# USING AN ELECTRONIC ALGORITHM TO IDENTIFY THE MOST RELEVANT PATIENTS FOR MEDICATION REVIEW

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### WHAT WAS DONE?

- An algorithm, to identify patients who would benefit most from a medication review, was applied using data from the Electronic Prescribing System
- Every day the system produced a list of hospitalised patients considered relevant for medication review

### WHY WAS IT DONE?

- Manual screening of patients relevant for medication review was time-consuming
- Medication reviews by clinical pharmacists were therefor only performed on a few wards
- No evidence-based criteria for selection of patients was used

# HOW WAS IT DONE?

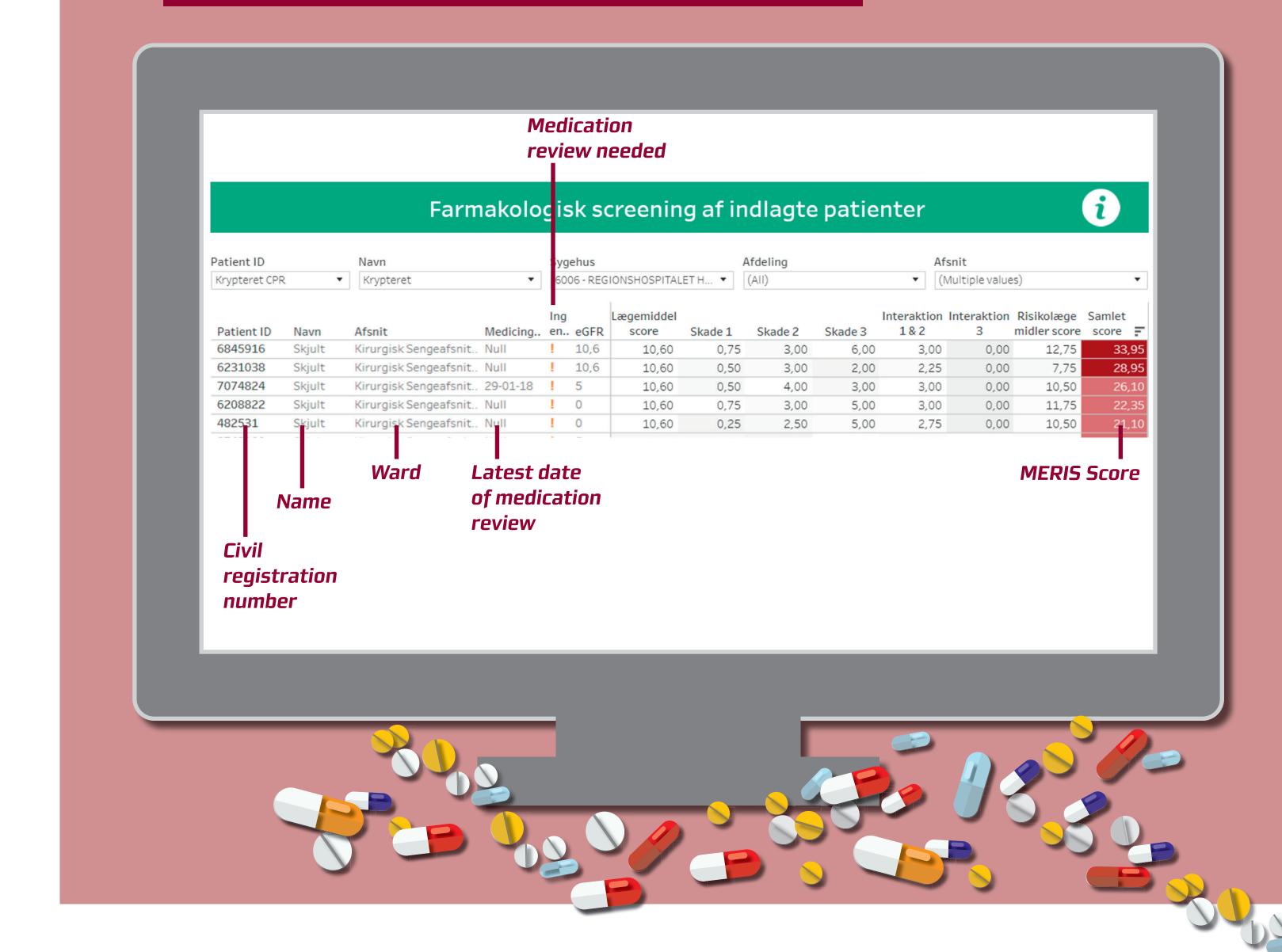
- MEdication RIsk Score (MERIS), a validated algorithm to identify patients at high risk of medication errors, was implemented using data from the Electronic Prescribing System
- Each hospitalised patient's risk score was automatically calculated, and a list with risk scores was generated
- Patients with highest risk were selected to receive a medication review by a clinical pharmacist

### MEDICATION RISK SCORE ALGORITHM

Risk factor	Intervals	Points	Max. no of drugs that counts
Reduced renal function	eGFR > 60	0	
	60 > eGFR > 30	5	
	eGFR < 30	10.6	
No. of drugs	0-5	0	
	6-11	5	
	>12	10.6	
No. of drugs with	Low risk of harm	0.25	3
	Medium risk of harm	0.5	8
	High risk of harm	1	7
	Low + medium risk of harm	0.25	12
	High risk of interaction	0.5	2

eGFR, estimated glomerular filtration rate.

# MEDICATION RISK SCORE AS AN ELECTRONIC ALGORITHM



## WHAT HAS BEEN ACHIEVED?

- Electronic uniform screening has been implemented in our clinical pharmacy service
- Our limited time is now used carrying out medication reviews on patients with the highest risk of medication errors

### WHAT NEXT?

- The electronic version is used on two wards
- Next step is to introduce and implement the use of MERIS on more wards at our hospital and other hospitals in our region