Safe Medication Management (SMM) Programme

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Medicine Reconciliation

The Process

Learning Objectives

After this session, you will be able to:

1. Describe the three steps in MR process

2. Explain the difference between unintentional and intentional discrepancy

3. Define reconciled and unreconciled medicine

Principles

Goal

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

Impact

- Reduce all discrepancies with potential to become medication errors or result in medication related harm to patients

Outcome

- Patients receive correct medicines i.e. right medicine, in right dose, to right patient, by right route, at right time

Process

Health practitioner performs 3 steps:

1. **Collects** the "most accurate" medicines list using at least two different information sources

2. **Compares**

   - Collected medicines list against medication chart to identify any differences

   - Clinical notes reviewed to identify any documented explanation for differences

3. **Communicates** any discrepancies for reconciliation

Definition of a Discrepancy

Differences found between:

– collected medicines list during the medicine reconciliation process

AND

– prescribed medicines on the medication chart

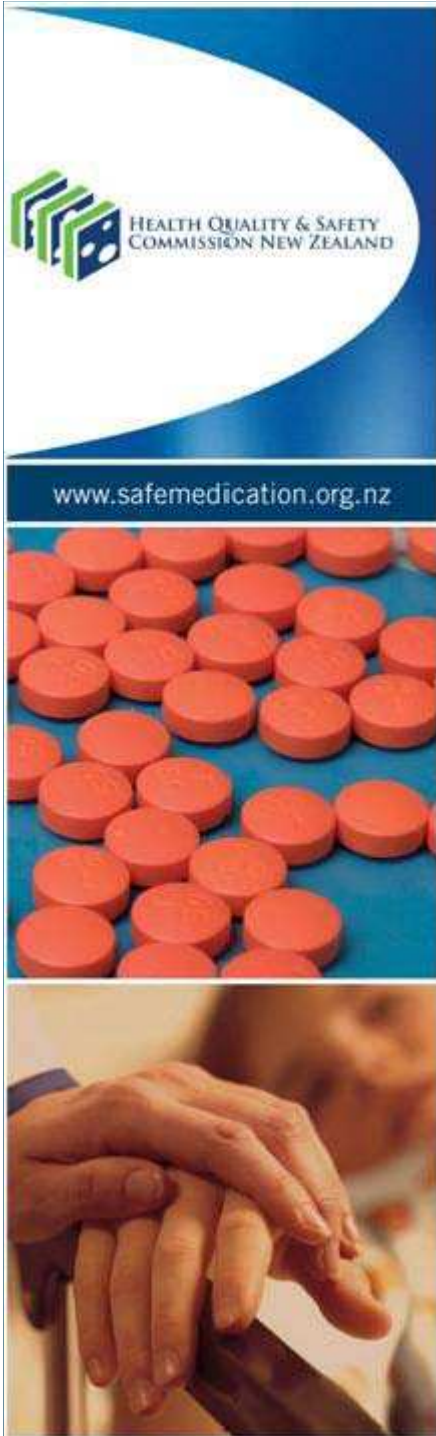that are not documented in clinical notes even if clinically appropriate = discrepancy

Definition of a Discrepancy

- A medicine that is omitted, altered, added or substituted on the patient's medication chart without documented explanation in the patients' clinical notes

- Key point - difference found not accounted for i.e. no documented communication of prescriber's intention = 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' e.g. allergy and ADR differences found presented to prescriber for an appropriate clinical decision and documentation

Intentional versus Unintentional

Discrepancy can be:

- intentional (i.e. deliberate decision by prescriber at time of prescribing)

- unintentional (i.e. unaware or unknown to prescriber at time of prescribing)

Common Types of Discrepancies

- **Omission** e.g. inhalers, eye drops

- **Substitution** e.g. on terazosin but prescribed doxasosin

- **Alteration of dose, route or frequency** e.g. on metoprolol CR 47.5mg daily but prescribed metoprolol CR 95mg daily

- **Addition** (commission) e.g. omeprazole 40mg daily

- **Duplication** e.g. simvastatin and atorvastatin prescribed together from old list

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 discrepancies reconciled

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Communicating Discrepancies

- 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 e.g. medication chart, discharge summary, clinical notes

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Summary

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- Three step process (collect, compare, communicate)

- Action undertaken and documented to reconcile discrepancy within 24 hours of patient's admission, transfer or at discharge

- Prescriber identifies each discrepancy as unintentional or intentional

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