INTEREST IN THE MEDICATION RECONCILIATION AND ESTABLISHMENT OF A PRIORITISATION SCORE IN A VASCULAR SURGERY DEPARTMENT

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CONTEXT

Patients in Vascular Surgery Department (VSD) are under several medications with high risk of medication error

Because of high turn-over in surgery department it is difficult for pharmacist to check the whole admissions

PURPOSE

We want to evaluate the interest of Medication Reconciliation (MR) in VSD and identify a prioritisation score to target patients with the highly risk of medication error

MATERIAL AND METHOD

1. The pharmacist use MR to collect several sources about admitted patient

2. All the information concerning current patient treatment is compared to actual hospital prescription to highlight if there are Unintentional Divergences (UD)

3. Three classes of divergences are distinguished : intentional with notification, intentional without notification and unintentional

For each patients included, a prioritisation score is calculated based on age, number of drugs, comorbidities and different therapeutic class prescribed

RESULT

Patients with at least one UD are grouped according to their score calculated with our prioritisation grid

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NUMBER OF PATIENTS

Number 233

Age median (min-max) 69 [19-97]

Admitted per day mean 12

NUMBER OF DRUGS PRESCRIBED

Current treatment median (min-max) 9 [0-21]

During hospitalisation median (min-max) 9 [1-19]

Unintentional Divergences

Number 145

Main medication Antihypertensive drugs (10%)

Main reason Omission (30%)

CONCLUSION

Medication reconciliation identifies UD in 34% of patients

Real interest of MR in VSD to limit the risk of error

A threshold score at 11 has been identified with our prioritisation grid

Optimization of MR’s time according to the high turn-over in VSD

Criteria of the grid could be improve to be more specific to patients in VSD

More efficient and time saving for the pharmacist to identify patient

Chart 1 - Number of patient with UD according to the prioritisation score

Chart 2 - Divergences for threshold of prioritisation score of 11

p-value < 0.01

Significant association between the score ≥ 11 and presence of UD

Currently, MR has been performed to VSD, mainly to patient with score ≥ 11