In the current literature, the iatrogenic effects in elderly people are the most frequent causes of rehospitalisation with a rate between 36% and 40%. Medication reconciliation is an effective strategy to decrease Adverse Drug Events (ADE) at the time of care’s transition (admission, transfer, discharge and readmission) which is the source of incomplete and inaccurate medication information. This process is based on medine information collection to decrease medication errors at admission, reduce the rate of readmission and allow the drug continuity. The expected impact is a better patient safety and a decrease of healthcare costs.

The objectives are:
- Evaluation of the medication reconciliation process in elderly by quantification of 30-days post-discharge rehospitalisation
- Analysis of the unintentional medication discrepancies at hospital admission, transfer and discharge
- Evaluation of duration of hospitalisation

Monocentric, randomised, prospective study “ConcReHosp” carried out from July 4th, 2016 to December 31st, 2016

**Results**

- The re-admission rate fell to 39.5% and the duration of hospitalisation are decreased to 1.02 days.
- Ophtalmics, Vitamins and Urologicals drugs are the most implicated in unintended discrepancies.
- At admission, the most frequent problem is omission.
- At discharge, the most frequent problems are wrong drugs or follow-up default.

Medication reconciliation within the post-emergency therapeutic internal medicine department has a positive impact on patient management and so probably in the cost of hospitalisation. The small number of subjects included at the time of the results does not produce significant results, but this study continues with an aim of 1,400 patients.