

Draft ASHP Statement on the Pharmacist’s Role in Medication Reconciliation*

Position

1 The American Society of Health System Pharmacists (ASHP) believes that an effective process for
2 medication reconciliation reduces medication errors and supports safe medication use by patients.
3 ASHP encourages community-based providers, hospitals, and health systems to collaborate in
4 organized medication reconciliation programs to promote continuity of patient care. ASHP further
5 believes that pharmacists, because of their distinct knowledge, skills, and abilities, are uniquely
6 qualified to lead interdisciplinary efforts to establish and maintain an effective medication
7 reconciliation process in hospitals and across health systems. Pharmacists should lead or assume
8 key roles in the following essential components of medication reconciliation: developing policies
9 and procedures, implementing and continuously improving medication reconciliation processes,
10 training and assuring the continuing competency of those involved in medication reconciliation,
11 providing operational and therapeutic expertise in the development of information systems that
12 support medication reconciliation, and advocating for medication reconciliation programs in the
13 community. Pursuant to their leadership role, pharmacists share accountability with other hospital
14 and health-system leaders for the ongoing success of medication reconciliation processes across
15 the continuum of care.

Background

16 The goals of medication reconciliation are to obtain and maintain accurate and complete
17 medication information for a patient and use the information within and across the continuum of

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18 care to ensure safe and effective medication use. When organizations do not consistently and
19 reliably achieve these goals, medication errors and adverse drug events occur: approximately half
20 of all hospital-related medication errors and 20% of all adverse drug events have been attributed
21 to poor communication at the transitions and interfaces of care.¹⁻²

22 In 1999, the Institute of Medicine (IOM) report *To Err Is Human: Building a Safer Health*
23 *System*³ identified medication errors as the most common type of health-system error,
24 contributing to several thousand deaths each year. The fiscal impact of these errors is also
25 significant. With reported costs of \$2595–4685 per adverse drug event, drug-related morbidity
26 and mortality was estimated to be over \$177 billion in 2000 alone.⁴

27 Reports and studies such as these had a profound impact on the medical community, and
28 the call for action was immediate. Organizations such as the Institute for Healthcare Improvement
29 (IHI), the Agency for Healthcare Research and Quality (AHRQ), and The Joint Commission (TJC)
30 launched initiatives for performance improvement and established higher expectations through
31 new regulatory standards for improved communication between providers and patients and
32 across health care systems.

33 In 2005, TJC made medication reconciliation a focus of one of its National Patient Safety
34 Goals. The initial goal included a number of detailed and specific requirements, which made
35 implementation challenging and resulted in numerous findings of noncompliance during survey.
36 In response, TJC affirmed the importance of the goal but suspended it in 2009 and 2010 for
37 extensive revision. After a comprehensive literature review and analysis of data collected by
38 surveyor teams, a modified goal was released in 2011, and scoring of the goal began in July 2011.⁵
39 The revised goal sets an expectation for maintaining accurate medication information at critical

40 risk points in the medication-use process while allowing organizations latitude to define processes
41 and encouraging performance improvement.

42 The purpose of this statement is to describe pharmacists' responsibilities and
43 accountabilities in medication reconciliation practices.

Pharmacists' Responsibilities

44 When performed by pharmacists, medication reconciliation can reduce the frequency and severity
45 of hospital medication errors that could potentially result in patient harm.⁶ Pharmacists have
46 demonstrated high rates of patient interventions; interventions per patient; and documentation of
47 medications, medication interactions, drug-related admissions, and previous drug failures.⁷

48 Although the literature demonstrates the important role of pharmacists in successful
49 medication reconciliation processes across the continuum of care, significant resources are
50 needed to perform medication reconciliation skillfully and efficiently, which suggests opportunities
51 for expanding the roles of pharmacy residents, students, and technicians. When properly trained
52 by pharmacists, these individuals can accurately document medication histories. In one study,
53 potential errors due to incomplete or incorrect information, illegible orders, and serious drug
54 interactions were reduced by 82% by having pharmacy technicians obtain medication histories.⁸

55 When confronted with limited resources, pharmacists should at a minimum participate in
56 and guide interdisciplinary efforts to develop and define policies and procedures for their
57 organizations, standardize workflows for electronic documentation, promote safe practices to the
58 community, and, most importantly, engage health care leadership in efforts to ensure medication
59 reconciliation processes are successful.

60 ASHP and the American Pharmacists Association (APhA) began a collaborative effort in
61 2007 and 2008 to create a shared vision for the role of the pharmacist in medication reconciliation
62 processes.⁹ That vision recognizes that pharmacists should take a leadership role in improving
63 medication reconciliation, acting as both advocates and medication experts, to provide
64 information to and educate patients and health care providers. Specifically, pharmacists'
65 responsibilities were described as including but not being limited to:

- 66 • providing leadership in designing and managing patient-centered medication reconciliation
67 systems,
- 68 • educating patients and health care professionals about the benefits and limitations of the
69 medication reconciliation process, and
- 70 • serving as patient advocates throughout transitions of care.

