BACKGROUND
At last years, many hospitals have implemented medication reconciliation procedures (MRP) at hospital admission as a strategy to enhance the safety of medication management in this care transition.

OBJECTIVE
To analyze the results evolution of a MRP led by a pharmacist in patients at risk at admission by emergency department (ED) in order to develop improvement strategies.

MATERIAL AND METHODS
- The study was performed by a emergency pharmacist in a referral area hospital of 330 beds.
- The MRP at admission by the ED selects patients with higher risk of reconciliation error (RE) based on criteria established in the literature (pluripathology, polypharmacy, high-risk medications, chronic kidney disease, etc).

PROCESS INDICATORS
- Coverage ratio (number of patients included in the MRP regarding to the total patients in the ED)
- Patients with RE regarding to the total of reconciled patients
- Number of drugs with RE regarding to the total of reconciled drugs
- Average of REs per patient
- Error types (omission/medication error, omission/wrong dose or frequency, and others: duplication, interaction, commission)

The results of MRP evolution were analyzed from its implementation to date: years 2012, 2013, 2014.

RESULTS
- The overall number of patients admitted through the ED were 10900 in 2012, 11300 in 2013 and 11500 in 2014.

CONCLUSIONS
Although pharmaceutical intervention manages to avoid a large number of RE, the prevalence of patients with error and of REs has not diminished over time but remains very high even tending to increase, suggesting that for improvements in these indicators, we should target the improvement plan towards the training of prescribers in medication reconciliation, strategy that would also allow to increase the number of patients in whom such errors are avoided.