

THE ROLE OF PHARMACISTS TO IMPROVE MEDICATION RECONCILIATION AND THE DISCHARGE PROCESS (B4), Nyra Balquiedra, Amy Rorstad. Kaiser Permanente Medical Center, San Diego, CA (Nyra.L.Balquiedra@kp.org) IRB approval received.

Through National Patient Safety Goal Eight, The Joint Commission highlights the importance of medication safety through medication reconciliation. Pharmacists can make a positive impact during the hospital discharge process by identifying and preventing medication related errors. The objective of this project was to assess and develop a pharmacist workflow to improve medication reconciliation and provide the service of delivering, selling and counseling of discharge medications to the patient at bedside. The pharmacist was responsible to reconcile the patient's outpatient medication profile by patient interviews and electronic medical chart review. The service was piloted from December 15, 2008 to January 16, 2009, on a medical surgical unit. The study group was compared to a control medical surgical unit without additional discharge pharmacy interventions. The measured outcomes include: the identification of drug related problems, overall discharge time, and medication related hospital readmissions. The results and conclusions will be presented.