 Evaluation of a targeted medication reconciliation in patients at the highest risk admitted through the emergency unit

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BACKGROUND
Medication reconciliation (MR) makes it possible to identify medication errors. Because it is labour intensive, it is often limited to certain specific hospital units (HU).

AIM
Evaluate a MR activity targeting patients at the highest risk admitted through the emergency unit.

METHODS
- A single center prospective study was performed for 6 months in patients hospitalized through the emergency unit.
- Emergency unit physicians or nurses could fill in a prioritization grid of MR including 10 clinical and therapeutic factors.
- A pharmacist collected the grids daily and calculated the risk score of each patient.
- In case of a score ≥10, a pharmacist performed a MR of the patient in the unit where s/he was hospitalized.

RESULTS
A prioritization grid was filled out for 583 patients.
- 10% and 36% of the grids included at least one DK box checked by the physicians and the nurses respectively.
- 24% of the patients were eligible for MR according to the physicians, 11% according to the nurses, for a total of 130 patients.
- The number of unintended medication discrepancies (UMD) was 1.2/patient.
- 56 MR were performed in 15 different HU, which represented 43% of the identified patients with an average of 1 hour per MR of the pharmacist’s time.

CONCLUSION
- This grid seems to be adapted to the prioritization of MR because 24 and 11% of the patients had a score ≥10.
- It identified the need for MR in large number of HU, which is the originality of our MR activity.
- All the priority MR could not be performed because of early release/death of patients or lack of time.
- The low rate of patients at risk and the high rate of DK checked by nurses suggests that nurses under evaluate this risk. Physicians seem to have a better understanding of the patients and treatment.
- The MR of patients at risk made it possible to identify a number of UMD similar to that found in other French studies.
- In the future, it will be a great interest to use a prioritization grid powered by the electronic medical record.