

**2007 ASHP Summer Meeting  
P26D**

**Category:** Quality Assurance / Medication-Use Safety

**Type:** Descriptive Report

**Title:** Medication reconciliation involving an intern pharmacist in an acute care facility

**Purpose:** The transition of patients back and forth between the inpatient and outpatient setting can lead to many medication errors. Medication reconciliation is an essential tool which helps minimize these errors. A pilot study was conducted to evaluate medication reconciliation accuracy within an acute care facility. An intern pharmacist was assigned to evaluate medication histories obtained by the nursing staff. The importance of involving the pharmacy department in the medication reconciliation process was studied on a day to day basis.

**Methods:** During the first week of the study the intern pharmacist was assigned to follow the hospital list's patients. The completeness of medication reconciliation forms was evaluated. By the second week the intern pharmacist was assigned to reevaluate medication histories of all patients in the hospital for the entirety of the study, with the exception of the family birth area. The intern pharmacist obtained patients medication histories by re-interviewing patients, family members, caregivers, out-patient pharmacies and physician offices. The medication histories were compared and the errors were documented.

**Results:** Out of 212 medication histories taken by the nurses, 74 % (157) of them were not completely reconciled. We documented 743 errors from these medication histories. The most common error was the failure of nurses to indicate the date and time of the last dose taken by the patient 58% (431). This was followed by errors related to incomplete dosing directions 16% (114) and incorrect dosage information 14% (106). Additional errors included omission of active medications 8% (61), lack of physician authorization 3% (24) and listing inactive medications 1% (7).

**Conclusion:** If used properly, medication reconciliation can be a vital tool in reducing medication errors and increasing patient safety. Our study suggested that involving pharmacy personal reduces medication errors. Pharmacists are an essential component for improving accuracy in the medication reconciliation process.

**Primary Author:**

Khaja M. Ahmed, Manager, Pharmacy Services & Preceptor (CU), Clovis Community Medical Center,  
2755 Herndon Ave., Clovis, CA, 93612, USA, [kahmed@communitymedical.org](mailto:kahmed@communitymedical.org)

**Additional Authors:**

Parham Bazrafshan, Intern Pharmacist (Pharm D candidate), School of Pharmacy, Creighton University,  
Omaha, NE  
Sumera Ahmed, Hospitalist, MD, Sound Inpatient Physicians, Tacoma, WA