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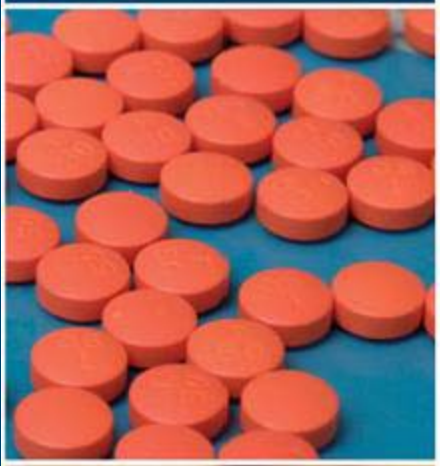

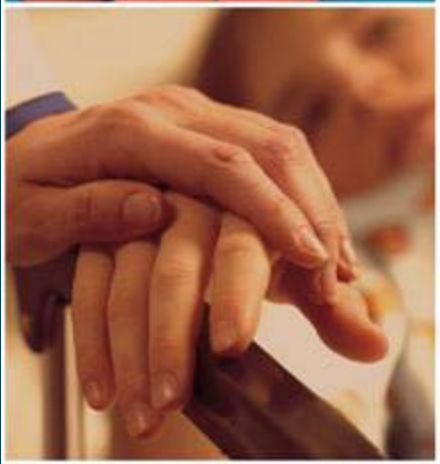

National Medication Safety Programme

Medicine Reconciliation

The Process

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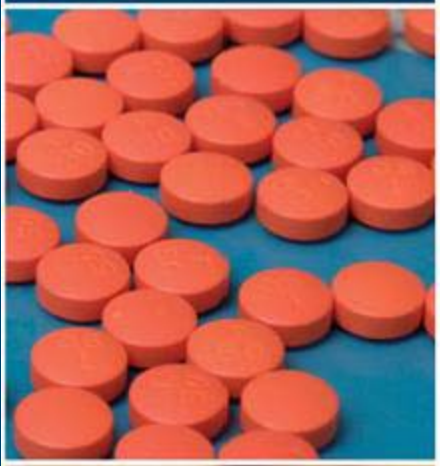

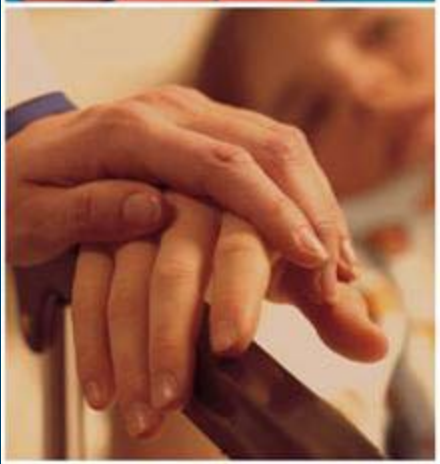

Learning Objectives

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

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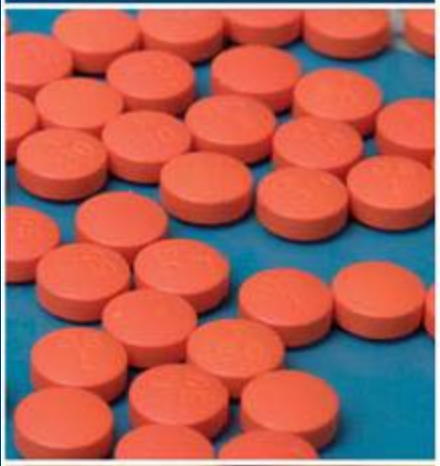

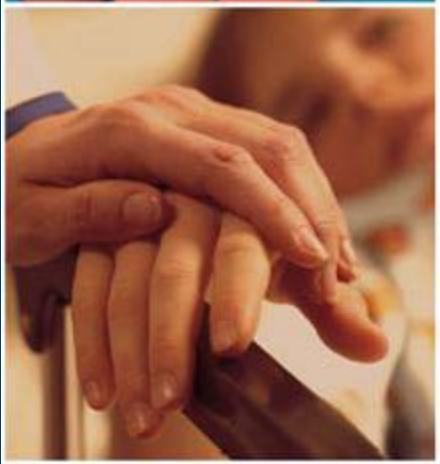

Background

- 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

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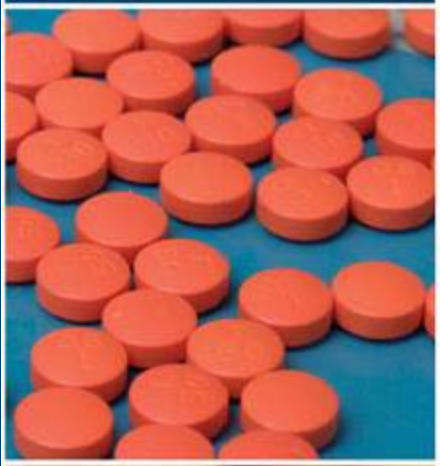

