A qualitative study on how clinical pharmacist perform medication reconciliation in the emergency department

M.K. MOAN INGEBRIGTSEN1,2, J. KUTSCHERA SUND2,3, M. WINGE1, H.T. BELL4.
1 LEVANGER HOSPITAL PHARMACY, CENTRAL NORWAY HOSPITAL PHARMACY TRUST, LEVANGER, NORWAY . 2DEPARTMENT OF CLINICAL AND MOLECULAR MEDICINE NORWEGIAN UNIVERSITY OF SCIENCE AND TECHNOLOGY, TRONDHEIM, NORWAY . 3CENTRAL NORWAY HOSPITAL PHARMACY TRUST, TRONDHEIM, NORWAY. 4 FACULTY OF NURSING AND HEALTH SCIENCES, NORD UNIVERSITY, LEVANGER, NORWAY.

Abstract number: 4CPS-240

27-29 March
24th EAHP Congress Barcelona

Acknowledgements
We want to thank clinical pharmacists at Levanger Hospital Pharmacy and clinicians and other employees at Nord-Trøndelag Hospital Trust for their support and for contributing to data collection in this research project.

CONCLUSIONS
The results show that both personal, patient-related and organizational factors influence how the pharmacists perform MRs in the ED.

OBSERVATION
A non-participating observational method was used and a standardized observation-form was developed based on existing procedures.

DATA
Data from the observation study was described in relation to the existing procedure.

FOCUS GROUP
Based on the findings from the observation study a semi-structured focus group interview was conducted.

ANALYZED
Data from both the observation study and the interview was analyzed using systematic text condensation.

RESULTS
61 MRs performed by seven different hospital pharmacists were observed over ten days. Five hospital pharmacists participated in the semi-structured focus group interview. Variations were observed and influencing factors identified and organized in three themes;

Patient: The complexity of the patient’s medication history affected how the pharmacists prepared for and conducted the interview. The patients’ relatives and the general condition of the patient also had impact on the questions asked.

Clinical pharmacist: Degree of clinical experience and training influenced the clinical pharmacists’ decisions in all phases of the MR, as well as the clinical pharmacists’ assertiveness.

Workflow: The clinical pharmacy service was not fully integrated in the ED workflow, and although the clinical pharmacists felt integrated, they seemed to perform their service in parallel with other healthcare professionals.

CONCLUSIONS
The results show that both personal, patient-related and organizational factors influence how the pharmacists perform MRs in the ED.

METHODS
- The study was conducted in the ED in a hospital in central Norway with 173 beds

OBJECTIVES
The aim of this study was to describe how clinical pharmacists perform medication reconciliation (MR) in an emergency department (ED) and to identify barriers and factors influencing all steps of MR such as preparation, patient interview and documentation.

METHODS
- The study was conducted in the ED in a hospital in central Norway with 173 beds