

MEDICATION RECONCILIATION (HOME CARE)



safer healthcare
now!

Goal

TO ESTABLISH A COMPLETE AND ACCURATE MEDICATION LIST UPON ADMISSION, TRANSFER AND DISCHARGE TO/FROM HOME CARE TO FACILITATE THE RECONCILIATION OF IDENTIFIED DISCREPANCIES. THIS MEDICATION LIST WILL BE COMMUNICATED TO THE NEXT PROVIDER OF CARE WITHIN THE CLIENT'S CIRCLE OF CARE.

Background

- Adverse drug events (ADEs) are occurring at an alarming rate across all sectors of healthcare. In the Canadian Adverse Events study, drug and fluid related events were the second most common type of procedure or event to which adverse events were related. (Baker et al, 2004)¹
- In another Canadian study, Forster et al. (2004)² concluded that approximately one-quarter of patients in their study had an adverse event after hospital discharge and half of the adverse events were preventable or amenable. In this study the most common (72%) adverse events noted were drug related.
- The Safer Healthcare Now! Medication Reconciliation in Home Care Pilot Project (2008-2009) found that of the 611 home care clients who were selected to undergo medication reconciliation, 45.2% (275) had at least one discrepancy in their medication regimen that required clarification by a physician/nurse practitioner with an average of 2.3 discrepancies per client.³
- Accreditation Canada defines Medication Reconciliation as “a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care”⁴

Intervention

Medication reconciliation in home care starts and ends with the client and involves four basic steps:

1. Identifying the client;
2. Creating the Best Possible Medication History (BPMH) and identifying discrepancies;
3. Resolving and communicating discrepancies; and
4. Closing the medication reconciliation loop.⁵

Accreditation Canada includes medication reconciliation as part of its required organizational practices which includes:

- Reconciling the clients' medications upon admission to the organization, with the involvement of the client.
- Reconciling medications with the client at referral or transfer and communicating the clients' medications to the next provider at referral or transfer to another setting, service, service provider or level of care within or outside the organization.⁴





Intervention Measures

The core measure is:

Percentage (%) of Eligible Clients with a Best Possible Medication History (BPMH)

Goal: 95% of all eligible home care clients have a BPMH.

The optional measures are:

Average Time to Complete a Best Possible Medication History (BPMH)

Goal: Set by individual team

The Percentage (%) of Eligible Clients with At Least One Discrepancy

Goal: Target determined by individual team

Percentage (%) of Medication Discrepancies Identified by Type

Goal: 100% of all identified medication discrepancies

Success Stories

- The Medication Reconciliation in Home Care Pilot Project of 2008/09 demonstrated that implementing a formal medication reconciliation process in the home care environment can positively impact the safety of clients at home. Data supported this; as well, anecdotal evidence⁶ from clinicians told of potential adverse events being prevented that were directly related to the medication reconciliation process. Strategies to address identified challenges were regularly tested and results shared across the teams.

¹ Baker, R., Norton, P., Flintoff, V., Blais, R., Brown, A., Cox, J., Etchells, E., Ghali, W.A., Hebert, P., Majumdar, S.R., O Beirne, M., Palacios-Derflinger, L., Reid, R.J., Sheps, S. Tamblyn, R. 2004. "The Canadian Adverse Events Study: The Incidence of Adverse Events among Hospital Patients in Canada". Canadian Medical Association Journal 170(11): 1678-86

² Forster AJ, Clark HD, Menard A, et al. Adverse events among medical patients after discharge from hospital [published correction appears in Canadian Medical Association Journal. 2004;170(5). Doi:10.1503/cmaj.1040215] Canadian Medical Association Journal. 2004;170(3):345-349. <http://www.cmaj.ca/cgi/data/170/3/345> Accessed June 10, 2008

³ Safer Healthcare Now! Medication Reconciliation in Home Care Pilot Project 2008 - 2010. Co-lead by VON Canada and ISMP Canada

⁴ Accreditation Canada ROP Hand Book April 2010 page 20

⁵ Safer Healthcare Now! Medication Reconciliation in Home Care Getting Started Kit August 2010

⁶ Safer Healthcare Now! Scrapbook of Testimonials: Medication Reconciliation in Home Care Pilot Project, <http://www.saferhealthcarenow.ca/EN/Interventions/medrec/Documents/Home/Scrapbook%20of%20Testimonials.pdf>