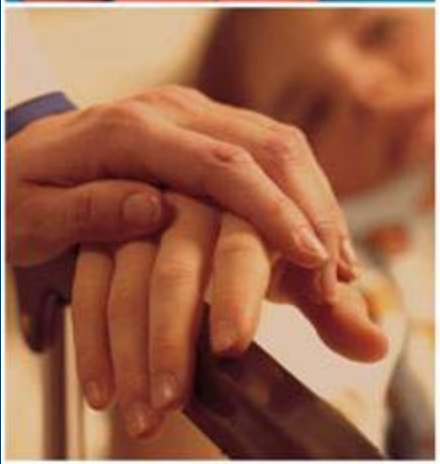

Did you know?

- 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

1. Tam VC, Knowles SR, Cornish PL, et al. 2005. Frequency, type and clinical importance of medication history errors at admission to hospital: a systematic review. *CMAJ* 173(5): 510-5.
2. Cornish PL, Knowles SR, Marchesano R, et al. 2005. *Archives of Internal Medicine* 165: 424 -9.
3. Sullivan C, Gleason KM, Rooney D, et al. 2005. Medication reconciliation in the acute care setting: opportunity and challenge for nursing. *Journal of Nursing Care Quality* 20: 95-98.

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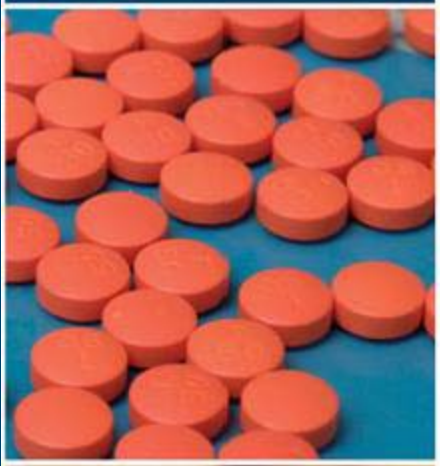

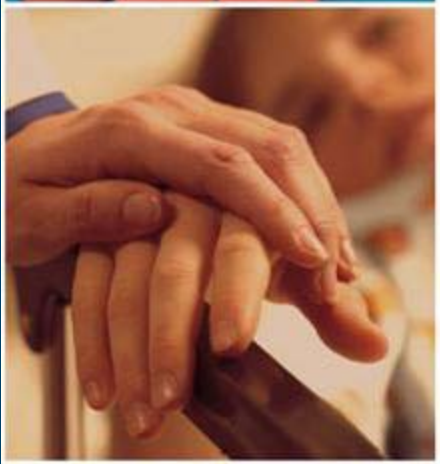

Principles

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)

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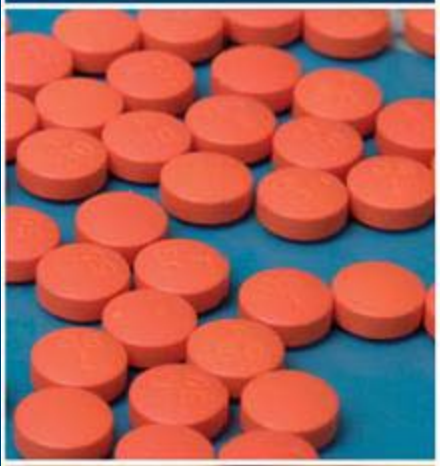

