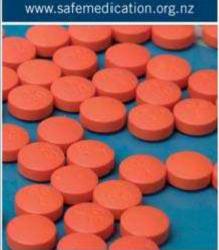


Safe Medication Management (SMM) Programme



Reconciliation

Medicine



Obtaining the "most accurate" medicines list

HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND





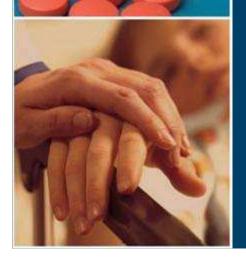
Learning Objectives

After this session, you should be able to:

- 1. Explain why at least two information sources are used 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



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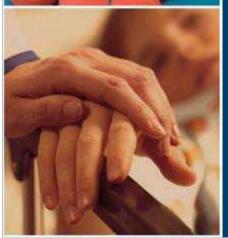


Sources of Information Used

- Information sources determine quality of medication history
- Three types of information sources:
 - Primary
 - Secondary
 - Tertiary
- For verification minimum of two source types should be used
- Primary source is the principal starting point





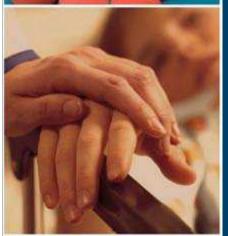


Primary Sources

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



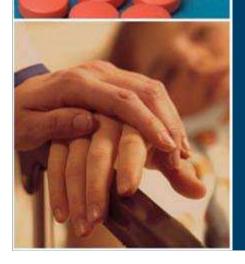




Secondary Sources

- Examples include:
 - General Practitioner information
 - Community Pharmacy information
 - Community Mental Health team information
 - Non Government Organisations (NGO)
 - Rest Homes (RH)
 - Lead Maternity Carers (LMC)
 - Community health teams e.g. diabetic clinic
- Document full name and contact details of source used





Tertiary Sources

reconciliation

Examples include:

- Clinical notes
- Medication charts
- Transfer letters
- Hospital pharmacy records
- Previous medicine documentation
- Can contain inaccuracies
- Always use with primary source







Information Complications

- Use two information sources because:
 - Patient can take medicines differently from what is prescribed or labelled
 - 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







Time frame

- Primary and Secondary sources
 - Cover at least a period of 6 weeks
 - Consider reviewing 3 months prior to today

- Tertiary Sources
 - Not older than 3 months







Patient's Medicines List

Contains as a minimum:

- Generic name, strength, form, dose, route and frequency of the medicine
- Brand name for bioequivalence reasons e.g. warfarin, diltiazem
- Over the counter (OTC), alternative, complementary, rongoā therapies being taken regularly
- Known medical warnings, allergies and adverse drug reactions





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 3 months
- Changes in form, dose, route, frequency within last 3 months
- Side effects









Prior to Patient Interview

- Gather as much information as possible
- Use patient's medical condition as a trigger to indicate likely medicines
- Ask patient if they have brought their medicines – use as a guide in the interview
- Verify patient's ability to give a reliable medication history with the nurse
- Check if a translator or caregiver or family representative is required







Patient or Caregiver Interview

- Explain why a medication history is taken and how it relates to the process
- Ask patient to describe how and when they take their medicines
 - vagueness may indicate non-compliance
- Ask about any allergies and/or ADRs they have had to medicines
 - -When?
 - –What happened?
 - –Has it happened again?
- Ask which community pharmacy they use and if they have a contact number



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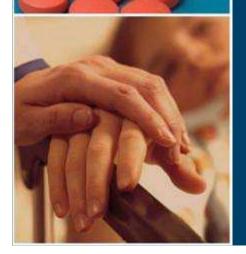


Questioning Technique

- 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 e.g. medicines, medicines list or blister pack







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



Summary

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