

Reduction on the discrepancy rate of medication reconciliation for scheduled inpatient operation among the elderly in regional hospital of southern Taiwan



Lei-Yu Chang^{*1}, Wang-Chun Chen¹, Hsiu-Ling Chang¹, Shin-Yi Liang¹, I-Ting Liu², Feng-Chia Liu³, Chi-Hsien Huang², Pei-Chun Tsai⁴, Pai-Yi Lin⁴, Nan-Han Lu⁵

¹Department of Pharmacy, ²Family Medicine, ³Information Technology, ⁴Nurse Practitioner, ⁵Radiology, E-Da Hospital, Kaohsiung, Taiwan

Introduction



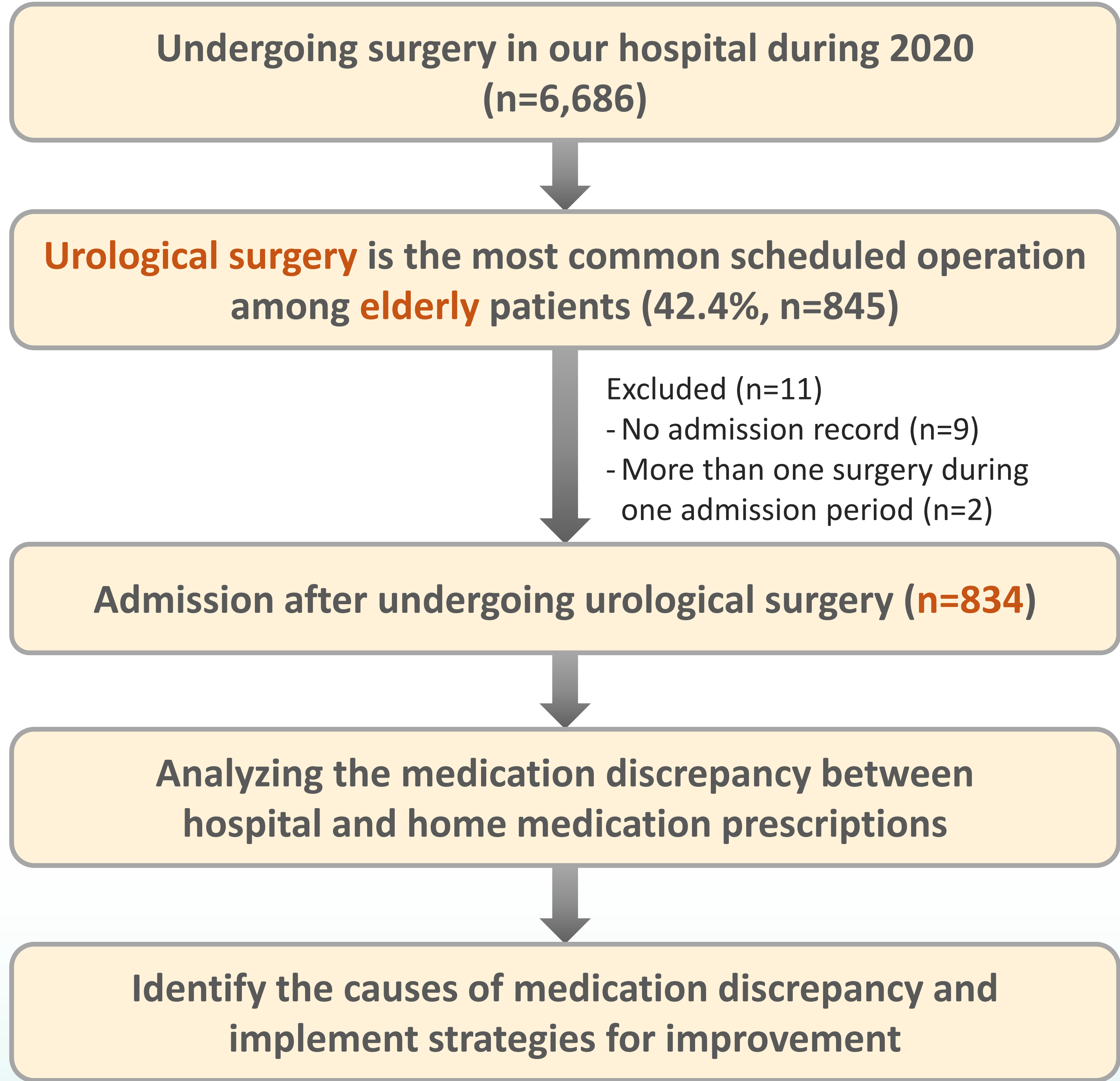
Aim



Primary goal of this research were to investigate and reduce medication discrepancy rate (MDR) for elderly inpatients with scheduled operations.

Methods

We conducted a retrospective study to survey MDR on the elderly inpatients undergoing urology surgery.



