Abstracts

- 4 (3.70%) management of medications not included in the pharmacotherapeutic guide
- 3 (2.78%) drug detection without justification
- 3 (2.78%) dose adjustments for renal or hepatic failure
- 2 (1.85%) incomplete prescriptions
- 1 (0.93%) detection of drug interactions
- 1 (0.93%) detection of allergies.

95% of the prescriptions were accepted, and of these 95% implied changes in the medical prescription.

Conclusion and relevance The high number of interventions carried out shows that the integration of the pharmacist in the internal medicine service facilitates the detection, prevention and resolution of errors related to medications and more appropriate treatment on admission to hospital or discharge from home. Most of the interventions were accepted; a high number of interventions were related to the adequacy of the treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4 CPS-352 PATIENTS IN CHARGE: WHY WE SHOULD IMPLEMENT AN ONLINE PERSONAL HEALTH RECORD AS A TOOL FOR MEDICATION RECONCILIATION

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Background and importance Medication discrepancies (MDs), defined as unexplained differences among medication regimens, cause important public health problems with clinical and economic consequences. Medication reconciliation (MR) reduces the risk of MDs but is time consuming and its success relies on the quality of different information sources. Online personal health records (PHRs) may overcome these drawbacks, but the correctness of the identified MDs with a PHR compared with traditional MR is unclear.

Aim and objectives The aim of this study was to determine the level of agreement of identified MDs between traditional MR and an online PHR and the correctness of the identified MDs with an online PHR.

Material and methods Two weeks prior to a planned admission to the cardiology, neurology, internal medicine or pulmonary department, patients received an invitation from a PHR to update their medication file derived from the Nationwide Medication Record System (NMRS). At admission, MR was performed by a pharmacy technician, who created the best possible medication history (BPMH) based on the NMRS data and an interview. MDs were determined as discrepancies between the available information from the NMRS and the input and alterations patients or pharmacy technicians made. The number, correctness of patients’ alterations, type and severity of identified MDs were analysed.

Results Of 488 patients approached, 155 (31.8%) were included. The mean number of MDs identified with MR and PHR was 6.2 (SD 4.3) and 4.7 (SD 3.7), respectively. 82.1% of the drug information noted by the patient in the PHR was correct compared with the BPMH, and 98.6% had no clinically relevant differences between the lists.

Conclusion and relevance Patients who used an online PHR had the ability to correctly identify clinically relevant MDs in a manner that resembled traditional MR. Online PHRs may have the potential to replace MR in detecting MDs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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