RECONCILING THE HOME MEDICATION LIST

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MEDICATION RECONCILIATION WORKGROUP

SUMMARY

• Knowing all the medications our patients are taking, whether those medications are prescribed by us or not, will make it easier to provide our patients with the best care possible.
• This responsibility of ensuring a patient’s medication list is accurate and up-to-date is shared by nearly every Vanderbilt care team member.
• Vanderbilt has created a taskforce to improve patient safety and the medication reconciliation process.
• The taskforce has lead several people, process, and technology improvements

INTRODUCTION

• Knowing the medications a patient is taking is essential for reducing errors, and provides a more complete picture of the patient’s care plan.
• The medication list informs:
  - Care decisions
  - Ordering tests and procedures
  - Prescribing medications

WHY?

At hospital admission

- 10-67% of patients have ≥1 medication error
  - 27-43% if including nonprescription drugs
  - 60-67% have ≥1 omission error
  - 13-22% have ≥1 commission error

- 40% of errors can cause moderate-severe harm
  - 3% “life-saving” meds omitted

During Discharge

- 70% of patients may have an unintentional medication discrepancy at hospital discharge²
  - Most are preventable with strategies such as medication reconciliation³,⁴

- 350 sentinel events (death or major injury)
  - 50% would have been avoided with accurate medication reconciliation⁵

WHEN AND WHERE?

Any face-to-face encounter where medications or doses may be changed, or where current medications could influence decision making during the encounter

WHO?

Multiple members of the care team, including physicians, pharmacists, nurses, etc.

REFERENCES

6. Artwork by Daniel Ruso

METHODS

Developed interdisciplinary Medication Reconciliation Task Force

• Created under Quality Steering
• Continued as part of Medication Safety Use Improvement committee
• Representation from:
  - Inpatient, outpatient, Emergency Department, etc.
  - Adult, pediatrics, psychiatry, etc.
  - Nursing, pharmacy, providers, medical assistants, etc.

RESULTS

ACCOMPLISHMENTS

- Established governance and ownership
- Rewrote Medication Reconciliation Policy
- Defined ideal processes and standard operating procedures
- Developed and deployed training
- Made enhancements to computer system
- Developed metrics and monitoring

PATIENT-FRIENDLY MEDICATION LIST

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CONCLUSIONS

Medication reconciliation as a process, not a single event, involving:
1. Obtaining a Medication History,
2. Review and decision-making by a healthcare provider, and
3. Patient counseling about changes to the medication list.
This process really revolves around the patient

Vanderbilt is committed to improving our medication reconciliation processes and technology to make sure we have an accurate medication list and providing the best care for our patients.

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