



PHARMACEUTICAL CARE NETWORK EUROPE

Working Conference 2011 – Abstract

Does pharmaceutical care impact on the safety of individual patients?

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The above mentioned participant in the PCNE WC 2009 wishes to submit following abstract for a poster or short oral communication (please type & then fax the form to the secretariat). Max. 350 words.

Title	Reconciliation of Medication in a Trauma Unit		
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Type of abstract	<input type="checkbox"/> Research <input type="checkbox"/> Practice development x Practice implementation		
Aim of project/study	The aim of this study was to present the first results of a medication reconciliation program in a Trauma Unit.		
Method	A prospective study was conducted in the Trauma Unit of a Spanish 327-bed General Hospital. The study period was 45 days, 5 days per week (June-September 2010). All patients admitted to the unit and with at least one chronic disease, with 4 or more drugs prescribed and over 60 years old were selected. Patient discharges from hospital or who died after 24 hours of admission were excluded. Sources of information to conduct medical reconciliation included review of medical records at hospital admission, the shared history of primary care, discharge reports from other previous incomes and the patient interview. The main variable was the identification of discrepancies in the medication reconciliation. The severity of the medication reconciliation errors was assessed using the guidance of the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP).		

Result(s)

The study involved 41 patients (average age: 75.8 ± 7.5 years, 80.5% women, average number of drugs at admission: 7.4 ± 3). A total of 93 discrepancies were detected. 78.1% ($n = 32$) of the patients included in the study had some type of discrepancy between preadmission and hospitalization medication (an average of 2.1 discrepancies/patient). 5.9% were unjustified discrepancies (reconciliation errors) that required clarification, and 44.1% were justified. Reconciliation errors were mainly related to the omission of a drug (73.1%), followed by drug dose, frequency or route of administration modifications (9.6%) and therapeutic duplication (9.6%). Drugs more frequently involved in the reconciliation errors, according to the ATC system, were C-cardiovascular system (34.4%), N-nervous system (19.3%), and A-alimentary tract and metabolism (14.0%). Regarding discrepancies that needed clarification, the acceptance of the pharmaceutical recommendation by physicians was high (77.6%). According to the NCC MERP outcome severity index, the majority of discrepancies that needed clarification (79.6%) were without potential harm (categories A-C), but 3.2% were with potential harm (categories E-F).

+++ NB: PhD students get 50 Pound reduction on the conference fee if their abstract is accepted ++++