SUBJECT: MEDICATION RECONCILIATION **POLICY NO. 398**

PURPOSE:
To ensure timely and accurate medication information is captured and documented in order to communicate information across the continuum of care, reduce medication related errors and improve patient safety and outcomes (NPSG.03.06.01).

POLICY:
At Harbor-UCLA Medical Center, medication reconciliation shall be performed during inpatient admissions, inpatient transfers to another service or level of care, discharge of inpatients, and as part of ambulatory care visits involving medication. This includes clinic visits, outpatient surgery, outpatient diagnostics, Emergency Department and Urgent Care visits.

DEFINITIONS:
I. **Patient Medications:** For the purpose of this policy, patient medication may be any one of the listed items:
- A. Prescription medications
- B. Vitamins
- C. Nutrition supplements
- D. Over-the-counter drugs
- E. Inhalers or inhaled medications
- F. Parenteral nutrition
- G. Blood derivatives (e.g., factors, ESA)
- H. Intravenous solutions (plain or with additives)
- I. Herbal supplements
- J. Investigational drugs
- K. Marijuana, CBD, and/or THC
- L. Illicit drugs

II. **Clinic Visit**: A face-to-face encounter with a provider permitted to prescribe medications.
III. **Inpatient Transfer:** Patient transfer within the hospital to another service or level of care (i.e., ICU to floor transfer, Surgical to Medical service, in/out of Operating Room and procedural areas).

PROCEDURE:
A. Nursing staff or provider shall perform the following:
1. Obtain and document a complete and accurate list of a patient's current medications, including medication name, dose, route, frequency, and compliance.

EFFECTIVE DATE: 4/06 **SUPERSEDES:**
REVISED: 11/07, 2/08, 4/11, 1/14, 11/16, 1/20
REVIEWED: 4/11, 1/14, 11/16, 1/20
REVIEWED COMMITTEE: Patient Safety Council & Pharmacy and Therapeutics Committee

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

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Chief Medical Officer

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Chief Nursing Officer

2. Compare this list against admission, transfer and/or discharge orders to identify and resolve discrepancies.
3. Make necessary and appropriate changes based on the patient's clinical condition.
4. Communicate a medication list to the next provider of service.
5. Provide the patient/family with education about managing medication information.
6. Supply the patient/family with written information on the medication(s) the patient should be taking after hospital discharge or at the end of an outpatient encounter.
   a. When there are no medications or changes to the existing home medications, no medication list needs to be provided to the patient or caregiver.
   b. When the only additional medications prescribed are for a short duration (less than 30 days), the medication information may include only those medications. For example: (a) Hold metformin following IV contrast administration. (b) Antibiotics for less than 30 days. (c) Pain medications for less than 30 days.
   c. When there are changes to the existing chronic home medications, a complete medication list is provided to the patient/family.

B. The patient's home medication list shall be documented in the Electronic Health Record (EHR) by nursing staff or the provider.
   1. Obtaining complete information regarding current medications will not always be possible in every circumstance (i.e., critical illness, cognitive impairment). A good faith effort and use of ancillary sources to maintain an accurate medication list is acceptable in these circumstances.
   2. If medication history is not available, inability to obtain medication history shall be documented in the EHR. The provider shall attempt subsequently to obtain this information from the patient, family, or other sources when reasonably feasible.
   3. If the patient is not on any known home medications, this shall be documented explicitly in the EHR.

C. The provider shall reconcile medications in the EHR and make clinical decisions on which medications need to be continued, stopped, changed or added at the time of review.
   1. Admission medication reconciliation should be complete within 24 hours of inpatient admission.
   2. Transfer and discharge medication reconciliation should be complete before signing transfer or discharge orders.

D. Medication Reconciliation for "High Risk" Patients: See Pharmacy Policy 173 (Medication Reconciliation for High Risk Patients).

E. The provider with prescriptive authority is ultimately responsible for medication reconciliation for the patient record.

Specific Clinical Situations

A. Medication reconciliation is not a "one size fits all process" and will be accomplished through procedures that are specific to the clinical area and patient circumstances while meeting the elements of this policy.

B. **Department of Radiology**
   1. For patients receiving contrast (IV or PO) or sedation, allergy information is obtained from the patient upon admission.

2. The full Procedure 1 (above) does not apply to the Department of Radiology. Patients are screened using a departmentally approved checklist for common and major medication contraindications and for specific medications currently believed to have adverse clinical implications. If a conflict is identified, the radiologist is consulted for specific instructions.

C. **Outpatient Procedures/Surgeries**
1. Obtaining and documenting of medications (medication history) by a nurse or provider is required if the patient is to receive any medications while under the care of the facility, with a focus on screening for specific medications known to have specific implications for the care to be provided (i.e., anticoagulants).
2. If the medication history is performed by a nurse, the nurse shall discuss any concerns with the physician before the procedure.

D. **Vaccinations:** Vaccines are medications. For brief encounters, however, where a vaccine is administered and there is no change in the patient's continuing medication regimen, medication reconciliation is not required.

Revised and Approved by:
Medical Executive Committee - 1/2020

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President, Professional Staff Association