

# RECONCILIATION OF CHRONIC MEDICATIONS IN HOSPITAL-ADMITTED PATIENTS FOR UROLOGY SERVICE

PS-087

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## BACKGROUND

Amongst other public health issues, patient safety is of great concern. According to the WHO, it has been estimated that 1 out of 10 patients in developed countries is harmed during hospital care. Medication errors are one of the main causes of morbidity and reconciling them has been proven to be an effective way in reducing morbidity.

## PURPOSE

To create and implement a pilot medication reconciliation program for newly admitted patients and to evaluate the program's viability.

## RESULTS

- Limitation and characterization of the patients' group finally studied



- 74.1% were men
- 53 patients (65.4%) were admitted for surgery
- Average age of 65±12 years
- Average stay of 8.2±8.4 days

- Patients had 6.6±3.7 drugs (range: 1-18), and 70% of patients were polymedicated (≥ 5 drugs) (Figure 1).

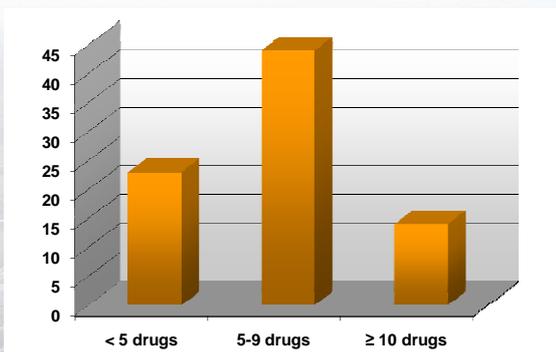


Figure 1. Distribution of patients in function of number of drugs prescribed

- Interviews allowed the detection of 62 discrepancies (Figure 2):

- 31 drugs on PAML but the patient no longer taken
- 11 drugs were not specified in PAML
- 20 had different dosage regimen

- From all the drugs present at the pharmacotherapy history (n=530), only 52% were reintroduced (average: 2.76 drugs/patient, range: 1-11).

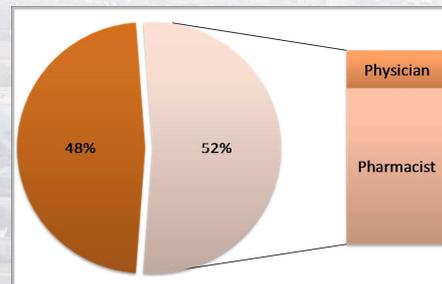


Figure 2. Medicines reintroduced by physicians and pharmacists during medication reconciliation

## CONCLUSIONS

The implementation of a reconciliation program is important to improve patient safety and risk management.<sup>1</sup> Thus, checking the PAML with patients is a necessity.

<sup>1</sup>Mueller SK et al. Arch Intern Med.2012;172:1057-69