

Medication Reconciliation – Practitioner Specific Involvement

Pharmacist review of home med list for reconciliation

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Our JCAHO Coordinator just came back from a JCAHO seminar given by an ex-JCAHO surveyor. He said that a pharmacist must review all home medication lists for new admissions. He said this is from MM.1.10 and MM.4.10 of the standards.

Does anyone else have this understanding?

Thanks, Larry

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I don't believe this is accurate. Home med list is most often related to med reconciliation – a National Patient Safety Goal. Check out the JCAHO website (www.jcaho.org <<http://www.jcaho.org/>>), go to the tab for national patient safety goals, then to FAQ for the 2006 goals (L side), then to med reconciliation. The commentary here states that JCAHO does not specify the discipline responsible for accomplishing med rec – each organization has to find its own way. It also offers some clarity for the med rec process.

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I agree with Deb. Although Pharmacy plays a large role in the Medication Reconciliation process, Nursing also plays a big role as well as Diagnostic Imaging, especially in ER and Outpatient.

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Actually, JCAHO has been surveying the patient safety goal this way. Although no specific discipline is charged with medication reconciliation, JCAHO has been requiring pharmacy involvement in the review citing the standards mentioned by Larry below. I've heard from several pharmacies in the last year that JCAHO is doing this and started with surveys done in 2006. We have been cited many times by JCAHO during our home

health reviews in surveys as early as 2001 for not having pharmacists review the home meds there too.

Our hospital designated the attending physician as the person to perform the medication reconciliation. In order for it to work in the MDs workflow, they asked that it be an admission order. He/she will check of home meds (if any), add new meds or any other order. Then it's processed like any other physician order. We are not yet EMAR so the paper is faxed to the pharmacy and a pharmacist reviews the orders. Any discrepancies are discussed by the pharmacist with the ordering physician. This way we are meeting both the patient safety goal and the medication use standards.

MM.1.10 has to do with patient information and includes all health care practitioners. Pharmacists must have access to a list of current medications which is defined by JCAHO in the patient safety goal to include home meds.

MM.4.10 talks about medication review for all prescriptions and medication orders. . #1 under MM.4.10 is the infamous pharmacist review of orders. Put in the context of patient safety goal #8, that means that pharmacists must review the patient's home meds.

I suggest that it's in the best interest of your institutions that you keep that in mind going forward. I do not have a copy of the 2007 standards, but I can't imagine that they're very different or less involved.

Thanks
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Medication Reconciliation
8/8/2007

Currently, we have pharmacists conducting medication histories upon patient admission. We are considering adding some nurses to our pharmacy team to assist with medication reconciliation. Does anyone have a medication reconciliation model that utilizes specially trained nurses to conduct medication histories upon admission? If so, does anyone have a job description or other information you would be willing to share.

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Since we have too small a pharmacy department to perform med rec on all patients, it's a nursing function. We've made this part of the initial nursing assessment and then re-assessment at transfer. All nurses have been educated and monitoring has shown excellent compliance.

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Susan,

Good morning, my name is Phil Creger and I am the Director of Pharmacy at Roper St. Francis Healthcare in Charleston, SC. After more than 2 years of attempting to convince the physicians that Medication Reconciliation is ultimately their responsibility and an equal amount of time working with McKesson to implement and improve their Med Rec software, it is still obvious all our efforts are failing. We have watched the national trend that continues to move toward pharmacy becoming a key player in the process and have convinced administration to begin a pilot program allowing a pharmacist to become a member of the Admit Team for the purpose of performing Admission Medication Histories and Discharge Histories.

It appears from your e-mail that your facility has been involved with Pharmacist participation in the Med Rec process and was wondering if you could share any information that would assist us in the start-up of our program. For example, number of pharmacists, average time to review, 24/7?, retrospective review?, discharge profiles?, policies/procedures, anything that may help will be greatly appreciated.

Thank you,
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When Joint Commission reviewed our hospital, our nurses were completing med rec. The survey made it clear to the physician in the meeting that this was a physician job function and for the medical staff to not "push" this on nursing because "they have enough to do." I was surprised that he said that considering he was an MD.

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We had a similar comment made from our Joint Commission surveyor a couple of months ago.

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