Materials and Methods A quasi-experimental-retrospective study was carried out, analysing discrepancies between chronic medicines and drugs prescribed in the hospital, before and after a medicines reconciliation programme was implemented.

Patients admitted into a general surgery unit for more than 24 h who were taking ≥3 drugs chronically at home were included.

A standardised interview was conducted to record chronic medicines. Pharmacists detected and investigated discrepancies. The severity of unintended discrepancies was assessed by consensus with medical staff using the National Coordinating Council for Medication Error Reporting and Prevention 2001 classification.

A computerised reconciliation tool, integrated into the electronic prescription, was implemented during the intervention phase.

Results A total of 191 patients were included (52.9% male, 47.1% female), 107 patients in the phase before intervention and 84 in the phase after intervention.

1,951 drugs were investigated, and 1,678 discrepancies were detected. There were 167 unintended discrepancies, 102 (10.6% of drugs investigated) in the first phase and 65 in the second phase (6.6%), p = 0.0021. Omission of drugs was the most common unintended discrepancy, being 59 (9.2%) in the phase before and 55 (5.6%) in the phase after intervention, p = 0.0027.

Unintended discrepancies were grade C severity in 79.2% of those detected, decreasing in the second phase (39.8% of total drugs investigated) compared to the first one (8.61%), p < 0.05.

Conclusions The implementation of the medicines reconciliation programme has shown a reduction of the rate of unintended discrepancies detected during admission into a general surgery unit. Omission of drugs was the most common type of discrepancy detected in both phases and decreased after intervention.

No conflict of interest.