Medication Reconciliation – Outpatient Settings

Medication Reconciliation in PF lab
Posted 8/29/2006

A recent question on medication reconciliation came up that I was hoping someone has already addressed. We have a very active pulmonary function testing lab and they were wondering how they could meet the JCAHO mandate for medication reconciliation on their patients. Most of their testing is on out-patients coming in for the test only. They receive albuterol in the lab and then nothing on their medication profile changes at discharge. Since medication is being given, how are some of you working through the med recon process? Who is responsible for it and how is it working for you? Any suggestions are welcome!

Thanks!
Carrie Beth Smith, Pharm D
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Our plan for all outpatient areas is to the a complete Home/Admission Medication Form filled out (same as we do for inpatients). If the patient is NOT started on new medication following the outpatient visit, we do nothing. However, if they do get started on a new medication or if there is a change, this will be indicated at the bottom of the form. The patient will then be given a copy of the form with the new med(s) and the home meds.
We have this slated to go live soon, so would love to her what other folks are doing.

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Med Rec for outpatient radiology procedures
Posted 10/11/2007

Hi all..
We are struggling to complete medication reconciliation in our outpatient radiology areas (CT scan; MRI, and nuc med). Would you be willing to share your success stories for this or a similar outpatient scenario? I am particularly interested in hearing about the role of the rad tech in this process and if any screening tools have been used to facilitate the radiologist or other licensed professional's review/assessment of the med list.

Thanks.
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Have you seen this? http://www.ashp.org/s_ashp/docs/files/JCAHORequireImaging.pdf
She presented this at ASHP last year...

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That was very helpful. We are having the same problem with our Pediatric Radiology. The contrast medications which they use are:
cysto-conray II
solopake
ezhd (powdered ba)
gastroview
optiray 350
isovue m-200
isovue m-300
Do you have (or did Niesha in her presentation mention) the Contrast Media/Drug Interaction forms for other agents than the Gastrografin (slide)?

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Med Reconciliation in the ER
Posted 1/10/2007

Seeking a way to handle this scenario in the ER involving med reconciliation: the RN takes a med history, enters it into the electronic record. The ER MD is supposed to review that list, update as appropriate to the visit, and the patient receives a "discharge" list of meds. The problem: if the patient gives an inaccurate history (e.g. drug name (sound-alike) or dose is incorrect), that inaccurate history will now be reflected on the
discharge list the ER MD is unlikely to be aware of the discrepancy in the home meds. We've been asked to put some kind of "disclaimer" on the electronic med rec list. Has anyone run into this problem? Any advice?
Thanks,

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We have or are in the process of developing a system that hopefully cuts through most of the issues you brought up.
We have pharmacy techs in the ER from 9am to 2am, which covers the greatest percentage of admits that come through ER. ER nurses completes this when the tech is not in ER They do the med recs on all patients coming through ER. When completed they are reviewed by a pharmacist and/or ER nurse before they go to the physician. In most cases the tech has talked to the patient, patients family. family physician, etc to verify information. All meds that the patient is taking (including OTCs, etc) are on the med recon form. The physician decides what is to be continued or stopped. The admission MAR is entered by the pharmacist as home meds. The meds that are to be stopped are DCed. At discharge the physician has a list of meds that includes all meds the patient was taking at admission plus anything ordered while in the hospital. All meds are flagged as active or discontinued and if it was a med the patient was taking on admission They can use this list to develop the discharge plan. There was a three month pilot done that verified having the pharmacy techs completing admission MARs greatly improved the accuracy and the degree the MARs were complete. When the tech is not busy in the ER, they are available to assist with other med recons in the hospital.

Fred Schmidt
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We have had a similar process in place for ~9 months.
An ED based pharm tech, combined with two PharmD students on rotation, interview all ED admission patients. We staff from 7a-10p. They access the OR schedule to complete electronic Med Reconciliation forms for all scheduled OR patients, usually at least two weeks prior to surgery.

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Medication Reconciliation in Outpatient Clinics
Posted 8/30/2006

Has anyone developed a medication reconciliation form for use in outpatient areas that you are willing to share?
How is the process working in your emergency departments?

Thanks,

Michele Danish, Pharm.D.
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Michele,
I recommend you visit the Massachusetts Coalition website. They have every medication reconciliation form you maybe searching for.

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The Mass Coalition site is a great help, but they don't really have a good outpatient paper form and I personally don't see that they have this thing solved either, even though they have put forth a tremendous effort and have had a lot of money in grants. If you have been working on this for any time at all you must know by now that this is the most difficult NPSG, soon to be standard that has ever come to be. We need to help one another as much as possible. This list is so good, if anyone had the answer we would have already seen it.

Stan Illich
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With our experience here using the med reconciliation system that retrieves the retail pharmacy prescription info upon registration of the patient in our facility, it is clear that the best answer is going to be electronic sharing of patient information. It is so much easier to be able to sort out which meds are appropriate at the time of care when the retail prescription information is readily available to us.
Unfortunately, not all records are being made available to share. Until that time comes, med reconciliation will continue to be an extremely difficult obstacle - and it is so crucial to good patient care.

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Sandy - are you using HealthCare Systems Inc to get
that prescription info? If so, are you happy with that system?

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As correction to my previous post the customization was done for Alabama BCBS, not Florida. According to HCSINC, different hit rates are due to differences in payer mix, covered lives etc. The best HCS hit rates currently are in New York State. HCS states that they "would happily entertain the opportunity to modify request queries if need be to obtain higher hit percentages anywhere in the nation but up to this point all contracted data sources outside of BCBS Alabama are requesting the same identification requirements."

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Yes, we are using the HealthCare Systems program. We are very happy with how it functions (relatively flawlessly). At this point our retrieval rate is low because we don't have access to FL medicaid info yet. The state vendor is doing some programming updates so that the info can be shared and we should be getting that by December. This will increase our rates tremendously. We use this system in one part of our outpatient services but have not expanded to our rural health clinic yet. We also set up the structure so that retail prescription info is set to trigger on those patients who register for radiology procedures that might involve contrast.

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