

**TABLE 5** Strategies used for drug reconciliation in the Covid-19 health crisis. Codes and discourse of nurses and primary care doctors.

Storyline	Code	Dating	Role	Discourse
Strategies for medication reconciliation	Auxiliary help at home address	14	Nurse	<p><i>"For those patients who are immobilized, and with significant cognitive impairment, it is caregivers, both formal and informal who provide the care. About 3% of patients have a caregiver 24 hours a day. These people have been trained and are experienced, they are my eyes, as is the company that provides the service, and even the relatives who are in their charge. Everyone helps me a lot when it comes to assessing any error or problem, and they tell me directly, in the moment."</i></p>
	Emphasis on communication	5	Doctor	<p><i>"We also insist that they bring the bag with the medicines. I have to say that we have a lot of support from the home-help assistants, with whom we have a lot of contact, and they help us a lot on the subject of medication. In the two towns where I work, this is a fundamental help since there is a large population of over 80s, and in many cases they do not have any family support, many cannot read; fortunately, we have this help."</i></p>
			Nurse	
			Doctor	<p><i>"The first thing is to improve inter-level communication, especially between primary and specialized care; it needs to be more fluid, without the big communication barrier that we have had; it is true that things are more fluid now, although there is still room for improvement. If we could achieve that, then the patient who is being seen by a specialist colleague of mine, and by me, in the more integrated medical field, is likely to be much better treated and, above all, more closely controlled in terms of medication reconciliation."</i></p>
	Digital tools	5	Nurse	<p><i>"First there was the Care Continuity Report, which lay the first stone, and the famous Continuity Book, then Diraya came along and dismantled all that. Today care continuity is guaranteed as long as there is interest on both sides, that is, if you are a professional, you are obliged to use the mailbox since it is your patient who is writing. I always say that Diraya is there, but those records need to contain quality information; you have to specify the actions, symptoms, treatments, attitudes, etc."</i></p>
	Doctor	<p><i>"I think the experience I have had is good, since the closeness, the Diraya tools we use, and the communication with the specialists and others, all this is allowing us to carry out much better medication reconciliation for the elderly than before. So much has changed since when I started working."</i></p>		

Promotion of trust	4	Nurse	<p><i>"It's not only that the phone is used all the time, but because of the confidence that there was before, in which the patient could approach you in the health center and ask you all kinds of questions; now I have to tell them that I cannot attend to them, that I will visit that day. That freedom to go to the health center when they wanted has been lost. This is particularly so in the case of chronic patients, so many of whom are afraid to leave their homes."</i></p>
		Doctor	
Skills conciliation	60	Nurse	<p><i>"The strategy would be, as we have said, to design a protocol especially for hospital discharges, which might involve prescribing new medication that departing patients are not very familiar with."</i></p>
		Doctor	<p><i>"I think the experience I have had is good, since the closeness, the Diraya tools we use, and the communication with the specialists and others, all this is allowing us to carry out much better medication reconciliation for the elderly than before. So much has changed since I started working."</i></p>
Using graphic schemes	4	Nurse	<p><i>"With older people who have been discharged from hospital with new treatments that they are not familiar with, I try to explain to them what the pill is, how to distinguish it (since there are people who do not know how to read), what it is for and when it has to be taken. Sometimes I make a drawing. If they have caregivers, I explain it to them as well. The pillboxes are also very useful; they divide the pills into sections of the day when they have to take them, and when they are pending. There are also patients who are familiar with one laboratory's pills, then the laboratory changes the format and messes it up. I want to emphasize this point, since it could be that the patient has the old version of the pills, and what I try to do is avoid them taking the same pill twice."</i></p>
		Doctor	
Pillboxes	2	Nurse	<p><i>"The pillboxes are also very useful; they divide the pills into sections of the day when they have to take them, and when they are pending. There are also patients who are familiar with one laboratory's pills, then the laboratory changes the format and messes it up. I want to emphasize this point, since it could be that the patient has the old version of the pills, and what I try to do is avoid them taking the same pill twice."</i></p>
		Doctor	<p><i>"There is one thing that works very well, at least in Sanlúcar de Guadiana, which is the pillbox for the elderly that is prepared by the pharmacist; the pharmacist gives the full pillbox to the patient each week, then the patient hands back the pillbox for a refill. I think we have to sign a document; this is being done with some patients in Sanlúcar, and the system works well. We have a close working relationship with this pharmacist; sometimes he even calls us about medication reconciliation issues."</i></p>

Visits	2	Nurse	<i>"Especially home visits. If necessary, we go daily."</i>
		Doctor	
Review of medicine cabinets	15	Nurse	<i>"As for control of medication, once every six months we review the medicine cabinets in my office. I call family members to review the medication they take, if there have been changes. This process is done by nurses based on the reports we have received from the hospital if you have been there, or on the latest reports issued by their GP. We ask that family members to know what the patient is taking that medication for, and that they understand why the patient needs to take it. We also ask them, and especially diabetics, about the adverse effects that medicines can cause, and above all, to maintain strict glycemic control. The truth is that the relatives seem to understand all this very well. Apart from that control, when I make home visits, I take the opportunity to check the pillboxes; for most patients we have their pillboxes with the medication for the day or the week; those pillboxes are prepared by the family before going to work, or by the home-help. This help is essential."</i>
		Doctor	<i>"When they come from being discharged from hospital, they sometimes come to ask how they have to take their medication, or when the medication changes laboratory, then we also have to be aware and explain that they are the same medicines but in a different shape."</i>