Benefits Medication Reconciliation in Emergency unit

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Background

Medication therapy is generally complicated in Emergency units. In our hospital, it is due to emergency doctors turn-over, temporary staff and set-up of new prescription software. We have tested Medication Reconciliation based on WHO High5 Medication Reconciliation program method.

Purpose

This study aims to assess the interest of Medication Reconciliation and measure the pharmaceutical time required for this activity.

Material and methods

Study

- This study stretched from June to October 2014.

Eligible Patients

- Admission to Emergency unit followed by admission to hospital
- Aged between 65 and 90
- Poly-medicated
- Medicated with medication presenting a risk.

Information sources

- Discussions with the patient (or his family if he cannot be questioned)
- His pharmacy
- His general practitioner
- His nurse
- Examination of his prescriptions

Time spent at each stage was measured in minutes.

Results

- 1 to 2 patients were randomly selected daily (n=44/502).
- Patients were reconciled within 24h of admission to the Emergency Unit.
- Average population age is 79 years with 9,6±2,8 (median= 9,0) medications prior to admission.

At least one difference (Intentional or not) was found in all patients

66% (29/44) of patients present at least one Non Intentional Difference

Potential error danger

59% (23/39) of detected Non Intentional differences were major

Medication forgetting is the first cause of Non Intentional Difference (29/39)

1 major Medication Error avoided every 63 min.

MR took 36,6 min ±12 min (median=36) per patient.

Conclusion

At least one difference was found in all the patients included in our study proving the interest of establishing Medication Reconciliation in patient at risk in Emergency unit. Less than 10% of patients have benefited from this Medication Reconciliation. It is therefore necessary to invest more “pharmacist” time in this activity.

The next step of Medication Reconciliation is the strengthening of the link home/hospital by:

- Support of patient at the time of his exit
- Communication with his general practitioner and his pharmacist (Information sharing by secure network)