

EVALUATION OF A PROGRAMME OF MEDICATION RECONCILIATION AT HOSPITAL ADMISSION IN TRAUMA PATIENTS REQUIRING SURGERY

PS-070

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BACKGROUND

Reconciliation errors (RE) represent a security problem and have been identified by organizations such as Institute for Healthcare Improvement (IHI) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a priority issue within security strategies patient.

OBJETIVES

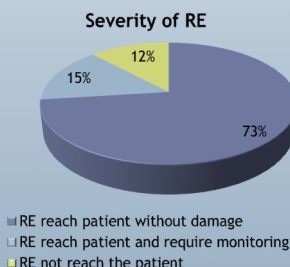
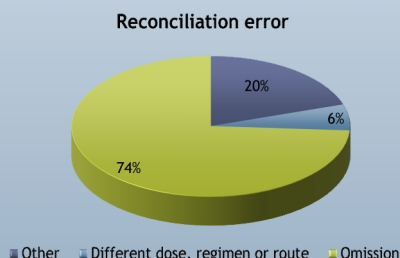
To determine the incidence of RE in polymedicated, elderly patients admitted to a trauma service and to analyze the type of RE, drug group involved and severity of the RE.

METHODS

Prospective observational study conducted between June and September-2015. All patients 65 or older on treatment with at least 5 drugs were included in first 24 hours after admission. Variables collected were: age, sex, drugs prescribed, RE and severity of RE. The information sources used were electronic clinical and prescribing records and patient interview from which chronic medication list was collected. This list was compared with prescription performed during hospitalization. In cases in which a discrepancy that requires clarification was found, it was discussed with doctor. To qualify discrepancy as a RE, the prescriber should accept it as such after seeking clarification.

RESULTS

67 patients were included with an average age of 69(30% men, 70% women). 577 drugs were reviewed, resulting in an average of 8.46 medications prescribed per patient with an average of 2.88 RE per patient. According with ATC classification-level 4, the main groups involved in the RE were benzodiazepines (15.03%), HMG Co-A reductase inhibitors (5.23%) and cardio-selective beta-blockers (4.58%). The recommendation made by the pharmacist was accepted in 81.3% of cases.



The percentage of acceptance of recommendations made by the pharmacist were 81%

CONCLUSION

The most common RE is drug omission. The pharmacist has a key role to collect the best possible medication history of the patient to avoid these RE. The medication reconciliation emerges as an opportunity to establish the role of the pharmacist in the health system, to redefine the doctor-pharmacist-patient relationship and to improve the use of medicines and treatment outcomes.