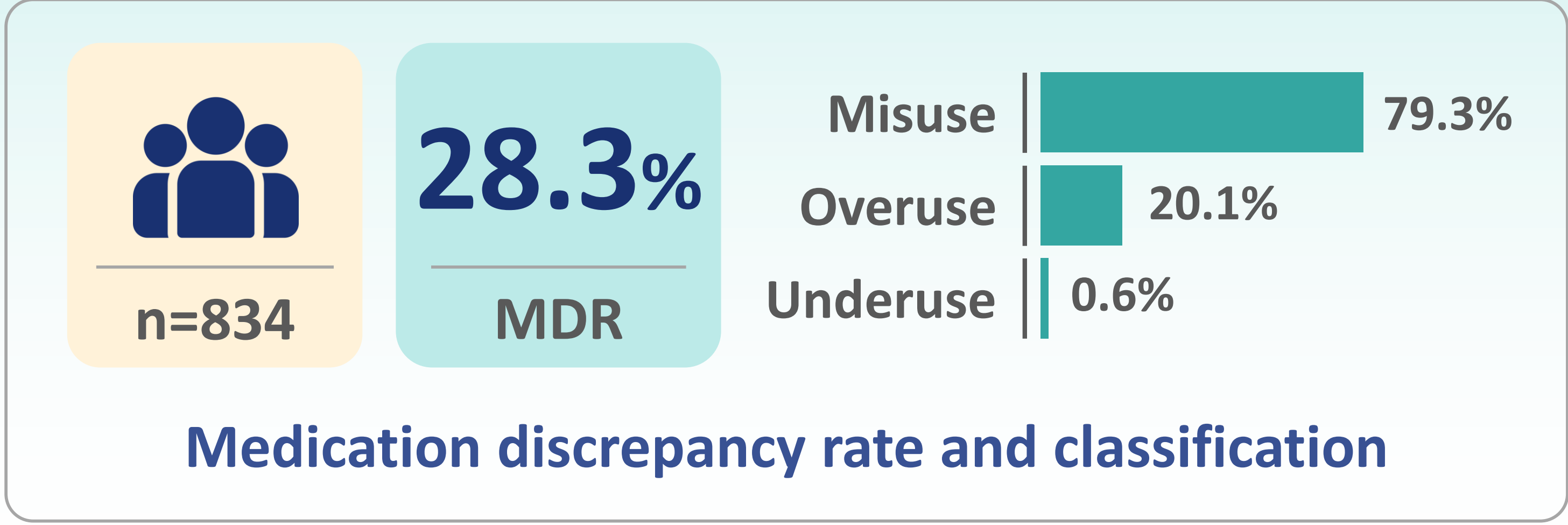
Reference

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The High5s Project – Standard Operating Protocol for Medication Reconciliation. 2014
J Am Pharm Assoc (2003). Jul-Aug 2017;57(4):488-492.

Contact information

Pharmacist Ms. Lei-Yu Chang ✉ ed109094@edah.org.tw

Results



Causes of medication discrepancy may include

Personnel (Patient/Staff)	System
- Forget taking chronic medication - Polypharmacy led to errors - Patient did not sign the consent form for NHI PharmaCloud system	- NHI PharmaCloud system failed to provide information in a timely manner - Manual input of medication list is required
Process	Medication
- No standard operating procedure has been established - Medical staff did not hand over the shift	Medication has been removed from its original packaging, leading to its unidentifiable state

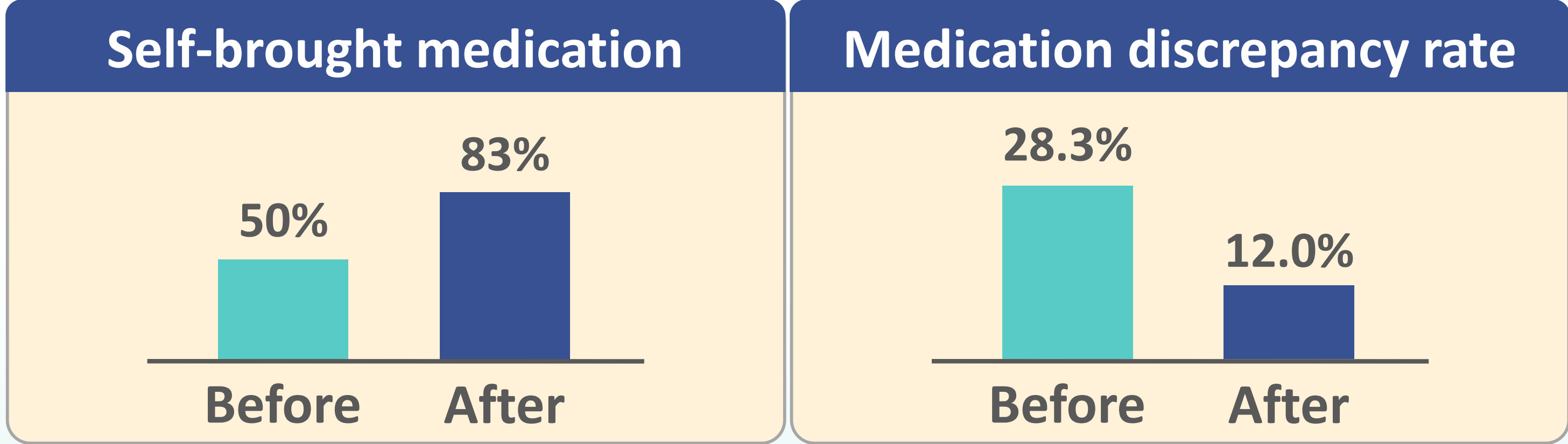
Implementation of countermeasures

Improve the existing process	
Revised hospitalization appointment form	Communication software app
Preoperative pharmaceutical evaluation	Develop SOP of medication reconciliation

Education of MR	Hospital information system
Patients - Public promulgation - Medication prescription system operation instructions	Doctors - Pre-download NHI Pharma Cloud system information - Construct intact outpatient chronic medication list record

MR: Medication reconciliation

Outcome



Conclusion

Medication reconciliation is an essential process when care is transferred from admission to discharge, especially in scheduled inpatient for surgery. Strategies implementation for medication reviews has been successful in reducing medication discrepancy rate.