71 Using this vision as a guide, ASHP has developed the following recommendations for pharmacists'
72 functions in medication reconciliation activities.

Pharmacists' Functions

73 Pharmacists have five fundamental functions in medication reconciliation: developing policies and
74 procedures regarding medication reconciliation processes, implementing and continuously
75 improving those processes, training and assuring the continuing competency of those involved in
76 medication reconciliation, providing operational and therapeutic expertise in the development of
77 information systems that support medication reconciliation, and advocating for medication
78 reconciliation programs in the community.

79 **Policy and procedure development.** Pharmacists should provide leadership in establishing

80 policies and procedures that encourage (a) provision of patient-care services that include
81 medication reconciliation processes, (b) implementation and operation of an evidence-based
82 medication reconciliation system that optimizes available resources, (c) education of organization
83 staff on the importance of medication reconciliation as a patient safety initiative, and (d)
84 promotion of medication reconciliation as a focus of performance improvement activities.

85 **Implementation and performance improvement.** Pharmacists should lead or participate in
86 organizational implementation of and performance improvement efforts regarding medication
87 reconciliation activities. These activities may include but are not limited to: (a) establishing a
88 medication reconciliation implementation task force or redesign team; (b) creating a vision and
89 expectations for medication reconciliation activities; (c) securing executive-level commitment to or
90 sponsorship of medication reconciliation resource needs; (d) identifying barriers that are
91 preventing, or potential barriers that may prevent, safe and effective medication reconciliation
92 procedures within their practice model, as well as possible solutions; (e) guiding workflow
93 development that integrates operational and clinical needs; (f) assisting with establishing roles and
94 responsibilities of health care providers in medication reconciliation processes, including pharmacy
95 technicians, pharmacy students, and other medical support personnel; (g) ensuring that
96 competency-based training for all personnel involved in medication reconciliation procedures is
97 established; (h) creating or assisting in the development of standardized documentation templates
98 for medication lists and reconciliation; (i) ensuring that established procedures meet regulatory
99 requirements and organizational policy; and (j) developing a method for ongoing medication
100 reconciliation system evaluation.

101 **Training and competency assurance.** Pharmacists should lead or participate in (a)

102 identifying all health care providers and support staff involved in medication reconciliation
103 activities; (b) creating competency training and skills assessment that are specific to each staff
104 member's roles and responsibilities in medication reconciliation (e.g., conducting a medication
105 interview, taking a medication history, performing medication reconciliation); (c) providing
106 education and performing assessments to ensure the competency of those who document and
107 perform medication reconciliation activities; and (d) providing didactic or simulated training for
108 medication history and reconciliation procedures.

109 **Information systems development.** As more organization adopt computerized provider
110 order entry, electronic medical record, and other information systems, pharmacists should ensure
111 that the systems support medication reconciliation throughout the continuum care. Consideration
112 should be given to establishing methods for data extraction from the medical record that allow for
113 internal and external reporting of measures related to medication reconciliation.

114 **Advocacy.** Pharmacists should provide information about medication reconciliation to
115 health care providers, patients, and the community, and they should evaluate the effectiveness of
116 these advocacy efforts on the medication reconciliation process. Activities may include clinical
117 grand rounds, professional conferences, patient counseling, or mass communications such as
118 newsletters or public service announcements. These efforts should (a) demonstrate the
119 effectiveness of sound medication reconciliation processes in improving patient safety and
120 reducing health care costs; (b) emphasize the importance of timely and accurate communication
121 of medication information between patients and their health care providers; (c) clarify and
122 describe the important role of technology and electronic medical records that support medication
123 reconciliation documentation and reconciliation; (d) provide strategies for preventing medication

124 adverse events related to overuse, misuse, omission, duplication, or other discrepancies found
125 during medication reconciliation processes; (e) highlight the importance of completing a full and
126 accurate medication history, including supplement use, prior to prescribing or administering a new
127 medication; and (f) describe opportunities for pharmacist extenders, such as pharmacy technicians
128 and students, to participate in medication reconciliation activities.

Conclusion

129 An effective process for medication reconciliation reduces medication errors and supports safe
130 medication use. Pharmacists are uniquely qualified to lead interdisciplinary efforts to establish and
131 maintain an effective medication reconciliation process in hospitals and across health systems and
132 should lead or assume key roles in the essential components of medication reconciliation. Because
133 of their crucial role, pharmacists share accountability with other hospital and health-system
134 leaders for the ongoing success of medication reconciliation processes across the continuum of
135 care.

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