

Medication Reconciliation – Implementation of Technology

Medication Reconciliation Software Vendors

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I am trying to identify all the software vendors that have an electronic medication reconciliation solution available. Do you know of one that is NOT on my list? HCS, RxReconcile, Integrate Rx, Iatrics, Design Clinical's Meds Tracker, Logicare, Exit Care, E-med Reconciliation, DrFirst, FreePharmacy, Medirec, 1 to 1 Pharmacy, Med IQ, ClinXpert and Exit Meds.

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I think Micromedex has one.

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CPOE- Medication Reconciliation with Non-formulary drugs

Posted 4/21/2006

We are in the initial steps of CPOE. We are curious as to how institutions using CPOE deal with non-formulary medication orders. Does the physician have the ability to enter any non-form med or do they only enter therapeutic interchange medications. What if the non-form med is placed on hold at admit, how does that get entered into the EMR? With the non-formulary medications, how is medication reconciliation dealt with and an EMR? We are Meditech 5.5, but are curious as to how any system can deal with this.

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While I can't comment directly about CPOE, the danger of not having NF Meds in your drug file is the lack of interaction checking. We chose to put the top ones in, so that the patients got the benefit of the drug interaction checking and we dealt with the formulary issues later. It only took us one close call report for a NF MAOI where the patient was ordered an interacting item from floor stock for us to learn that lesson rapidly.

With CPOE, it seems to me that the prescriber could be presented with the information to flip to the formulary drug up front and save the call from the pharmacist. (H2 blocker 1 ordered, H2 blocker 2 on formulary is dispensed) and the provider authorizes that up front rather than waiting until pharmacy tracks them down. If they insist on the NF agent, the logic could ask for them to stipulate if there was no formulary alternative (box 1) or the issue was a patient preference issue (box 2) and the items could be routed appropriately. You could run reports on box 1 situations as a MUE to make sure that your formulary process meets the needs of the patients. (easier said than done but those are my thoughts)

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At our institution we have an orderable "NF med" (non-formulary) that they pick. The prescriber then fills in the brand and generic name of the drug, strength, dose and dosage form (tab/cap/syrup/etc). If they are having trouble entering it, the pharmacist can either assist them, or enter it for them. The order in the EMR will read NF-medication, ie: NF-Lyrica (pregabalin).

If this is a patient-own-med situation we wait to verify the order until we have ID'd the drug. If this is an item that we must procure, the order is not verified until the medication is available in the pharmacy to dispense.

We use the Cerner systems here (MedManager and Powerchart), and we have a "reject" option that we use to flag the order to be dealt with accordingly at a later time, this signifies to the pharmacy staff, physicians, and nurses that there is an issue with this order.

As for dealing with NF meds (or any med for that matter) that are put on hold at admission, we are currently dealing with that process through the Pharmacist-directed medication reconciliation upon admission. At this point if it is determined that a home medication hasn't been restarted here in the hospital we leave a note in the progress notes identifying which meds have not yet been reordered.

Hope that helps!

Regards,
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Our system will allow them to enter any non-formulary medication. However, they have to select a non-formulary procedure and type themselves full medication name, strength, dose and directions. Once they enter an order for a NF med, they still have to fill out a NF request form.

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We are CPOE, but paper for Medication Reconciliation. In CPOE the MD sends a “pharmacy consult” request for the non-formulary item and pharmacy does the order entry after completing the non-formulary review and process.

Thanks,

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Patient-entered medication history product
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Is anyone aware of a product that allows patients/parents to enter their own medication history on a handheld tablet/kiosk/other? A pediatric pharmacist colleague is looking for available solutions.

Thanks,
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https://www.myhealth.va.gov/mhvPortal/anonymous.portal?_nfpb=true&_nfto=false&_pageLabel=mhvHome

The Department of Veterans Affairs has developed a personal Health Portal for patients to track their health and related parameters such as Medications not provided by VA, vitals like Blood Pressure and Blood Glucose. This site also provides health related information and will in a future edition provide access to their electronic Health Record once their providers have seen results and decide what action to take. It is available from Kiosks at each VA medical Facility or by Internet access.

The URL is listed above.

Specific to your question is a location to report to VA providers the medications they take both from VA and outside the VA. The Department of Defense is developing similar solutions. Various insurance companies provide similar solutions to their enrollees.

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Medication Reconciliation with HCS
Posted 3/15/2006

Has anyone taken a look at the HCS Inc medication reconciliation program? It provides a patient's medication history based on 3rd party insurance records. I'd be curious to hear your opinions about it.

Thanks.

Liz Shlom
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We have just implemented the HCS Medication Reconciliation program. The system is absolutely remarkable. During the first week of testing we were printing all home med information in the pharmacy. The first day I took a list that had just printed down to the ED. The patient was a 72 y.o. female brought to the ED with a head injury resulting from a fall. The patient, who was rather "out of it", and the family members had given the triage nurse the home medication history. When the triage nurse was handed the printed document from HCS, she focused on the first med listed - Xanax XR which was filled on Feb. 25, 2006. This medication, of course, had not been listed by the patient or family nor had they recalled the Alprazolam that had been filled two months prior to that.

We are obtaining the info for all ED patients, ambulatory surgery patients, out-patients for radiology procedures involving contrast, and patients admitted to the hospital.

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