Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

National Medication Safety Programme

Medicine Reconciliation

Obtaining the ‘most accurate’ medicines list

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Learning Objectives

After this session, you should be able to:

1. explain why at least **two information sources** are required to obtain the 'most accurate' medicines list

2. describe differences between **primary, secondary** and **tertiary** sources of information

3. **understand** how 'medication history taking' techniques can **influence the accuracy of a medicines list**

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Sources of Information Used

- **Information sources** determine the quality of the medication history
- Sources used can be **verbal or written.** If written, it can be electronic or paper based.
- For verification, a minimum of **two source types** should be used
- There are three types of information sources
  1. **primary**
  2. **secondary**
  3. **tertiary**
- A **primary source** is normally the principal starting point

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Primary Sources

- Examples include:
  - **Verbal information** from the patient or patient's family/caregiver
  - Patient held medication list eg, **yellow card**
  - **Patient's own medicines** (check date of supply and expiry date on each container)
- Use **primary source** (where practical)
- Verify the **primary source** using a secondary or tertiary source

Secondary Sources

- Examples include:
  - **general practitioner**
  - community pharmacy
  - **community health team (eg, diabetic, mental health, child)**
  - lead maternity carers
  - **rest homes**
  - private specialists
- Document full name and contact details of source used
- Check information with a primary source where possible especially regarding adherence or changes in doses

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Tertiary Sources

Examples include:

- **clinical notes**
- medication charts
- **transfer letters**
- hospital pharmacy records
- **previous medicine reconciliation documentation**

- Can contain inaccuracies
- **Use with primary source**

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Information Complications

Use at least two sources because:

- patient can take medicines differently from what is prescribed or on a label
- patient's recall is poor
- medicines brought into hospital are expired or no longer being taken
- documentation contains omissions or inaccuracies
- information may not be current e.g. not yet written up and entered on the system
- multiple prescribers/pharmacies
- specialist information separate to GP

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Timeframe

- Primary and secondary sources
  - **cover at least a period of 6 weeks** prior to present day
  - consider reviewing 3 months prior to the date medicine reconciliation is initiated to pick up cyclical medicines
- Tertiary sources
  - **not to be older than 3 months**
  - do not use the source if no date

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Patient's Medicines List

As a minimum:

- **generic name, strength, form, dose and units, route and frequency of the medicine**
- brand name for bioequivalence reasons eg, warfarin, diltiazem
- **over the counter (OTC), alternative, complementary, rongoā therapies being taken regularly**
- known medical warnings, allergies and adverse drug reactions (ADRs)

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Useful Information

- Indications for use
- **Assessment of patient's adherence**
  - last medicine dose and time taken prior to hospital admission
  - date of last dispensed medicines
- **Details of new and/or discontinued medicines within last three months**
- Changes in form, dose, route, frequency within last three months
- **Side effects**

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Prior to Patient / Caregiver Interview

- **Gather as much information as possible**
- Use patient's medical condition as a trigger to indicate likely medicines
- **Verify patient's ability to give a reliable medication history with the nurse**
- Check if a translator or caregiver or family representative is required
- **Ask if patient's own medicines have been brought in to use as a source before and a prompt during the interview**
- Ask which community pharmacy they use and if they have a contact number

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Patient / Caregiver Interview

- Explain who you are and why you are gathering this information
- **Describe the value of an accurate medicines list and possible consequences if it's inaccurate**
- Ask patient to describe how and when they take their medicines e.g. vagueness may indicate poor adherence
- **Ask about any allergies and/or ADRs they have had to medicines**
  - **When and what happened?**
  - **Has it happened again?**

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Questioning Technique

- **Use open ended simple questions**
- Avoid leading questions
- **Pursue the essential detail in line with patient's clinical context**
- Use aids if available as a reminder eg, patient's own medicines, yellow card or blister pack

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

During the Interview

Prompt for:

- eye/ear drops, patches, sprays, inhalers, creams, pain relief, vitamins and minerals
- non-prescription medicines purchased at the gym, supermarket or health food shop
- specific details on how often ‘when required (PRN)’ medicines are taken and why

Health Quality & Safety Commission New Zealand

www.safemedication.org.nz

Summary

- The **medication history** and **medicine reconciliation process** are complementary
- Always talk to **patient** if able
- **Verify information** using a minimum of two sources
- The health practitioner compiling medicines list is responsible for ensuring **accuracy of information**

Information Leaflets

- Explains the process
- For health professionals and patients
- Available to print from website

http://www.hqsc.govt.nz/assets/Medication-Safety/Med-Rec-PR/Med-rec-patients-pamphlet.pdf