MEDICATION RECONCILIATION AS A STRATEGIC PRIORITY

For the following sets of standards: Leadership, Leadership for Aboriginal Health Services, Leadership for Small Community-based Organizations.

There is a documented and coordinated approach to partner with clients and families to collect accurate and complete information about client medications and utilize this information during transitions of care.

NOTE: Accreditation Canada will move towards full implementation of medication reconciliation in two phases.

For on-site surveys between 2014 and 2017, medication reconciliation should be implemented in ONE service (or program) that uses a Qmentum standard containing the Medication Reconciliation at Care Transitions ROP. Medication reconciliation should be implemented as per the tests for compliance for each ROP.

For on-site surveys in 2018 and beyond, medication reconciliation should be implemented in ALL services (or programs) that use Qmentum standards containing the Medication Reconciliation at Care Transitions ROP. Medication reconciliation should be implemented as per the tests for compliance for each ROP.

GUIDELINES

Medication reconciliation is widely recognized as an important safety initiative. In Canada, Safer Healthcare Now! identifies medication reconciliation as a patient safety priority. The World Health Organization (WHO) has also developed a Standard Operating Protocol for medication reconciliation as one of its interventions designed to enhance patient safety. Properly conducted medication reconciliation reduces the possibility that medications will be inadvertently omitted, duplicated, or incorrectly ordered at transitions of care. Medication reconciliation can be a cost-effective way to reduce medication errors and can reduce the re-work that can be associated with managing client medications.

Safer Healthcare Now! offers a “Getting Started Kit” for various sectors (including acute care, long-term care, and home care) at www.saferhealthcarenow.ca.

Medication reconciliation is a structured, shared process whereby health care professionals:
1. Partner with clients, families, or caregivers (as appropriate), and at least one other source of information, to generate a Best Possible Medication History (BPMH). A BPMH is a list of all medications (including prescription, non-prescription, traditional, holistic, herbal, vitamins, and supplements) the client is actually taking.
2. Identify and resolve differences (discrepancies) between the BPMH and medications ordered at transition points.
3. Document and communicate up-to-date information about client medications to the client (and their next service provider, as appropriate).

Success at medication reconciliation requires clear commitment and direction from organization leaders. An organization policy signals commitment to medication reconciliation and provides guiding principles (e.g., an overview of the process, roles and responsibilities, transitions where medication reconciliation is required, exemptions, etc.). Organization commitment to medication reconciliation also requires investment, with resources allocated towards staffing, education, tools, information technology, etc.
Implementing and sustaining medication reconciliation throughout an organization will be more successful when it is led by an interdisciplinary coordination team. Depending on the organization, the coordination team could include senior leaders (including clinical leaders representing medicine, nursing, and pharmacy); team members who are directly involved in the process; information technology staff; representatives from quality, risk, and safety committees; and clients and families.

For organizations that are just starting, it can be helpful to develop the necessary forms and tools and implement them in one service area to gain expertise. As monitoring indicates implementation is successful, a plan can be developed to implement medication reconciliation throughout the organization, continuing to monitor and make improvements as required. As medication reconciliation is successfully implemented, organizations need to consider the sustainability of the process, continuing to monitor and make improvements as required.

Team education about medication reconciliation should include the rationale for and steps involved in medication reconciliation. The Agency for Healthcare Research and Quality’s MATCH toolkit provides more information about medication reconciliation training. Evidence of education can include orientation checklists, a list of education sessions offered, attendance lists, competency evaluation forms, sign-off sheets for having read policies/procedures, etc.

It is important to monitor, in consultation with the coordination team and front-line staff, the extent to which the medication reconciliation policy and process are being followed. Monitoring should assess compliance with the overall medication reconciliation process (e.g., the quality of the collection of the BPMH, whether the BPMH is documented, and whether medication discrepancies are identified and resolved). The Safer Healthcare Now! “Getting Started Kit” also has useful resources to monitor implementation. ISMP Canada and the Canadian Patient Safety Institute (CPSI) have developed an audit tool that can be used to help assess the quality of an established medication reconciliation process.

**TESTS FOR COMPLIANCE**

<table>
<thead>
<tr>
<th>Major</th>
<th>There is a medication reconciliation policy and process to collect and utilize accurate and complete information about client medication at transitions of care.</th>
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<tr>
<td>Major</td>
<td>Roles and responsibilities for completing medication reconciliation are defined.</td>
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<tr>
<td>Major</td>
<td>There is a plan to implement and sustain medication reconciliation that specifies services/programs, locations and timelines.</td>
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<td>Minor</td>
<td>The organizational plan is led and sustained by an interdisciplinary coordination team.</td>
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<td>Major</td>
<td>There is documented evidence that team members, including physicians, who are responsible for medication reconciliation are provided with education.</td>
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<tr>
<td>Minor</td>
<td>Compliance with the medication reconciliation process is monitored and improvements are made when required.</td>
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REFERENCE MATERIAL