



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 92

**Submitting author:** Ms LO AH GI ELAINE LO

**Post title:** Pharmacist, Kwong Wah Hospital, KWC

**Significant Drug Related Problem Intervention by Clinical Pharmacist in Medication Reconciliation Service**

*Ritchie Kwok (1)(2), Catherine Chan (1)(3), Heidi Chan (4), Maggie Ho (1)(5), Elaine Lo (1)(3) and Angie Wong (1)(2)*

*(1) HA Pharmacy Medication Reconciliation Interest Group, (2) Department of Pharmacy, Queen Mary Hospital, (3) Department of Pharmacy, Kwong Wah Hospital, (4) Department of Pharmacy, Pamela Youde Nethersole Eastern Hospital, (5) Department of Pharmacy, Qu*

**Keywords:**

Medication reconciliation

Drug related problem

Effectiveness

Pharmacist

**Introduction**

Medication reconciliation (MR) enhances patient care through reduction of medication errors during transition of care. Besides drug lists matching, clinical pharmacists also perform medication review and intervene drug related problems (DRP). The value of MR service can hence be evaluated by analyzing the DRP prevented, which represent a proactive process in enhancing medication safety.

**Objectives**

To quantify and qualify the value of the MR service and its effectiveness.

**Methodology**

The study was carried out in 4 HA hospitals with pharmacist-run MR service for 2 weeks. All interventions made upon patients admitted into wards with medication reconciliation service were analyzed in a prospective manner. Interventions by clinical pharmacists to prevent DRP made were graded with the grading instrument for clinical activities of pharmacists proposed by Marc et al. Grading was first done by the pharmacist performing the intervention, and subsequently by another pharmacist from the same hospital but not involved in the service provision. Discrepancy in rating was resolved through a third party rating by a pharmacist from another hospital.

**Result**

Out of a total of 3407 cases, 1955 cases were reviewed and analyzed during the study period. Fifteen interventions required third party rating. There were a total of 277 interventions. Majority of the errors in medication order identified was rated as significant (C=78.0%); and the value of service was considered to be significant in general (3=77.3%). There were 219 interventions (79.1%) graded C3 or above and among these, 23 interventions had grading above C3, which represented 8.3% of all

interventions. Severity of error in medication order A, Potentially lethal 0 B, Serious 17 (6.1%) C, Significant 216 (78.0%) D, Minor 42 (15.2%) E, No error 2 (0.7%) Value of service 1, Extremely significant 1 (0.4%) 2, Very significant 14 (5.1%) 3, Significant 214 (77.3%) 4, Somewhat significant 44 (15.9%) 5, No significance 4 (1.4%) 6, Adverse significance 0 This study shows that the presence of a clinical pharmacist at the patient care area with MR service is beneficial as drug related problems can be intervened in a timely manner. A majority of these problems are, in fact, significant for the well-being and safety of the patient.