Medication Safety Alert

Provided by… PHARMACON CORP. 914 961-3372

Focus on … Medication Reconciliation

Medication reconciliation is the process of reconciling patients' most accurate medication lists at all points in the healthcare system to provide seamless care. To prevent medication errors when patients transition in or out of healthcare facilities, patient drug profiles must be shared with each health professional caring for a patient.

Medication reconciliation is known to prevent medication errors of omission, duplication, dosing errors, and drug-drug interactions. Both facility staff and pharmacists should compare medication history to new re-admission orders to compare the differences.

Examples of errors that can be a result of failure to reconcile medications:

1. Failure to restart anticoagulation therapy or INRs upon re-admission to a nursing center.
2. Continuation of unnecessary medications such as antipsychotics and proton pump inhibitors initiated in the hospital.
3. Omission of a chronic care medication a resident was taking before a hospitalization, such as levothyroxine or Calcium plus Vitamin D.

Ten steps to a complete and accurate medication reconciliation

10 Reconcile medications and have them approved by the admitting physician before transmitting them to the pharmacy, per SOM guidelines*: Interpretive Guidelines §483.40- A physician's "personal approval" of an admission recommendation must be in written form. The physician's admission orders for the resident's immediate care as required in §483.20(a) will be accepted as "personal approval" of the admission.*

9 Your approach will vary between the referring hospitals and facility and may vary between the facility, the pharmacy and other providers.

8 Use a standardized form for reconciliation and documentation of changes.

7 Create a five-point process: define information to be collected, collect the information, compare the lists, clear up any discrepancy, and communicate the list to care givers .

6 Verify each drug name, dosage, frequency and route of administration. Confer with the patient, if possible.

5 Don't forget to ask about allergies. A new allergy may have been discovered during the hospital stay

4 Find out about Over-the-Counter medications and herbal products the patient takes. Don't forget about nutritional supplements and vaccines.

3 Make note of intentional discrepancies between the medications a new admission was taking prior to their most recent hospital stay. Document why a medication was discontinued in the hospital and why it was replaced by a different medication.

2 Obtain a complete medication history by conducting an interview with the resident or their representative.

1 Reconcile medications when there is an opportunity for the patient's medications to be changed: Transitions from one facility to another (setting), a change in attending physicians, a change in levels of care (Discharge from post-acute care to Chronic care,) after a physician's visit, monthly recapitulation of medical records, after a change in payer (Medicare Part A to Medicare Part D)

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