

Administrative Policy
POLICY NO.: 200.02.104P

POLICY TITLE: Medication Reconciliation

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Approved by: Quality Improvement Patient Safety Committee (QIPSC)

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SUMMARY & PURPOSE:

Medication reconciliation is a process of comparing the medications a patient is taking (and should be taking) with newly ordered medications. Medication reconciliation is intended to identify and resolve discrepancies. A review or “reconciliation” of medications occurs at the beginning of an episode of care. Based on the setting, different approaches may be used which accurately compare the new or modified medications order(s) with a list of the patient’s current and/or home medications.

SCOPE/APPLICABILITY:

This policy applies to all the HWCOC Clinical Locations where faculty, students and /or staff provide care to patients. The HWCOC clinical locations are: FIU Health Modesto Maidique, (“MMC”), FIU Health Broward, Green Family Foundation NeighborhoodHELP Mobile Health Centers and Household visits and the Linda Fenner 3D Mobile Mammography Center. For the faculty, students, and staff that are providing patient care in the *affiliated* hospitals, outpatient and diagnostic centers, the policies and procedures of those institutions will govern their reporting responsibilities.

Exception: A NeighborhoodHELP household visit specifically for social determinants of health (SDH) is exempt from this policy as it is not considered an outpatient medical treatment visit. This type of visit will be identified in the visit note in the EMR.

POLICY:

This policy ensures that all reasonable efforts are taken to initiate the medication reconciliation process collaboratively among healthcare professionals, and with the involvement of the patient/family, to maintain and communicate accurate patient medication information across the continuum of care.

DEFINITION:

Medication: Any prescription drugs, sample drugs, herbal remedy, vitamin, nutraceutical, over-the-counter drug, vaccine, diagnostic and contrast agents, radioactive medications, respiratory medications,

parenteral nutrition, blood derivatives, intravenous solution, and any other products designated by the Food and Drug Administration as a drug.

PROCEDURE:

1. At the time of initial assessment, a list of the patient's current medications is obtained, verified, and documented in the EMR (Electronic Medical Record) by the LPN (Licensed Practical Nurse), the CMA (Certified Medical Assistant), or paramedic. During Household visits the medical students, nursing students, and physician assistant (PA) may perform this function under the supervision of the faculty. The medication list should be as complete as possible to include dose, strength, and frequency. When the patient is not able to provide the information, assistance should be sought from family or next of kin accompanying the patient. The provider will conduct a medication review as part of the medication reconciliation process.
2. Before any medication is prescribed and/or administered or if treatment is affected by medications that the patient is currently taking, the provider shall review the medication list to identify any potential adverse drug reactions.
3. For the recurring outpatient visit: The complete medication list that was obtained on prior visit will be reviewed by the LPN, CMA, or paramedic at each recurring visit with the patient to ensure that there have been no changes to the medication regime.
 - a. Any changes to the medication list shall be documented in the EMR by the LPN, CMA, or paramedic and reviewed with the provider. The review and/or communication between the patient and the provider shall be documented in the EMR.
4. For transfers to a higher level of care: At the time of transfer, the patient's provider is responsible for reconciling the medication list via the EMR. The patient shall receive a copy of the complete list of medications. Patient is instructed to share this list with the next provider of care. The communication shall be documented in the EMR.
 - a. Reconciliation of medications should not delay an emergency/urgent transfer due to patient's condition. The reconciliation during this time may be completed by the receiving provider as soon as it is possible.

SUPPORTING/REFERENCE DOCUMENTATION:

- TJC (The Joint Commission). (2017) NPSG (National Patient Safety Goal). 03.06.01: Maintain and communicate accurate patient medication information.

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

- HWCAM Administrative Policy: *Incident Reporting No.:* **200.03.100A**
- HWCAM Administrative Policy: *Patient Identifiers No.:* **200.02102A**