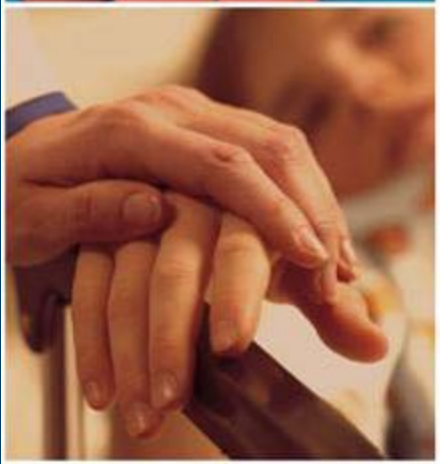

Process

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

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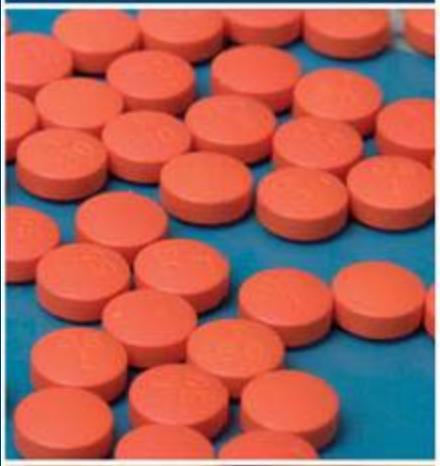
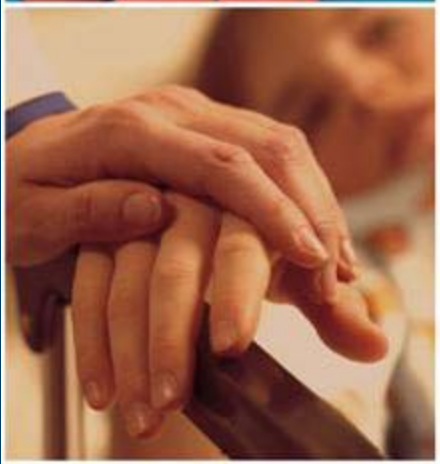




Definition of a Discrepancy

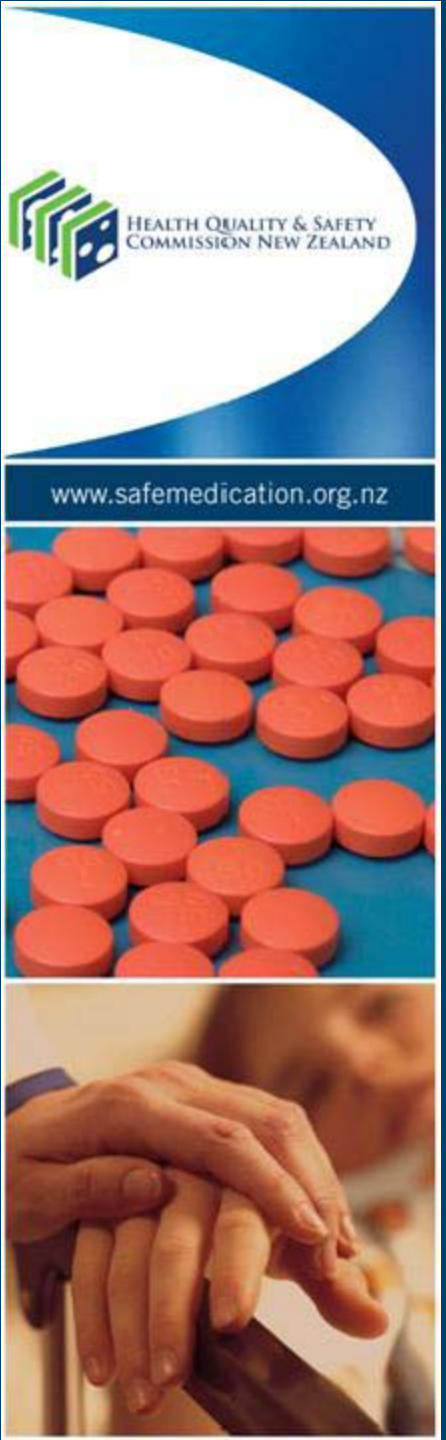
Any difference found between:

- **collected most accurate list** during the medicine reconciliation process

AND

- **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**

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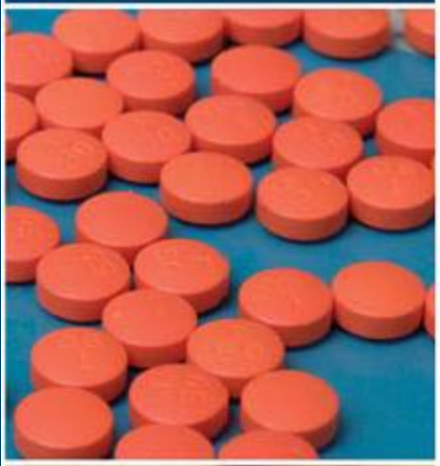

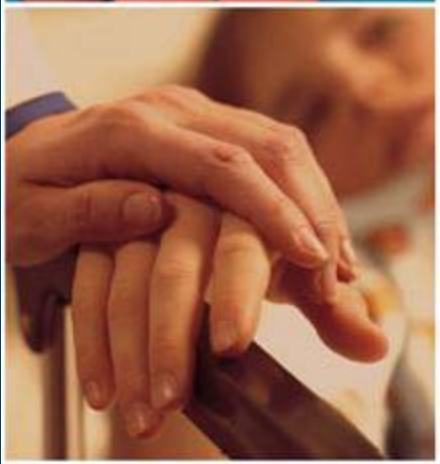

Intentional versus Unintentional

Discrepancy can be:

