Veterans Health Care System of the Ozarks (VHSO)

VHSO Memorandum Number 2015-119-25

January 1, 2015

Medication Reconciliation

1. **Purpose**

To publish policy and procedure guidelines for VHSO concerning medication reconciliation.

2. **Policy**

To outline a standardized method for creating an accurate patient medication list by initiating medication reconciliation at the time of admission, transfer, discharge, every primary care provider visit, and any specialty care visit when medications are prescribed, modified or may influence the care given to the patient. This information along with any changes made during the episode of care, is communicated to the patient, caregiver or family member and appropriate member of the health care team.VA providers are adequately trained and educated on the Medication Reconciliation process and understand its importance in the scope of quality patient care and patient safety. VA Providers are knowledgeable about their lead role and responsibilities with respect to Medication Reconciliation.

3. **Action**

a. The Facility Director will assign a Facility Reconciliation Person of Contact (POC) who can receive information and help disseminate new knowledge of Medication Reconciliation transferred from the VISN Medication Reconciliation POC as it is made available.

b. The Facility Director will define patient-focused local metrics to evaluate the quality and efficacy of the medication reconciliation program.

c. The Facility Director will ensure that the facility monitors compliance as appropriate. **Note: Resources for monitoring are VA Medication Reconciliation External Performance Review Process (EPRP) and the VA Medication Reconciliation Performance Monitor for Inpatient Evaluation Center (IPEC).**

d. A complete list of the patient's current medication, which includes prescriptions, over-the-counter drugs, vitamins, supplements and any product designated by the Federal Drug Administration (FDA) as a drug, is obtained upon admission, transfer and at every outpatient primary care provider visit. This list is obtained with involvement of the patient, caregiver, or family members. A good faith effort will be made to obtain as complete a list as possible. This list will be available to the next provider of service,

across the continuum of care, by maintaining it in the Computerized Patient Record System (CPRS) on the Meds List tab. If a patient is transferred to a non-Veteran Administration (VA) facility, a paper copy of all current medications should accompany the patient. Consult service will send a copy of the current medication list with every request for fee basis consult.

e. Nurses, pharmacists and other members of the healthcare team are educated on the importance of Medication Reconciliation. They should communicate any medication related information obtained during episodes of care to the VA Provider.

f. For inpatient admissions, the computerized medication list is updated automatically with order entry and verification.

g. When the patient is being treated by a non-VA provider, the patient is offered a Release of Information (ROI) form to allow the ROl department of Health Information Management Service (HIMS) to mail the reconciled medication list to the non-VA provider.

h. The discharge medication list should include not only the medications that are prescribed at the time of discharge, but any other medications the patient should be taking. The outpatients will be provided an up-to-date list of their medications at the time of discharge.

i. Medication reconciliation involves the comparison of patient/caregiver-provided medication information to the medications listed in CPRS, which includes active, pending, recently expired/discontinued VA medications, NON VA Medications and Remote Active Medications. The medication reconciliation process occurs any time that orders for medication must be rewritten and should be completed at admission, transfer, discharge, at every primary care provider visit and any non-primary care visit when medications are prescribed, modified or may influence the care given to the patient. The importance of managing medication information will be explained to the patient at the time when medications must be rewritten, to include at time of admission, transfer, discharge, at every outpatient primary care provider visit and at non-primary care visits when medications are changed. Example of information to be provided to the patient and, as needed, the family include instructing the patient to give a list of current medications to his or her primary care provider; to update the information when medications are discontinued, doses are changed, or new medications, including over-the-counter products are added. The patient and as needed, the family should be instructed to carry medication information at all times in the event of emergency situations. The patients and families involved in self-administration of the medications will be educated on the following: medication name, type, and reason for use, how to administer the medication, including process, time, frequency, route and dose. The provider making adjustments to the medication(s) ordered for the patient will compare the medication information the patient is currently taking with the medications ordered for the patient to identify and resolve discrepancies. Discrepancies include omissions, duplications, contraindications, unclear information, and changes.

j. The medical center will provide computer software to facilitate the staff's ability to review for drug-drug interaction.

4. **References**

a. VHA Directive 2011-012 "Medication Reconciliation".

b. Joint Commission on Accreditation of Healthcare Organizations, current edition.

5. **Rescissions**

Medical Center Memorandum 119-25 dated October 21, 2011.

3/2/2015	2/2/2015
X Mark A Enderle MD	X W. Keith Neeley, FACHE
Medical Center Director Signed by: Mark A Enderle 114408	Associate Medical Center Director Signed by: Neeley, William K. (FAV)
3/2/2015	2/2/2015
X Mark A. Worley, MD, PhD	X Amy Lesniewski, RN MS
Chief of Staff Signed by: MARK A. WORLEY 144125	Associate Director of Patient Care Services Signed by: AMY S. LESNIEWSKI 162378

Distribution: Via Intranet