Editorial

THE THREE CS OF MEDICINES RECONCILIATION: REALITY AND PERSPECTIVES

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The beginning of this millennium was highlighted by the paradigm change in healthcare. In 1999, the Institute of Medicine in the United States published the report called "To err is Human"[1] analyzing the main components of the health system able to lead to fatal errors. In this report, problems related to medicine use were considered the most prevalent and potentially dangerous. Since then, the theme of patient safety has become a worldwide highlight, with the increasing search for viable and effective strategies that can solve this problem worldwide. In Brazil, the National Patient Safety Program was established in 2013 by Ministerial Order number 529 of 2013 of the Ministry of Health, and together with RDC number 36 of the National Sanitary Surveillance Agency, they have been guiding the development of norms, programs, and actions that aim at minimizing medication errors.

In 2017, the World Health Organization launched the Third Global Challenge[2] aimed at reducing the level of severe and preventable medicine-related harm over five years. The reconciliation of medicines is one of its key strategies. Conciliation can be defined as the formal process of obtaining the most accurate list of all medications the patient is using, including medication name, dose, frequency and route of administration, and the continuous evaluation of this list. Also, it aims to ensure that whenever the patient is moved from one health care sector to another, the information about their medicines is transferred at the same time accurately and completely. In the hospital scenario, conciliation can be configured as a multidisciplinary process to be performed by pharmacists, physicians and/or nurses at the time of admission, transfer between two clinical units and discharge[3,4].

In practice, the conciliation work process can be explained with the aid of the "3Cs" mnemonic, in which each "C" represents one of the three main steps of the conciliation: collection, checking and communication.

Collection: This is the first step of medication reconciliation and involves the acquisition of the best possible medication history (BPMH).

Checking: The BPMH obtained at the collection step is compared to the prescriptions of the moment the patient is in the care transition, for example, admission, transfer or discharge. In this step, there are unintended discrepancies in pharmacotherapy that should be identified and resolved.

Communication: at this step, all unintended discrepancies in pharmacotherapy identified and resolved should be reported to the healthcare team responsible for the patient care. Thus, all modifications in the pharmacotherapy of the patients, as well as their justifications must be documented in the medical records.

Although inter-professional communication with patients, caregivers and family members in the hospital environment is considered a fundamental component of care, it is also proven to be the most problematic step of this process. The literature emphasizes that communication failures, whether verbal or written, may lead to the incomplete implementation of conciliation, generating inefficiency, rework and the potentialization of errors associated with patients´ pharmacotherapy[5,6]. Pevnick et al. (2016)[7] report that many of the benefits of medicine reconciliation are dependent on communicating pharmacists with other healthcare providers and patients.

In this context, nurses, pharmacists, and physicians need to be clearly aware of the work process involved in this conciliation. In this way, they will be able to perform their roles related to the conciliation of medications, in a collaborative way aiming at obtaining the best clinical results of the patients[8,9,10]. Although this practice is considered a priority for patient safety and its effectiveness is highlighted by studies of high scientific evidence[11,12,13], the implementation of conciliation in an effective and sustained way is a goal to be achieved in the Brazilian scenario. At the forefront of the Brazilian hospital pharmacy, the SBRAFH may play a relevant role in the dissemination of the three Cs of the conciliation, qualifying care processes and providing greater patient safety.

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