- **intentional** (ie, deliberate decision by prescriber at time of prescribing)
- **unintentional** (ie, unaware or unknown to prescriber at time of prescribing)

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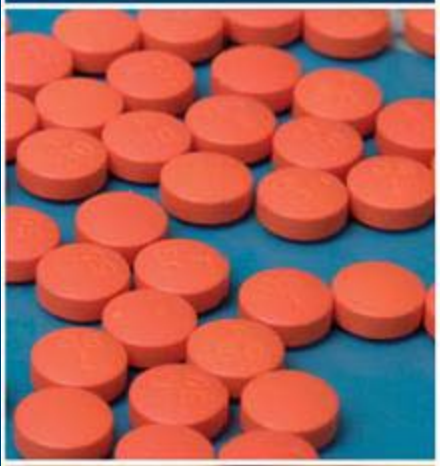

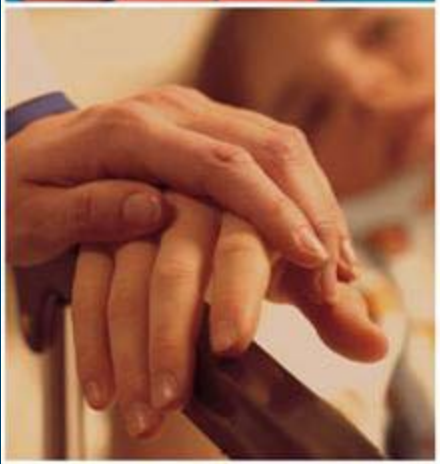

Common Types of Discrepancies

- **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

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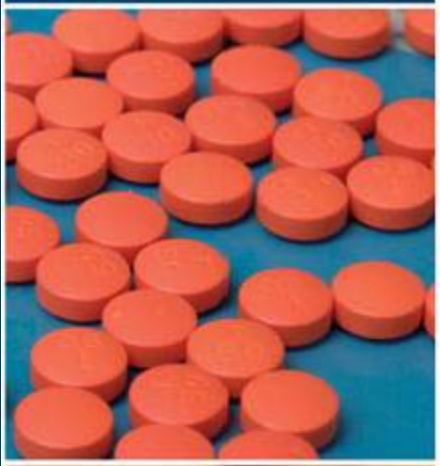

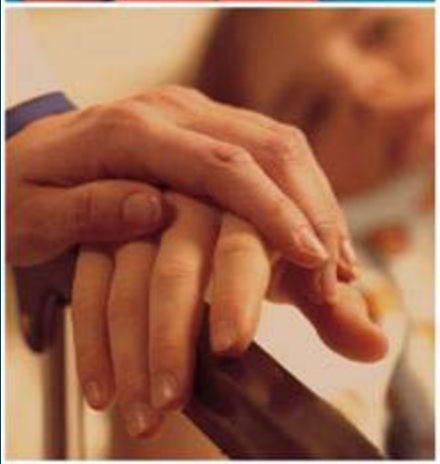

Key point about Discrepancies

- A difference found not accounted for ie, **no documented** communication of **prescriber's intention = discrepancy**

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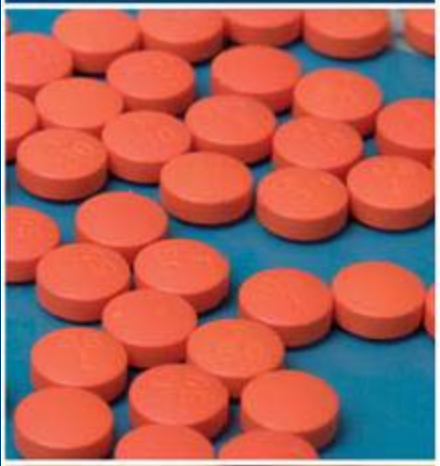

