Concilia Medicamentos pilot study: medication reconciliation at community pharmacy post-discharge

Jesús Aguilar Santamaria, Flor Álvarez de Toledo Saavedra, Ana Mª Herranz Alonso, Ana Mª Martín Suarez, Raquel Varas Doval, Miguel Ángel Gastelurrutia Garralda

**Background** Pharmacy is professionally involved in the development of Professional Pharmaceutical Services. In 2014, the Pharmaceutical Care Forum in Community Pharmacy and the Spanish Society of Hospital Pharmacy agreed on the definition and procedures for a Medication Reconciliation Service at the community pharmacy post-discharge. In 2016, the General Pharmaceutical Council of Spain promotes the pilot study ?Concilia medicamentos? with the collaboration of the University of Salamanca.

**Purpose** The principal objective was to design the necessary protocols and tools for the reconciliation service at hospital discharge and to evaluate them.

**Method** A prospective multi-center observational study was designed without control group and non-randomised. It was approved by the Clinical Research Ethics Committee and funded by CINFA Laboratories. A procedure was developed to carry out the Service in a coordinated manner between hospital, community and primary care pharmacists. The service was aimed at patients who attended some assigned community pharmacies, after hospital discharge. There were two types: A without medication reconciliation at hospital and B with medication reconciliation at hospital. A software, located in NODOFARMA, was developed for data registration and communication between the different care levels. Statistical analysis of data was performed using SPSS V23.0.

**Findings** Thirty community pharmacies and three hospital pharmacy services from Avilés, Granada and Salamanca participated in the study, as well as three primary care pharmacists from Aviles and Granada. Hundred twenty patients were enrolled on the platform, 34 patients were included by community pharmacists and 86 patients by hospital pharmacists. Six of the patients reconciled in the hospital were followed-up in the community pharmacy a month after the hospital discharge. It proved to be a population of ageing and polypharmacy patients, with an average age of 70.69 ± 12.55 years (33-95 years) and 10.65 ± 2.59 medications were evaluated per patient. There were no significant differences between patient groups characteristics included in the study (p>0.05). According to the satisfaction survey of the participating pharmacists, the software worked properly and the procedure was easy to develop, being the greatest difficulty the patients? recruitment in the community pharmacy. As the community pharmacies were located in large areas around hospitals, it was very difficult to establish any kind of professional relationship with patients in group B.

**Conclusion** The computer platform, standard procedures and documentation were developed to carry out the Medication Reconciliation Service after hospital discharge. The results show that the platform is an effective tool to implement the Service.