

Guidelines for Medication Reconciliation

Discharge from the Hospital

“Successful implementation of medication reconciliation requires a concerted interdisciplinary effort in order to prevent medication errors at transition points in patient care”.

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Guidelines for Medication Reconciliation: Discharged from Hospital

Medication reconciliation is the process in which health care providers review a patient's medication regimen at transitions in care (such as admission and discharge from a hospital and transfers to long term and home care) in an effort to avoid inconsistencies, adverse effects, and duplicative or unnecessary medications (2). Medication errors and adverse events caused by them are common during and after a hospitalization. The impact of these events on patient welfare and the financial burden, both to the patient and the healthcare system, are significant (3).

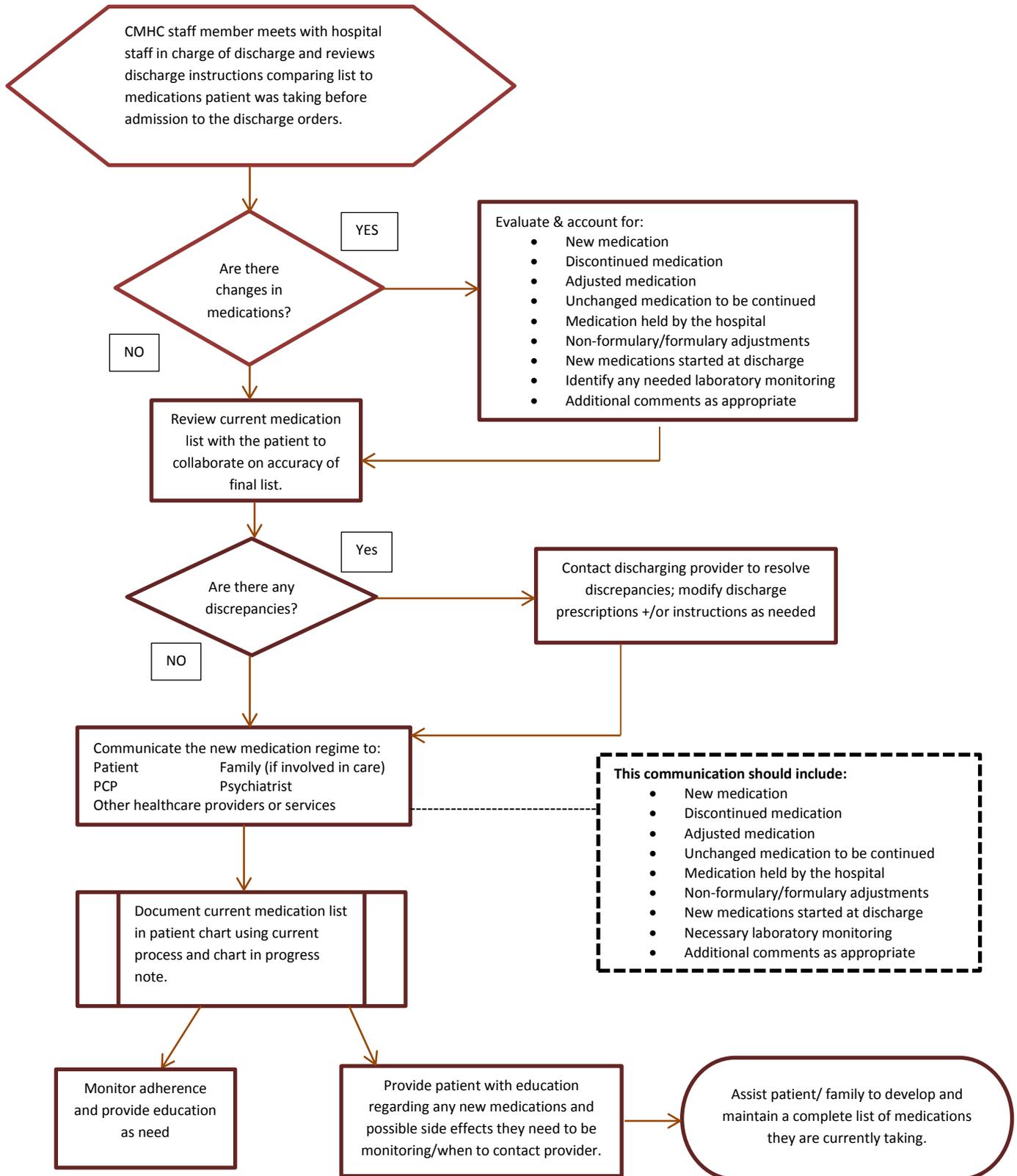
- 1 in 5 patients experienced an adverse event in transition from hospital to home.
- Adverse drug events were the most common (66 %).
- 62 % were considered preventable (4)

