Vermont Psychiatric Care Hospital Policy and Procedure		
Medication Reconciliation		
Effective: September 2014	Revised: September 2024	Due for Review: September 2026

POLICY

To assure medication safety by preventing adverse medication events resulting from inaccurate/incomplete reconciliation of individual medications across the continuum of care.

Medication reconciliation is a process of identifying the most accurate list of all medications a individual is currently taking, prescriptions; sample medications; herbal remedies; vitamins; over-the-counter drugs; vaccines; respiratory therapy treatments; recreational products, and any product designated by the Food and Drug Administration (FDA) as a drug.

- List(s) must include the name of the medication(s), concentration, dose, frequency, route, purpose.
- Reconciliation involves comparing the individual's current list of medications against the
- prescriber's admission, transfer, and/or discharge orders.
- Physicians and Pharmacists share responsibility for medication reconciliation. When possible, a Pharmacist will enter into the Electronic Health record, upon admission, a complete, current, and accurate list of the individual's medications. The Physicians perform medication reconciliation during the initial admission process. Pharmacists perform a double-check to ensure nothing was missed during the reconciliation process by comparing new orders against the previous orders or the home medication list. Pharmacists will report any potential problems to the physician for correction. Pharmacists will update the medication reconciliation list in the electronic medical record throughout the individual's stay. Upon discharge the Pharmacist will associate the home list with the current hospitalized individual's medication list for the Physician to perform the discharge medication reconciliation.
- Point of Entry: Includes emergency department, corrections facilities, inpatient/outpatient settings or any other individual care setting.
- In urgent situations or when resulting delay would harm the individual, including situations in
- which the individual experiences a sudden change in clinical status, immediate care of the individual takes precedence. However, as soon as possible thereafter, medication information should be obtained and reconciled with physician orders.

PROCEDURE

The process involves 6 steps:

1. Verification: Creating the individual's current medication list
2. Clarification: Ensuring that the medications and doses are accurate
3. Admission Reconciliation: This involves reviewing the individual's current home medication list then entering new medication orders. The Physician makes the medical decision to continue or discontinue the home medications.

4. Association of Medications: Individual's Home medications will be reviewed and associated with the Current Medication list during the hospital stay.
5. Discharge Reconciliation: Reviewing individuals current hospital stay medication list to the home medication list and making a medical decision to continue or discontinue each medication.
6. Transmission: A current list of medications will be provided upon discharge to the next health care provider and caregivers of that individual.

Admission:

At the start of admission, Pharmacist and/or Physicians will obtain the individuals list of all medications a individual is currently taking prescriptions; sample medications; herbal remedies; vitamins; over-the-counter drugs; vaccines; respiratory therapy treatments; recreational products, and any product designated by the Food and Drug Administration (FDA) as a drug. This list will be entered into the Medication Reconciliation section in the Electronic Health record.
During the admission process, all the medications will be reviewed/reconciled. The Admitting Physician will be making the medical decision to continue or discontinue the home medications and generating new medication orders for the individual. Pharmacy staff will evaluate the medication reconciliation for completeness, drug interactions, contraindications, warnings, precautions, duplicative therapy, and potential adverse drug events upon the physician orders. A review of the medication reconciliation will be performed within 24 hours of admission.

Medication Associations:

The individual's medication profile in the electronic health record will be updated throughout the individual's stay. Pharmacy will continually update the medication reconciliation list and associate any new medications that a individual will be prescribed during the hospitalization.

Discharge/ Transfer:

When a individual leaves this organization's care either discharged or transferred, a complete and reconciled list of the individuals' medications is prepared. The Attending /Primary Physician will perform a discharge medication reconciliation. The Physician will make the medical decisions to continue or discontinue each of the individual's medications. The finalized reconciled list will contain the current medications prescribed at discharge. The Medication Reconciliation process can occur utilizing the electronic medical record or a Medication Reconciliation report can be generated manually by pharmacy for the Physician to complete manually. For the final Med Rec process, the Physician or a Pharmacist will utilize the Medication reconciliation function in the Electronic Health record. When the medication reconciliation process is complete the Nursing staff can print the new individual medication list for the discharge summary and discharge instructions. A complete list of individual medications is communicated to the next health care provider, individual, and individual's family/ guardians for the individual at discharge.

Compliance:

VPCH will ensure compliance with this National Individual Safety Goal.
All admission and discharge medication reconciliations within the electronic health record will be evaluated for:

1- A Pharmacist review on admission
2- A Physician's review on admission
3- A Pharmacist review and medication association is completed prior or at discharge.
4- A Physician's review on discharge.

Any deviations will be addressed as necessary.

References

Joint Commission M.M. 08.01.01

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	DocuSigned by: Emily Hawes C50275615A62462...	9/25/2024