What’s In It For Me?

Pharmacy Staff (Pharmacists, Pharmacy Technicians)

What is MedRec?
Medication Reconciliation, commonly referred to as “MedRec”, is a Patient Safety Initiative focusing on medication safety. MedRec aims to minimize medication errors during transitions of care and when medication therapy is initiated. It is important to note that MedRec is something we are already doing; however, we are looking to formalize the process and further build upon its principles.

Healthcare providers, including prescribers, work collaboratively to identify the most comprehensive and accurate list of medications for the patient/resident as they move from one level of care to another. This requires a systematic and comprehensive review of all of the medications a patient/resident is taking to ensure that medications being added, changed, or discontinued are carefully evaluated. The MedRec process is facilitated by the use of tools at admission, transfer, and discharge.

Why should we do MedRec?
As a pharmacist/pharmacy technician and patient advocate, there are a few simple reasons why you are an integral part of MedRec and the benefits gained by participating are:

- **MedRec reduces workload and rework associated with medication management downstream**
  - Pharmacists will spend less time tracking down and contacting prescribers to clarify and address discrepancies on medication orders.
  - MedRec reduced pharmacist time at admission by over 40 minutes per patient.¹

- **MedRec leads to better communication and better information**
  - Pharmacists work in an interdependent fashion with pharmacy colleagues, hospitals, primary care physicians, specialists, nurses, and other health care professionals in a wide variety of circumstances to facilitate communication about patients’ medications.
  - When MedRec is done at key transitions of care, the patients and health care professionals will have an accurate medication list for use across sites and over time.² This aims to eliminate unintentional discrepancies and undocumented intentional discrepancies.
  - Generation of a BPMH by a technician is a useful approach allowing pharmacists to identify drug related problems.³

Adapted From Alberta Health Services “MedRec Engagement: Benefits for Pharmacists”
For a detailed Summary of Evidence, please refer to “What’s in it for Me – Prescribers” sheet.
Why should we do MedRec? (cont.)

- **MedRec is a shared professional responsibility**
  - Pharmacy professionals practice in many patient-care settings; they collaborate with patients, their families and healthcare providers to benefit the health of Canadians.
  - The Canadian Society of Hospital Pharmacists and the Institute for Safe Medication Practices Canada endorse MedRec activities as a high priority.\(^\text{4,5}\) The leadership role of pharmacists in ensuring comprehensive and timely MedRec is supported.\(^\text{4}\)
  - Pharmacists are uniquely qualified to lead MedRec development, implementation, evaluation, and improvement.
  - MedRec is a shared responsibility of the patient, physicians, nurses, and pharmacy staff and is best accomplished through the collaborative efforts of the interdisciplinary team.

- **MedRec is a major and essential component of safe patient care in any environment**
  - A study found that more than 1 in 9 emergency department visits were due to drug related adverse events.\(^\text{5}\)
  - A 2010 study showed 85% of order errors originated in medication histories, almost half being omissions. 52% of the errors were identified as potentially requiring increased intervention to avoid harm; 12% were potentially harmful.\(^\text{7}\)

References