“Successful implementation of medication reconciliation requires a concerted interdisciplinary effort in order to prevent medication errors at transition points in patient care” (2). One of the major issues faced in this process is providers retrieving medication history from sources other than patient. 70% of drug-related problems discovered only through a patient interview where discrepancies exist between documentation, prescription bottles, and patient's actual use of medications. To avoid medication errors such as omissions, duplications, dosing errors, or drug interactions it is imperative that staff compare a patient's medication orders to all of the medications that a patient has been taking at every transition of care in which new medications are ordered or existing orders rewritten.

The Joint Commission's Definition of “Medication” Any prescription medications, sample medications, herbal remedies, vitamins, nutraceuticals, vaccines, or over-the counter drugs; diagnostic and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications, respiratory therapy treatments, parenteral nutrition, blood derivatives, and intravenous solutions (plain, with electrolytes and/ or drugs); and any product designated by the Food and Drug Administration (FDA) as a drug (1).

1. 2010 Hospital Accreditation Standards, The Joint Commission, 2010, p. GL19. 2010 Society of Hospital Medicine DOI 10.1002/jhm.849
2. American Society of Health-System Pharmacists, 2010, ASPH Endorses Best Practices for Medication Reconciliation, retrieved from <http://www.ashp.org/menu/AboutUs/ForPress/PressReleases/PressRelease.aspx?id=602>, on 2/21/12.
3. 2010 Society of Hospital Medicine Journal of Hospital Medicine Vol 5 No 8 October 2010 477
4. Scope of Problem – Discharge Forster AJ, et al. Ann Intern Med. 2003;138:161-7

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Talking with Clients about their Medication

Supporting clients with mental illness in continuing to take their medications can significantly improve treatment outcomes.

Getting Started. Take 5-10 minutes every few sessions to go over these topics with your clients:

- Remind them that taking care of their mental health will help prevent relapse.
- Ask how their medication is helpful.
- Acknowledge that taking a pill every day is a hassle.
- Acknowledge that everybody on medication misses taking it sometimes.
- Do not ask *if* they have missed any doses, rather ask, *“How many doses have you missed?”*
- Ask if they felt or acted different on days when they missed their medication.
- Was missing the medication related to any substance use relapse?
- Without judgment, ask *“Why did you miss the medication? Did you forget, or did you choose not to take it at that time?”*



For clients who forgot, ask them to consider the following strategies:

- *Keep medication where it cannot be missed:* with the TV remote control, near the refrigerator, or taped to the handle of a toothbrush. Everyone has two or three things they do every day without fail. Put the medication in a place where it cannot be avoided when doing that activity, but always away from children.
- *Suggest they use an alarm clock* set for the time of day they should take their medication. Reset the alarm as needed.
- *Suggest they use a Mediset:* a small plastic box with places to keep medications for each day of the week, available at any pharmacy. The Mediset acts as a reminder and helps track whether or not medications were taken.



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For clients who admit to choosing NOT to take their medication:

- Acknowledge they have a right to choose NOT to use any medication.
- Stress that they owe it to themselves to make sure their decision is well thought out. It is an important decision about their personal health and they need to discuss it with their prescribing physician.
- Ask their reason for choosing not to take the medication.
- Don't accept "I just don't like pills." Tell them you are sure they wouldn't make such an important decision without having a reason.

Offer as examples reasons others might choose not to take medication. For instance, they:

1. Don't believe they ever needed it; *never were mentally ill*
2. Don't believe they need it anymore; *cured*
3. Don't like the side effects
4. Fear the medication will harm them
5. Struggle with objections or ridicule of friends and family members
6. Feel taking medication means they're not personally in control



Transition to topics other than medications. Ask what supports or techniques they use to assist with emotions and behaviors when they choose not to take the medication.

General Approach: The approach when talking with clients about medication is exactly the same as when talking about their substance abuse decisions.

- Explore the triggers or cues that led to the undesired behavior (either taking drugs of abuse or not taking prescribed medications).
- Review why the undesired behavior seemed like a good idea at the time.
- Review the actual outcome resulting from their choice.
- Ask if their choice got them what they were seeking.
- Strategize with clients about what they could do differently in the future.

PATIENT MEDICATION ADHERENCE COMMUNICATION/ACTION ALGORITHM

