

## MEDICATION RECONCILIATION

1. **SCOPE/EFFECT:** This Medical Center Policy (MCP) affects all clinical staff. The guidelines for this MCP affect staff from the following services: Primary Care, Medical Service, Dental Service, Surgical Service, MHICM, Mental Health and Behavioral Service, Geriatrics and Extended Care Service, Office of the Associate Director for Nursing Service, Pharmacy Service. There has been a minor change to this policy.
2. **PURPOSE:** To establish a consistent process for accurately and completely reconciling patient medications for inpatients and outpatients at Wilkes-Barre VAMC.
3. **POLICY:** Medication reconciliation is a process of identifying the most accurate list of a patient's medication. It requires comparing a patient's existing medication with those physicians might order. Reconciliation will occur whenever our facility transfers a patient to another setting, service, practitioner or level of care within or outside the organization.
4. **DEFINITION:** Medication reconciliation is the process of comparing a patient's medication orders to all of the medications that the patient has been taking. This reconciliation is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions. It should be done at every transition of care in which new medications are ordered or existing orders are rewritten. Transitions in care include changes in, service, practitioner or level of care. The process involves comparing and accurately providing the list of medication to the patient on discharge from inpatient or outpatient setting. (Note: Patients who choose to participate in dual care (co-practice) should be asked about their desire to have medication reconciliation information shared with the dual care provider. This information may be sent directly to a patient's provider once the patient completes a ROI authorization and provides non-VA provider contact information. Similarly, it is sufficient for the VA provider to give a reconciled medication list to the patient when the non-VA provider contact information is unavailable or unknown).
5. **PROCEDURE:**
  - a. Outpatient procedures:
    - (1) The patient will be educated during his initial outpatient visit and returning visits regarding:
      - (a) The patient is expected to be a responsible partner in his/her health care.
      - (b) The patient should bring a list of medications to all outpatient appointments. The patient will complete an information sheet provided by the outpatient clerk. This will include

medications the patient receives from doctors outside the VAMC, over the counter medication, vitamins, herbal supplements and or diet supplements.

(c) A medication list will be provided to the patient after his visit by the clerk.

(2) Provider will address the clinical reminder by opening a new note, selecting the clinical reminder (Medication Reconciliation) and completing the reminder (see Attachment A). The clinical reminder has an optional selection for reviewing current medications while responding to the reminder.

(3) Pharmacist will verify medication orders.

(4) Primary Care will monitor Medication Reconciliation at Wilkes-Barre and CBOC's and report this through Performance Improvement Steering Committee for compliance.

b. Inpatient Procedures:

(1) On admission the provider will interview patient and verify the medication the patient is taking. This will include VA medications, non-VA medications, vitamins, herbals, remedies, over the counter medications and medications prescribed by other VA facilities. The provider will complete the admission medication review clinical reminder and order the appropriate medication according to his plan of care (see Attachment B).

(2) On admission the pharmacist will:

(a) Compare admission orders against outpatient medication profile.

(b) Communicate with provider any discrepancies between inpatient orders and outpatient profile.

(3) On transfer the provider will complete the transfer medication review clinical reminder and order the appropriate medication according to his plan of care (see Attachment C).

(4) On discharge the provider will:

(a) Review inpatient medications to determine the patient's discharge regimen. The provider will review the active medication profile comparing this health summary with inpatient profile for accuracy. The provider will complete the discharge medication clinical reminder and order the appropriate medication according to his plan of care (Attachment D).

(b) Written discharge instruction will be given to the patient. On the discharge instruction provider will include an accurate list of VA, non-VA, vitamins, herbals, over-the-counter or medication prescribed by another VA as appropriate.

(c) Provider will dictate a stat discharge summary for patients going to long term care.

(5) On discharge the pharmacist will:

(a) Compare discharge orders with inpatient profile.

(b) Communicate any discrepancies to provider. If discrepancies are found, the pharmacist will request that the provider makes the changes and document changes for the patient.

1\_ Pharmacy will provide patient education upon discharge.

2 \_ If patient refuses education it will need to be documented by the pharmacist.

(6) On discharge the nurse will:

(a) Provide education on discharge medications to make sure the patient has an understanding of his medications.

(b) If patients are discharged without receiving medication education by pharmacy, it will be the nurses responsibility for medication education.

(c) If patient refuses education it will be documented in nurse's discharge.

#### 6 RESPONSIBILITY:

a. Service Chiefs are responsible for communicating policy content to staff members and monitoring compliance to process.

b. All providers who prescribe drug treatments for medical center patients are responsible for medication reconciliation.

c. All medical center healthcare workers involved in ordering, preparing, and dispensing, administering drug treatments to patients are responsible for medication reconciliation outlined in this policy and compliant to the same.

7. CUSTOMER SATISFACTION: This policy memorandum impacts patient and family satisfaction, as it directly addresses the quality of care and services provided to our patients.

#### 8. REFERENCES National Patient Safety Goals Goal 8:

Accurately and Completely Reconcile Medications Across  
Continuum of Care  
IHI Institute for Healthcare Improvement  
Prevention of Adverse Drug Events  
Medication Reconciliation

9. RESCISSION: Medical Center Policy 119-08-205, dated January 23, 2008, same subject.

10. DISTRIBUTION: Electronic Access to All Employees

11. ATTACHMENTS: A, B, C, D

Attachment A

Outpatient Clinical Reminder.

