



MEDICINES

## Medicines Reconciliation on Admission: Generic Operational Definitions

### Process:

|                          |  |
|--------------------------|--|
| Measure Name             | Percent of patients with medicines reconciliation performed within 24 hours of admission   |
| Goal                     | Goal - process reliability at 95% or greater   |
| Operational Definition   | <ol style="list-style-type: none"> <li>1. Determine the numerator: the total number of patients with medicines reconciliation performed within 24 hours of admission</li> <li>2. Determine the denominator: the total number of patients in the sample</li> <li>3. Calculate compliance by dividing the numerator by the denominator and then multiplying the resulting proportion by 100</li> </ol>   |
| Data Collection Guidance | <p>This is a monthly measure that essentially can be done concurrently. Each week a random sample of 5 patient case notes should be selected for admission. The objective is to have at least 20 opportunities in the denominator each month. <b>Note:</b> The same set of case notes should be used for medicines reconciliation on admission and medicines reconciliation on discharge each month.</p> <p>The case notes should be reviewed to determine if all measures are present within the required timeframe:</p> <p><b>Admission</b> – case note review should include patients who have been admitted more than 24 hours and include</p> <ul style="list-style-type: none"> <li>• Patient demographics documented</li> <li>• Allergy status on admission documented</li> <li>• 2 or more sources, one of which should be the patient / carer, used on admission to give the best possible medicines history</li> <li>• Medicines Plan documented for each medicine i.e. continue, withhold, stop</li> </ul> <p>Note: Medicines reconciliation is defined as <i>“The process that the healthcare team undertakes to ensure that the list of medication, both prescribed and over the counter that I am taking is exactly the same as the list that I or my carers, GP, Community Pharmacist and hospital team have. This is achieved in partnership with me through obtaining an up-to-date and accurate medication list that has been compared with the most recently available information and has documented any discrepancies, changes, deletions or additions resulting in a complete list of medicines accurately communicated”.</i></p> <p>It is good practice for case note reviews to be completed by two practitioners ideally from different disciplines e.g. nurse / doctor / pharmacist.</p> |

**Outcome:**

|                          |   |
|--------------------------|---|
| Measure Name             | Percent of patients with an accurate in-patient prescription chart within 24 hours of admission   |
| Goal                     | Goal - outcome reliability at 95% or greater  |
| Operational Definition   | <ol style="list-style-type: none"><li>1. Determine the numerator: the total number of patients with an accurate in-patient prescription chart within 24 hours of admission</li><li>2. Determine the denominator: the total number of patients in the sample</li><li>3. Calculate compliance by dividing the numerator by the denominator and then multiplying the resulting proportion by 100</li></ol>   |
| Data Collection Guidance | <p>This is a monthly measure that essentially can be done concurrently. Each week a random sample of 5 patient case notes should be selected for admission. The objective is to have at least 20 opportunities in the denominator each month. <b>Note:</b> The same set of case notes should be used for medicines reconciliation on admission and medicines reconciliation on discharge each month.</p> <p>Case note review should include patients who have been admitted more than 24 hours.</p> <p>The case notes should be reviewed to determine if there has been a safe and accurate transcription of clinically appropriate medicines on in-patient prescription chart within 24 hours of admission.</p> <p>Note: Medicines reconciliation is defined as <i>"The process that the healthcare team undertakes to ensure that the list of medication, both prescribed and over the counter that I am taking is exactly the same as the list that I or my carers, GP, Community Pharmacist and hospital team have. This is achieved in partnership with me through obtaining an up-to-date and accurate medication list that has been compared with the most recently available information and has documented any discrepancies, changes, deletions or additions resulting in a complete list of medicines accurately communicated"</i>.</p> <p>It is good practice for case note reviews to be completed by two practitioners ideally from different disciplines e.g. nurse / doctor / pharmacist.</p> |

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