



MEDICINES

## Medicines Reconciliation on Discharge: Generic Operational Definitions (Acute Care)

### Process Measure

Measure Name	Percent of patients with medicines reconciliation performed on discharge
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 on discharge</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 discharge. 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 all measures are present within the required timeframe:</p> <p><b>Discharge</b> – case note review should take place once the discharge process is complete and include</p> <ul style="list-style-type: none"> <li>• Patient demographics documented</li> <li>• Allergy status on discharge documented</li> <li>• Changes from admission medicines documented to include changes, discontinuations and new medicines started</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:

Measure Name	Percent of patients with an accurate medicines list on the Interim Discharge Letter (IDL)
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 an accurate medicines list on the Interim Discharge Letter (IDL)</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 discharge. 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 safe and accurate prescribing of clinically appropriate medication on Interim Discharge Letter.</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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