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Safe Medication Management Programme

Medicine Reconciliation

The Standards

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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

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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

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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

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Scope

Four key areas:

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

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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

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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.

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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.

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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.

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Standard 3
Documentation

Standard 3.1 Documentation

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

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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.

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Summary

- Standards provide a framework for organisations to implement and practise MR
- Four key areas to ensure national safe and sustainable medicine management process
- Standards reviewed and monitored regularly to reflect changes in healthcare sector