One of the five key operational themed seminars to take place at the 18th congress of the EAHP in Paris, 13th-15th March 2013, will be on the subject of "*Medication reconciliation: the ultimate team work*".

The seminar will be facilitated by Dra. Teresa Bermejo Vicedo and will review the medication reconciliation process in its essential components, consider the appropriate use of technology to facilitate the process, and generally seek to share experiences and study outcomes of medication reconciliation programmes from across Europe and beyond.

The medication reconciliation process

Patients admitted to a hospital commonly receive new medications or have changes made to their existing medications. Hospital-based clinicians may not always be able to easily access patients' complete medication lists, or may be unaware of recent medication changes. As a result, the new medication regimen prescribed at the time of discharge could inadvertently omit needed medications, unnecessarily duplicate existing therapies, or contain incorrect dosages. Such unintended inconsistencies in medication regimens can occur at any point of transition in care (e.g., transfer from an intensive care unit to a general ward), as well as at hospital admission or discharge. *Medication reconciliation* therefore refers to the process of avoiding such inadvertent inconsistencies across transitions in care by reviewing the patient's complete medication regimen at the time of admission, transfer, and discharge and comparing it with the regimen being considered for the new setting of care [1].

The process is of critical importance in terms of preventing medication error with some statistics from the USA suggesting that more than 40% of medication errors could be a result of inadequate reconciliation in handoffs during admission, transfer, and discharge of patients [2].

The use of technology in medication reconciliation

Critical to the medication reconciliation process is access to, and the robustness of, records of the patient's previous and current medication. However the process of gathering, organising, and communicating medication information across the continuum of care is not always straightforward. Seminar facilitator Dra. Teresa Bermejo Vicedo expects that the seminar will debate and discuss the different information technology solutions that exist across Europe in this regard and what evidence is available of their effectiveness.

The value of sharing experiences

Dra Bermejo has been intimately involved in the implementation of medicines reconciliation programmes at Hospital Ramón y Cajal Pharmacy Department in Madrid where reconciliation is conducted on a daily basis by a pharmacist who is part-time integrated in the geriatrician team. In addition to this another pharmacist has been collaborating with geriatricians and working for many months in the reconciliation and application of STOPP-START criteria in elderly patients who are admitted in Internal Medicine, Cardiology, Gastroenterology and Neumology Departments. Results from the work of both pharmacists have been published in international Journals and Dra Bermejo is looking forward to sharing these experiences, and others, with the Congress attendees at the seminar.

More generally, Dra Bermejo sees the need for hospital pharmacists to share information with each other on the operation of medication reconciliation programmes as being critical to

improving this area of practice: *“High quality studies are needed to determine the most effective approaches to inpatient medication reconciliation.”*

The seminar will also aim to shine light on the best ways of educating other hospital staff about medication reconciliation.

Seminar abstract **here** [1]

[[1]1] U.S. Department of Health & Human Services, Agency for Healthcare Research and Quality (AHRQ). Accessed at: http://www.psnet.ahrq.gov/primer.aspx?primerID=1 [2] on 12 February 2013.

[2] Rozich JD, Howard RJ, Justeson JM, et al. Patient safety standardization as a mechanism to improve safety in health care. Jt Comm J Qual Saf. 2004;30(1):5–14.

12 February 2013

Links
[1] http://www.eahp.eu/congresses/goals/seminar-operational-2-medication-reconciliation-ultimate-teamwork [2] http://www.psnet.ahrq.gov/primer.aspx?primerID=1