

THE EFFECT OF A MULTICOMPONENT TRANSITIONAL PHARMACEUTICAL CARE INTERVENTION ON THE INCIDENCE OF UNINTENTIONAL DISCREPANCIES



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Introduction

- Post-hospital medication discrepancies between the discharge medication regimen and actual medication use occur frequently.
- Aim: to investigate whether the incidence of post-hospital unintentional medication discrepancies in a geriatric population can be decreased through a multicomponent transitional pharmaceutical care intervention

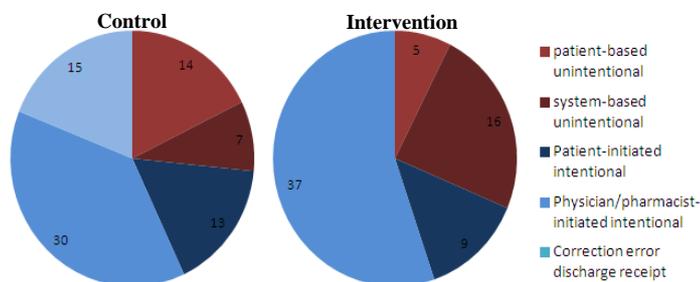
Methods

- Participants: patients discharged from an acute care geriatric ward of a university hospital between August 2010 - February 2011
- Transitional pharmaceutical care: first 3 months usual care; second 3 months multicomponent transitional pharmaceutical care intervention
- Intervention: a written structured medication overview for patient, general practitioner and community pharmacist, with additionally oral discharge patient counseling
- Outcome: discrepancies between prescribed medication regimen and actual medication use one week after discharge
- Discrepancies:
 - unintentional discrepancies, subdivided into patient-based (e.g. incorrect use of the medication) and system-based (due to healthcare system errors)
 - Intentional discrepancies, subdivided into patient-initiated, physician/pharmacist initiated, and correction of an error in the discharge receipt
- Analysis: Chi-square test

Conclusion

- The incidence of patient-based unintentional discrepancies decreases after incorporation of the multicomponent pharmaceutical care intervention
- The incidence of system-based unintentional discrepancies increases
- Correct incorporation of discharge information into subsequent health care systems is essential in order to decrease the total incidence of unintentional medication discrepancies.

Figure 1. Post-hospital medication discrepancies



Results

- The control group included 41 patients; the intervention group 44 patients; mean age was 83 years.
- The percentage of unintentional discrepancies did not differ significantly between both groups (26.6% pre-intervention vs. 31.3% intervention; $p=0.53$; Figure 1).
- The causes of unintentional discrepancies altered from mainly patient-based to mainly system-based ($p<0.05$).



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