

Medication Reconciliation in Ambulatory Care

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MEDICATION THERAPY

- 50 % U.S. Adults take prescriptions daily (Serper, 2013)
- World Health Organization
- Nationally recognized issue
- Growing Public Health concern
 - Polypharmacy (using 5 or more medications)
 - Inappropriate medication use



MEDICATION RECONCILIATION (MR)

- “Systematic process to obtain accurate/complete list of a patients medications”
- Required by Joint Commission
- Best Possible Medication History (BPMH)
- Formal Process
 - Obtaining / verifying accurate list of current medications
 - Confirm medications prescribed are actually taken!!
 - 1/5 NEW prescriptions never filled (Neiman, et al., 2017)
 - 50% filled prescriptions not taken as prescribed (Abbas et al., 2017)

AMBULATORY CARE COMPLICATIONS

Ambulatory Care MR poses unique challenges

Specialist

Hospitalization

Fragmented Care

Limited Licensed Nurses

Pharmacy

Traditional Healers

Non-Nursing “Nursing Staff” (CMAs, MAs)

MEDICATION ERRORS & ADVERSE DRUG EVENTS

- Medication Errors (MEs)
 - “Failure in treatment process that leads to, or had potential to lead to, harming a patient” (Aghajani, 2015)
- Adverse Drug Events (ADEs)
 - “ A drug related injury” (Aghajani, 2015)

MEDICATION RECONCILIATION BARRIERS

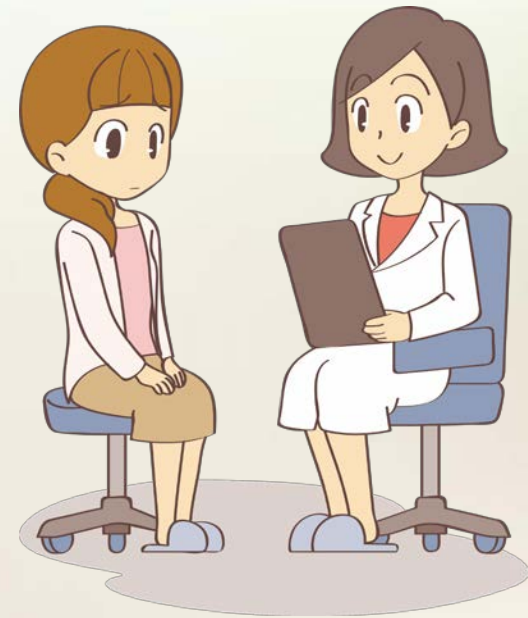
- Discrepancies on admission
- Omission
- Transition of Care (TOC)



MEDICATION RECONCILIATION BARRIERS (cont'd)

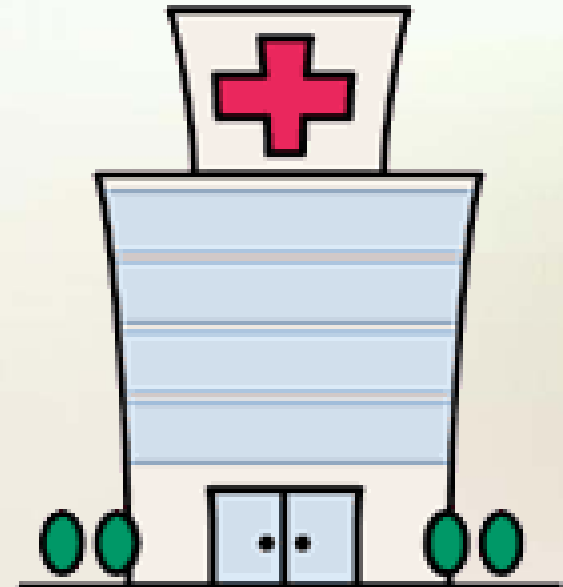
- Patient
 - Functional Health Literacy

- Provider



MEDICATION RECONCILIATION BARRIERS (cont'd)

- System
 - Hospital Therapeutic Interchange
 - Clinic Therapeutic Interchange
 - Electronic Records



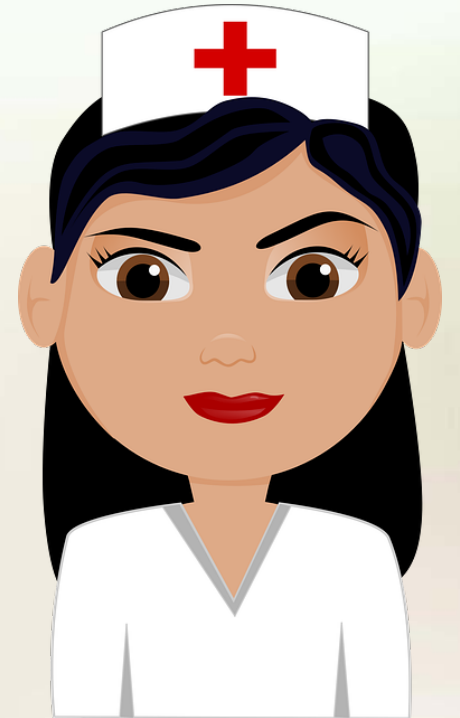
MEDICATION RECONCILIATION CLINICAL ROLES

- Physician
- Pharmacist
- Nurse



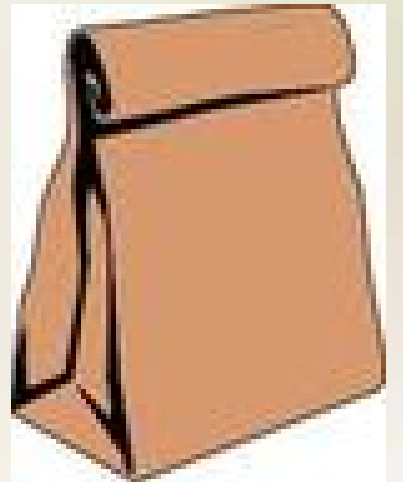
NURSE ESSENTIAL CLINIC ROLE

- Complex task to maximize outcomes & minimize errors (Vogelsmeier, 2013)
- Nurses
 - Scientific knowledge
 - Complex technical skills (Kavanagh, 2017)
 - Education
 - Preparation
 - Administration
 - Evaluation



Project

- Pre-Clinic RN visit
 - Brown Bag
 - ALL prescriptions, OTC, herbs, vitamins, supplements, botanicals, PRNs & traditional medication
 - Obtain ER notes, DC summaries, updated outside provider notes, labs, etc. not in the chart
 - Update EHR medication list for provider to review



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