

PHARMACYNEWS



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Medication Reconciliation in Alexandra Hospital

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Experience from hundreds of organisations has shown that poor communication of medical information at transition points is responsible for as many as 50% of all medication errors in the hospitals and up to 20% of adverse drug events.¹

According to Institute of Healthcare Improvement (IHI), medication reconciliation is defined as a formal process of obtaining a complete and accurate list of each patient's current home medications and comparing the doctor's admission, transfer and/or discharge orders to that list. Discrepancies are brought to the attention of the prescriber.

The pharmacists conducted medication reconciliation interviews with the patients or direct caregivers **within 24 hours of admission and reconcile at the point of discharge.**

For **physical reconciliation** at the point of discharge, pharmacy sorted out patients' existing medication before admission and balanced the quantity to last till the next outpatient appointment. Pharmacy also arranged patients' existing medication before admission together with the new supply given on discharge to avoid any possible confusion in cases where the medication from their previous supplies

(eg General Practitioners) were of different colour or brand. Pharmacists carried out bedside dispensing with counselling and advise patients which medication to continue or discard. We have found that physical reconciliation and information provided at the point of discharge saves patients money, as they need not purchase more medication than necessary, and prevents potential medication errors and adverse events.

Our pilot studies showed that patients saved an average of \$42 per patient with reconciliation at discharge.

We found that some patients were not able to provide comprehensive medication history to the attending doctor who did the initial assessment resulting in potential miscommunication and errors. Moving forward, we need to educate patients to take charge of their own medication and carry these information to their healthcare providers.

In conclusion, medication reconciliation is the right thing to do. It saves lives and creates a hassle-free experience for our patients.

References

1. T Vira, M Colquhoun, E Etchells. Reconcilable differences: correcting medication errors at hospital admission and discharge. *Quality and Safety in Health Care* 2006;15:122-126.



Benefits include:

- reduced medication errors
- reduced confusion for patient
- cost savings (up to 85%) for patient



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