Service Priorities and Programmes

Electronic Presentations

Convention ID: 622
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The Effect of Medication Reconciliation Interventions for Elderly Patients Discharged from Hospital to Community

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Keywords:
Medication Reconcilliation
Elderly Patients
Community Nursing Care

Introduction

Medication reconciliation (MR) is widely recommended to avoid unintentional discrepancies between patient's medications across transitions in care. Elderly patients have been associated with high risk for medication related problems due to polypharmacy are common upon discharge. In order to ensure medication safety for the discharged elderly patients, MR interventions are implemented by community nurses from hospital to home.

Objectives

(1) to ensure accurate discharge medication information given to patients or caregivers (2) to enhance communication across health care settings to resolve or clarify the discrepancies to prevent adverse drug events.

Methodology

(1) At discharge, community liaison nurse would verify, clarify and reconcile the most up-to-date medication list of the elderly patients who were referred to Community Nursing Service; and enhance the dispensing service with proper labelling for a new regime of old medications; also adopt "person to person" clinical handover of new medication prescription. (2) At home, community nurse would check patient prescribed medications against discharge summary or consultation note during first home visit; and clarify with pharmacist or physician when in doubt; also encourage effective communication across health care settings such as hospital and old aged home.

Result

In 2015, there were 10 medication incidents reported and 4 were related to discharge medications. Most were involved in old aged home settings. In 2016, there were 3 out of 8 medication incidents were reported with 25% reduction of discharge medication related problems after the interventions.
MR has been demonstrated to diminish medication errors for discharged elderly

patients. Communication all medications related information to the next health care provider or caregivers are very important in preventing adverse drug events. Having community nurses responsible for medication reconciliation could enhance patient medication safety and quality of care.