

MEDICATION RECONCILIATION

WHAT'S IN IT FOR ME? BENEFITS FOR PHYSICIANS

Medication Reconciliation (MedRec) is a structured process in which Healthcare Providers partner with patients and their family/caregivers to obtain a complete and accurate, up-to-date list of the patient's medications which is then reconciled with admission, transfer and discharge orders.

As stewards of your patients' medication information there are a few simple reasons why you, as a physician, are an integral part of MedRec. The benefits gained by participating are:

- MedRec is a major and essential component of safe patient care in any environment (American Medical Association, 2007)
 - A study found that more than 1 in 9 emergency department visits were due to drug related adverse events (Zed, et al., 2008).
 - Another study showed 23% of discharged patients experienced an adverse event, 72% were adverse drug events. Of all, 50% of were preventable and 17% resulted in readmission (Forster, et al., 2004).
 - 2012 AHS MedRec pilot audit identified an average of 1.2 discrepancies per chart. A 2010 study showed patients with order errors had 85% originate in medication histories, with almost half being omissions. 52% of the errors were identified as potentially requiring increased intervention to avoid harm, and 12% were potentially harmful (Gleason, et al., 2010).
- MedRec is a shared professional responsibility
 - The CMPA states that when roles and accountabilities are clearly defined, such as through the MedRec process, patient safety is enhanced and medico-legal risk for physicians is reduced.
 - Participation in quality improvement activities will help meet your professional responsibilities to contribute to improved patient care and set the example for other healthcare providers (Canadian Medical Protective Association, 2012).
- MedRec leads to better communication and better information
 - Engaging and communicating with other health care professionals is critical to ensure medication information is accurate, appropriate and timely when transferred. This promotes effective and efficient medication regimens and treatment (American Medical Association, 2007).
 - MedRec is a reliable and easily accessible source of the patient's medication information that can be used when on call or when assuming care of a patient from another practitioner.
- Although MedRec increases upfront work, it significantly reduces workload and rework associated with medication management downstream
 - $\circ~$ As a recipient, you receive better information about patient's medications which decreases workload and ensures safe and appropriate continuation of care.
 - As either a producer or a recipient, when you have the complete medication picture you are more able to make informed decisions.
 - With MedRec completed, you will be contacted less to clarify patient medication discrepancies and orders which frees up time for care of patients.
- When MedRec is done at each transition of care, patients, physicians, and other health care professionals will have an accurate medication list for use across all sites and over time (American Medical Association, 2007).



American Medical Association. (2007). *The Physician's Role in Medication Reconciliation: Issues, Strategies and Safety Principles.* American Medical Association.

Canadian Medical Protective Association. (2012). Practising in a Community Setting. CMPA Perspective, 4 (2).

Canadian Medical Protective Association. (2012). The Voice of Professionalism within the System of Care. *CMPA Perspective , 4* (4).

Forster, A. J., Clark, H., Menard, A., Dupuis, N., Chernish, R., Chandok, N., et al. (2004). Adverse events among medical patients after discharge from hospital. *Canadian Medical Association Journal*, 170 (3), 345-349.

Gleason, K. M., McDaniel, M. R., Feinglass, J., Baker, D. W., Lindquist, L., Liss, D., et al. (2010). Results of the Medications at Transitions and Clinical Handoffs (MATCH) Study: An Analysis of Medication Reconciliation Errors and Risk Factors at Hospital Admission. *Journal of General Internal Medicine*, 441-447.

Karnon, J., Campbell, F., & Czoski-Murray, C. (2009). Model-based cost-effectiveness analysis of interventions aimed at preventing medication error at hospital admission (medicines reconciliation). *Journal of Evaluation in Clinical Practice*, 15 (2), 299-306.

Zed, P. J., Abu-Laban, R. B., Balen, R. M., Loewen, P. S., Hohl, C. M., Brubacher, J. R., et al. (2008). Incidence, severity and preventability of medication-related visits to the emergency department: a prospective study. *Canadian Medical Association Journal*, 178 (12), 1563-1569.