

Medication reconciliation for internal medicine inpatients: collaboration between clinical pharmacists and internists

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INTRODUCTION

- Transition of care is a challenging step at hospital discharge, especially regarding medication safety.
- Medication reconciliation (MedRec) is essential to prevent adverse drug events.
- MedRec consists of comparing the medication a patient has been taking regularly to the new medication list prescribed, to identify and resolve any discrepancies before hospital discharge.

OBJECTIVE

- Starting from November 2020, the objective is to implement a MedRec program in a 114 beds Internal Medicine department (IMD) of a regional hospital (Hôpital Riviera-Chablais, HRC).

METHOD & RESULTS : COMPONENTS OF MEDREC PROGRAM

- To standardise medication information among all hospital discharge documents (medications order, discharge letter, treatment plan) from IMD.

Discharge prescription orders is now systematically edited as a discharge treatment plan, serving for the patient, his general practitioner and his pharmacy.

Distinction between daily and on-demand medications.

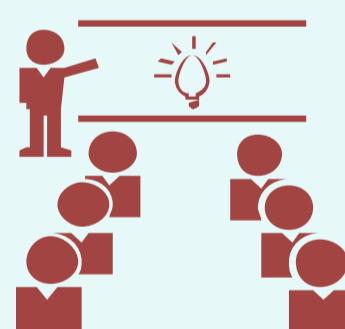


Specific list of "medication stopped during hospital stay" useful for patients, general practitioners, community pharmacists and in-home nurses.

Médicament(s)	Voie	Matin	Midi	Soir	Nuit	Commentaires
		6h-12h	12h-18h	18h-22h	22h-6h	
Acide Folique - 5 mg - comprimé	PO	5 mg				Jusqu'au 17.05.2022
Vannair 200/6 - aérosol	inhal	1 dose(s)		1 dose(s)		/ Note Pharma: Rincer la bouche après inhalation (risque de candidose). Administrer par aérochamber si besoin /
Becozyme Forte - dragée	PO	1 drag				
Pantoprazole - 40 mg - comprimé filmé	PO	40 mg				
En réserve :						
Médicament(s)	Voie	Matin	Midi	Soir	Nuit	Commentaires
		6h-12h	12h-18h	18h-22h	22h-6h	
Si constipation, Sirop de figues avec Séné - sirop 15 ml * Max. 1x/j	PO					
Si douleurs, Dafalgan - 500 mg - comprimé eff 500 mg = 1 cpr eff * Max. 4x/j	PO					
ARRET: Plavix						

- To develop a continuous education course on this topic for all IMD residents.

Every 3 months, a dedicated course on MedRec and medication discharge issues is dispensed to all IMD medical residents.



This course has been scheduled 3 times in 2021.

- To implement MedRec pharmaceutical interventions (PI) involving clinical pharmacists focused on polymedicated patients (≥ 5 drugs prescribed).

A prospective follow-up was performed by a clinical pharmacist every working days between September 27th 2021 and April 30th 2022.



MedRec interventions have been performed in 1'220 patients. Mean of 8.1 patients/day (min 1-max 18). It represents 45% of polymedicated patients leaving HRC-IMD.



2'679 PI were addressed to the medical residents. Mean of 3 intervention/patient (min 1-max 9). 26% of patients did not require any PI.



Time spent by pharmacists corresponded to a mean of 2.1 h/day (min: 0.4 h-max: 5.2 h).

CONCLUSION

- This interdisciplinary project allows to harmonize medication information transmitted to all caregivers involved in the patient management by providing a structured discharge treatment plan.
- It enhances the awareness of discharge medication problematic among physicians in IMD by continuing education courses and regular contacts with clinical pharmacists.
- This project has undergone several adjustments (and will need more) to operate routinely. It encounters many difficulties such as limited proportion of patients for which clinical pharmacists are involved, reliability of drug history or organizational complexity.
- In the future, the challenge will be the sustainability of this program (additional resources needed for MedRec interventions).