Medicines reconciliation: an innovative computer-based use of the medicines list

Palmeira de Oliveira, R.1, Morgado, S.1, Patricio, I.2, Riscado, P.2, Fonseca, M.O.1

1 - Hospital Center of Covilhã, Pharmacy Department, Covilhã, Portugal.
2 - Hospital Center of Cova da Beira, Information Technology Department, Covilhã, Portugal.

e-mail - palmeira.rta@gmail.com

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Background

Medicines reconciliation is an important approach to prevent medication errors and adverse health outcomes. However, the implementation of these interventions is frequently unsuccessful especially due to difficulties in information access and communication.

Objectives

To analyze the outcomes of a computer program developed to summarize patients’ therapeutics on a list including specific information on how to take the medicines and precautions.

Materials and methods

Descriptive analysis was performed over medication lists created from May 2010 to June 2012. The impact of the project was measured through a questionnaire on patients/caregivers’ opinions about the medication list.

Results and discussion

A multidisciplinary team developed a computer program in order to allow for electronic construction of therapeutic lists. A database was created by completing the National Medicines Database with information written for patients, by pharmacists, on how to take the medicines and their therapeutic goals. Monthly updates are performed to include or eliminate medicines from the database.

1 – Number of medication lists / patients included

From May 2010 to June 2012

<table>
<thead>
<tr>
<th>Total number of medication lists</th>
<th>Total number of patients included</th>
</tr>
</thead>
<tbody>
<tr>
<td>1057</td>
<td>720</td>
</tr>
</tbody>
</table>

2 - Main users of the Medication List application (% of medication lists per year)

3 – Medicines Database evaluation (by June 2012)

<table>
<thead>
<tr>
<th>Total database % of specific developed information</th>
<th>% medicines with information in medication lists</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>55%</td>
</tr>
</tbody>
</table>

The most commonly used therapeutic groups had been selected as high-priorities, by pharmacists

4 – Patients’ and caregivers’ opinions about the Medication List

48 patient’s /caregiver’s answered a questionnaire

<table>
<thead>
<tr>
<th>Was it useful in medication management at home?</th>
<th>YES</th>
<th>No? Why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the written information clear?</td>
<td>92%</td>
<td>- Text lettering too small</td>
</tr>
</tbody>
</table>

Conclusion:

The program we created is an effective tool for medication reconciliation and gathers patients’ acceptability. This approach may improve patients’ knowledge and medication use at home, reducing medication errors.

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