

M-1454 Should the first step in a medication review - the medication reconciliation – be performed by nurses or by pharmacists?

Background: The first step before performing a medication review is to verify that the patient's medication list is correct. When patients move between different levels of care, this is a challenging task that may be solved by introducing medication reconciliation (MR) at each care level change. MR is traditionally a pharmacist task. There is a lack of studies describing MR performed by other health care personnel.

Purpose: We aimed to explore the outcome of MR when performed by nurses or clinical pharmacists with regard to frequency, type and clinical relevance of medication discrepancies (MDs) identified, and time spent on the MR process.

Methods: A non-blinded, randomized controlled trial was performed at the Department of cardiology at the University Hospital of North Norway (UNN) during autumn 2012. The nurses and pharmacists underwent the same MR training program run by an independent clinical pharmacist. A total of 201 patients were randomized to pharmacist group (PG) or nurse group (NG). Identified MDs were recorded and discussed with the responsible physician. Time spent during the different processes was recorded. An independent expert group (n=3) retrospectively assessed the clinical relevance of the MDs.

Findings: At least one MD was identified in 78% of the 100 patients in the PG, and 84% of the 101 patients in the NG, $p=0.269$. Among these patients, the mean number of MDs identified were 3.1 (SD 2.1) and 2.8 (SD 2.2) in the PG and NG, respectively, $p=0.528$. 'Omitted drug' was the most frequent type of medication discrepancy identified for both study groups. Mean time spent during the MR process (including discussion and documentation) was significantly lower in PG (22.9 min, SD 11.6) compared to NG (32.2 min, SD 20.3), $p<0.001$. The physicians agreed and acted significantly more often upon the discrepancies presented by the pharmacists than those presented by the nurses, $p=0.001$. About 50% of all MDs in both groups were by the expert group classified as clinical or very clinical relevant.

Conclusion: Most patients had MDs in their medication list when admitted to the department of cardiology. This emphasizes the importance of performing MR as a first step before a medication review. This study shows no significant difference between nurses and clinical pharmacists with regards to number of MDs with clinical relevance identified. The clinics should staff and organize their resources to reduce risk and increase patient safety. In this work, clinical pharmacists could have an important role in training nurses.

Location of Primary Work: Norway