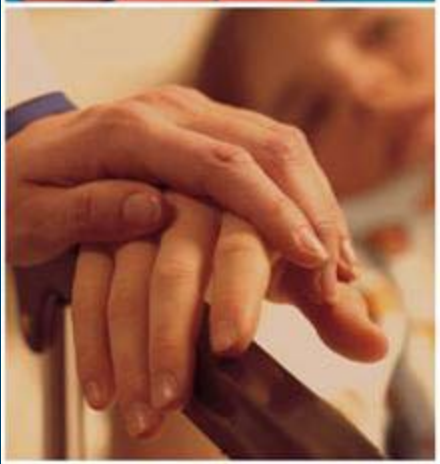

Process Sign Off

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

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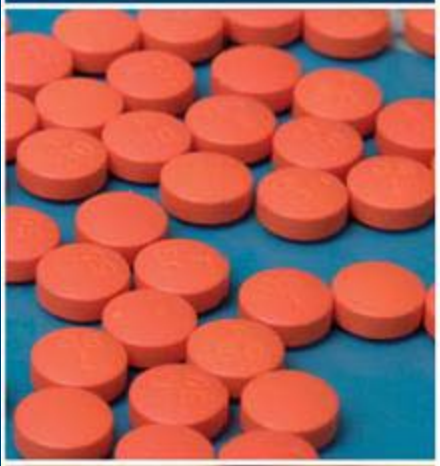

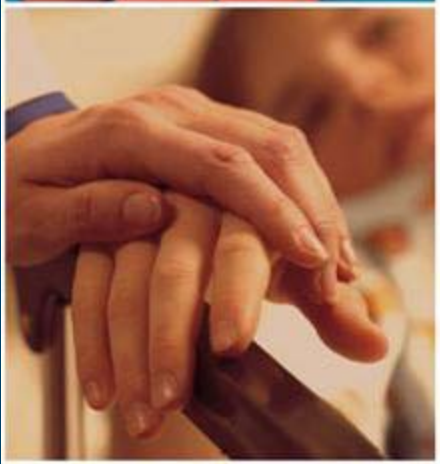

Communicating Discrepancies

Dependent on organisation:

- prescriber **notified that action required** to reconcile discrepancies found
- where **reconciliation is urgent, prescriber contacted directly** to discuss and rectify situation

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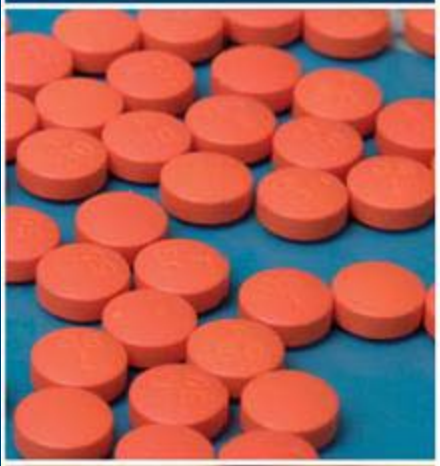

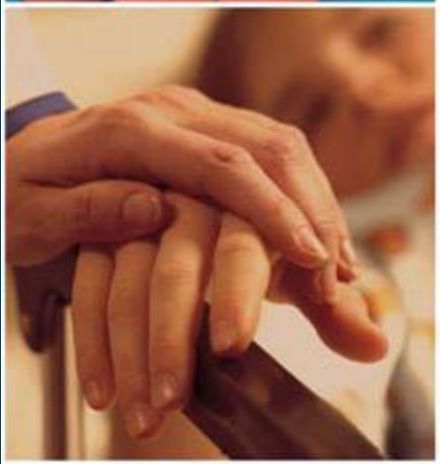

Reconciling Discrepancies

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

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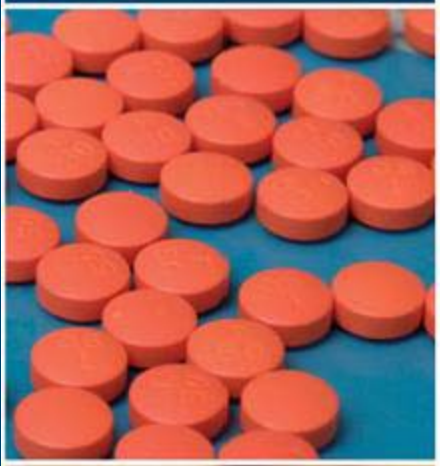

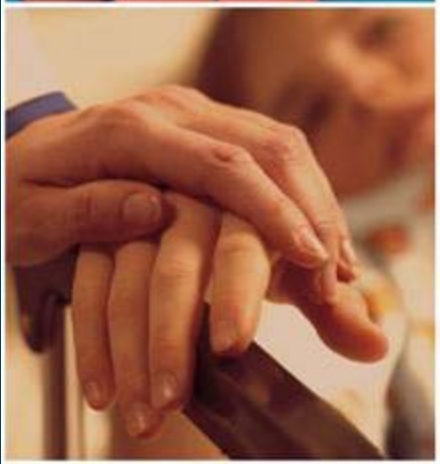

Summary

- **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