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Discharge Medication Errors Fall 96.7% After Interdisciplinary Team Fully Implements Medication Reconciliation Process, Study Finds

A medical center reduced discharge medication errors by 96.7% in two years once a redesigned medication reconciliation process was fully implemented, according to a study published in the January 2010 *The Joint Commission Perspectives on Patient Safety*.¹

The redesigned process was created by an interdisciplinary team, including a pharmacist, using the Six Sigma methodology. The pharmacist's role in the process is to verify the accuracy of medication reconciliation done by a registered nurse. A 5.11% error rate per total discharges was noted in the fourth quarter of fiscal year 2007 when the new process was fully implemented. Two years later, the error rate was reduced to 0.17% errors per total discharges in the fourth quarter of fiscal year 2009.

For high-risk patients, the pharmacist immediately reviews patients' medication reconciliation and discharge instruction forms and 48 hours of physician orders. The pharmacist reviews low-risk patients' medications after patients are discharged, calling the patient or the patient's physician if an error is found. Medication lists of patients who are being transferred to another facility are reviewed by a pharmacist before the patients are discharged.

An abstract of the study is available at

<http://www.ingentaconnect.com/content/jcaho/jcpps/2010/00000010/00000001/art00001>

1. Dalton D, Humphrey M, Neptune C et al. Using Six Sigma methodologies: creating a revised discharge medication reconciliation process. *Jt Comm J Qual Patient Saf.* 2010; 10:1-6.

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ASHP Health Policy Alerts are synopses of new studies highlighting the medication-use process in health care, especially studies assessing contemporary pharmacists' role in improving medication-use outcomes. The American Society of Health-System Pharmacists encourages recipients to keep a copy of this synopsis for future reference.

