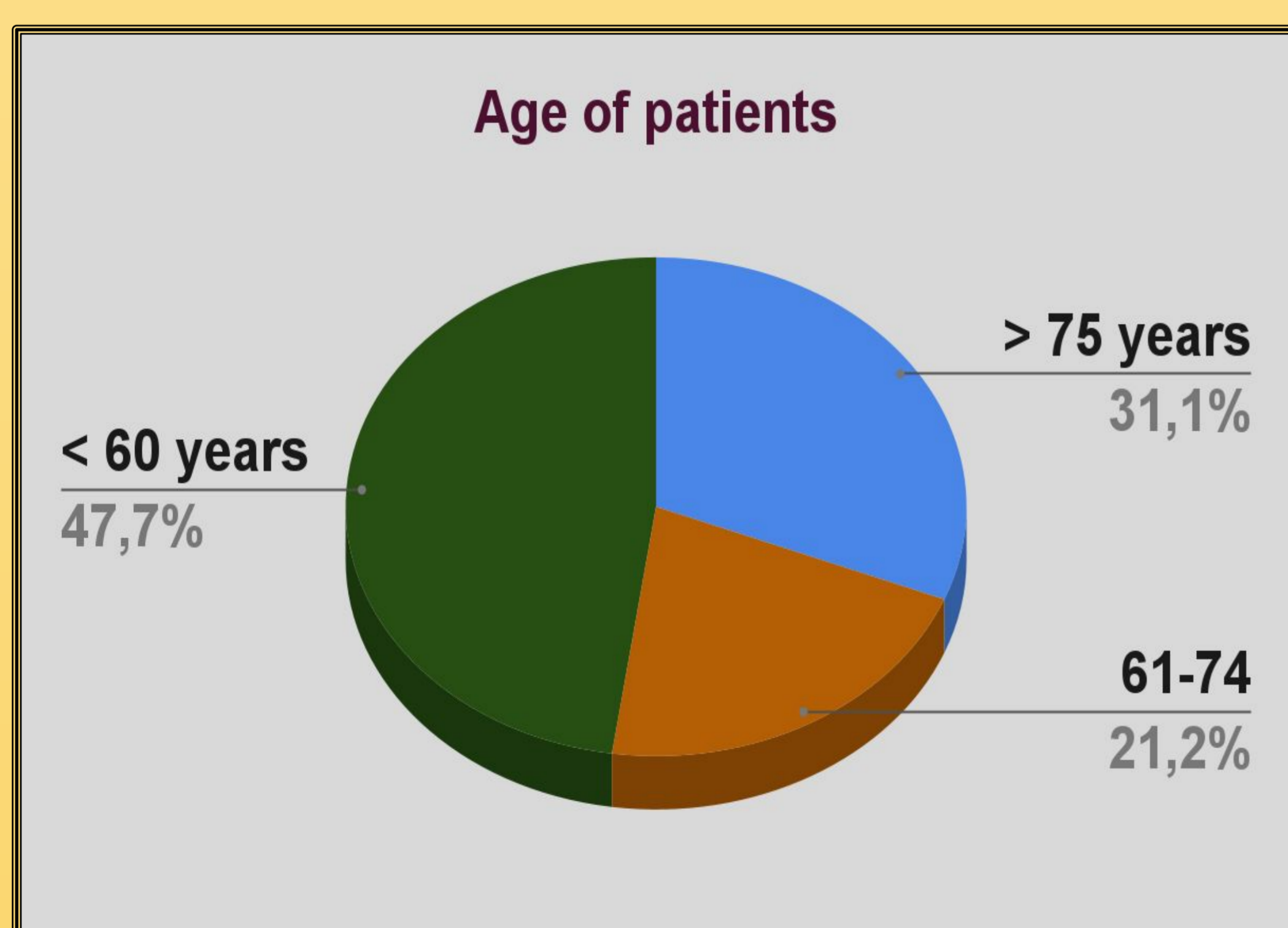
Integrate the actions carried out by hospital pharmacy and primary care pharmacy to reduce medication errors and health problems associated to medications among patients who come to Hospital Pharmacy Service to start treatment.

Methods

- ❖ Prospective observational study where all patients who started hospital-dispensing medication (HDM) between January 1st and September 15th, 2024 were included.
- ❖ The variables recorded were: age (≤ 60 , 61-74 or ≥ 75 years), sex (male/female), polypharmacy (yes/no) considered as such the prescription of 12 or more drugs, precautionary overrides (PO) and reason.
- ❖ Medication conciliation was carried out when a patient started treatment with HDM following the steps:
 - 1) interview with the patient collecting a list of all the medication he/she takes;
 - 2) review by the Pharmacy Service, comparing the medication prescribed with the one he/she takes
 - 3) resolve the discrepancy: through precautionary override and/or contact with the primary care provider.

Results

- During the study period, 132 patients attended the Hospital Pharmacy Service to start HDM.
- 78 were women (59%) and 54 men (41%).
- 35 patients (26.5%) were polymedicated. 100% of the prescriptions susceptible to PO were communicated to the prescribing physicians.



Conclusions

AH-AP cooperation makes it more feasible to reduce preventable adverse events caused by medication; however, innovative solutions are needed to connect/integrate hospital and primary care prescription systems in order to obtain more efficient results that impact on patient safety.

