

Medication Reconciliation Hospital Survey

| Hospital | # of beds | ED visits/yr | # of discharges/day | Med Rec Process-Inpatient | Pharmacy Role | Outpatient Services | Med Rec Process-Outpatient | Pharmacy Role |
|--|-----------|--------------|---------------------|--|---|--|--|---------------|
| Maine Medical Center | 600+ | ? | ? | Have a paper order form (working on electronic). Nursing usually does med history, physician notes on form whether or not the home med will be continued. Pharmacist does the final reconciliation of the orders against the home medications. | Pharmacist has to sign the form noting that they reconciled the inpatient orders against the patient's home medications. | Yes | Same form is used but pharmacist does not reconcile meds unless patient gets admitted. | None |
| Northside Hospital (Atlanta, GA) | 537 | 51,000 | 120 | Med rec form is order form. Med rec process is done by the nurse on admission or nurse in the ER. It is done in 3 phases 1.) RN completes order form with home meds 2.) Doctors review these meds and can continue or change them. 3.) Pharmacist enters and verifies meds | Pharmacy must view the med rec sheet along with the allergy sheet. They will call patients home pharmacies for drugs and doses if unknown, and speak to patient or family to clarify meds. It is also RN and pharmacist responsibilities that the sheet is filled out and reconciled within 24 hrs and MDs have reviewed and either d/c-d or continued home meds. Pharmacist is decentralized and located in ED entering orders and assisting with med rec. | Yes- Radiology, Rehab/Occupational Therapy, Cardiology, GI, Infusion clinic, outpt surgical services | ? | ? |
| Forrest General Hospital (Hattiesburg, MI) | 512 | 85,000 | ? | Electronic-have CPOE and electronic medical records | Pharmacy reviews orders | Yes | ? | ? |
| Mercy Hospital (Miami, FL) | 483 | ? | 70 | RN gets initial home med list, admitted pts seen by pharmacist for med rec | 2 pharmacists dedicated to ED M-F: 7-4 and 12-9 (med rec on admitted pts in ED and floor pts admitted in past 24 hrs, chart reviews, enter ED orders, & physician consults) | Yes, but separate from hospital | N/A | N/A |

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| New York Hospital Medical Center of Queens (Flushing, NY)* | 489 | 90-100,000 | 90 | All med rec is done at the prescriber level. (physician, PA or ARNP) <i>**JCAHO came during the first week in February and was very pleased with their medication reconciliation process. They are currently running 86-88% compliance hospital wide. (Based on chart review of all disciplines, chart sample size = 70)**</i> | Education and gather the data to verify compliance rate, target areas for education, report to P&T and Med Board. | Clinics, Ambulatory surgery, etc | Med rec in the ambulatory services is handled by the nurses who ensure that current medication home lists are maintained. | None |
| University of Utah Hospital | 440 | 36,000 | 80 | <u>Admission</u> - pharmacists get admit history, create current list, and reconcile against orders <u>Transfer</u> - MD uses transfer form based on current orders from pharmacy system, pharmacists review/ reconcile <u>Discharge</u> - MD uses admit orders to generate discharge list which is given to the patient (this is weak point-- work in progress). Case managers and nurses help get med list to next care provider. | Primarily generating the home list on admission | Yes, lots of outpatient services and clinics | Clinic staff gather admit list, provide to prescriber who updates it if needed. Clinic staff send to next provider of care. | Yes |
| Edward White Hospital (St. Petersburg, FL) | 167 | ? | 30 | Initiated by nurse doing the intake. Meds are entered into Med Rec form in Meditech, form is then printed and scanned to pharmacy. | Pharmacist receives scanned form and processes in patient profile. Clarifies any incomplete/inappropriate entries on the form with prescriber. | No | N/A | N/A |
| CGH Medical Center (Sterling, IL) | 99 | ? | ? | Nursing (ED or admit RN) obtains med history)-->physician reviews med history sheet and orders meds on admission-->pharmacist reviews and updates med history form based on info from patient/family/local pharmacy/primary care provider . Nurses at the MD office sometimes start the med rec form for direct admits. | Pharmacist reviews each admission medication history to ensure that it is complete and that each medication has been addressed on admission and transfer. Not directly involved in discharge process at this time. | Yes | Mostly the same. Even if someone is here for blood, they get the med rec form and process everything and give them a MAR, etc. | Same as inpatient |

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| Olmstead Medical Center (Rochester, MN) | 48 | 28,000 | 10 | Nurses reconcile initially, or physician; physician can hold, change or continue meds from med rec form; form is kept in patient chart; upon discharge, physician checks to continue or discontinue or change meds; all change orders and new orders are written on physician order sheet; pharmacist compiles med list and gives copy to patient and does discharge counseling. | Mainly a role in discharge - compiling list and counseling | Yes | Haven't started yet | N/A |
| Garrett County Memorial (Oakland, MD) | 45 | 18,000 | 10/day | Nursing (ED or admitting nurse) obtains medication history). MD reviews med history sheet and orders meds on admission. Pharmacist reviews and updates med history form based on info from pt/family/local pharmacy /PCP within 24 hrs of admission. Pharmacist notifies MD when there are additional meds or discrepancies between the initial medication history and the pharmacist reviewed information. | Pharmacist reviews each admission med history to ensure that it is complete and that each medication has been addressed on admission and transfer. Not directly involved in discharge process at this time. | Yes | Outpatient nurses obtain medication history; this is reviewed by the outpatient physician or surgeon and changes are made when necessary. | None |