

Reconciling Medications

A Medication Safety Best Practice Initiative

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Topic Resonance

- Medication safety remains major concern statewide
- Complex process, need for standardization and simplification
- Information transfer at patient handoffs well-known opportunity for error

Problem Identified

Why Reconciliation?

- We all have had a poor or inadequate process to compare home meds on admission
- We sought a solution that did not require a massive capital outlay
- It worked and prevented ADE'S

Three Types of Medication Reconciliation

- Admission
- Transfer
- Discharge

Medication Reconciliation

YES

- Opportunity for success - YES
- Cost effective - YES
- Works in all types of facilities (small, medium, large) – YES
- Prevents medication errors – YES
- Is a Best Practice – YES

Key Reconciling Points

- **Admission**

1. Try to get the most accurate list – Patient, Family, “Home Med Card List”, Pharmacy

- **Transfer**

1. Automatic if possible
2. Address issue from one level of care to next – ICU, Surgery

- **Discharge**

1. Is the patient receiving a prescription for a medication s/he has at home?
2. Brand vs. generic names?
3. Is there a change in directions?

Best Practices for Reconciling at Admission, Discharge, Transfer

Policies:

- Assign responsibility to someone with sufficient expertise, within context of shared accountability
- Reconcile within specified timeframes
- Develop clear policies and procedures

Technique:

- Adopt standardized form
- Place form in highly-visible location

Best Practices (cont.)

Technique (cont.):

- Provide access to drug information and pharmacist advice at reconciling
- Improve access to complete medication lists at admission

Support & Maintenance:

- Provide orientation and ongoing education to all healthcare providers
- Provide feedback, ongoing monitoring

Keys to Successful Implementation

- Flowchart existing processes to assess priority problem areas
- Start small
- Multidisciplinary development of reconciliation processes

Keys to Successful Implementation-continued

- Access to pharmacist on the nursing unit
- Structural support: policies and procedures
- Documentation tools: forms for each step (admission, transfer, discharge)

Keys to Successful Implementation-continued

- Software links from online MAR onto discharge order sheets
- Discharge order sheet doubling as prescription order form
- Staff education
- Patient education

What have we learned?

- Adopt standardized form
- Share responsibilities, ordering prescriber accountable...
- Validate with the patient
- Don't let perfection be the enemy of the good

What have we learned? – continued

- Establish timeframes for categories
 - immediate
 - w/in 4 hours or before next prescribed dose
 - no off-hour calls for non-urgent (eg OTCs)
- MD awareness of safety tenets of reconciling
- Maintain accurate coverage lists for when ordering prescriber not available in the time frame

Using home list when writing orders

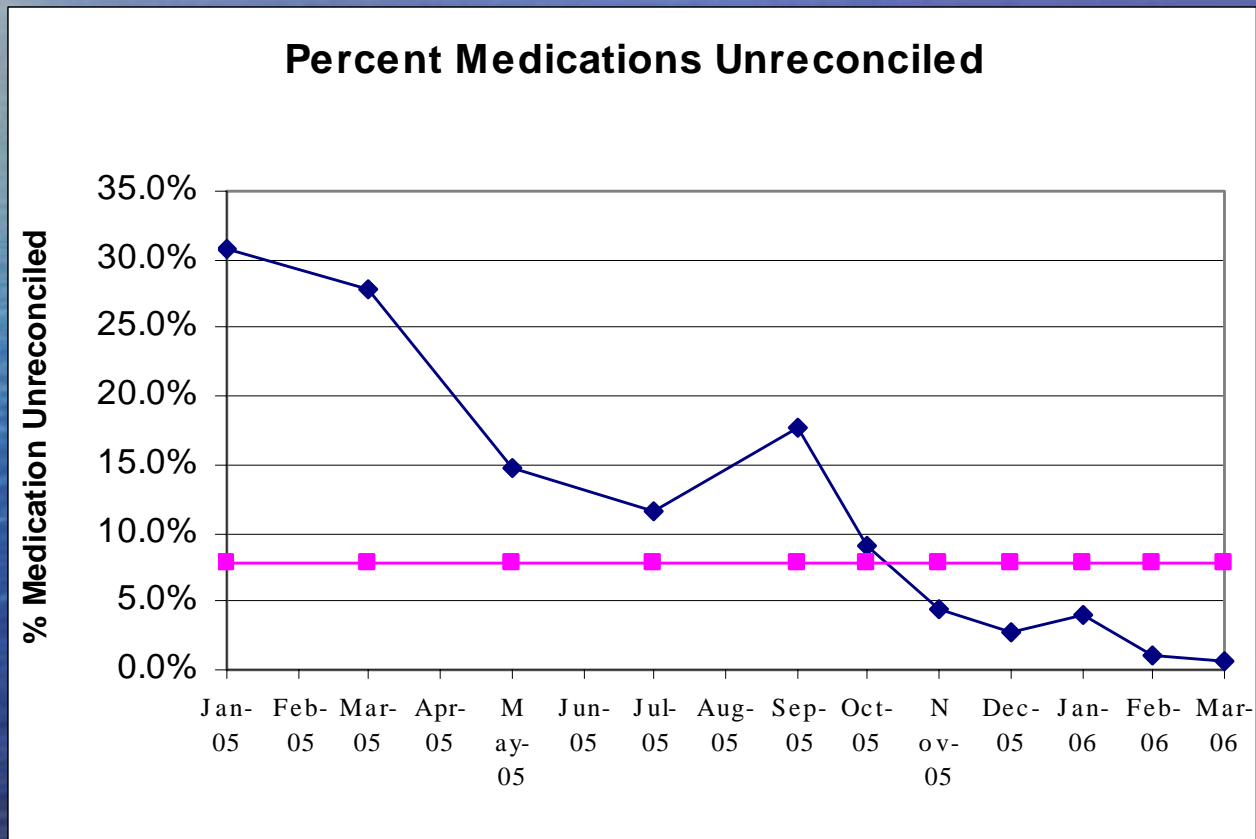
What have we learned?

