

Department: Pharmacy Policy Number: HHS-8136-Ph

Attachments: \_\_\_\_\_

Policy Title: Pharmacy Medication Reconciliation

Date: January 2013 Revised: \_\_\_\_\_

Approved by:  Date: 3/11/13

**Policy:**

To apply the process of obtaining, providing, and using an accurate list of all medications in order to populate the E.H.R. medication summary for each patient.

**Definitions:**

Medication reconciliation is defined as “a process of identifying the most accurate list of all medications a patient is taking- including name, dosage, frequency, and route- and using this list to provide correct medications for patients anywhere within the health care system. Reconciliation involves comparing the patient’s current list of medications against the physician’s admission, transfer, and/or discharge orders. (Medelfort L. Medication reconciliation review. Institute of Healthcare Improvement January 2010)

Medication reconciliation is a safety practice in which healthcare professionals review patients' medication regimens when patients transition between settings to reduce the likelihood of adverse drug effects. It is among the most complex clinical tasks required of physicians, nurses and pharmacists, who must work cooperatively to minimize discrepancies and inappropriate medication orders.

Medications are defined as prescription medications, vitamins, neutraceuticals, over-the-counter drugs, or any drug designated by the FDA as a drug.

Outside medications are defined as all medications that the patient obtains from outside sources, either self-obtained or prescribed.

**Procedure:**

The nursing staff will be responsible for collecting recent medication lists from the pharmacy. In the usual course of a patient visit, the nursing staff will collect all possible outside medication information, verify, if needed, then post to the E.H.R. The medication list is reviewed by the nursing staff initially. Next, the providers will review the list prior to ordering a new medication. During a patient visit the nurse will send a list of all current and outside medications to the pharmacy printer for review. The pharmacist will perform a D.U.R. (drug utilization review) to avoid omissions, duplications, dosing errors, and drug-drug interactions and resolve any discrepancies. The PharmEd Button will be used to populate M-Medication Reconciliation.