SPSP Medicines - Medication Reconciliation Driver Diagram

Ambition and Aims	Primary Drivers	Secondary Drivers	Change Ideas
Ambition: All patients will have their medicines accurately reconciled on admission to and discharge from hospital, including primary care. This information will be communicated to patients and healthcare professionals. **Aims:** 95% of patients will have their medicines accurately reconciled within 24 hours of admission (+ accurate Kardex) 95% of patients will have their medicines accurately reconciled on discharge (+ accurate IDL) 95% of patients will have an accurate GP medication list within 2 working days of IDL being received. Community pharmacy aim (TBC)	Person-Centred Care	- Patients are responsible for their own medicines - Patients are actively involved in medication reconciliation processes	- Medication Passport (app and booklet) - Patients represented on medication reconciliation implementation groups - Links with medication self-management programmes - Prompts for patients to take a meds list to all appointments/admissions - Green bags (SAS/ ?Primary Care / ?preop) - 'Tell me how you are taking your medicines' - Ensuring involvement of informal carers in MR discussions, they are often the ones giving medication to the patient. - Reminders to return unused medication stored at home. - Teach back with whoever is giving out the medication to ensure safety and understanding. - Risk assessment process to identify patient/carer understanding and ability re medication management.
	Leadership and Culture	- MR is integrated with other key strategic policies - A single system approach supported by senior leadership - MR is a named priority by NHS leaders at all levels - CMO letter (18/2013)	- Policy to support MR across the continuum of care - Establish MR group with oversight of acute and primary care services that reports to senior management - Education of senior leaders regarding impact of MR - Awareness of local data regarding MR processes - Dashboard linking data from acute and primary care - MR leads are named for key health disciplines
	Teamwork, Communication and Collaboration	- Roles and responsibilities for MR are understood by the multidisciplinary teams	- Feedback loop established between pre-hospital, primary and secondary care regarding communication of medicines information - A joined up measurement & reporting strategy across acute and primary care interface - Standard method of documenting medicines information - Admission and discharge 'pairs' - Use of 'teach back' with patients regarding medicines information - Pharmacists based in the ED for admitted patients to start medicines reconciliation immediately - Informing community pharmacists of admissions to hospital for patients on blister packs/delivery systems
	Safe, Effective and Reliable Care	- Staff understand the importance of MR - Standardised processes / documentation	- MR included as part of structured ward rounds /work flow - MR prompts on white boards - NES LearnPro MR module - Real cases used during staff training to demonstrate the importance of MR
	Systems and IT infrastructure	- Explore and optimise eHealth solutions to support MR such as electronic prescribing and administration in hospitals (HEMPA) and primary care electronic solutions. - Standardised documentation/ communication tools	- Linking of ECS and IDL information - Use of eMR form during admission - Incorporation of ECS into inpatient medical records - Automation of communication between acute care and GPs/ community pharmacies (e.g. ECS and IDL) - Linking secondary care and general practitioner prescribing - Rationalisation of locations for documentation of key information (e.g. drug allergy – up to 6 places in health record)