Medicines Reconciliation on Admission: Generic Operational Definitions

**Process:**

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Percent of patients with medicines reconciliation performed within 24 hours of admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Goal - process reliability at 95% or greater</td>
</tr>
</tbody>
</table>
| Operational Definition | 1. Determine the numerator: the total number of patients with medicines reconciliation performed within 24 hours of admission  
                            2. Determine the denominator: the total number of patients in the sample  
                            3. Calculate compliance by dividing the numerator by the denominator and then multiplying the resulting proportion by 100 |
| Data Collection Guidance | 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. **Note:** The same set of case notes should be used for medicines reconciliation on admission and medicines reconciliation on discharge each month. The case notes should be reviewed to determine if all measures are present within the required timeframe:  

**Admission** – case note review should include patients who have been admitted more than 24 hours and include  

- Patient demographics documented  
- Allergy status on admission documented  
- 2 or more sources, one of which should be the patient / carer, used on admission to give the best possible medicines history  
- Medicines Plan documented for each medicine i.e. continue, withhold, stop  

Note: Medicines reconciliation is defined as “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”.

It is good practice for case note reviews to be completed by two practitioners ideally from different disciplines e.g. nurse / doctor / pharmacist.
**Outcome:**

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Percent of patients with an accurate in-patient prescription chart within 24 hours of admission</th>
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                | Case note review should include patients who have been admitted more than 24 hours.  
                | 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.  
                | **Note:** Medicines reconciliation is defined as “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”.  
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