

Medication Reconciliation On Admission

Lions Gate Hospital

May 15, 2012

Mary Shyng
Medication Safety Pharmacist - Coastal



Medication Reconciliation
It's about the conversation.

Medication Reconciliation



- **Working Definition:**

...a *formal, systematic process* in which health care professionals *partner with patients* to ensure accurate and complete medication information transfer at interfaces of care.

Why Reconcile?



- Over half of medication errors occur at the interfaces of care

Rozich JD, Reser RK. Medication Safety: One Organization's Approach to the Challenge. J Clin Outcomes Manage. 2001;8(10): 27-34

- Approximately 50% of patients experience at least one unintentional medication discrepancy
- 33% of unintentional medication discrepancies have the potential to cause moderate to severe harm

Cornish P. et al. Arch Internal Medicine. 2005;165;424-429

Medication Reconciliation ... is front and centre



- VCH Strategic Objective 1.3 – To provide the best quality of care
“Build a regional medication reconciliation system across the continuum”
- Accreditation Canada Required Organizational Practice (ROP).
“The organization reconciles clients’ medications at admission and discharge, transfer, or end of service.”
- One of nine Clinical Guideline Initiatives announced by the Ministry of Health in 2010.

Medication Reconciliation Goals



- *Prevent* **Unintentional** Discrepancies

Errors that can cause patients harm and result in longer hospital stays

- *Document* **Intentional** Discrepancies

Discrepancies that cause staff to contact the physician for clarification

PharmaNet Limitations

- Record of prescriptions dispensed only
- Does not include:
 - Updated administration instructions
 - Prescription medication samples
 - Investigational or clinical drug trials
 - Provincial medication programs (i.e. antiretroviral)
 - Prescriptions obtained outside of BC
 - OTCs, herbal products
- Fraudulent use
- Reflect current use of prescription medications *less than 30% of the time* Shalansky, S et al: Accuracy of a Prescription Claims Database for Medication Reconciliation for Outpatients with Heart Failure. Can J Hosp Pharm

2007;60(3):169-176

Current State



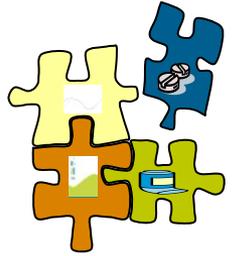
- Multiple individuals from different disciplines take medication histories and document them in different locations in the clinical record
- Medication orders are written by the physician on a separate form
- Discrepancies occur without any effective way of identifying or resolving them

Goal- Future State



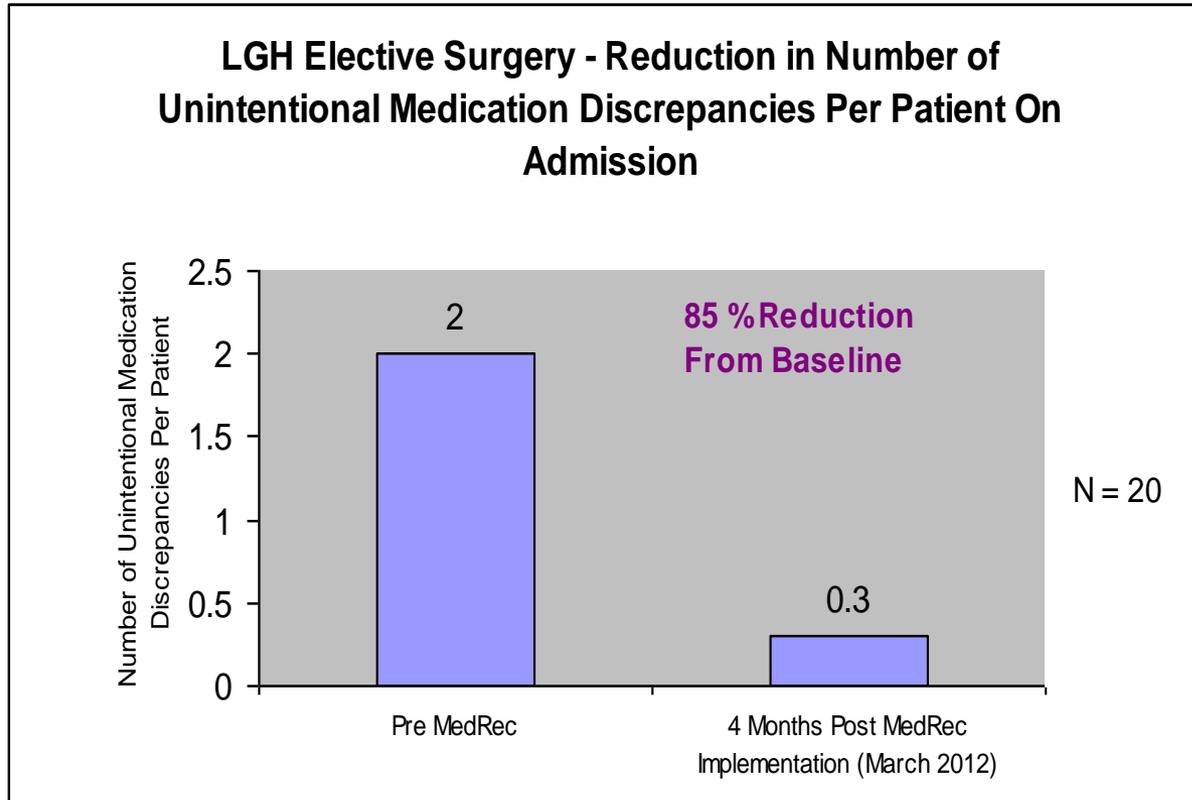
- Utilize standardized tools and resources
- Transparent process
 - Apparent to all subsequent caregivers
- Documentation of Best Possible Medication History (BPMH) in single location

