



Clinical Practice Improvement (CPI) Program

Cluster 2 - Medication Safety - medication reconciliation

Goal: To prevent adverse drug events by implementing medication reconciliation

Why focus on Medication Reconciliation?

- Medication errors due to poor communication of medical information at transition points of care (eg, admission, transfer, discharge) occur frequently. A recent WA study of emergency admissions found an average of 2.1 medication errors per high-risk patient (Dias et al 2006).
- Medication reconciliation (the process of obtaining and confirming a medication history, reconciling any discrepancies and subsequent clinical liaison) has been shown to significantly reduce medication errors.
- The Pharmaceutical Review Policy (AHMAC 2004) under development in WA highlights the importance of medication reconciliation as a means to improve medication safety, particularly for high-risk patients and particularly at admission to hospital.

How to do it

- Hospitals should identify a multidisciplinary team to be responsible for reducing the occurrence of unreconciled medications.
- The team should use proven quality improvement tools to drive and support organisational change.
- The Pharmaceutical Review Policy will provide additional information and suggestions from local experts to inform this process for WA.
- The methods and tools employed to implement medication reconciliation at different sites may vary. Hospitals could start by addressing medication reconciliation for high-risk patients on admission to hospital. The best available resources should be used, based on organisational resource constraints.

Monitoring the Improvement Process

- Frequent monitoring and feedback are key drivers for organisational change. A process of frequent review of a sample of patient charts is likely to be more effective and efficient than exhaustive data collection. Tools for sampling, data collection and medication reconciliation will be provided for hospitals to use or adapt.
- Teams involved in this practice improvement goal should aim to measure and improve the:
 1. Percentage of patients receiving each of the four steps of medication reconciliation: Medication History, Confirmation, Reconciliation and Medication Liaison

Resources

- Dias, L.M., Jenkins, B.G., Sanfilippo, F.M. and Witney, S.J., the Department of Pharmacy, Royal Perth Hospital, and the School of Population Health, University of Western Australia, 'Medication management in the emergency department: How accurate is the medication history?'
- IHI, "100K Lives", Prevent Adverse Drug Events <http://www.ihl.org/IHI/Programs/Campaign/Campaign.htm?TabId=2#PreventAdverseDrugEvents>
- Safer Systems Saving Lives, <http://www.health.vic.gov.au/sssl>
- Institute for Safe Medication Practices, <http://www.ismp.org>
- Massachusetts Coalition for the Prevention of Medication Errors, www.macoalition.org
- Medication Reconciliation, Joint Commission Resources.
- Pharmaceutical Review Policy will be released in December 2006.