

Medicine Reconciliation Standards

Notes



Safe Medication Management Programme

Medicine Reconciliation

The Standards

These standards aim to provide New Zealand hospitals with a framework to implement the medicine reconciliation process into the everyday work of health practitioners and organisations.

Learning Objectives

After this session, you will be able to:

1. Describe the **goal** of the standards
2. List the **four key areas** in the standards
3. Define the terms **standard, outcome, criteria and guidance**

Background and Principles

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Background

- Create framework for provision of **quality assured** safe medication management process
- Follow **same principles** nationally
- Provide information, establish measurements and **set quality and safety levels**
- All NZ hospitals provide patients and staff with **consistent and clear** medicine management processes

Medicine reconciliation has been defined as the process to collect, compare, and communicate the most accurate list of medicines that a patient is taking, together with details of any allergies and/or adverse drug reactions (ADRs) with the goal of providing correct medicines for a given time period at all transition points.

The medicine reconciliation standards are intended to support the delivery and provision of a quality assured safe medication management process within NZ hospitals.



Principles

Vision

- MR process is **integrated** into daily routine of all health practitioners and understood by staff to facilitate optimal use of medicines and reduce errors

Goal

- MR process is completed for all patients **within 24 hours** of admission, transfer and discharge

Impact

- **Reduce all discrepancies** that have the potential to become medication errors or result in medication related harm to patients

Scope

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Scope

Four key areas:

1. **Accountabilities and responsibilities**
2. **Process**
3. **Documentation**
4. **Measuring and reporting**

The standards have been separated into four key areas with each one having easily identifiable elements, with the required criteria to achieve compliance clearly detailed. To assist with understanding and reduce ambiguity, guidance areas are included in each of the standard sections.

You should also familiarise yourself with your local medicine reconciliation policies and procedures to understand the organisation requirements.



Terminology

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Key Words

- Outcome** **Overall goal**
e.g. reduce discrepancies to minimise potential and/or actual adverse drug events
- Standard** **Reference point for evaluation**
e.g. MR process complete for all patient within 24 hours of admission, transfer, and prior to discharge
- Criteria** **Components required to achieve the outcome**
e.g. report percentage of patients who have their medicines reconciled within 24 hours of admission
- Guidance** **Direction on how criteria can be achieved**
e.g. use the Plan – Do - Study - Act cycle

Standard

This is the reference point for the evaluation of the medicine reconciliation service.

Outcome

The outcome is the overall goal of each standard.

Criteria

The criteria are the components that are required to be in place in order to achieve the outcome of the standard.

Guidance

The guidance provides extra information to assist the implementation of the standard and achieve the outcome.

Accountabilities and Responsibilities

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Standard 1 Accountabilities and Responsibilities

Standard 1.1 Personal

- All registered health practitioners involved in medicine reconciliation are responsible and accountable for the accuracy and quality of information provided to support the medicine reconciliation process at a given point in time.

Standard 1.2 Organisation

- Each organisation ensures that each health practitioner involved with medicine reconciliation meets minimum education and training requirements every year.

Medicine reconciliation is a multidisciplinary process and a key to its success lies in communication and documentation between health practitioners.

The medicine reconciliation process is based on collaboration. Each step requires clear ownership by the health practitioner according to their scope of practice.

The desired outcome is that all health practitioners are informed and educated on their accountabilities and responsibilities for medicine reconciliation so they are able to undertake the medicine reconciliation process effectively and safely.

Medicine Reconciliation Process

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Standard 2 Medicine Reconciliation Process

Standard 2.1 Collect

- The health practitioner collects the most accurate list of medicines, allergies, and adverse drug reactions (ADRs) using a minimum of two source types.
- The primary source should be accessed where possible before any other source.

Standard 2.2 Compare

- The health practitioner compares the collected medicines, allergies and ADR list against the prescribed information, such as the medication chart, identifying and documenting any discrepancies.

The standards ensure the medicine reconciliation process is clear, consistent and able to be replicated for any patient in the course of their treatment by any health practitioner.



Standard 2 Medicine Reconciliation Process

Standard 2.3 Communicate

- At each transition point all changes that have occurred to the patient's medicines, allergies and ADR list will be documented, dated, and communicated to ensure the care of the patient is continued.

The 3Cs (collect, compare, communicate) are fundamental to this process, resulting in the patient receiving the correct medicines, that is, the right patient receives the right medicine, in the right dose, by the right route, at the right time.

Documentation

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Standard 3 Documentation

Standard 3.1 Documentation

- Any information associated with medicine reconciliation is complete, accurate, relevant and current.

- Information is kept up-to-date.
- Information is in a form that can be used by relevant people.
- Information is retained in accordance with current legislative requirements and good practice guidelines.
- Information is documented in accordance with organisation policy and contains the requirements that meet the standards.
- Information is presented in a language that can be understood and is relevant to the user.

Medicine reconciliation measuring and reporting

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Standard 4 Measuring and Reporting

Standard 4.1 Measuring

- The MR process is measured as complete for all patients within 24 hours of admission, transfer and discharge.



Standard 4.2 Evaluation

- Learnings from the measures are incorporated into ongoing implementation and education and training requirements.



Standard 4.3 Reporting

- Each organisation ensures reporting requirements are met to local and national requirements e.g. certification.

Measuring will result in no improvement unless there is regular reporting of the learnings to the staff involved i.e. the PDSA cycle must be completed.

Presenting the measures identifies evidence about where improvement is most required and clear learnings from the PDSA cycle. This will enable new knowledge to be brought into daily practice.



The desired outcome is that there is a sustained reduction in discrepancies which will result in a reduction in potential adverse drug events.

Summary

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Summary

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- www.safemedication.org.nz
- Standards **provide a framework** for organisations to implement and practise MR
 - Four key areas to ensure **national safe and sustainable medicine management**
 - Standards reviewed and monitored **regularly to reflect changes**



The standards provide a structure for a consistent, clear and effective medicine reconciliation process to be implemented. The impact of this is to reduce discrepancies that have the potential to become medication errors or result in medication-related harm to the patient.



Module 1 Self Check

1. What are the medicine reconciliation principles?
2. Detail the four key areas of the medicine reconciliation standards?
3. Is the guidance in the standards mandatory?
4. What is the goal of medicine reconciliation?
5. What are three messages of Standard 1?
6. What are three messages of Standard 2?
7. What are three messages of Standard 3?
8. What are three messages of Standard 4?

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