Attachment B

Admission Clinical Reminder

Attachment C

Transfer Clinical Reminder

Attachment D

Discharge Clinical Reminder

☒ Outpatient Medication Review

☐ No change in current medication at this clinic visit. Patient verbalizes understanding of current medication regimen, and has been advised to discard old medication lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient.

☐ A new medication is to be added after review of current medication profile. Patient verbalizes understanding of use of new medication(s) and has been advised to discard old medication lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient.

☐ Outpatient medications with doses or frequency changes. Patient verbalizes understanding of medication dose or frequency changes and has been advised to discard old medication lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient.

☐ A medication is to be discontinued during medication profile review. Patient verbalizes understanding of discontinuation of medication(s) and has been advised to discard old medication lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient.

☐ Patient reports taking the following meds different than originally prescribed. Following medication review, patient verbalizes understanding of current medication regimen and has been advised to discard old medication lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient.

☐ Non-VA medications were added to Non-Va medication orders section in CPRS. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.

☐ Admission Medication Review

☐ Transfer Medication Review Note:

☐ Discharge Medication Review

RELEASE OF INFORMATION:

☐ Patient receives all care through VA Provider.

☐ Patient requested his/her active medication list to be sent to outside provider(s). Instructed to go to Release of Information to complete release form.

☐ Patient declined the option of having his/her active medication list sent to outside.

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☒ Admission Medication Review

Medications documented in CPRS (Outpatient/Non-VA, Inpatient, Remote Data and Interfacility Data) were reviewed. All herbal medications are not continued on admission. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.

☐ No change in current medications. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.

☐ Outpatient/Non-VA medications that were active but not ordered as inpatient.

☐ Outpatient medications with doses changed on admission. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.

☐ A new medication is to be added after review of current medication profile. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.

☐ A medication is to be discontinued during medication profile review. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.

☐ Non-VA medications were added to Non-Va medication orders section in CPRS. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.

☐ Transfer Medication Review Note:

☐ Discharge Medication Review

RELEASE OF INFORMATION:

☐ Patient receives all care through VA Provider.

☐ Patient requested his/her active medication list to be sent to outside provider(s). Instructed to go to Release of Information to complete release form.

☐ Patient declined the option of having his/her active medication list sent to outside.

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<input checked="" type="checkbox"/> Transfer Medication Review Note:
<div><div><input type="checkbox"/> Medications (active or recently expired) not ordered on transfer. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.</div><div><input type="checkbox"/> New medications ordered on transfer. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.</div><div><input type="checkbox"/> Medications with doses or frequency changed on transfer. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.</div><div><input type="checkbox"/> No change in current medications on transfer. Patient verbalizes understanding of current medication regimen, and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.</div><div><input type="checkbox"/> Non-VA medications were added to Non-Va medication orders section in CPRS. Patient verbalizes understanding of current medication regimen and has been advised he will receive an updated medication list upon discharge to provide to any medication providers or outside pharmacies.</div></div>
<input type="checkbox"/> Discharge Medication Review
RELEASE OF INFORMATION:
<div><div><input checked="" type="radio"/> Patient receives all care through VA Provider.</div><div><input type="radio"/> Patient requested his/her active medication list to be sent to outside provider(s). Instructed to go to Release of Information to complete release form.</div><div><input type="radio"/> Patient declined the option of having his/her active medication list sent to outside.</div></div>
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☒ Discharge Medication Review

Medications documented in CPRS (Outpatient/Non-VA, Inpatient, Remote Data and Interfacility Data) were reviewed. Patient verbalizes understanding of current medication regimen, and has been advised to discard old lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient at check out/discharge.

☐ No change in medications ordered as inpatient. Patient verbalizes understanding of current medication regimen, and has been advised to discard old lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient at check out/discharge.

☐ Inpatient medication/Non-VA medications discontinued or changed to appropriate dosage form for discharge. Patient verbalizes understanding of current medication regimen, and has been advised to discard old lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient at check out/discharge.

☐ Inpatient medication(s) with dose changed upon discharge. Patient verbalizes understanding of current medication regimen, and has been advised to discard old lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient at check out/discharge.

☐ New medication(s) to be added after review of current medication profile. Patient verbalizes understanding of current medication regimen, and has been advised to discard old lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient at check out/discharge.

☐ Medication(s) to be discontinued during medication profile review. Patient verbalizes understanding of current medication regimen, and has been advised to discard old lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient at check out/discharge.

☐ Non-VA medications were added to Non-VA medication orders section in CPRS. Patient verbalizes understanding of current medication regimen, and has been advised to discard old lists and update any records with all medication to providers or retail pharmacies. A copy of current medication list has been provided to patient at check out/discharge.

RELEASE OF INFORMATION:

☐ Patient receives all care through VA Provider.

☐ Patient requested his/her active medication list to be sent to outside provider(s). Instructed to go to Release of Information to complete release form.

☐ Patient declined the option of having his/her active medication list sent to outside.

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