Medication Reconciliation



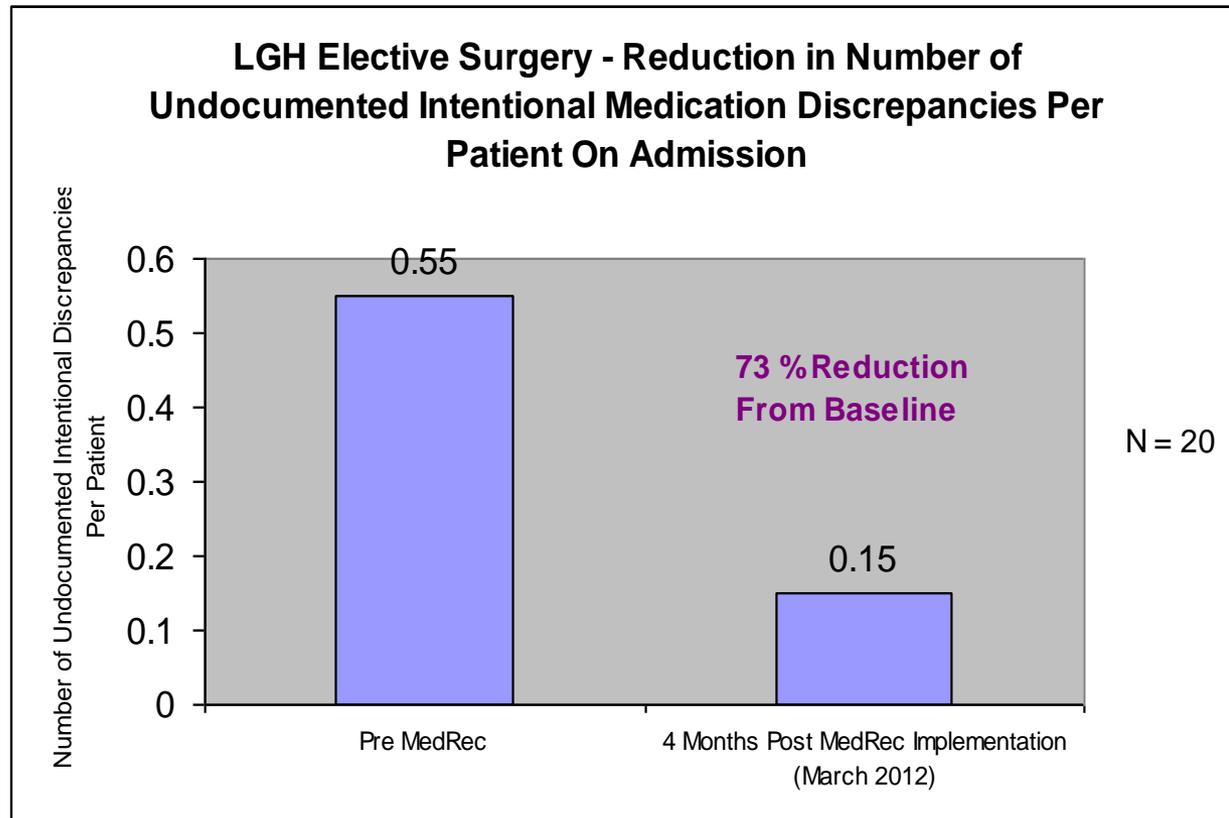
Pilot Studies across VCH have demonstrated a
**reduction of discrepancies
by at least 75% in targeted areas**

Recent LGH Elective Surgery Results – 85% Reduction in Unintentional Discrepancy



Elective Surgery Results....