- Make highly visible
- Provide access at point when orders are written
- Having reconciling form serve as an order sheet? benefits and issues...

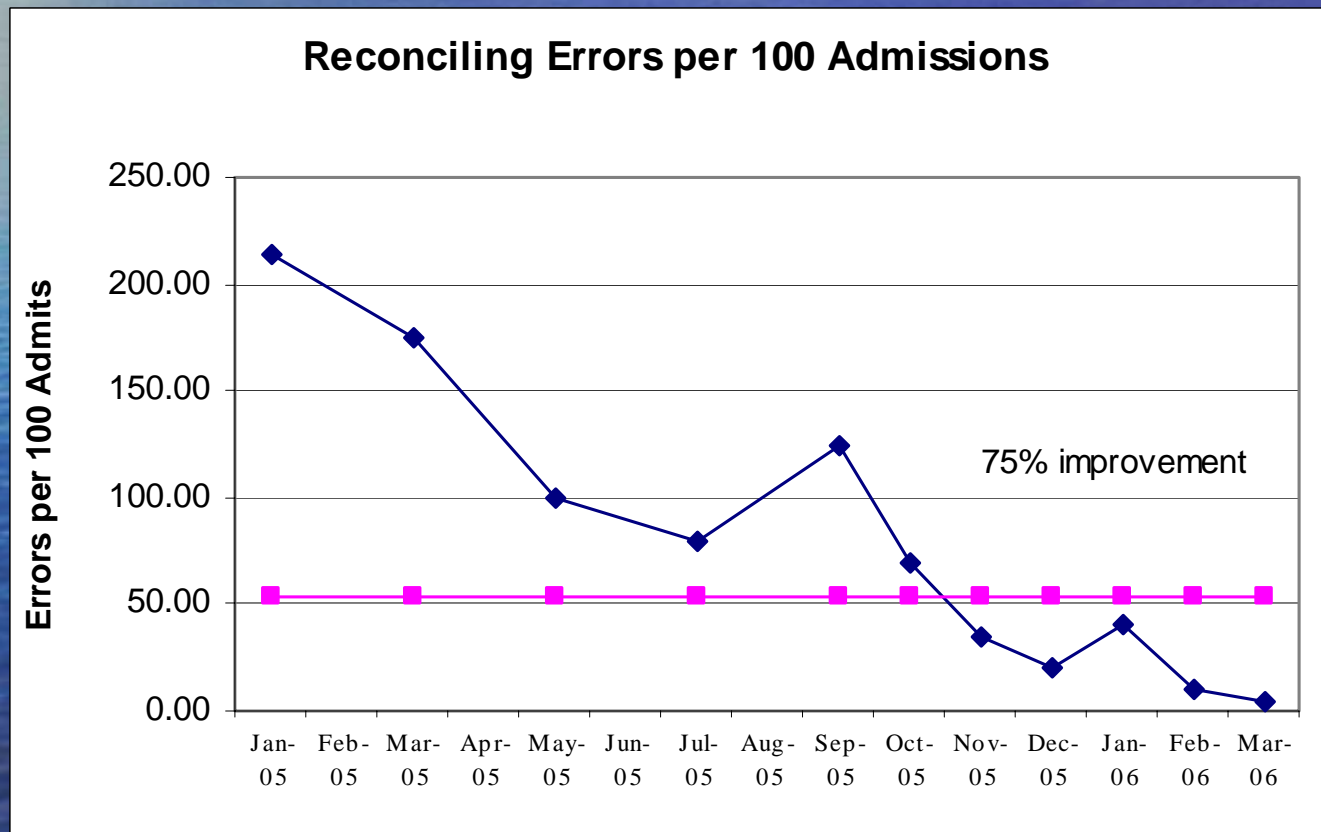
Implementation Pitfalls

- How can we find the time to do this?
- Lack of multidisciplinary teams and coordination across departments
- Lack of MD buy-in/MD availability to do timely reconciliation
- Difficulty in maintaining the gains

Noble Hospital Medication Reconciliation Data



Noble Hospital Medication Reconciliation Data (Continued)



Noble Hospital Medication Reconciliation Data (Continued)

Month	# Charts Reviewed	# Medications	# Medications Not Reconciled	% medications unrecognized	75% reduction	Reconciling errors per 100 admits	75% reduction
Jan-05	21	146	45	30.8%	7.7%	214.29	53.57
Mar-05	20	126	35	27.8%	7.7%	175.00	53.57
May-05	20	136	20	14.7%	7.7%	100.00	53.57
Jul-05	20	138	16	11.6%	7.7%	80.00	53.57
Sep-05	20	142	25	17.6%	7.7%	125.00	53.57
Oct-05	20	156	14	9.0%	7.7%	70.00	53.57
Nov-05	20	157	7	4.5%	7.7%	35.00	53.57
Dec-05	20	143	4	2.8%	7.7%	20.00	53.57
Jan-06	20	204	8	3.9%	7.7%	40.00	53.57
Feb-06	20	208	2	1.0%	7.7%	10.00	53.57
Mar-06	20	174	1	0.6%	7.7%	5.00	53.57