LAC+USC MEDICAL CENTER POLICY

Subject:	Original Issue Date:	Policy #
MEDICATION RECONCILIATION	3/11/08	**721**
	Supersedes: 4/20/18	Effective Date: 10/29/21

Policy Originator: Patient Safety Departments Consulted: Ambulatory Care Emergency Medicine Procedural Areas Patient Safety Committee	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Committee	Approved by: (Signature on File) Chief Medical Officer (Signature on File) Chief Executive Officer

PURPOSE

To ensure the development of a complete and accurate list of patient medications which is reviewed and reconciled when patients move from one clinical area to another or when a change in the level of care occurs.

As one of the Joint Commission's National Patient Safety Goals (NPSG), medication reconciliation must occur whenever a patient moves from one "setting, service, practitioner, or level of care within or outside the organization". The complete and current list of that patient's medications—as obtained on admission/entry and updated during that episode of care—will be communicated to the next provider of service to be compared (reconciled) with the medications to be provided in/by the new setting, service, practitioner, or level of care. The list will reflect changes that occurred during the episode of care.

POLICY

Qualified staff are responsible for obtaining as accurate a list of medications, supplements, and herbal products as possible. In addition, the physician or mid-level staff is responsible for the reconciliation of current and any new medications the patient is taking when changes are made in said medications. Lastly, for inpatients, physicians and mid-level staff responsible for a patient's care are responsible for reviewing as complete a list as possible of medications, supplements, and herbal products whenever a patient is transferred from one area of the hospital to another where the patient has a possibility of receiving any medications.

The list of patient medications will be reviewed and reconciled when patients present for care as an outpatient, to the Emergency Department, or when they are admitted to an inpatient service, when they are transferred from one inpatient setting or service to another, when they undergo procedures, or whenever the patient's level of care changes.

Patients will be given an accurate list of medications when discharged from an inpatient or outpatient setting reflecting any changes, additions, and discontinued medications as well as continued medications.

DEFINITIONS

Medication: Includes any prescription medications; sample medications; herbal remedies; vitamins; nutriceuticals; over-the-counter drugs; vaccines; 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; intravenous solutions (plain, with electrolytes and/or drugs); and any product designated by the Food and Drug Administration (FDA) as a drug. This definition of medication does not include enteral nutrition solutions, which are considered food products, oxygen, and other medical gases.

Change in Level of Care: For an inpatient, the process which occurs when a change in a patient's clinical condition results in a change in the setting where the care is rendered or a change of the service providing the care to the patient. The change in the intensity of care rendered may or may not result in the patient being transferred to a different physical location. Examples include transfers to or from an Acute Care Bed to a Critical Care Unit, a procedure area, or the surgical area.

Patients moved from one physical location to another whereby no change is made in the setting or service does not constitute a change in level of care and does not require that medication reconciliation be undertaken. Examples include a patient being moved from an operating room or procedure area to the associated post-anesthesia recovery area. The operating/procedure area and its associated recovery area are considered to be the same level of care. In addition, no change in service (care team) occurs when patients are moved from one area to the other.

Continued Medication: Checking the "Continue" box constitutes an order for a medication to be administered to the patients.

Discontinued Medication: Medications the provider determines the patient must stop taking.

National Patient Safety Goal .03.06.01
Elements of performance

1. Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications
2. Define the types of medication information to be collected in different settings

3. Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies
4. Provide the patient (or family as needed) with written information on the medications the patient should be taking at the end of the episode of care (for example, name, does, route, frequency, purpose)
5. Explain the importance of managing medication information to the patient at the end of the episode of care.

PROCEDURE

Inpatient Admission

- Upon arrival to an inpatient unit, nursing will complete a review of the medication reconciliation for that admission.

- The Attending Staff, Mid-Level Practitioner or resident physician responsible for the patient's care will complete the "Medication Reconciliation" and include a complete listing of all medications being prescribed to the patient on admission in addition to any prescription, over the counter medications, supplements, and herbal products being continued or discontinued from the outpatient setting.

Inpatient Transfer

- Upon arrival of a transferred patient to the new inpatient unit or the transfer of a patient from one service, level of care, or procedure area to another, nursing will review medication reconciliation for that change of level of care.

- The Attending Staff, Mid-Level Practitioner or resident physician responsible for the patient's care will complete the "Medication Reconciliation" if the transfer results in a change in clinical service or change in level of care intensity. The medication reconciliation should include any other medications being prescribed for the patient on transfer from one unit or level of service to another.

Inpatient Discharge

- Upon discharge from an inpatient stay, the Attending Staff, Mid-Level Practitioner or resident physician responsible for the patient's care will complete the medication section of the discharge for each patient.

- The provider completing the medication section of the discharge, will provide a complete list of all the medications, supplements, and herbal products the patient is being sent home with.

- Nursing will provide the patient with the complete list of medications and review it with the patient as part of the discharge process.

Ambulatory Visits

- Upon care rendered in an ambulatory setting, e.g., clinic, ED, urgent care, same day surgery or procedures including invasive radiology procedures, three steps should follow:

- 1. Nursing or pharmacy staff will complete an accurate medication history within the medication history section of the electronic medical record(EMR), evidenced by a green check mark with the medication history section within the EMR.
- 2. Providers inclusive of Attending Staff, Mid-Level Practitioner or resident physician responsible for the patient's care will fully complete the medication reconciliation section of the EMR, evidenced by a green check mark within the EMR for medication reconciled.

- Outpatients undergoing contrast-enhanced imaging procedures will have a drug allergy history and renal function documented prior to the intravenous administration of any contrast agent, excluding emergency circumstances. A radiologist will be notified of any patients with contrast allergies or renal insufficiency.

A quarterly compliance report on these findings will be provided to the Patient Safety Committee.

RESPONSIBILITY

Attending Staff
Resident Physicians
Allied Health Professionals
Nursing Staff
Pharmacy

PROCEDURE DOCUMENTATION

Departmental Policy and Procedure Manuals
Attending Staff Manual
Nursing Services and Education Generic Structure Standards

REFERENCES

The Joint Commission NPSG

REVISION DATES

October 20, 2008; February 11, 2014; April 14, 2015; April 20, 2018; October 29, 2021