73% Reduction in Undocumented Intentional Discrepancies



Medication Reconciliation



- Three step process:
 - Collection
 - Clarification
 - Reconciliation



Medication Reconciliation Orders

(Page 1 of 3)

Printed on: 2012 Jan 18 16:02

Pathnet, Teresa I

Birthdate: **1955 Jun 2**

Gender: **F**

PHN: **BC-9030146737**

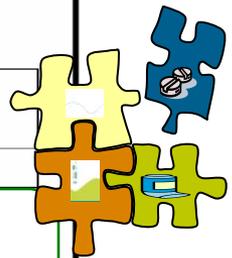
Clinical Information as per PharmaNet: 0 found.

Adverse Reaction(s) as per PharmaNet (refer to facility-specific documentation for current status): **PENICILLIN G POTASSIUM**

COLLECTION
PharmaNet

CLARIFICATION
Best Possible Medication
History (BPMH)

RECONCILIATION
Physician orders



Medication Orders	Clarification	Reconciliation
FUROSEMIDE 40 MG TABLET TAKE ONE TABLET DAILY 2012 Jul 10 Qty: 90.0 Filled MCCANN CPSID: 01/02198 [Max Daily Dose: 1.000 per PharmaNet]	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Dose, route, frequency per PharmaNet <input type="checkbox"/> No longer taking Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Dose, route, frequency per verification - or - <input type="checkbox"/> Dose, route, frequency per PharmaNet - or - <input type="checkbox"/> Discontinue - or - <input type="checkbox"/> Hold for evaluation - or - <input type="checkbox"/> Change to:
WARFARIN SODIUM 2 MG TABLET AS DIRECTED 2012 Jul 10 Qty: 270.0 Filled MCCANN CPSID: 01/02198 [Max Daily Dose: 1.000 per PharmaNet]	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Dose, route, frequency per PharmaNet <input type="checkbox"/> No longer taking Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Dose, route, frequency per verification - or - <input type="checkbox"/> Dose, route, frequency per PharmaNet - or - <input type="checkbox"/> Discontinue - or - <input type="checkbox"/> Hold for evaluation - or - <input type="checkbox"/> Change to:
LOSARTAN/HYDROCHLOROTHIAZIDE 50-12.5MG TABLET TAKE ONE TABLET DAILY 2012 Jul 10 Qty: 90.0 Filled MCCANN CPSID: 01/02198 [Max Daily Dose: 1.000 per PharmaNet]	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Dose, route, frequency per PharmaNet <input type="checkbox"/> No longer taking Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Dose, route, frequency per verification - or - <input type="checkbox"/> Dose, route, frequency per PharmaNet - or - <input type="checkbox"/> Discontinue - or - <input type="checkbox"/> Hold for evaluation - or - <input type="checkbox"/> Change to:
PREDNISONE 5 MG TABLET AS DIRECTED 2012 Jun 1 Qty: 50.0 Filled MCCANN CPSID: 01/02198 [Max Daily Dose: 1.000 per PharmaNet]	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Dose, route, frequency per PharmaNet <input type="checkbox"/> No longer taking Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Dose, route, frequency per verification - or - <input type="checkbox"/> Dose, route, frequency per PharmaNet - or - <input type="checkbox"/> Discontinue - or - <input type="checkbox"/> Hold for evaluation - or - <input type="checkbox"/> Change to:

Medication History taken by (if not by prescriber):

(Date and Time) _____ (Printed Name) _____ (Signature) _____ (Designation) _____

Requested by: jmorgan3 91/23182 Dr. HOHL, CORINNE at BC01300120 EXC Training - VGH ED

Prescriber:

(Date and Time) _____ (College ID Number) _____

(Printed Name) _____ (Signature) _____



PLACE ORIGINAL IN ORDERS SECTION OF CHART
FAX ALL PAGES TO PHARMACY



Questions?

Contacts:

Mary Shyng

Medication Safety Pharmacist, Coastal

mary.shyng@vch.ca

Cel: 604 802 5221

Karen Mayo,

Clinical MedRec Lead, Coastal

karen.mayo@vch.ca

Cel: 778 984 0066



Medication Reconciliation

It's about the conversation.