National Medication Safety Programme

Medicine Reconciliation

The Process
Learning Objectives

After this session, you will be able to:

1. describe the **three key steps** in the process
2. explain the difference between **unintentional** and **intentional** discrepancy
3. define **reconciled** and **unreconciled** medicine
Background

- Changes to patients’ medicines often happen during transitions of care
- Some changes are unintentional due to poor information
- Some changes are intentional but not clearly documented
- Both types of change can result in medication errors and/or patient harm
- Medicine reconciliation is an evidence-based process demonstrated to significantly reduce these types of medication errors
Did you know?

• Between 10 and 67 percent of medication histories have at least one error\(^1\)

• Up to one-third of these errors have the potential to cause patient harm\(^2\)

• More than 50 percent of medication errors occur at transitions of care\(^3\)

References

Principles

Goal
• Process completed for all patients within **24 hours** of transfer of care

Impact
• **Reduce all discrepancies** with potential to become medication errors or cause harm to patients

Outcome
• **Patients receive correct medicines** (ie, right medicine, in right dose, to right patient, by right route, at right time)
Health practitioner performs **three key steps:**

1. **collects** the ‘most accurate’ medicines, allergies and ADRs list
   - using at least two different information sources covering a period of at least 6 weeks

2. **compares** the ‘most accurate’ list against prescribed information to identify any differences
   - any difference found not documented in the clinical notes even if clinically indicated are called a discrepancy

3. **communicates** any discrepancies to the prescriber for reconciliation
Definition of a Discrepancy

Any difference found between:

- **collected most accurate list** during the medicine reconciliation process
- **prescribed medicines, allergies and ADRs** e.g. on medication chart, within GP system

that is **not documented** e.g. in patient’s clinical notes even if clinically appropriate = discrepancy
Allergies and ADRs

- Reference made to ‘collecting’ rather than ‘reconciling’ allergy and ADR information as unable to verify quality of allergy and ADR information.

- As allergy and ADR information is unable to be reconciled, reference made to ‘difference’ rather than ‘discrepancy’ eg, allergy and ADR differences found presented to prescriber for an appropriate clinical decision and documentation.
Intentional versus Unintentional

Discrepancy can be:

• **intentional** (ie, deliberate decision by prescriber at time of prescribing)

• **unintentional** (ie, unaware or unknown to prescriber at time of prescribing)
Common Types of Discrepancies

- **Omission** eg, inhalers, eye drops
- **Substitution** eg, on terazosin but prescribed doxazosin
- **Alteration of dose, route or frequency** eg, on metoprolol CR 47.5mg daily but prescribed metoprolol CR 95mg daily
- **Addition** (commission) eg, omeprazole 40mg daily
- **Duplication** eg, simvastatin and atorvastatin prescribed together from old list
Key point about Discrepancies

• A difference found not accounted for ie, **no documented** communication of **prescriber’s intention** = discrepancy
Process Sign Off

Can occur three ways:

1. **no differences** identified
   - Process signed off by health practitioner undertaking medicine reconciliation

2. differences identified and **clearly documented**
   - Process signed off by health practitioner undertaking medicine reconciliation

3. differences identified but **not documented = discrepancies**
   - Process signed off by prescriber after they have reconciled discrepancies
Communicating Discrepancies

Dependent on organisation:

• prescriber *notified that action required* to reconcile discrepancies found

• where *reconciliation is urgent, prescriber contacted directly* to discuss and rectify situation
Reconciling Discrepancies

Within 24 hours, prescriber should:

• **reconcile individually** by indicating whether discrepancy is:
  – unintentional
  – intentional

• **sign, date and time** to indicate reconciliation completed for each discrepancy

• **update relevant patient records** eg, medication chart, discharge summary, clinical notes
Summary

• Three step process (collect, compare, communicate)

• Differences become discrepancies if there is no documented explanation even if clinically indicated

• Action undertaken to reconcile discrepancy within 24 hours of transfer of care

• Prescriber identifies each discrepancy as unintentional or intentional

• Each discrepancy must have documented time, date and signature for accountability