

Outpatient Medication Reconciliation with Electronic Medical Record

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ABSTRACT

Background: Electronic medical records provide comprehensive information about a patient's diagnosis, assessments and medications. On the other hand, it is a good tool for reconciliation of medication for pharmacists; such that medication errors can be identified and recorded. Utilization of these two tools together is a great patient care initiative.

Objective: The objective of this study is to determine the importance of medication reconciliation in an outpatient setting.

Methods: This retrospective study was done in a specialized hospital setup outpatient pharmacy, where patient records were analyzed by pharmacists against medical records number. A random data of 71 patients of June and July 2021 were selected to analyze their EMR records against their prescription.

Results: After reconciling 71 patients, pharmacists intervened 53 patients medication records were incomplete and 18 patients medications were entered accurately. According to therapeutic class 46 cardiovascular, 7 anti-diabetic drugs, 4 pain killers and 2 pulmonary medications were intervened by pharmacists in this record. These interventions may result in low rates of patient readmission, physician re-visits and decrease the length of stay in hospital.

Conclusion: Interventions performed by reconciling the prescriptions against EMR played a significant role in reducing numerous medication errors like right drug, right dose, right frequency, therapeutic duplication and chances of wrong administration. Moreover, this not only prevents the medication error but helps to develop patient's confidence in their pharmacist.